

## Health and Wellbeing Board

**Wednesday, 24 September 2025 at 13:00**

Oak House, 1 Michaelmas Way, Linby, Nottinghamshire, NG15 8LG

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### AGENDA

- |    |   |              |
|----|---|--------------|
| 1  | Minutes of the Last Meeting 25 June 2025  | 3 - 12       |
| 2  | Apologies for Absence   |              |
| 3  | Declarations of Interests by Members and Officers:- (see note below)  |              |
| 4  | Membership of the Nottinghamshire Health and Wellbeing Board  | 13 - 18      |
| 5  | Joint Health and Wellbeing Strategy Delivery 2025-26 (Q1) Ambition 3 Spotlight  | 19 - 72      |
| 6  | A systematic approach to Making Every Contact Count (MECC) across Nottingham and Nottinghamshire                              | 73 - 80      |
| 7  | The Families First Partnership Programme and Nottinghamshire's approach to whole system transformation in Children's Services | 81 - 86      |
| 8  | Nottinghamshire Joint Strategic Needs Assessment Work Programme 2025/26   | 87 - 94      |
| 9  | Better Care Fund (BCF) 2025/26 Quarter 1 Report   | 95 - 104     |
| 10 | Work Programme  | 105 -<br>110 |

## **Notes**

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact James Lavender (Tel. 0115 854 6408) or a colleague in Democratic Services prior to the meeting.

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

Meeting: Nottinghamshire Health and Wellbeing Board

Date: Wednesday 25 June 2025 (commencing at 1:00pm)

**Membership:**

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

**Nottinghamshire County Councillors**

Dr John Doddy (Chairman)  
Glyn Pepper  
Ab Daniel Saban  
Mrs Sue Saddington  
John Wilmott

**District and Borough Councillors**

Ab David Walters - Ashfield District Council  
Darrell Pulk - Bassetlaw District Council  
Colin Tideswell - Broxtowe Borough Council  
Henry Wheeler - Gedling Borough Council  
Angie Jackson - Mansfield District Council  
Caroline Ellis - Mansfield District Council (Non-Voting)  
Ap Susan Crosby - Newark and Sherwood District Council  
S Abby Brennan - Rushcliffe Borough Council  
Ap Jonathan Wheeler - Rushcliffe Borough Council

**Nottinghamshire County Council Officers**

S Katy Ball - Service Director – Strategy, Communications and Integration  
Colin Pettigrew - Executive Director – Children and Families  
Vivienne Robbins - Director of Public Health and Communities  
Ap Melanie Williams - Executive Director – Adult Social Care and Health

**NHS and Place-Based Partnership Representatives**

Ap Dr Thilan - Mid-Nottinghamshire Place-Based Partnership  
Bartholomeuz  
Andria Birch - Bassetlaw Place-Based Partnership

- |    |                         |   |
|----|-------------------------|---|
|    | Theresa Hodgkinson      | - Mid-Nottinghamshire Place-Based Partnership                                 |
| Ap | Jill Langridge          | - South Nottinghamshire Place-Based Partnership                               |
|    | Victoria McGregor-Riley | - NHS Nottingham and Nottinghamshire Integrated Care Board (Items 1 – 6 only) |
|    | Helen Smith             | - South Nottinghamshire Place-Based Partnership                               |

### Other Partners

- |    |                      |   |
|----|----------------------|---|
| Ap | Natalie Baker-Napier | - Nottinghamshire Police and Crime Commissioner's Office                                    |
|    | Sarah Collis         | - Healthwatch Nottingham and Nottinghamshire  |
| Ap | Prof. Daniel King    | - Chair, Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance |

### Substitute Members

Katy Ball for Melanie Williams  
 Councillor Abby Brennan for Councillor Jonathan Wheeler

### Officers and colleagues in attendance:

- |                      |  |
|----------------------|--|
| Irene Kakoullis      | - Head of Service Early Years and Family Hubs      |
| James Lavender       | - Democratic Services Officer                      |
| Louise Lester        | - Consultant in Public Health                      |
| Anna Oliver          | - Integrated Strategic Commissioning Group Manager |
| Naomi Robinson       | -  |
| Ellie Story          | - Senior Public Health and Commissioning Manager   |
| Lizzie Winter-Wilson | - Public Health and Commissioning Manager          |

### **1 TO NOTE THE APPOINTMENT OF COUNCILLOR DR JOHN DODDY AS THE CHAIRMAN OF THE NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD AT FULL COUNCIL ON 22 MAY 2025**

The Board noted the appointment by Full Council on 22 May 2025 of Councillor Dr John Doddy as Chairman of the Nottinghamshire Health and Wellbeing Board for the 2025/26 municipal year.

### **2 TO NOTE THE FOLLOWING MEMBERSHIP OF THE NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD FOR THE MUNICIPAL YEAR 2025/26**

The membership of the Nottinghamshire Health and Wellbeing Board for the 2025/26 municipal year was noted as follows:

Nottinghamshire County Councillors: Councillors Dr John Doddy, Glyn Pepper, Daniel Saban, Mrs Sue Saddington and John Wilmott.

Nottinghamshire County Council Officers: Colin Pettigrew, Vivienne Robbins and Melanie Williams.

District and Borough Councillors: Councillors Susan Crosby (Newark and Sherwood District Council), Caroline Ellis (Mansfield District Council), Angie Jackson (Mansfield District Council), Darrell Pulk (Bassetlaw District Council), Colin Tideswell (Broxtowe Borough Council), Henry Wheeler (Gedling Borough Council), Jonathan Wheeler (Rushcliffe Borough Council) and David Walters (Ashfield District Council).

NHS and Place-Based Partnership Representatives: Dr Thilan Bartholomeuz, Andria Birch, Theresa Hodgkinson, Jill Langridge, Victoria McGregor-Riley, Helen Smith.

Other Representatives: Natalie Baker-Napier (Office of the Nottinghamshire Police and Crime Commissioner), Professor Daniel King (Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance) and Sarah Collis (Healthwatch, Nottingham and Nottinghamshire).

### **3 MINUTES OF THE LAST MEETING HELD ON 5 MARCH 2025**

The minutes of the last meeting held on 5 March 2025, having been circulated to all Members, were confirmed as a true record.

### **4 APOLOGIES FOR ABSENCE**

Natalie Baker-Napier  
Dr Thilan Bartholomeuz  
Councillor Susan Crosby  
Prof. Daniel King  
Jill Langridge  
Councillor Jonathan Wheeler  
Melanie Williams

### **5 DECLARATIONS OF INTERESTS**

In the interest of transparency, Councillor John Wilmott declared that he was a member of the Patient Participation Group at the Whyburn Medical Practice.

### **6 INTRODUCTION TO THE ROLES AND RESPONSIBILITIES OF THE NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD**

Vivienne Robbins, Director of Public Health and Communities, introduced the item which highlighted the statutory roles and responsibilities of the Nottinghamshire Health and Wellbeing Board. The following information was highlighted:

- As a collective Board made up of different organisations, the Health and Wellbeing Board's primary purpose was to improve the health of the population of Nottinghamshire and reduce health inequalities. Each organisation were equal partners in the Board and should act as champions,

advocates and leads for the items and strategies brought to the Health and Wellbeing Board.

- The Board delivered statutory products to inform on public health strategy, namely the Joint Strategy Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).
- In terms of the function of the Board, members had recently agreed some operating principles as part of a Health and Wellbeing Board Compact. The Compact contained a shared agreement and understanding of how the Board should operate and examples of best practice. There were some key principles towards a strategic partnership approach.

## **7 ANNUAL DIRECTOR OF PUBLIC HEALTH AND COMMUNITIES REPORT 2024/25 WOMEN'S HEALTH**

Vivienne Robbins, Director of Public Health and Communities, and Ellie Story, Senior Public Health and Commissioning Manager, introduced the report which was a statutory duty of the Director of Public Health and Communities to produce on an annual basis. Its purpose was to raise awareness of local health issues, highlight areas of specific concern, and to make recommendations for change. The focus of this year's report was women's health in Nottinghamshire. A further workshop on Women's Health would be held immediately after the meeting.

Members provided the following comments and questions on the reports:

- There was an increasing emphasis within healthcare practitioners on endometriosis as a painful and widespread condition affecting many women and that there should be a consistent approach to diagnosis and treatment.
- The Council and the NHS Nottingham and Nottinghamshire Integrated Care Strategy used a trauma informed practice approach. Further details of this approach would be covered in the Women's Health Workshop after the meeting.
- The Council had completed a JSNA on Carers as well as a Carers Strategy which had been in place for two years. An annual report on the Carers Strategy was produced in order to track the progress of the strategy. These pieces of work focused on carers who were most women, who were low paid and providing more than 50 hours a week.
- From an adult social care perspective; levels of frailty, falls, dementia, perimenopause, menopause, osteoporosis, Hormone Replacement Therapy (HRT), musculoskeletal conditions and mental health amongst women should be a focus for work into women's health. The challenges of current maternity services and women's safety when exercising in the dark winter months were also highlighted. There was an acknowledgement that women in Nottinghamshire were more at risk of colorectal cancers than in other parts of the country, and a hope that further work would be undertaken to understand why this was the case.

- Early intervention, mental health, advertisement of women’s services such as Victim Care and tackling smoking were highlighted as areas for action in terms of improving women’s health. This tied in with the wider “Making Every Contact Count” strategy. Access to healthcare information in different languages was already available in services commissioned by the County Council, the NHS and other partners.
- It was recognised that negative attitudes towards women on social media were having a detrimental impact on women’s health. It was also noted that it was usually women in single families who were taking care of child/ren. There were issues of women who did not drive trying to access leisure centres and gyms due to a lack of connected public transport, particularly in Broxtowe.
- The financial pressures and understaffing of maternity services was a key issue in Nottingham and the surrounding districts and boroughs.
- Information on mental health services for women and men who live on their own should be made more accessible.
- Women from black and minority ethnic groups were underrepresented in the survey work, but interviews with women from those backgrounds were received and informed the content of the report and other work undertaken by the Council’s Public Health Team. It was recognised that black and minority ethnic women were more at risk of maternal death, received later diagnosis of sexual transmitted diseases and other health inequalities.
- Within healthcare services, there was still a pervasive attitude towards women who experienced the symptoms of endometriosis, menopause and anxiety.

**RESOLVED (2025/006)**

- 1) That actions to support and implement the recommendations of the Director of Public Health and Communities Annual Report be considered.
- 2) That plans for implementing the recommendations of the report by the various organisations represented on the Board, with support from the County Council’s Public Health Team, be taken forward.
- 3) That the approach of using members of the Board to ensure that the report and its recommendations are circulated to wider partners and partnership forums for the widest possible reach be supported.

**8 JOINT HEALTH AND WELLBEING STRATEGY DELIVERY 2024/25 (Q4) AMBITION 1 SPOTLIGHT**

**9 BEST START STRATEGY 2025-2030**

## **10 NOTTINGHAM AND NOTTINGHAMSHIRE INFANT FEEDING FRAMEWORK FOR ACTION**

Lizzie Winter-Wilson, Public Health and Commissioning Manager at Nottinghamshire County Council (NCC), introduced the report which provided an overview of activity undertaken in Quarter 4 of 2024/25 to deliver the Joint Health and Wellbeing Strategy (JHWS) (2022-2026) and focused on opportunities for action from Health and Wellbeing Board members to support mitigation of any issues raised. The report also focused on actions taken to fulfil Ambition 1 (give every child the best chance of maximising their potential) of the JHWS.

Irene Kakoullis, Head of Service for Early Years and Family Hubs, introduced the report which outlined how the Nottinghamshire Best Start Strategy was helping to deliver Ambition 1 of the JHWS.

Helena Cripps, Senior Public Health and Commissioning Manager, introduced the report which highlighted the Nottingham and Nottinghamshire Infant Feeding Framework for Action, which is a system wide commitment to protect, promote, normalise and support breastfeeding for families across Nottingham and Nottinghamshire.

Members provided the following comments and questions on the reports:

- Members highlighted the impact of Sure Start Centres in improving the health and education of children during their early years. It was hoped the Family Hubs which had replaced Sure Start Centres would have a same positive impact. It was noted that the previous Cabinet Member for Children and Families had worked with the Children and Families Department to open 18 Family Hubs in locations where they were needed and they were already experienced a high usage. It was hoped that the Council would open more Family Hubs in areas where the need should arise.
- The perinatal pelvic floor health service was a recurrent service commissioned by the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB).
- The work of place-based partnerships and community development workers in the Family Hubs was recognised by the Board.
- More work was needed to reduce the inequalities in maternity support within the county, particularly when it came to accessing services from vulnerable groups such as families who are eligible for free school meals.
- The importance of preparing and supporting mothers during and after pregnancy was just as important as providing children with the best start in life.
- The Best Start Strategy and Infant Feeding Framework for Action were both effective examples of cross-collaboration between Public Health and the Children and Families Department.

- The Family Hubs would be included into the Community Directory in order to drive the public health system ambition of “Making Every Contact Count”. The Community Directory would provide up-to-date information on services, groups and activities across Nottingham and Nottinghamshire to enable parents to support their children in having the best start in life.
- Council staff who were involved in working with families would be trained in the Best Start Strategy.
- Breast feeding was lower in areas of deprivation; however every woman’s experience of breast feeding was different with some finding it more challenging than others. It was important for services to recognise the challenges of breastfeeding and support parents accordingly.
- There was a great need to tackle bullying in schools and build resilience in children in order to ensure they have the best start in life. There was also a recognition of the importance of outdoor spaces, libraries and leisure centres for ensuring the best start in life for children.
- Resources in Family Hubs were translated into numerous languages which reflected the population of Nottinghamshire. The Children and Families Department recruited peer supporters and volunteers from target groups to support families from these groups. Within Family Hubs, Department of Work and Pensions (DWP) advisors work with families to help them access benefits which families are entitled to.
- Sure Start Centres, Children’s Centres and Family Hubs were all the same service. The name and functions of this service had changed whenever a new government announced a change of direction within national policy towards children and families.
- The Youth Justice Service (YJS) was making a very positive contribution to the Best Start Strategy through the ‘Turnaround’ programme, which was funded by the Ministry of Justice (MoJ) since 2023. The programme provided ring-fenced funding to the YJS work with children and young people on the cusp of offending to support them to turn their lives around. The YJS was tasked with working with at least 226 children over the initial three years of the project but ultimately successfully completed work with 338 children, far outstripping the minimum that was required. This success reflected the Nottinghamshire Youth Justice Partnership’s longer-term commitment to prevention of offending, which had seen prior investment in this area, but was also a direct result of the dedicated operational staff who have strived to meet the needs of the children referred into the service.
- Staff within Nottinghamshire YJS had since been recognised in a letter from Alan Webster, a Deputy Director within the MoJ who led on Turnaround, for their “exceptional performance” across the programme. The Deputy Director went onto state, “This is a great achievement, and a reflection of your dedication, professionalism, and commitment to improving outcomes for

children and their families. Your efforts have not only met but exceeded expectations on what the programme can achieve.” The national programme showed that for children who completed interventions, only 7% went on to offend in the following year. In Nottinghamshire, this translated into there being fewer victims and increased safety within the community. Importantly, the committed preventative work continued through the YJS’ ‘My Future Youth Support Programme’ alongside the service’s diversionary offer, which was delivered in close co-ordination with Nottinghamshire Police.

#### **RESOLVED (2025/007)**

- 1) That the update provided on the Quarter 4 delivery of the Joint Health and Wellbeing Strategy in 2024/25, attached as Appendix 1, be noted.
- 2) That the presentation on the delivery of the strategic ambition to give every child the best chance of maximising their potential (Ambition 1), attached as Appendix 2, be received.
- 3) That opportunities, escalations, and actions highlighted in paragraphs 12 to 17 of the report be considered and supported by the Board.

#### **RESOLVED (2025/008)**

- 1) That the final draft of the new Nottinghamshire Best Start Strategy 2025-2030, attached as Appendix 1, be endorsed.

#### **RESOLVED (2025/009)**

- 1) That the Nottingham and Nottinghamshire Infant Feeding Framework for Action – Feed Your Way 2025-2030, attached as Appendix 1, be endorsed.

### **11 BETTER CARE FUND (BCF) 2024/25 QUARTER 4 REPORT**

Anna Oliver, Integrated Strategic Commissioning Group Manager, and Naomi Robinson, introduced the report which provided an overview of performance outlined in the Quarter 4 reporting template that was submitted to NHS England on 6 June 2025 and asked the Board to ratify the template and the 2025/25 BCF Plan submitted to NHS England on 31 March 2025. The Board was also asked to approve a proposed amendment to the BCF delegated decision arrangements.

Members provided the following comments and questions on the report:

- There was an increase in the number of people wishing to receive medical care at home and within their communities, therefore work was ongoing to find methods of supporting these people.
- The Council’s Technology Enabled Care (TEC) Strategy used technology to enable people to stay at home and receive care for longer rather than go into a care home. Out of 13,000 adults in Nottinghamshire who received

long-term adult social care support, 50% of them had access to technology for their care.

**RESOLVED (2025/010)**

- 1) That the completed Nottinghamshire Better Care Fund 2024/25 Quarter 4 reporting template submitted to NHS England on 6 June 2025, attached as Appendix 1, be ratified.
- 2) That the 2025/26 BCF Plan submitted to NHS England on 31 March 2025, attached as Appendix 2, be endorsed
- 3) That the proposal change in Nottingham and Nottinghamshire ICB deputy that can undertake delegated decisions in relation to the BCF, as set out in paragraphs 19 and 20, be approved.

**12 WORK PROGRAMME**

James Lavender, Democratic Services Officer, and Lizzie Winter-Wilson, Public Health and Commissioning Manager, introduced the Nottinghamshire Health and Wellbeing Board Work Programme.

**RESOLVED (2025/011)**

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

There being no further business, the Chair closed the meeting at 2:50pm.

**CHAIR:**



24 September 2025

Agenda Item: 4

## **REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **MEMBERSHIP OF THE NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD**

#### **Purpose of the Report**

1. To note the Nottinghamshire Health and Wellbeing Board's current membership and to consider the inclusion of additional representatives, as outlined within the report.

#### **Information**

2. The Health and Social Care Act 2012 (as amended by the Health and Care Act 2022) requires each upper-tier and unitary local authority to establish a Health and Wellbeing Board to share leadership on the strategic approach to improving the health and wellbeing of local communities. The Board's Terms of Reference are set out in [Nottinghamshire County Council's Constitution](#).
3. The membership of the Board is required by legislation to include:
  - a) at least one councillor of the local authority
  - b) the director of adult social services for the local authority
  - c) the director of children's services for the local authority
  - d) the director of public health for the local authority
  - e) a representative of the Local Healthwatch organisation for the area of the local authority, and
  - f) a representative of each relevant Integrated Care Board (ICB);
  - g) and may in addition include such additional persons as the Board thinks appropriate, together with such other persons or representatives of such other persons as the local authority thinks appropriate.
4. Councillor Dr John Doddy was appointed as Chair of the Board for the 2025/26 municipal year by Nottinghamshire County Full Council on 22 May 2025. This was noted at the Health and Wellbeing Board on 25 June 2025.

5. The current membership of the Nottinghamshire Health and Wellbeing Board is as follows:
  - a) Five Nottinghamshire County Councillors
  - b) One Councillor from each of the seven Nottinghamshire district and borough councils
  - c) One representative of the NHS Nottingham and Nottinghamshire Integrated Care Board
  - d) Two representatives from each of the three Nottinghamshire NHS Place-Based Partnerships (Bassetlaw, Mid-Nottinghamshire and South Nottinghamshire).
  - e) One representative of Healthwatch Nottingham and Nottinghamshire
  - f) One representative of the Nottingham and Nottinghamshire Voluntary Community and Social Enterprise Alliance
  - g) One representative of the Office of the Nottinghamshire Police and Crime Commissioner
  - h) Three Nottinghamshire County Council officers (the Executive Director for Adult Social Care and Health, the Executive Director for Children and Families and the Director of Public Health and Communities).
6. The Nottinghamshire Health and Wellbeing Board Review, undertaken throughout 2024, identified a need to ensure the Board's membership supports it to effectively operate as a strategic partnership, in order to drive delivery of the Joint Health and Wellbeing Strategy (JHWS).
7. It specifically identified that a review of the Health and Wellbeing Board's membership should be undertaken once discussions to refine the Board's priorities had taken place. This prioritisation discussion is yet to be revisited by the Board, as it is proposed that it will be most appropriate to do so in tandem with the JHWS refresh. However, it is proposed there are some evident gaps within Board membership that can be addressed in the interim.
8. By reviewing the membership of neighbouring Health and Wellbeing Boards (including Nottingham, Leicester, Leicestershire, Derby and Derbyshire), alongside relevant feedback received through the Nottinghamshire Health and Wellbeing Board Review, initial proposals have been outlined.
9. Firstly, a gap that has been identified is the lack of representation on the Board from Nottinghamshire Fire and Rescue Service. The Fire and Rescue Service would add a vital perspective to the Board, through their unique position within communities and focus on prevention and community safety. The Service is also already represented on both the Nottingham City Health and Wellbeing Board and the Safer Nottinghamshire Partnership Board.
10. Another key gap that has been identified is the need for a strategic link into the East Midlands Combined County Authority (EMCCA) through the HWB's membership. Therefore, it is proposed that a senior representative from EMCCA is considered for inclusion. EMCCA holds responsibility for a number of policy areas that intersect with priorities within the JHWS, in particular the ambition to create healthy and sustainable places. Therefore, representation on the HWB would support with ensuring strategic alignment between regional devolution priorities and local health and wellbeing objectives, acknowledging that this alignment will be emerging at this stage.

11. To bring a further place-shaping perspective, it is also proposed that the Nottinghamshire County Council Executive Director for Place is considered for inclusion in the HWB's membership. This proposal again relates to strengthening the Board's strategic leadership across the building blocks of health, recognising the Executive Director for Place's responsibilities in relation to spatial planning, transport, environment, and economic development, all of which directly influence population health and wellbeing.
12. There are further gaps to consider, in particular in terms of health representation on the Board, specifically as the lack of representation from NHS acute trusts was identified as a consideration by some Board members through the Health and Wellbeing Board Review. However, given the changing landscape around local health structures in light of the [10 Year Health Plan for England](#), it is proposed it would be most appropriate to consider any additional representatives once more clarity is available.
13. Therefore, to support delivery of the JHWS, it is proposed that the Board approves the inclusion as members of the Board of senior representatives from both EMCCA and Nottinghamshire Fire and Rescue, as well as the Nottinghamshire County Council Executive Director for Place, with further proposals to be brought to the Board in due course. It is proposed the representatives that should be included within the Board's membership from September 2025 are:
  - a) Damien West, Assistant Chief Fire Officer for Service Delivery, Nottinghamshire Fire and Rescue Service
  - b) Jenni French, Interim Head of Reform and Inclusion, East Midlands Combined County Authority
  - c) Derek Higton, Executive Director for Place, Nottinghamshire County Council
14. This is with the understanding that the specific representative for EMCCA may change as the strategic authority continues to mature and its programme of work emerges, to allow for a consistent approach across Health and Wellbeing Boards within the EMCCA footprint.

### **Other Options Considered**

15. There is the option to not include the proposed additional representatives on the Health and Wellbeing Board. However, this is deemed not advisable as the proposed additions will improve the Health and Wellbeing Board's delivery of its statutory functions to improve health and wellbeing of residents in Nottinghamshire.

### **Reason for Recommendations**

16. The addition of the proposed representatives to the Nottinghamshire Health and Wellbeing Board will support the delivery of its statutory duties to promote integrated working and improve the health and wellbeing of residents of Nottinghamshire.

### **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.

### **Joint Strategic Needs Assessment**

19. The Nottinghamshire [Joint Strategic Needs Assessment \(JSNA\)](#) informs the focus of the Nottinghamshire Joint Health and Wellbeing Strategy. Membership changes have been proposed with consideration as to how membership of the Health and Wellbeing Board can enable delivery of the Joint Health and Wellbeing Strategy.

## **RECOMMENDATIONS**

- 1) The Health and Wellbeing Board is asked to approve the addition to its membership of:
  - a) A senior representative, Nottinghamshire Fire and Rescue Service
  - b) A senior representative, East Midlands Combined County Authority
  - c) Executive Director for Place, Nottinghamshire County Council

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

**For any enquiries about this report please contact:**

James Lavender  
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Nottinghamshire County Council  
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Lizzie Winter-Wilson  
Public Health & Commissioning Manager  
Nottinghamshire County Council  
Email: [elizabeth.winter@nottscc.gov.uk](mailto:elizabeth.winter@nottscc.gov.uk)

### **Constitutional Comments (SF 08/09/2025)**

20. The Health and Wellbeing Board may decide to appoint 'such additional persons to be members of the Board as it thinks appropriate' (Health and Social Care Act 2012 section 194(8)). Accordingly, this matter falls within the remit of the Health and Wellbeing Board to determine.

### **Financial Comments (PAA29 08/09/2025)**

21. There are no specific financial implications or Local Government Reorganisation implications arising directly from this report.

## **Background Papers and Published Documents**

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

- None

## **Electoral Divisions and Members Affected**

- All



**24 September 2025**

**Agenda Item: 5**

## **REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD**

### **JOINT HEALTH AND WELLBEING STRATEGY DELIVERY 2025/26 (Q1) AMBITION 3 SPOTLIGHT**

#### **Purpose of the Report**

1. To share the Joint Health and Wellbeing Strategy (2022-2026) annual delivery plan, which has been updated for 2025/26.
2. To provide an overview of activity undertaken in Q1 of 2025/26 to deliver the Joint Health and Wellbeing Strategy (2022-2026), focussing on opportunities for action from Health and Wellbeing Board members to support mitigation of any issues raised.
3. To introduce a deep dive presentation on Ambition 3 (everyone can access the right support to improve their health) that will be presented within the Health and Wellbeing Board meeting on 24 September 2025.

#### **Information**

4. The [Joint Health and Wellbeing Strategy \(JHWS\) for 2022-2026](#) was endorsed by the Health and Wellbeing Board (HWB) on 23 March 2022 and sets out the priorities for improving the health and wellbeing of Nottinghamshire residents and reducing health inequalities amongst local communities.
5. The vision of the strategy is “working together to enable everyone in Nottinghamshire to live healthier and happier lives, to prosper in their communities and remain independent in later life.” To achieve this, the strategy outlines four ambitions:
  1. Give every child the best chance of maximising their potential.
  2. Create healthy and sustainable places.
  3. Everyone can access the right support to improve their health.
  4. Keep our communities safe and healthy.
6. The four ambitions encompass a wide range of opportunities and include nine priority areas to which it was identified particular focus should be given: Best start; Mental health, Good food and nutrition for all; Homelessness; Smoking and tobacco; Reducing alcohol; Domestic abuse; Healthy weight and; Air quality.

## Delivery and monitoring

7. An updated version of the annual delivery plan has been produced for the 2025/26 financial year (April 2025 – March 2026). It does not include all actions enabling strategy delivery, but rather a focussed set of activities and associated outputs across the strategy priorities that are of joint strategic importance and would benefit from more active oversight from the HWB in the coming year.
8. The HWB will continue to receive quarterly collations of four highlight reports (one per JHWS ambition), to provide an update on progress (key achievements) in delivering the identified focussed set of activities and to highlight any key risks, issues and mitigating steps being undertaken.
9. The reporting dates for the 2025/26 are outlined in **Table 1**.

Reporting dates (JHWS Delivery)			
Health and Wellbeing Board	Joint Health and Wellbeing Steering Group	Ambition Deep Dive	Quarter (highlight report)
24 September 2025	18 August 2025	Ambition 3	1 (April - June 2025)
10 December 2025	27 October 2025	Ambition 4	2 (July - Sept 2025)
11 March 2026	26 January 2026	Ambition 2	3 (Oct - Dec 2025)
17 June 2026	11 May 2026	Ambition 1	4 (Jan - March 2026)

**Table 1: Reporting dates for 2025/26**

### JHWS delivery (Q1) 2025/26

10. This report covers Q1, with a deep dive on Ambition 3 (everyone can access the right support to improve their health), in line with the reporting schedule outlined in **Table 1**. The highlight report provided in **Appendix 1** demonstrates that activity undertaken across the four ambitions of the JHWS is generally progressing in line with the 2025/26 delivery plan.
11. Some risks have been highlighted across Ambitions 3 and 4, but largely mitigations are in place to address these (detail provided in **Appendix 1**). Four opportunities for HWB input are highlighted. Further information on these opportunities for action are outlined in **paragraphs 13 to 17**.
12. The Board will receive a deep dive presentation on Ambition 3 within the meeting on 24 September 2025 (**Appendix 2**). The intention is for the primary focus of discussion to be on the deep dive presentation.

### **Opportunities and escalations for Health and Wellbeing Board**

13. There are four opportunities for action from Board members outlined in the Q1 highlight report. These relate to work to establish a Making Every Contact Count (MECC) programme across the local integrated care system (ICS), as well as opportunities for the Board to support activities in relation to delivery of healthy weight, mental health and smoking and tobacco priorities.

14. The risks that have been raised in relation to establishing a Making Every Contact Count programme across the local Integrated Care System (ICS) relate to the future and sustainability of the programme, as Public Health's leadership of the development phase is due to end in October 2025. These will be discussed within a dedicated item on MECC (**item 6**) at the HWB meeting on 24 September 2025.
15. In relation to healthy weight, to support a fully integrated approach to weight management across the local system, which considers the obesogenic environment and the building blocks of health. The Board is asked to support the development of 'Healthy Weight and Good Nutrition' and 'Moving More' Joint Strategic Needs Assessments (JSNAs), which have been proposed for prioritisation within the 2025/26 JSNA work programme. The 2025/26 JSNA work programme will be discussed within **item 8** at the HWB on 24 September 2025.
16. In relation to mental health, in the context of options being considered for the recommissioning of [NottAlone website](#), HWB members are asked to continue to promote the site as the main place for people of all ages to access trusted mental health advice and information about services. They are also asked to support promotion of the commissioned free training provided by Harmless and Zero Suicide Alliance to people working and volunteering in Nottinghamshire.
17. In relation to smoking and tobacco, Board members are asked to encourage their organisations to consider adopting the East Midlands Position Statement on Vaping. This builds on the Board's previous commitment to a consensus position statement regarding the use of vapes as a quit aid, which was endorsed by members within a Health and Wellbeing Board meeting on [12 October 2022](#).
18. The asks of the Board outlined in **paragraphs 13 to 17** will be raised within the Ambition 3 deep dive presentation (**Appendix 2**). The deep dive presentation will also ask the Board to consider endorsement of the Nottingham and Nottinghamshire Smoking and Tobacco Alliance Delivery Plan 2025-2028, which sets out proposed actions against four key delivery themes within the [Smoking and Tobacco Long Term Vision](#) over the next three years. The draft delivery plan is attached in **Appendix 3**.

### **Other Options Considered**

19. None.

### **Reason for Recommendations**

20. To provide the HWB with oversight of progress against the JHWS and to escalate where opportunities for action from HWB members would support or enable delivery.

### **Statutory and Policy Implications**

21. 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**

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

### **Joint Strategic Needs Assessment**

23. The [Nottinghamshire Joint Strategic Needs Assessment \(JSNA\)](#) informs the focus of the Nottinghamshire Joint Health and Wellbeing Strategy. This report provides an overview of activity undertaken to deliver the Joint Health and Wellbeing Strategy.

24. Specific reference is made within this report to the intention to develop two JSNA products in relation to the healthy weight priority within the Joint Health and Wellbeing Strategy. The topics are 'Healthy Weight and Good Nutrition' and 'Moving More' and were submitted for consideration through the 2025/26 JSNA work programme prioritisation process. The 2025/26 work programme will be discussed within **item 8** at the HWB on 24 September 2025.

## **RECOMMENDATIONS**

That the Nottinghamshire Health and Wellbeing Board:

- 1) Notes the update provided on Q1 delivery of the Joint Health and Wellbeing Strategy in 2025/26 within the highlight report (**Appendix 1**)
- 2) Receives a presentation (**Appendix 2**) on delivery of the strategic ambition that everyone can access the right support to improve their health (Ambition 3).
- 3) Considers opportunities and escalations highlighted in **paragraphs 13 to 17** and actions that can be supported by the Board in relation to the points raised.
- 4) Endorses the Nottingham and Nottinghamshire Smoking and Tobacco Alliance Delivery Plan 2025-2028 (**Appendix 3**).

**COUNCILLOR DR JOHN DODDY  
CHAIR OF THE HEALTH AND WELLBEING BOARD  
NOTTINGHAMSHIRE COUNTY COUNCIL**

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**Constitutional Comments (SF 08/09/2025)**

25. This matter falls within the terms of reference of the Health and Wellbeing Board.

## **Financial Comments (PAA29 08/09/2025)**

26. There are no specific financial implications or Local Government Reorganisation implications arising directly from this report.

## **Background Papers and Published Documents**

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

- None

## **Electoral Divisions and Members Affected**

- All



## Appendix 1 – Joint Health and Wellbeing Strategy Delivery – 2025-26 Q1 Highlight Report

### Highlight report - Ambition 1 (2025/26 delivery) Quarter 1

Activity	Output	RAG	Timescale	Owning group	Progress (key achievements)	Risks	Mitigation	Escalations to Health and Wellbeing Board
<b>Best Start</b>								
Improve the use of data to drive action across Best Start system and monitor progress of the refreshed Best Start Strategy.	<ul style="list-style-type: none"> <li>Develop a Best Start data dashboard to monitor impact of the Best Start Strategy 2025-2030.</li> <li>Develop locality data profiles for Family Hub Networks and Family Hub Outcomes Framework.</li> <li>Expand the maternity dashboard to include breastfeeding data.</li> </ul>	Green	March 2026	Best Start Strategic Partnership	<p>System Analytics Intelligence Unit (SAIU) is engaged in development of best start data dashboard on behalf of Nottingham and Nottinghamshire. Identification of relevant indicators has commenced, including consideration of data flow, granularity and permissions.</p> <p>Locality data profiles for Family Hub networks are being managed in phases, linked to the readiness of data to collect and analyse. A pilot of phase one data has been produced and is being tested with one of the Family Hub Networks. A second test is planned for the Autumn.</p>			
Develop co-ordinated 'Best Start' messaging for parents and carers that is widely shared across the Best Start system.	<ul style="list-style-type: none"> <li>Develop a new resource hub for parents for information, advice and guidance.</li> <li>Refresh and promote the Best Start for Life offer and accompanying 'First 1001 Days' and 'Journey to School' resources.</li> <li>Expand the maternity 'consent to contact' process and explore alternative ways to engage parents in the Family Hub offer in pregnancy.</li> <li>Introduce 'Feed Your Way' website and campaign materials.</li> </ul>	Green	March 2026	Best Start Strategic Partnership	<p>Community Directory procurement has identified a successful bidder, which is the first step towards development of a resource hub for parents.</p> <p>'First 1,001 Days' and 'Journey to School' resources undergoing review for accessibility prior to launch.</p> <p>Stakeholder engagement has commenced to refresh the Best Start for Life offer.</p> <p>Series of promotional materials (including key fobs) developed for midwives and Healthy Family Teams to support promotion of Family Hub antenatal offer.</p>			

Further engage and skill the local workforce in relation to child development and the 'Best Start' agenda.	<ul style="list-style-type: none"> <li>Develop a '1001 Days' e-learning package.</li> <li>Run a 'Best Start' webinar for professionals.</li> <li>Use case studies to capture evidence of impact and outcomes across Family Hub Networks.</li> </ul>	Green	March 2026	Best Start Strategic Partnership	'1,001 Days' e-learning specification developed in partnership with reference group. Procurement process will commence in September 2025 to identify a provider to develop content. Provider for e-learning platform and build has been agreed.			
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**Highlight report - Ambition 2 (2025/26 delivery) Quarter 1**

Activity	Output	RAG	Timescale	Owning group	Progress (key achievements)	Risks	Mitigation	Escalations to Health and Wellbeing Board
<b>Building Blocks</b>								
Evaluate the impact of the Building Blocks of Health communications approach in Nottinghamshire	<ul style="list-style-type: none"> <li>Utilise Ripple Effects Mapping and work with partners to produce an evaluation of the Building Blocks programme.</li> </ul>	Green	March 2026	Building Blocks Community of Practice	Resource has been identified and scheduled to support with evaluation from academic and system partners, and continued work through Community of Practice.			
Work with partners to develop a sustainable strategic approach to health and care communications across Nottinghamshire, based on the building blocks of health approach.	<ul style="list-style-type: none"> <li>Create a communications subgroup with colleagues across the system, to build confidence for communications colleagues and to embed the Building Blocks approach in system-wide health and care communications.</li> </ul>	Amber	March 2026	Building Blocks Community of Practice	Staffing structures on the agenda have been in flux but have been confirmed at the end of Q1. This will require system stakeholder buy in which is currently in progress.			
<b>Housing</b>								
Use public sector reform opportunities as a driver to transform the local housing system, ensuring all citizens have access to good housing as a key building block of health (links to Ambition 3 and Ambition 4 housing related activities).	<ul style="list-style-type: none"> <li>Undertake options appraisals for local government reorganisation for both housing and homelessness.</li> <li>Develop a new housing directors strategic partnership across the local system to feed into Local Authority CEOs group.</li> <li>Explore feasibility of a consensus statement around housing strategic priorities.</li> <li>Explore feasibility of a shared systems transformation plan for housing and homelessness with aligned resource.</li> </ul>	Green	September 2026	Nottingham & Nottinghamshire Housing Directors Strategic Partnership Group (new)	The First Housing Directors Strategic Partnership Group has met and is developing, with intentions emerging.			

**Employment**

<p>Work with the newly created Strategic Employment and Health Partnership Group to define need, review best practice, and develop a strategic action plan to address health related barriers to employment and economic inactivity, to maximise health and wellbeing outcomes and reduce economic inactivity due to ill health.</p>	<ul style="list-style-type: none"> <li>▪ Develop a strategic action plan for Employment and Health across Nottingham and Nottinghamshire.</li> <li>▪ Commence delivery of the Employment and Health Strategic Action Plan.</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Nottingham &amp; Nottinghamshire Strategic Employment and Health Partnership Group (new)</p>	<p>The new Strategic Employment and Health Partnership Group is up and running, with a clear Terms of Reference. The strategic action plan is under development.</p>			
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**Food and Nutrition**

<p>Facilitate and develop the Nottinghamshire Sustainable Food Network (SFN).</p>	<ul style="list-style-type: none"> <li>▪ Implement the Nottinghamshire Food Plan 2025-2028, which has been co-designed with partners across the system.</li> <li>▪ Work collaboratively to develop plans for the sustainability of the SFN.</li> <li>▪ Deliver a Food Redistribution Community Grant scheme for VCSE organisations.</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Nottinghamshire Sustainable Food Network</p>	<p>The Nottinghamshire Sustainable Food Group will explore evidence base and best practice around food policy options for Nottinghamshire County Council. This now involves the use of the Good Food Local national benchmarking platform, which aims to help local authorities drive change to create more sustainable food systems. This benchmarking will be completed in Q3.</p>			
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**Air Quality**

<p>Work in partnership to deliver the Nottingham and Nottinghamshire Air Quality Strategy.</p>	<ul style="list-style-type: none"> <li>▪ Continue to work collaboratively with partners through the Nottingham and Nottinghamshire Air Quality Oversight Group</li> <li>▪ Progress the Nottingham and Nottinghamshire Air Quality Implementation Plan.</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Nottingham and Nottinghamshire Air Quality Oversight Group</p>	<p>The Air Quality Oversight Group continues to meet and has completed a yearly cycle of meetings (4 in total). At a meeting in May 2025, it was agreed to develop a proposal for air quality work jointly with Derby City and Derbyshire County to explore work on an EMCCA footprint.</p> <p>A high level review of the strategy will be undertaken to understand the air quality initiatives/actions taken by partner organisations across Nottingham City and Nottinghamshire County and how they align with the air quality strategic objectives.</p>			
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It was also agreed to focus on strategic objective four 'Engagement and Communication for Behaviour Change' in the implementation plan, as this is where it is felt the group can have the biggest influence.

**Highlight report - Ambition 3 (2025/26 delivery) Quarter 1**

Activity	Output	RAG	Timescale (Month YYYY)	Owning group	Progress (key achievements)	Risks	Mitigation	Escalations to Health and Wellbeing Board
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**Making Every Contact Count (MECC)**

Develop a flexible approach to MECC training and support.	<ul style="list-style-type: none"> <li>System MECC training offer co-designed and agreed with partners.</li> <li>A dashboard for monitoring and evaluation of the MECC programme with key metrics is developed.</li> </ul>	Amber	April 2025	Personalised Care & MECC Strategic Developments Group	<p>A new multi-level training package for MECC (incorporating the Building Blocks of Health communications approach) co-designed by MECC System Working Group members. Bespoke e-Learning package is under development (due October 2025). This will be shared and hosted by partner organisations on their learning management systems.</p> <p>Equivalent (in-person) short forms of MECC training e.g. for community leaders, are available via Your Health Notts and Thriving Nottingham. Longer forms of MECC training for targeted staff based on the Wessex Healthy Conversation Skills model are now being initiated.</p> <p>25 staff from across the ICS are now MECC champions/trainers to cascade training following train-the-trainer courses in April and July 2025. There is ongoing collaboration between system partners to build a Power BI dashboard solution to enable reporting of MECC training outcomes. Peer support network</p>	<p>All initial Public Health funding, including for fixed-term staff capacity and development of products/resources to enable roll out of training is now allocated. Initial train-the-trainer cohorts include a variety of staff/organisations/roles but are not fully representative of the system workforce.</p>	<p>Local tobacco grant funding (up to £10k per annum) <i>may</i> be re-allocated, to support rollout of MECC training e.g. for train-the-trainer courses.</p> <p>This is dependent on the level of grant funding allocated each year, the grant being available and other funding pressures. Contract in place until March 2028 to support provision of ad-hoc train-the-trainer courses, with the next course due September 2025.</p> <p>Organisations are asked to embed and promote e-Learning once available and put forward suitable staff to become MECC champions/trainers. Sustainable funding models for the system are asked to be considered.</p>	A paper on MECC will be received by Health and Wellbeing Board in September 2025.
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					has been established for new MECC champions/trainers.			
Embed MECC training into the personal development plans (PDPs) and appraisals of all frontline staff, with consideration that MECC becomes mandatory training.	<ul style="list-style-type: none"> <li>Number/% of organisations that have mandated MECC training for new starters induction has increased.</li> <li>Number/% of organisations that have included MECC training into PDP and appraisals has increased.</li> </ul>	Amber	September 2025	Personalised Care & MECC Strategic Developments Group	<p>System governance for delivering the Integrated Care Strategy priority for MECC established through Universal Personalised Care Oversight Group and ongoing through Place-Based Partnerships (PBPs).</p> <p>Integrated Care Partnership discussed MECC priority in March 2025 and members were supportive of a call to action on MECC, with organisations asked to consider how they roll out and embed within their organisation. Due to delays on delivery of new training package (e.g. e-Learning), no organisations have elected to mandate MECC training.</p>	<p>Universal Personalised Care Oversight Group was disbanded in May 2025, but no new system governance route established. No further funding, lead organisation or long-term delivery plan has been identified for MECC beyond October 2025. Feedback from organisations and partnerships expressed concern around meeting ICS Strategy targets for MECC training rollout by 2028.</p>	<p>MECC System Working Group is continuing until October 2025 to deliver initial objectives. The Integrated Care Strategy was refreshed in 2025/26, including removal of MECC training delivery targets.</p> <p>Organisations and partnerships such as Sherwood Forest Hospitals and South Notts Place Based Partnership (PBP) are developing their own MECC action plans. Partners are keen to explore how MECC and Building Blocks of Health can be embedded, e.g. into future neighbourhood health plans, beyond October, when the training package is fully operational.</p>	A paper on MECC will be received by Health and Wellbeing Board in September 2025.
<b>Mental Health (cross cutting)</b>								
Develop a new service model for adult mental health that maximises interfaces with all system partners to ensure patient-centred care, improved experience and outcomes for individuals, and clearer accountability of organisations between interfaces.	<ul style="list-style-type: none"> <li>Review, develop and implement a person focused service model that ensures collaborative working amongst system partners to maximise support to the individual.</li> <li>Develop a model that is aligned to place based geographies.</li> <li>Implement strategic oversight of interfaces between organisations on the pathway to ensure that these support the experience of people who need services and their carers.</li> </ul>	Green	March 2026	Nottingham and Nottinghamshire Mental Health Partnership Board	System delivery group established with senior leader co-chairs in place with defined ambition and objectives.	None to escalate (risks managed by Mental Health Partnership Board).		

<p>Maintain the children and young people and adult NottAlone website to support good mental wellbeing by helping people understand how they can look after their own and their families' mental health and wellbeing and to know where they can access support. Incorporate parental and infant mental health and promote NottAlone to parents and carers.</p>	<ul style="list-style-type: none"> <li>▪ Undertake an options appraisal to support partnership decision making for future commissioning in 2026/27.</li> <li>▪ Review NottAlone website content and incorporate new content for parental and infant mental health to help parents to build resilience and learn how to manage their child's and their own mental health.</li> <li>▪ Launch the NottAlone podcast and utilise to help reduce stigma, provide mental health promotion advice and increase engagement with NottAlone.</li> <li>▪ Deliver a NottAlone live event to increase awareness and engagement across schools and education settings.</li> </ul>	<p>Amber</p>	<p>March 2026</p>	<p>NottAlone Commissioning Group</p>	<p>NottAlone Commissioning Group are considering options for future delivery and finalising options appraisal ready for the autumn to aid future funding decisions.</p> <p>The NottAlone podcast was launched on 13 May during Mental Health Awareness Week. Since its launch, it has continued to build a dedicated and engaged audience across multiple platforms, with strong listener interaction and steady growth. Series one has a children and young people focus, with topics including anxiety and school attendance, exam stress and mental health resilience of young families.</p> <p>A review of NottAlone content has commenced, with a review of suicide prevention content completed in Q1.</p> <p>Agreement reached to expand NottAlone to include 0 to 5 information, with a reference group to be established.</p>	<p>No funding is currently identified for the continuation of NottAlone programme beyond 2025/26</p>	<p>An options appraisal is being developed to inform decision making on future funding by funding partners (Nottinghamshire County Council, Nottingham City Council, Nottingham and Nottinghamshire ICB).</p>	<p>HWB members are asked to continue to promote NottAlone as the main place for people of all ages to access trusted mental health advice and information about services and to support promotion of the commissioned free training provided by Harmless and Zero Suicide Alliance to people working and volunteering in Nottinghamshire.</p>
<p>Strengthen the capacity for co-production at an individual, organisation and strategic level to ensure that people who use services, their families and carers, and those working at the point of care are true partners in making change</p>	<ul style="list-style-type: none"> <li>▪ Embed coproduction at an individual, cohort and strategic level in the mental health system.</li> <li>▪ Support people with lived experience to be active members of the Self Harm and Suicide Prevention Strategic Steering Group.</li> <li>▪ Undertake an options appraisal for children and young people strategic co-production, to support future planning/arrangements.</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Nottingham and Nottinghamshire Mental Health Partnership Board</p>	<p>System delivery group established with senior leader and expert by experience co-chairs in place with defined ambition and objectives.</p> <p>People with lived experience continue to be active members of the Nottingham and Nottinghamshire Self Harm and Suicide Prevention Strategic Steering Group and will become members of the children and young people task and finish group, which is to be established.</p> <p>The views of people with lived experience of bereavement by suicide are contributing to the development of a suicide</p>	<p>None to escalate (risks managed by Mental Health Partnership Board).</p>		

					bereavement awareness animated resource.			
Develop strategic oversight of all housing related discussions and developments in the system in relation to mental health to ensure that people can remain in the community as much as possible and can return home as soon as possible in the event of requiring a hospital stay (links to Ambition 2 and Ambition 4 housing related activities).	<ul style="list-style-type: none"> <li>Develop a strategy for all mental health and housing related developments to support pathway flow across the system.</li> <li>Develop an implementation plan taking account of regional and national networks and policy to support development of sufficient housing provision in Nottingham and Nottinghamshire.</li> </ul>	Green	TBC	<p>Nottingham and Nottinghamshire Mental Health Partnership Board</p> <p>Nottingham &amp; Nottinghamshire Housing Directors Strategic Partnership Group (new)</p>	System delivery group established with senior leader co-chairs in place with defined ambition and objectives	None to escalate (risks managed by Mental Health Partnership Board and Housing Directors Strategic Partnership Group).		
<b>Healthy Weight</b>								
Undertake Joint Strategic Needs Assessments (JSNAs) to support system wide approaches to healthy weight, good nutrition and moving more. Develop appropriate structures for strategic leadership of whole system approaches to support healthy weight.	<ul style="list-style-type: none"> <li>Establish a partnership steering group to develop scope of a Healthy Weight and Good Nutrition JSNA and provide oversight of the development of the JSNA.</li> <li>Undertake Healthy Weight and Good Nutrition JSNA and present findings to Joint Health and Wellbeing Steering Group for approval.</li> <li>Establish a system wide partnership group to steer and provide oversight of a whole system approach to support healthy weight</li> <li>Establish a partnership steering group to develop scope of a</li> </ul>	Green	April 2026	To be established	Proposals to focus on JSNA topics of 'Healthy Weight and Good Nutrition' and 'Moving More' were submitted through the 2025/26 JSNA work programme prioritisation process. The submissions set out the scope of the proposed JSNAs.			

	<p>Moving More JSNA.</p> <ul style="list-style-type: none"> <li>Commence work on the Moving More JSNA to be completed early 2026/27</li> </ul>							
<p>Provide a comprehensive pathway for weight management, through the NHS, which incorporates evidence informed interventions and supports sustainable weight loss. Pathway to include children and adults.</p>	<ul style="list-style-type: none"> <li>Establish ICB commissioned local provision of weight management medicines, including effective wrap around care, to be available for those people with the highest level of clinical need.</li> <li>Monitor uptake, engagement and outcomes from weight management medicines provision, along with appropriate wrap around care, to inform future developments.</li> <li>Align with Public Health on effective interventions and innovations to ensure lifestyle changes and support sustainable weight loss.</li> </ul>	Amber	Into 2027	Weight Management Services Task and Finish Group	<p>Access to the primary care service for Mounjaro (weight management medicine) will be available from September 2025 alongside specialist weight management services. Access in primary care is currently based on 480 individuals in line with the requirements of the NHSE Funding Variation.</p> <p>NICE published a quality standard for overweight and obesity management in August 2025 that will inform the ongoing development of the weight management pathway.</p> <p>ICB are establishing a community of practice to support the Weight Management Services Task and Finish Group and ensure a fully integrated approach that considers all interventions.</p>	<p>The cost of weight loss medicines (in particular Mounjaro) drives additional demand and pressure through GP practices. The demand for medicines exceeds capacity and funding for identified cohort.</p> <p>With the demand for weight management medicines, a movement to a medical model is advocated which with the evidence, doesn't allow for relevant lifestyle changes and sustainable weight loss, and therefore does not impact on the burden of disease, morbidity and wider socioeconomic benefits.</p>	<p>Promotion of all weight management interventions, including increased promotional efforts for local authority Integrated Wellbeing Services.</p> <p>Communications to GP registered population to manage expectations. Ongoing provision for those with the greatest clinical need.</p> <p>Implementation and promotion of broader pathway that incorporates all weight loss interventions.</p> <p>Fully integrated approach to weight management incorporating interventions commissioned/provided across the system.</p> <p>Development of JSNA and recommendations that impact on the obesogenic environment.</p>	<p>HWB to support the development of the proposed 'healthy weight and good nutrition' and 'moving more' JSNAs and consider how its organisations can support implementation of recommendations once available.</p>
<p>Ensure appropriate levels of provision are in place for children and young people to provide sustainable weight loss. Review healthy weight services for children and young people and align with overall weight management pathway outlined above.</p>	<ul style="list-style-type: none"> <li>Undertake mapping of population need and current provision for children and young people's healthy weight, taking into consideration any introduction of medicines that may be specified within NICE Guidance (to be confirmed based on NICE Guidance/NHSE Commissioning Guidance and may be a longer term activity beyond 25/26) and achieving sustainable weight loss.</li> </ul>	Amber	Into 2027	Children and Young People Weight Management Network Group	<p>Mapping of healthy weight provision for children and young people has commenced ready to inform the development of recommendations for children and young peoples obesity.</p> <p>Working together with commissioners and providers through the Network Group to ensure that children with the highest need are seen in the most appropriate level of</p>	<p>NHSE funding for the Complications of Excess Weight Service ends in March 2026. Nottingham and Nottinghamshire children and young people are currently on the waiting list.</p>	<p>This is a key consideration of the collaborative work to map current provision and develop recommendations to ensure children's obesity needs are met.</p>	

- Develop recommendations for children and young people's obesity from March 2026. NHSE funding for Complications of Excess Weight (CEW) Clinics (Tier 3 provision for children and young people) ends in March 2026.
- Implement decision relating to Tier 3 specialist support ready for April 2026 and review and update the child healthy weight pathway.
- Review Tier 2 plus service, in line with overall pathway and mapping.
- Provide for a pathway that is accessible in the NHS and fully integrated across children, young people and adults.

service.

Children and young people's healthy weight Single Point of Access continues in 2025/26. 128 referrals were received and responded to in Q1. Children and young people are also engaged/referred into healthy weight support through other routes such as National Child Measurement Programme, Tier 1 and Tier 2 activities, and direct GP referral to CEW.

**Tobacco**

Key partners to develop a standardised approach to the use of vapes as a quit aid in pregnancy.

- Undertake a review of the effectiveness of using vapes as a quit aid in pregnancy to help to build a 'case' for the use of vapes.
- The 'case' for using vapes as a quit aid in pregnancy to be presented to NHS Trust Boards.

Amber

March 2026

Nottingham and Nottinghamshire Smoking and Tobacco Alliance

Work has commenced with intelligence gathering from Nottingham University Hospitals Trust and Leicester and Leicestershire who currently use vapes as a quit aid in pregnancy. A literature review and gathering of national evidence and guidance is also in progress.

Connections have been made with a consultant at Doncaster and Bassetlaw Hospital in preparation for presentation to the hospital board, with the aim of encouraging use of vapes as a quit aid for pregnant patients.

If it is not possible to establish a consistent position across hospital trusts in Nottinghamshire regarding the use of vapes as a quit aid, there will continue to be inconsistency in provision across the county.

Funding for Tobacco Dependency Treatment Programmes, who would support smokers in pregnancy, has been incorporated into core allocations for ICB's. This was ringfenced previously.

Proposed actions around intelligence gathering and evidence collation are mitigating factors.

The new 10 Year Health Plan for England clearly reiterates the commitment to integrate opt-out smoking cessation interventions into all routine care within hospitals, as part of delivering the shift to prevention. Tobacco dependency treatment services are critical to achieving this commitment.

Key partners to work together to dispel myths and misinformation regarding the use of vapes and to encourage the widespread adoption of the East Midlands Position Statement on Vaping.

- Training and the development of resources for key practitioners to provide accurate information and to dispel myths and misinformation regarding the use of vapes.
- Social media campaign to share informative posts, graphics, videos that debunk myths and educate the public and promote 'swap to stop' to smokers wishing to quit and promote the social norm regarding young people's smoking

Green

March 2026

Nottingham and Nottinghamshire Smoking and Tobacco Alliance

Collaboration with partners to map current training and resources across the system to identify appropriate next steps for consistency of training offers and resources.

Connections with Doncaster and Bassetlaw Hospital Trust to begin conversations focused on adoption of East Midlands Position Statement on Vaping,

HWB members to consider encouraging their organisations to adopt the East Midlands Position Statement on Vaping.

	<p>and vaping habits.</p> <ul style="list-style-type: none"> <li>▪The adoption of the East Midlands position statement on vapes by key partner organisations across Nottinghamshire.</li> </ul>				<p>Consistent messaging around vaping through routine and continuous social media campaigns.</p> <p>Developing proposals for HWB webinar training on consistent messaging around vaping.</p> <p>Training delivered for Youth Service, clinicians and paediatricians and Kings Mill Hospital on consistent messaging around vaping,</p> <p>Youth Service and schools have access to resource packs providing further and accurate information related to vaping.</p>				
<p>Key partners to work together to promote the health benefits of the impending Tobacco &amp; Vapes legislation through a 'Big Conversation' with the public</p>	<ul style="list-style-type: none"> <li>▪ Develop a social media campaign to highlight the health benefits of the Tobacco &amp; Vapes Bill and impending legislation, including the Smokefree Generation Policy; Smokefree Outdoor Spaces; and changes to flavours and packaging of vapes.</li> <li>▪ Develop case studies to highlight the benefits of quitting smoking, and the benefits of smokefree outdoor spaces.</li> <li>▪ Undertake a campaign to encourage participation in the Government consultation regarding aspects of the Tobacco &amp; Vapes Bill and any subsequent secondary legislation that may be required.</li> </ul>	Green	March 2026	<p>Nottingham and Nottinghamshire Smoking and Tobacco Alliance</p>	<p>Social media campaign with local DPHs undertaken at the start of 2025.</p> <p>12 case studies have been completed and uploaded onto the new website.</p> <p>Further progress delayed until committee date is set in the Lords to ensure alignment and maximum impact.</p>				
<p><b>Reducing Alcohol (cross cutting with Ambition 4)</b></p>									

<p>Raise awareness of the needs of people who use alcohol and improve signposting/referral into appropriate support.</p>	<ul style="list-style-type: none"> <li>▪ Develop a robust alcohol comms plan which sits across the system.</li> <li>▪ Increase partner awareness / utilisation of the pathway for alcohol referrals into Change Grow Live (CGL).</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Nottinghamshire Drug and Alcohol Partnership</p>	<p>An initial meeting was had in May 2025, with comms colleagues from Nottinghamshire County Council (NCC), Change Grow Live and Place Based Partnership colleagues. Initial ideas and scope were discussed in terms of which groups to target and a small task and finish group was suggested to drive this work forwards.</p> <p>In addition to this, a comprehensive comms plan was discussed between Public Health and Nottinghamshire County Council comms to promote Alcohol Awareness Week in July 2025 which centred around the theme of "Alcohol and Work".</p>			
<p>Improve access to community fibroscan in order to identify alcohol-related liver disease.</p>	<ul style="list-style-type: none"> <li>▪ Improve co-ordination between community fibroscan, hepatology and community substance use treatment to improve referral pathways.</li> <li>▪ Evaluate the local impact on ascertaining unmet need.</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Nottinghamshire Drug and Alcohol Partnership</p>	<p>Hepatology colleagues were invited to the July Alcohol Harm Reduction Group (AHRG) meeting to inform the AHRG of their current scope and fibroscanning work. There was a suggestion made to set up a task and finish group and to map out current fibroscanning pathways within hospital and community settings.</p>			

<p>Limit the increase in the density of alcohol outlets in the most deprived areas in the County.</p>	<ul style="list-style-type: none"> <li>Continue to use the Nottinghamshire Alcohol Licensing Matrix, demonstrating alcohol harms at MSOA level in accordance with the four statutory licensing objectives.</li> <li>Enable Public Health and other responsible authorities to make evidence informed representations against licensing applications. This will now include (as outlined in the 10 Year Health Plan for England) mitigations and suggestions around no and low alcohol alternatives.</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Nottinghamshire Drug and Alcohol Partnership</p>	<p>Working more closely with licensing colleagues in the Police particularly where harm is very high in Nottinghamshire and the district, writing to applicants regarding mitigating measures and encouraging open dialogue.</p> <p>There has been some excellent practice through alcohol licensing work. As part of writing to applicants where highest levels of alcohol harm are within the County, an excellent response was provided by Worksop Town Football Club.</p> <p>Through dialogue with the lead applicant, it was agreed that the football club would implement further mitigating measures such as 'Challenge 25' training for all staff', to further strengthen their application and reduce alcohol related harm. This is a good example of the impact Public Health are having with alcohol licensing work.</p>			
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Highlight report - Ambition 4 (2025/26 delivery) Quarter 1								
Activity	Output	RAG	Timescale (Month YYYY)	Owning group	Progress (key achievements)	Risks	Mitigation	Escalations to Health and Wellbeing Board
<b>Domestic Abuse</b>								
<p>Develop the Domestic Abuse Strategy for Nottinghamshire from 2025 to 2028.</p>	<ul style="list-style-type: none"> <li>Domestic Abuse Strategy published.</li> <li>Associated action plan developed.</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Domestic Abuse Partnership Board</p>	<p>System wide workshop held with Domestic Abuse Partnership Board partners on 5 June 2025 to develop the partnership's thinking on the Domestic Abuse Strategy 2025-2028.</p>			

<p>Deliver the objectives of the Domestic Abuse duty and commission services until 2028.</p>	<ul style="list-style-type: none"> <li>▪ Commissioning plan to be approved through Informal Cabinet.</li> </ul>	<p>Green</p>	<p>December 2025</p>	<p>Domestic Abuse Partnership Board</p>	<p>System wide workshop held with Domestic Abuse Partnership Board partners on 5 June 2025 to develop the commissioning plan. A draft plan for comment will be circulated in Q2 (expected August 2025) for partners final comments.</p>				
<p>Centralise Domestic Homicide Review (DHR) governance and support services by 2026, in preparation for Local Government Reorganisation.</p>	<ul style="list-style-type: none"> <li>▪ Centralised model funded by partnership approach including district and borough councils and the County Council.</li> </ul>	<p>Amber</p>	<p>March 2026</p>	<p>Domestic Abuse Partnership Board</p>	<p>A paper detailing a proposed costing model for centralisation was presented to the Safer Nottinghamshire Board (SNB) on 26 June 2025 and while on the whole very supportive, concerns were raised on affordability to take forward the centralised model.</p>	<p>Pooled funding is challenging in current circumstances and will need to be explored further.</p>	<p>Ongoing conversations will be required with Community Safety Partnerships (CSP) chairs to work through the proposals and costings in future quarters.</p>		
<p><b>Homelessness</b></p>									
<p>Develop joined up, sustainable, long-term housing solutions which include appropriate support for people with experience of severe multiple disadvantage (SMD) (links to Ambition 2 and Ambition 3 housing related activities).</p>	<ul style="list-style-type: none"> <li>▪ Deliver a countywide supported housing needs assessment (aligned to the Nottingham City review already undertaken)</li> <li>▪ Deliver the Nottingham and Nottinghamshire single adult homelessness pathway review</li> <li>▪ Support the development of the new Housing Directors Strategic Partnership Group and related planning.</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Nottingham &amp; Nottinghamshire Housing Directors Strategic Partnership Group (new)</p>	<p>The Supported Housing Needs Assessment is underway and due to be completed in October 2025. National guidance on the supported housing strategy that will need to follow this is awaited.</p> <p>Single Adult Pathway Review is in the early stages. All local authorities have committed to participation.</p> <p>Inaugural meeting of the Housing Directors Strategic Partnership Group has taken place with agreement that there was long term merit in the group existing. Further detail including scope and terms of reference is to be agreed.</p>				

<p>Improve safeguarding for people experiencing severe multiple disadvantage (SMD).</p>	<ul style="list-style-type: none"> <li>▪ Deliver new 'test and learn' pilots utilising the Making Every Adult Matter (MEAM) approach.</li> <li>▪ Develop a focused system improvement plan around severe multiple disadvantage (SMD) and safeguarding.</li> </ul>	<p>Green</p>	<p>March 2026</p>	<p>Nottinghamshire Safeguarding Adults Board</p>	<p>Key individuals from across ICB, Notts Healthcare, Nottinghamshire County Council, and the voluntary sector have now completed a systems leadership course delivered by the national Making Every Adult Matter team.</p> <p>This builds on the existing Nottinghamshire Making Every Adult Matter work and gives a framework to undertake 'test and learn' system interventions to improve outcomes for people experiencing multiple disadvantage.</p> <p>The Safeguarding Board has agreed to sponsor this group going forward, as part of its commitment to SMD as a priority within its strategy.</p>			
<p>Improve understanding of women's experiences of severe multiple disadvantage (SMD).</p>	<ul style="list-style-type: none"> <li>▪ Deliver the women's rough sleeper census.</li> <li>▪ Develop new data collection to give greater insight into how women in Nottinghamshire are impacted by severe multiple disadvantage (SMD).</li> <li>▪ Undertake review of services and commissioning with a focus on delivering provision that is accessible, safe and effective for women.</li> </ul>	<p>Green</p>	<p>January 2026</p>	<p>Women's Severe Multiple Disadvantage Partnership Group</p>	<p>Women's rough sleeper census is in the planning stages. The census is held nationally, week commencing 22 September 2025.</p> <p>Service review plan has been identified and groups are planning to undertake the work during Q3.</p>			

# Ambition 3

EVERYONE CAN ACCESS THE RIGHT SUPPORT TO IMPROVE THEIR HEALTH

3

**Everyone can access the right support to improve their health**

Health, care and community services will work together to strengthen their focus on promoting good health and wellbeing and preventing illness, by building on people's strengths.



# Introduction



**Ambition 3 (everyone can access the right support to improve their health)** encompasses a range of priorities within the Joint Health and Wellbeing Strategy. This presentation will:

- Highlight key achievements since the last Ambition 3 report in May 2024.
- Cover the Joint Health and Wellbeing Strategy priorities of mental health, healthy weight, tobacco and alcohol reduction.
- Highlight any challenges and associated mitigations that have been experienced in delivery of Ambition 3.
- Outline plans for delivery over the next 12 months.

# Key achievements - Countywide

## Mental Health

- Successful launch of the new **all-age NottAlone website** as part of the NottAlone programme and the NottAlone Podcast (launched in May 2025 during Mental Health Awareness Week).
- Publication of the Nottingham and Nottinghamshire **Adult Mental Health Joint Strategic Needs Assessment Profile**.
- Launch of the new Nottingham and Nottinghamshire **Self Harm and Suicide Prevention Strategy** and **Suicide Prevention Charter**, co-produced with people with lived experience.
- 68 sessions of our local **mental health, self harm, suicide prevention and bereavement training** delivered to a total of 638 attendees.
- 46 **mental wellbeing and suicide prevention small grants** issued to CVS organisations.
- **Stakeholder Network** sessions on Relationship Breakdown, Gambling Related Harm and the Suicide Prevention Charter
- **Integrated commissioning roadmap** developed by ICB, Nottinghamshire County Council and Nottingham City Council, setting the strategic commissioning intentions for the next two years to support delivery of the adult integrated mental health pathway.
- **Partners in Mind** expert by experience group established to embed the voice of local people throughout system mental health work.
- **Systems dashboard and outcomes framework** developed to monitor the impact of care on the outcomes and experiences of local people.

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## Healthy weight

- Your Health Notts (YHN) rolled out new **universal child healthy weight offers** engaging with over 1,000 children and families and 21 schools (including four SEND schools).
- The ICB commissioned **Childrens and Young Persons Weight Management Referral Single Point of Access** went live. 374 referrals have been received through the Single Point of Access and supported into the right service for their needs. 280 children and young people have accessed ICB Commissioned Tier 2 + specialist weight management programme to date.
- In the 2024/25 reporting year, 1,400 adults accessing **Your Health Notts** for support with their weight achieved a significant weight loss of between 3% and 5% of their starting weight, a 41% increase on 2023/24. 3,285 people were supported to increase their levels of physical activity from inactive to fairly or moderately active.
- In response to new NICE Guidance and NHS England Commissioning Guidance, Nottingham and Nottinghamshire ICB have been working with partners to define the local offer for **access to injectable weight loss medication through the NHS**. People with the highest level of clinical need will be prioritised and be able to access in 2025.

# Key achievements - Countywide



## Smoking and tobacco

- **Local stop smoking service providers** worked together to improve transition between secondary care and community stop smoking services and transfers between City and County services.
- **Smokefree generation grant** was used to increase capacity in smoking cessation services, promote swap to stop using vapes, and targeted support. There was a 45.47% increase in quits between 2023/24 and 2024/25.
- Launch of a partnership **pilot harm reduction pathway** for people with Severe Mental Illness, anxiety or depression to quit smoking.
- **Smokefree Homes Nottingham and Nottinghamshire project** developed. 43 housing staff were trained to have healthy conversations with tenants, promote smokefree homes and make referrals to local stop-smoking services.
- **Smokefree Sidelines** was launched in partnership with Nottinghamshire Football Association to help grass roots football clubs promote a smoke and vape free environment.
- Development of a **new delivery plan for the Nottingham and Nottinghamshire Smoking & Tobacco Alliance (2025-28)**, to support further progress towards a smokefree Nottingham and Nottinghamshire by 2035.
- Communications campaigns to **promote reporting of illegal tobacco products**, raise awareness of the law on smoking in cars with under 18s present, and change perceptions around mental health and smoking.

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## Alcohol reduction

- Your Health Notts trained over 100 people in **Alcohol Identification Brief Advice (IBA)** across the system. The highest attendees were from Probation, Social Care and Social Prescribing.
- Through the Alcohol IBA training, 4 individuals have expressed an interest in becoming an **alcohol champion** for their organisation.
- Over the year 2024/25, 10 letters have been sent from public health to licensing applicants as part of the **licensing matrix** work. As part of writing to applicants where highest levels of alcohol harm are within the County, an excellent response was received from **Worksop Town Football Club**. Through dialogue with the lead applicant, it was possible for the club to implement further mitigating measures to strengthen their application and reduce alcohol harm.
- **Partnership working with PCN's** across the county, leading to presentation on alcohol to Primary Care Practice Learning Time (PLT's) due in September and October 2025.

# Key achievements – Countywide

## MECC

- Insight-led **development of a systematic approach to MECC** and wider prevention through awareness raising and targeted engagement with residents, staff, organisations and partnerships.
- Establishing initial governance through Universal Personalised Care Oversight Group, Place-Based Partnerships and the formation of a MECC System Working Group. Aligning MECC with other programmes of work focussed on **embedding prevention and reducing health inequalities** such as ‘Building Blocks of Health’ and ‘Personalised Care’ .
- Key deliverables include:
  - **Multi-level training offer** – new bespoke eLearning (due October 2025), short MECC introduction sessions delivered through lifestyle service provider/s, plus longer 3- and 6-hour versions of training available for targeted staff/volunteers. Building Blocks of Health communications approach incorporated within all levels of training.
  - **Train-the-trainer courses** in April, July and September 2025 recruiting 40 MECC champions/trainers from across the ICS. Peer support network established for MECC Champions/Trainers.
  - **Bespoke resources** developed including shared Framework for Action, available via FutureNHS and MECC Link.
  - Support for the **development of a new community system directory** to aid signposting and referrals (due April 2026).

# Key achievements – Bassetlaw



## Move More in May 2025 - Annual Partnership Campaign

- Move More in May is a place-wide partnership initiative across Bassetlaw, aiming to support people of all ages and abilities to increase their physical activity levels, connect with and access community services and support at the right place and time, and make sustainable lifestyle changes that improve their health and wellbeing. Green spaces and encouraging people to get out, get moving, and improve their health and wellbeing.



## Key Achievements:

- 7,448 local people engaged in the 2025 campaign — bringing communities together to access information and services, utilise local green and community spaces, reduce access barriers, raise awareness, and increase movement and physical activity.
- 120 Health Checks were completed in community settings, including chair-based exercise classes, supermarkets, workplaces, Worksop College, and community health and wellbeing events across Bassetlaw. 18 patients were identified with high blood pressure and signposted back to their GP for further investigation.
- Over 100 community health and wellbeing events were delivered, aimed at increasing physical activity for people of all ages and abilities. These events focused on providing information about local services and access. More than 40 local partner organisations were involved, supporting and encouraging increased movement and healthy lifestyle changes. Partners included PCNs, leisure services, National Trust, Bassetlaw District Council, DWP, Citizens Advice, Food Bank, NHS Talking Therapies, LGBT+ Service, CYP mental health services, Nottinghamshire Youth Service, Active Notts, BCVS, and Youth Health Notts — with a focus on healthy weight management and smoking cessation.
- Over 300 National Trust community passes were provided to local organisations working with residents living in Core20 areas, those aged 65+, and individuals with learning disabilities — helping remove barriers to accessing green spaces and encouraging people to get out, get moving, and improve their health and wellbeing.

# Mid Notts PBP Investing in Communities

## Weekly Outreach Clinics – Trowell Court, Bellamy Road, Mansfield.

### Case Study.

#### Mid Notts PBP Case study:

Weekly Outreach Clinics at Trowell Court, on the Bellamy Road Estate, Mansfield, are funded through the work of the Investing in Communities Fund and are supported by Citizens Advice Central Nottinghamshire (CACN).

Weekly clinics provide services such as advice, support and onward signposting to residents of the Bellamy Road Estate, in respect of physical and mental health, finance support etc.

This case study provides an overview of James (name changed for confidentiality), following his release from hospital after being sectioned under Section 2 of the Mental Health Act.

James found himself out of work because of his mental health and did not have any knowledge of how much and what benefits he was receiving. He had also paid a £10K deposit on a kit car and had no way of paying the £10K balance for the car to be built.

Slide Source: Delivery partner/CACN IIC Q3 (2024/25) return.

Outreach clinics also provide an opportunity for residents to meet with professionals and other members of the community, in a safe space to talk about what is important to them. From this, CACN and other agencies are best placed to help build communities that meet the needs of residents through the MECC Framework.

James was able to link with the Foodbank that operated from the same location.

With outreach clinics being based in James' community, it negated the need to travel far or need transport. It also enabled James to receive support in his local community/surroundings.

Full assessment of James's benefit entitlement was provided which resulted in additional entitlement being received.

Outputs and Outcomes based on the Building blocks of Health



Image source: The Health Foundation, 2024. What builds good health ?

Accessible via: <https://www.health.org.uk/news-and-comment/charts-and-infographics/what-builds-good-health#download%20resources>

Outreach clinics provide the opportunity to access advice and support to James and other residents, such as alcohol management, weight management, smoking cessation etc, where applicable.

Support was given to try and retrieve the £10K deposit back through the Citizens Advice Consumer Helpline.

Support was provided in respect of what professionals, under the Mental Health Act and Consumer Goods Act, James needed to contact in respect of James capacity to act at the time of making the deposit.

# Key achievements – South Nottinghamshire

- Six **Healthy Hearts for Hucknall** events have taken place since August 2024, to proactively identify and manage cardiovascular disease – conditions which affect the heart and blood vessels, such as high blood pressure, heart failure, and pre-diabetes, for people who live in Hucknall.
- Partners from a variety of health services, Your Health Notts, Ashfield District Council, Everyone Active, voluntary and community services, worked together to deliver the events from community venues, providing health checks and access to wellbeing, diet, exercise, and mental health support.
- The events were promoted through GP text messaging, posters and flyers in GP practices, pharmacies and community venues across Hucknall. This approach attracted exceptionally high attendance.
- Due to the overwhelming demand at the first event, more targeted invitations were used at subsequent events to better manage capacity and ensure meaningful engagement. Learning occurred over the 6 events and guidance has been developed.
- Staff at the events reported a high sense of satisfaction and further strengthening of relationships and collaboration amongst colleagues working in Hucknall.



- Attendees were able to access appropriate support at the events to address any concerns or issues identified – including weight management, smoking cessation, passes for the leisure centre, 24-hour blood pressure monitoring through community pharmacy and talking therapies.
- The final numbers are being collated from all the events to complete a formal evaluation with support from Nottingham Trent University, however based on the first four events, there were over 1400 base tests carried out, supporting over 500 people. This gave 41 people a new diagnosis of hypertension, 587 onward referrals were made to other teams and services, with over 400 opportunities for education through information and advice.
- A Public Health Master's student on placement reviewed and streamlined the health check questionnaire, resulting in a dramatic increase in engagement – leading to the 5<sup>th</sup> event having more forms completed than all previous events combined.
- The success of these events has not only demonstrated their local impact but also inspired other Integrated Neighbourhood Working areas to adopt the same model, replicating it across their own communities to improve local cardiovascular health.

*"In October 2024 I attended the Healthy Hearts for Hucknall clinic at the Jamie Brough Pavilion. You saw a need in me to have an ECG which you arranged for me to have at the Torkard surgery. The results of which prompted a chain of cardiac appointments and procedures. The outcome being that I have been diagnosed with Heart Failure and on medication to alleviate my symptoms. As my daughter says, my going to the Healthy Heart clinic has saved or prolonged my life. I thank you for all that you do and truly believe that the Healthy Heart clinics are a brilliant initiative."*



# Challenges

## Healthy Weight

- Low levels of engagement in Tier 2 family weight management support after referral were identified in 2024/25, however improvements are being seen in 2025/26. The service is responding by providing new and innovative targeted and universal offers to families with children aged 2+ and schools-based programmes. In addition, new targeted universal offers in community settings are successfully engaging children and young people with a higher BMI.
- Inconsistent referrals and low levels of engagement in maternity healthy weight sessions was identified in 2024/25. The system is responding by working together to strengthen referral pathways and ensuring consistency by embedding a consistent approach to talking about healthy weight in pregnancy through a rolling programme of CPD for midwives and maternity staff to increase their confidence around talking about healthy weight in pregnancy, providing information and support, signposting and referring
- NHS England funding for the provision of specialist weight management services for children and young people (Complications of Excess Weight – CEW – Services) ends in March 2026. The ICB are working through the Children and Young People Weight Management Network Group to map current provision across the child and young person's weight management pathway and complete an options appraisal to aid local decision making.
- Demand for weight loss medicines exceeds current capacity and funding for the identified cohort and drives additional demand and pressure through GP Practices. There is a need to ensure that people accessing medical models for weight loss are supported to make lifestyle changes for sustainable weight loss. A fully integrated system wide model for weight management interventions is required.

## Mental Health

- There is a need to identify sustainable funding to continue with the NottAlone Website and wider programme of engagement and communications activities. Commissioning partners are working together on an options appraisal to aid decision making on future commissioning arrangements.
- Housing has been recognised by system partners as one of the most significant system challenges for people with mental health needs. The Nottingham and Nottinghamshire Adult and Children's Mental Health Partnership Board agreed for housing to be one of its priorities for 2025/26, to ensure senior strategic oversight of progress to address the issues and ability to escalate support with regional and national housing colleagues.

# Challenges

## Alcohol reduction

- Challenging to develop a robust Alcohol Related Brain Damage (ARBD) pathway, including commissioning challenges around health and social care input into pathway development. Public Health colleagues are working with Alcohol Change UK around ARBD.
- Challenges around primary care identification of alcohol treatment need and referral into treatment. ICB and local authority colleagues are sharing learning around ways to increase IBA and referral within primary care. Public Health colleagues plan to attend Protected Learning Time sessions in September and October to brief GP's and primary care on referral pathways and treatment need regarding alcohol.






































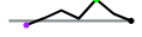





## Smoking and tobacco

- Challenges within the neighbourhood-based stop smoking pilot around community engagement, which has delayed pace of progress. Trading Standards, Your Health Notts, Mansfield CVS, Mid-Notts Place Based Partnership and the Illegal Tobacco Delivery Group have been consulted to identify ways of working to increase engagement in the community.

## MECC

- Key challenges for MECC delivery and implementation include:
  - Being unable to identify a suitable single point of access for staff to access prevention training and resources.
  - Under-representation from some providers/organisations through development process.
  - Sustainability with Public Health resources to support delivery of the system priority are set to end in October 2025, as large organisations will be asked to self-serve and partners are keen for MECC/building blocks of health to be embedded in neighbourhood health/transformation programmes
- Mitigations to these challenges include MECC resources being hosted on MECC link and NHS Futures, as these are accessible across the system. Also, MECC eLearning is being produced as Sharable Content Object Reference Model (SCORM) files to be owned by County Council and provided to large organisations to host on their individual systems. An item is being presented to HWB regarding these challenges.

# Outcomes (where are we)

Priority	Indicator details	Latest data	England latest	Notts latest	Notts trend	Notts recent	JHWS
<b>Ambition 3: Everyone can access the right support to improve their health</b>							
Ageing well	 Emergency hospital admissions due to falls in people aged 65 and over   Persons   65+ yrs	2023/24	1,984.0	1,881.0			
Ageing well	 Winter mortality index   Persons   All ages	Aug 2021 - Jul 2022	8.1	5.2			
Ageing well	 Estimated dementia diagnosis rate (aged 65 and older)   Persons   65+ yrs	2025	65.6	67.9			
Healthy weight	 Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight)   Persons   18+ yrs	2023/24	64.5	67.5	—		
Healthy weight	 Percentage of physically active adults   Persons   19+ yrs	2023/24	67.4	69.3	—		
Mental health	 Social Isolation: percentage of adult carers who have as much social contact as they would like   Persons   All ages	2012/13	41.3	32.1	—		
Mental health	 Percentage of looked after children whose emotional wellbeing is a cause for concern   Persons   5-16 yrs	2023/24	41.0	46.0			
Mental health	 Emergency Hospital Admissions for Intentional Self-Harm   Persons   All ages	2023/24	117.0	103.5			
Mental health	 Self reported wellbeing: people with a high anxiety score   Persons   16+ yrs	2022/23	23.3	20.2	—		
Mental health	 Suicide rate   Persons   10+ yrs	2021 - 23	10.7	10.6	—		
Substance Use	 Successful completion of alcohol treatment   Persons   18+ yrs	2023/24	34.2	29.7			
Substance Use	 Admission episodes for alcohol-related conditions (Narrow)   Persons   All ages	2023/24	504.1	532.7			

## Nottinghamshire County Joint Health & Wellbeing Strategy Indicators

 Better than England,  Similar to England,  Worse than England,  Not numerically compared

Trend:  getting better,  no trend detected, — not calculated

 Part of monitoring for Joint Health and Wellbeing Strategy

# Plans for the year ahead

## Mental Health

- Develop a **new service model for adult mental health** that maximises interfaces with all system partners.
- Continue to work with partners identifying actions within their organisations to **implement the Self Harm and Suicide Prevention Strategy**.
- Maintain the **all-age NottAlone website** to support good mental wellbeing and incorporate parental and infant mental health and promote NottAlone to parents and carers.
- Strengthen the **capacity for co-production** at an individual, organisation and strategic level.
- Develop **strategic oversight of all housing related discussions** and developments in the system in relation to mental health.

## Healthy Weight

- Undertake **Joint Strategic Needs Assessments (JSNAs)** to support system wide approaches and develop structures for strategic leadership of whole system approaches to support healthy weight.
- Provision of a **comprehensive pathway for weight management**, through the NHS, that incorporates evidence informed interventions and supports sustainable weight loss.
- Ensure appropriate levels of provision are in place for **children and young people** to provide sustainable weight loss.

## Alcohol reduction

- **Raise awareness of the needs of people who use alcohol** and improve signposting/referral into appropriate support.
- **Improve access to community fibroscan** in order to identify alcohol-related liver disease.
- **Limit the increase in the density of alcohol outlets** in the [page 50 deprived](#) areas. Promotion of no and low alcohol products, as outlined in the NHS 10-year plan.

# Plans for the year ahead

## Smoking and tobacco

- Implement actions within the **Nottingham and Nottinghamshire Smoking and Tobacco Alliance Delivery Plan 2025-2028**.
- Work with partners towards **reducing smoking in pregnancy**, including use of vapes as a quit aid.
- Seek to **dispel myths and misinformation around vapes** with adoption of the East Midlands Association of Directors of Public Health (ADPH) position statement on vaping.
- Engage with the public to encourage participation in **national consultations related to the Tobacco and Vapes Bill**.

## MECC

- New **bespoke MECC eLearning will be shared** and launched by partners once complete in October 2025. Further roll out of other training levels to continue.
- Ongoing collaboration between Public Health and Systems Analytics Intelligence Unit colleagues to build a Power BI dashboard solution to enable **reporting of MECC training outcomes**.
- Public Health resources to support delivery of Integrated Care Strategy priority are set to end in October 2025.
- Large organisations will be asked to self-serve and partners keen for **MECC & Building Blocks of Health to be embedded in neighbourhood health/transformation programmes**.

# Asks of the Board

## Healthy Weight

- Support the development of the proposed 'Healthy Weight and Good Nutrition' and 'Moving More' JSNAs and consider how your organisations can support implementation of recommendations once developed.

## Mental Health

- Continue to promote NottAlone as the main place for people of all ages to access trusted mental health advice and information about services and support the promotion of commissioned free training provided by Harmless and Zero Suicide Alliance to people working and volunteering in Nottinghamshire.

## Alcohol reduction

- Ensure that drug and alcohol services are embedded within Integrated Neighbourhood Teams (INTs) as these develop over the next year.

## Tobacco Control

- Endorse the new 2025-2028 delivery plan for the Nottingham and Nottinghamshire Smoking and Tobacco Alliance.
- Encourage your organisations to consider adopting the East Midlands Position Statement on Vaping.

## MECC

- Consider how your organisation can support rollout of MECC training, support front-line staff across our partnerships to have healthy conversations, connect people to key services and play an active role in prevention priorities. A dedicated item on MECC will be presented at the Health and Wellbeing Board meeting.



**Nottingham &  
Nottinghamshire**  
Smoking & Tobacco  
Alliance

# **Nottingham & Nottinghamshire Smoking & Tobacco Alliance**

## **Draft Delivery Plan 2025-28**

Nottingham and Nottinghamshire Smoking & Tobacco Alliance (NNSTA)

## Section 1: Context and Background

The Nottingham & Nottinghamshire Smoking & Tobacco Alliance is a local response to a national ambition to achieve the country's first smoke-free generation. The Alliance was established in 2022. It brings together partner organisations from across a wide range of disciplines to work towards eliminating tobacco-related harm to create a smoke-free generation for Nottingham and Nottinghamshire by 2040.

The Alliance has a clear, shared ambition *to see smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City. Further to this, we want to make the harms of smoking and subsequent health inequalities a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18th birthday in 2040.*<sup>1</sup>

Fewer people in Nottingham and Nottinghamshire smoke than ever before, but smoking remains the leading cause of preventable ill health. That is why reducing smoking and tobacco harm is recognised as a key objective within both our Joint Health and Wellbeing Strategies.

Smoking remains one of the greatest drivers of poor health and inequality across Nottingham and Nottinghamshire. While overall prevalence has declined, the burden of tobacco is not evenly shared. The ASH Inequalities Dashboard (2025) shows that smoking is concentrated in our most disadvantaged communities and among people living with poor mental health or social disadvantage.

In Nottinghamshire, around 10% of adults smoke; equivalent to more than 67,000 people. In Nottingham City, the proportion is almost double, with 18.2% of adults, nearly 48,000 people, smoking. While this represents a modest reduction from previous years, the city continues to lag behind regional and national averages.

The gap widens further in communities where disadvantage is most acute. Among adults in routine and manual occupations, prevalence rises to 17.4% in the county and an alarming 28.4% in the city. Smoking is also deeply entrenched among people with mental health needs: almost a quarter of those with long-term mental health conditions smoke, while nearly half of adults with serious mental illness in Nottingham City are smokers.

The majority of people in treatment for substance misuse also smoke, with rates as high as 86% among those in treatment for alcohol or non-opiate misuse in Nottinghamshire. Smoking is also deeply entrenched among people with mental health needs: almost a quarter of those with long-term mental health conditions smoke, while nearly half of adults with serious mental illness in Nottingham City are smokers.

Smoking in pregnancy remains significantly higher than the national average, with more than one in 10 women in Nottingham and Nottinghamshire smoking at the time of delivery. Although rates have edged downwards, progress is too slow to greatly close the gap with the England average.

The health impacts are stark. Nottingham records 2,370 smoking-attributable hospital admissions per 100,000 people, far higher than the England average of 1,680. This rate has fallen slightly since 2019/20 but remains well above national levels. People in Nottingham are almost twice as likely to be admitted to

hospital in an emergency for COPD. Children in Nottingham and Nottinghamshire were admitted to hospital for asthma at around the same rate as the national average, however there is still important work to do to reduce avoidable admissions.

The wider consequences of tobacco extend well beyond health. Smoking pushes households further into poverty: nearly a third of all smoking households in the East Midlands fall below the poverty line once tobacco expenditure is considered. In Nottingham County this affects more than 19,000 households and, in the City, more than 11,000 households. Smoking also impacts employment, with around 5,000 people across city and county estimated to be out of work due to smoking-related illness – a figure that has remained broadly stable.

Children are heavily affected. Over 67,000 children locally live in smoking households, where they are more likely to experience respiratory illness and be exposed to smoking role models. Each year, hundreds of children in Nottingham and Nottinghamshire take up smoking, perpetuating cycles of addiction.

The financial toll on society is vast. Locally, consumers spend an estimated £262 million a year on tobacco products. The economic cost of premature deaths attributable to smoking is calculated at £412 million in Nottinghamshire and £255 million in Nottingham. Productivity losses amount to more than £500 million annually, while smoking adds significant pressures to health and social care services; costing the NHS around £35 million a year locally and social care a further £288 million.

Taken together, these figures illustrate that tobacco remains one of the most pressing challenges for our health and wellbeing system. Despite positive changes since the beginning of the last delivery plan, inequalities persist and there remains some way to go to achieve our vision. At the same time, new challenges such as vaping among young people risk undermining gains made. Smoking not only harms individuals but also undermines family stability, deepens poverty, widens health inequalities, and places a major financial strain on public services and the wider economy.

**The remit of the Alliance** is to take a whole-systems approach to continue to drive the work forward.

Strategic partners of the Nottingham & Nottinghamshire Smoking & Tobacco Alliance agreed to adopt the WHO Framework Convention on Tobacco Control MPOWER Model<sup>iii</sup> when it was established in 2022. As a leading model for tackling tobacco control it was felt this would best suit the needs of the Alliance.

- M** Monitor tobacco use prevention policies
- P** Protect people from tobacco smoke
- O** Offer help to quit tobacco use
- W** Warn about the dangers of tobacco
- E** Enforce bans on tobacco advertising
- R** Raise taxes on tobacco

The MPOWER model is a public health approach. It is a framework developed by the World Health Organisation to help counties implement evidence-based tobacco control policies. MPOWER aims to reduce tobacco use by addressing various aspects, including monitoring, protection, quitting assistance, warning, enforcement of bans and raising taxes. The public health approach focuses on preventing and controlling diseases and health risks in a population.

**Four areas for improvement** were identified by the Alliance for Nottingham and Nottinghamshire by using the CLear<sup>iii</sup> process (CLear - Challenge, Leadership and Results, an evidence-based improvement model used to assess local tobacco control activity). These have been developed into 4 Delivery Themes:

Delivery Theme 1: **Helping people to quit smoking**

Delivery Theme 2: **Effective regulation of tobacco products**

Delivery Theme 3: **Protecting people from secondhand smoke**

Delivery Theme 4: **Prevention & Engagement with Children & Young People**

In addition to the Delivery Themes there are three cross-cutting themes including:

- Governance
- Effective communication
- Tobacco Declaration

Actions within the delivery themes were informed by the findings of the CLear process and by the recommendations of the Joint Strategic Needs<sup>iv</sup> Assessment for Smoking and Tobacco Control for both Nottingham (2019) and Nottinghamshire. (2020)

**Policy drivers-** To implement effective interventions, manage our tobacco control work and review progress, the Alliance have designed our thinking and actions on various national and local smoking and tobacco related policies. National policy drivers include the

- The Green Paper (2019)<sup>vi</sup> published by the national government about prevention of ill health across the board.
- The APPG on Smoking and Health (2019)<sup>vii</sup> published in response to the Secretary of State for Health and Social Care's policy paper 'Prevention is better than cure' and ahead of the Department for Health and Social Care's
- The Royal College of Physicians Report<sup>viii</sup> Smoking & Health 2021 A coming of age for Tobacco Control
- The All-Party Parliamentary Group (2021): Delivering a smokefree 2030. Recommendations for Tobacco Control<sup>ix</sup>
- NICE guideline NG 209 on Tobacco: Preventing uptake, preventing uptake, promoting quitting and treating dependence<sup>x</sup>
- The Khan Review June 2022 Making Smoking obsolete<sup>xi</sup>
- Smoke Free by 2030- The 10 high impact actions for local authorities and their partners (ASH, 2020)<sup>xii</sup>
- NHS England (2022) Tobacco Dependency Programme<sup>xiii</sup>
- DHSC (2022) Stopping the start: our new plan to create a smokefree generation<sup>xiv</sup>
- HM Revenue & Customs (2024) (Stubbing out the problem – a new strategy to tackle illicit tobacco)<sup>xv</sup>

- Tobacco & Vapes Bill – Creating a Smokefree UK<sup>xvi</sup>
- APPG (2025) Roadmap to a Smokefree country. No one starts; Everyone Stops No one profit in tobacco<sup>xvii</sup>.
- Department for Environment, Food & Rural Affairs (2025) Single Use Vapes Ban<sup>xviii</sup>

Local policies include:

- Nottingham & Nottinghamshire ICS health inequalities strategy 2020 -2024<sup>xix</sup>
- The Nottinghamshire Plan: Our plan for a healthy, prosperous and greener Nottinghamshire 2021-2031<sup>xx</sup>
- Nottinghamshire Joint & Health & Wellbeing Strategy<sup>xxi</sup>
- Joint Health & Wellbeing Strategy for Nottingham<sup>xxii</sup>

## **Section 2: Review of progress: Nottingham and Nottinghamshire Smoking & Tobacco Alliance - Delivery Plan Impacts 2022 - 2025**

The Alliance is now fully established, with clear terms of reference, a shared vision, and a three-year delivery plan being implemented by partners. Communications have strengthened through the launch of a joint brand, shared channels, and collaborative campaigns such as Stoptober and mental health and smoking. Agreement on a consistent position regarding e-cigarettes is a positive step, though detailed communication plans and wider partner engagement is still required. While the Tobacco Declaration itself has been refreshed, further work is needed to streamline processes and make take-up easier.

### **Theme 1: Helping vulnerable people to give up smoking**

Collaboration between providers has improved, with new referral pathways across some maternity, secondary care, and community services. Development of a harm reduction pilot with Thriving Nottingham, Your Health Notts, Notts Healthcare Trust, and Public Health, making Nottingham/shire one of the first areas to adopt this approach, there is also the swap to stop scheme that has been successful. Active engagement in the Theme 1 delivery group has driven progress. However, inconsistent in-patient to community pathways, prescribing barriers, and reaching the most vulnerable are areas needing action.

### **Theme 2 - Effective regulation of tobacco products**

Under Theme 2, a dedicated delivery group has been established, new resources for frontline staff developed, and a stronger Police and Trading Standards partnership has developed to tackle illegal sales. Awareness of illegal and underage sales has increased through these resources. However, barriers to reporting and sharing intelligence persist among partners and residents, requiring ongoing work.

### **Theme 3 - Protecting people from second-hand smoke**

A social housing audit and co-design with providers have developed Smokefree Homes initiatives, with four housing providers participating. Smokefree workplaces and events, including school engagement through child-designed posters, have also progressed. Behavioural insight research has informed these activities. However, expansion to more housing providers and stronger partner engagement are needed to embed change across the system.

### **Theme 4 - Prevention and engagement with children and young people**

Behavioural insight research, a dedicated delivery group, and school-based resources have strengthened prevention work. Vaping prevention is a priority, with young people actively shaping campaigns and messaging. However, increasing school participation and wider use of resources is needed to maximise impact and prevent uptake of smoking and vaping among young people.

**Appendix 1** contains a detailed review of the last delivery plan 2022-2025 has been reviewed with an assessment of outcomes / impacts of work undertaken by the Alliance over the last 3 years.

### Section 3: Nottingham and Nottinghamshire Smoking & Tobacco Alliance – DRAFT Delivery Plan 2025 – 2028

**Context:** This document focuses on the action plan for our 4 key delivery themes for the next 3 years, monitoring of the actions and details on system working. It is a live document which will be periodically reviewed every 12 months.


The Delivery Plan 2025-2028 will need to be flexible and adaptable in the light of upcoming changes to legislation which will change the operating context.

The Delivery plan has been informed by current members of the themed delivery groups, the Challenge Leadership and Results (CLear) process and by the recommendations in the Joint Strategic Needs Assessments on Smoking and Tobacco Control for Nottingham (2019) and in Nottinghamshire (2020)

Some of the actions from this Delivery Plan have been carried forward from the previous Delivery Plan (2023-2025)

<i>Theme</i>	<i>Actions</i>	<i>Proposed lead organisation</i>	<i>Outcome</i>	<i>Evidence</i>
<b>Cross cutting themes</b>				
Communications (Carried forward from Delivery Plan 2023-2025)	Launch and raise awareness of the Alliance website to partners and the public	Nottingham City Council	Website launched by April 2025 (Y1)  Increased awareness and engagement with Alliance activities among partners and public	Monitoring of website use and engagement (Y2):  Number of partner organisations linking to or sharing website content  Engagement metrics such as number of website visits downloads of resources, or enquiries/contact submitted via the website  Feedback from partners or surveys showing increased awareness of Alliance activities

	<p>Communications campaigns focused on:</p> <ul style="list-style-type: none"> <li>• Improving awareness of new legislation</li> <li>• Dispelling myths: vaping and smoking</li> <li>• Dispelling myths: nicotine and mental health</li> <li>• Consistent messaging</li> <li>• Reporting Illegal Tobacco and Underage Sales</li> <li>• Smoking in pregnancy</li> </ul>	Public Health teams to coordinate. All Alliance partners to contribute through consistent messaging and reinforcement	Increased awareness, reduced myths, consistent messaging, and greater reporting of illegal/underage sales	Campaign reach and engagement metrics
	Enhance communication between partners to ensure all tobacco control activity is effectively promoted across the Alliance	All	<p>Increased understanding of partner activities, identification of gaps, partnership approach to addressing issues.</p> <p>Increased contribution to the Alliance newsletter and agenda items</p>	<p>Mapping of partner activities Records of newsletter contributions and meeting agendas</p> <p>Document joint decisions /actions to address identified gaps</p>
Using research to support the Alliance’s work	Identify opportunities across the Smoking and Tobacco Alliance workstreams for potential academic partnership	Universities	Development of joint research proposals, evaluations and publications and integrate these into Alliance activities	<p>Document identified opportunities and collaborations</p> <p>Joint outputs – such as evaluations/reports</p>
	Keeping abreast of product changes and adapting to the landscape	All	Alliance activities remain relevant and responsive to emerging products and needs	Adaptation of local services and messages aligned to development in nicotine and tobacco-based products

Monitoring and evaluation	Explore the inclusion of a monitoring framework, with an emphasis on priority populations		Better understanding of how priority groups are engaging with services	Data with selected metrics on population groups
Multi-agency partnership working	Conduct an assessment of the role and success of the Smoking and Tobacco Alliance as a System Leadership Group. See embedded word doc	Public health	Demonstration of the Alliance's effectiveness  Diagnostic checklist for system leadership	Conduct an assessment of the role and success of the Smoking and Tobacco Alliance as a System Leadership Group – complete evaluation plan in Y1 and results in Y2
	Engage local businesses to support stronger pledges under the Smoking and Tobacco Declaration.	Public Health	More local businesses making robust, aligned pledges.	Number of businesses engaged through meetings, surveys, or workshops.  Number and quality of pledges signed or updated.  Feedback from businesses on support provided and changes made to their pledges.
	Strengthen Alliance governance and links with ICB/NHS structures	Public Health	Improved alignment with NHS priorities	Documented decisions with continued representation at the alliance from ICB and NHS partners
<b>Theme 1: Supporting residents to achieve a smoke-free future</b>				
<b>Theme 1</b>	<b>Actions</b>	<b>Proposed lead</b>	<b>Outcome/ impact measures</b>	
	Pilot and evaluate a tobacco harm reduction approach starting with an SMI cohort	ABL, NHT, Thriving Nottingham, Public Health, and	Increased opportunities for SMI patients to engage in smoking cessation	Evaluation report and subsequent business case

		University of Nottingham (UoN)		for expansion to other cohorts if appropriate.
	The creation of a Lived Experience Panel and/or engagement with key target groups to better understand their barriers to quitting smoking.	Public Health	A better understanding of how to make SSS equitable and accessible to key populations.	Lived Experience reports and case studies presented to the Smoking & Tobacco Alliance
	Exploration and roll-out of new community venues for smoking cessation (e.g. workplace groups, new community venues, pharmacies and other sub-contracted providers) (Action carried forward from Delivery Plan 2023-2025)	Providers with support from public health	Increased capacity and/or access to smoking cessation leading to an increased number of quit dates set.	Annual provider impact reports to the Smoking & Tobacco Alliance; and Case study examples
	Identifying groups to target (i.e. those groups that are underrepresented in referrals) <ul style="list-style-type: none"> <li>• Using results of EIA / HEA to inform targeting</li> <li>• Use prevalence data</li> <li>• Neighbourhood approaches</li> <li>• Priority groups</li> <li>• Alternative access methods to support delivery e.g. pharmacies, vape shops</li> </ul>	Providers	Increased referrals and engagement of underrepresented groups	Record of outreach  Mapping of areas targeted  Referral and uptake data
	Use audit findings and service data to identify and adopt best practice and stronger models of support for women smoking in pregnancy across Nottingham and Nottinghamshire (NUH, SFH, ICB, PH) Promote collaborative working and smooth referral pathways between secondary care and community SSS.  Strengthen SSS referral routes within LTC	Providers and ICB	Reductions in smoking in pregnancy due to increased access to support and success in stopping smoking during pregnancy.	Annual Service Impact Reports to the Smoking & Tobacco service including data on the number of pregnant women who set a quit date and the number who successfully quit.

	pathways, particularly as part of the development of Integrated Neighbourhood Working. (action carried forward from delivery plan 2023-2025)			
<b>Theme 2: Effective regulation of tobacco products</b>				
<b>Theme 2</b>	<b>Actions</b>	<b>Lead</b>	<b>Outcome/ impact</b>	
	Engage with organisations and individuals to better understand and act to break down barriers to reporting	Trading Standards	Develop and enact an action plan to break down the barriers identified.	An increase in community reports about illegal tobacco products.
	Inform partners and the public about changes in tobacco enforcement laws and monitor developments to adapt activities, including licensing, smokefree environments, and tobacco product regulations.	Trading Standards Local Authorities	Partners and the public understand new legislation, Alliance activities are updated to remain compliant and effective	Monitoring of activity in line with legislation  Updated guidance
	Continued commitment to fund and renewal of agreement for seconded Police Officer	Police Trading Standards	Continued support for enforcement of tobacco regulations Strengthens our working partnership with Trading Standards	Renewal of funding and employment of Police Officer.
	Establish an annual horizon-scanning review process for new nicotine products in conjunction with providers of CYP vaping services	Trading standards Police Environmental Health Public Health Local Authorities	The Alliance stays aware of new products and can respond quickly to emerging trends affecting young people	Updates to guidance or campaigns based on findings
<b>Theme 3: Protecting people from second-hand smoke</b>				
<b>Theme 3</b>	<b>Actions</b>	<b>Lead</b>	<b>Outcomes/ impact</b>	
	Implement the Nottingham and Nottinghamshire smokefree homes project	County and City Public Health	Embedded promotion of smokefree homes and signposting to Integrated	Evaluation to measure uptake and impact.

	with potential to expand to other housing tenures.		wellbeing services, reduction in second-hand smoke exposure, expansion to other housing tenures	Housing provider, and tenant feedback. Distribution of resources, number of referrals made under the 'smokefree homes' reference to the IWS.
	Build on upcoming legislation with expansion of smokefree outdoor spaces including for example: <ul style="list-style-type: none"> <li>• Smokefree events</li> <li>• Smokefree sidelines</li> <li>• Smokefree school gates and pick up point</li> <li>• Country parks/ parks/ playgrounds</li> </ul>	County and City Public Health	Greater promotion and recognition of smokefree environments, helping to protect children from second-hand smoke and normalising smokefree behaviour in public spaces.	Number of smokefree sites, events, or organisations involved (e.g., football clubs, teams, or leagues), alongside increased signage and social media promotion from partners.
	Develop and enact a local plan for the effective and sustainable enforcement of new smoke free spaces legislation.	Local Authorities / Hospital trusts/ Police	Smokefree rules are applied consistently across the city and county, with partners and the public informed and compliant.	Local enforcement plan in action, monitor compliance, partner and public feedback
	Embed smoking prevention messages into wider fire safety communications for relevant groups.	Fire Service	Increased awareness of the risks of smoking-related fires and promotion of quitting support through Fire Service messaging.	Record campaigns/ smoking messages, distribution of materials during home visits.
<b>Theme 4: Prevention and engagement with children and young people</b>				
<b>Theme 4</b>	<b>Actions</b>	<b>Lead</b>	<b>Outcomes/ impact</b>	
	Launch and learn from pilot programmes in Nottingham City and Nottinghamshire County for novel CYP vaping prevention and cessation services	Theme 4 Delivery Group / Schools health teams	Better understanding of what helps children and young people stop/ avoid vaping, with effective models that can be scaled up	Pilot evaluation reports, feedback from young people and providers, service uptake data

	Integrate Very Brief Advice/let's talk health in youth and early years settings.	Theme 4 Delivery Group / Youth Services/settings	Delivery of consistent advice on smoking and vaping to young people and families	Training records, staff feedback.
	Develop programme of activity for prevention and engagement with Looked After Children and Care Leavers	Theme 4 Delivery Group / Children's Social Care	Measures to be identified within action plan	
	Support Theme 2 actions to raise awareness of upcoming legislation, where legislation will impact on children and young people.	Schools' health teams and youth services/settings	Young people and families know about new laws and how they affect them	Engagement metrics (e.g. social media), feedback from CYP

## Section 4: References

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- <sup>xx</sup> The Nottinghamshire Plan (2021) [The Nottinghamshire Plan: Our plan for a healthy, prosperous and greener Nottinghamshire](#)
- <sup>xxi</sup> Nottinghamshire Joint Health & Wellbeing Strategy 2022-2026. Available from [nottinghamshirejointhealthwellbeingstrategy2022-2026.pdf](#)
- <sup>xxii</sup> Joint Health & Wellbeing Strategy for Nottingham (2022). Available from [nottingham-city-joint-health-and-wellbeing-strategy-2022-25.pdf](#)

**Appendix 1: Review of progress on Delivery Plan 2022-2025**

<i>Theme</i>	<i>Actions</i>	<i>Lead</i>	<i>Outcomes / Impacts</i>	<i>Evidence</i>	<i>Limitations</i>	<i>Rag rating</i>
<b>Cross cutting themes</b>						
Governance	Set up Governance arrangements	City and County Public Health	Establishment of Alliance and its strategic and operational groups  Functioning Alliance	Approved Terms of Reference Meeting attendance records Action logs and task assignments to delivery groups.	The ToR have been reviewed and updated March 2025	
	Develop vision and first three-year delivery plan	Public Health coordinated; Alliance partners contributed.	Shared vision and agreed delivery plan	Publication of vision. Publication of delivery plan. Regular updates to Strategic Group (notes of meetings)		
Communications	Alliance communications brand and channels	Gardiner Richardson commissioned to lead development	Launch of brand Launch of and continued use of social media channels	Use of branding assets (including logos) on partner activities. Partner contributions to newsletter, case studies.		
	Agreed position on e-cigarettes	All	Agreement to join East Midlands ADPH consensus statement	Consistent messaging aligned to position statement	Partner adherence to agreed position	
	Develop detailed comms plans	All	Agreement to comms plan Shared communications	Comms activities consistent with plans and toolkits. Comms leads group established	Partner engagement in campaigns - sharing and	Increased partner engagement in campaigns

			toolkits – one for each delivery theme Shared campaigns involving wider partners	Comms reports from partners Shared campaigns: Stoptober, illegal tobacco, mental health and smoking; smokefree cars	amplification of messages	and sharing of messages
Tobacco Declaration	Refresh the tobacco declaration	Public health	Refreshed Tobacco Declaration Participation of Alliance partners	Alliance partners signed up to Declaration and with Action Plans in place. Stocktake due April 2025. Consider revising the process to include a checklist to replace the need for an action plan.		Work in progress- revision of the process is being considered
<b>Delivery Theme 1: Helping vulnerable people to give up smoking</b>						
<b>Theme 1</b>	<b>Actions</b>	<b>Lead</b>	<b>Outcomes/ impact</b>	<b>Evidence</b>	<b>Limitations</b>	
Aim: Have a comprehensive offer of support for anyone who wishes to give up smoking and ensure that our most vulnerable communities have equity of access and outcomes.	Providers work together to strengthen collaboration	Providers	Provider group established and collaborating	Attendance records and action logs		
	Improved referral pathways	Providers	Maternity stop smoking pathway in place LTP pathway in place (secondary care) Self-referrals process	Number of referral pathways. Provider data on referrals (ABL and Thriving Nottingham) – routine monitoring as part of commissioning	Challenges within services /consistency of delivery / ICB barriers to prescribing	This work is ongoing.

			Transition between services City-County	Geographic spread of referrals (Mapping)		
	Increasing uptake	Providers	Harm reduction approach developed.  Smokefree generation plans – expansion / additional capacity. Swap to stop expansion Workplace targeting initiatives Uptake by target groups: homelessness, substance users, SMI	Completed approach, with monitoring / evaluation plan. Provider records; returns to DHSC for use of SSSG - All routinely in place as part of commissioning Case studies.		
<b>Delivery Theme 2: Effective regulation of tobacco products</b>						
<b>Theme 2</b>	<b>Actions</b>	<b>Lead</b>	<b>Outcomes/ impact</b>	<b>Evidence</b>	<b>Limitations</b>	
Aim: Working together to reduce the access to illegal tobacco and having a city and county where retailer environment promotes good practice around	Forum for regular discussion and sharing of local intel	Trading Standards	Theme 2 Delivery Group established and collaborating	Action log from group meetings.		
	Encourage reporting of illegal sales	Trading Standards	Development of resources for front line workers Development of posters to encourage UAS and illegal sales reporting	Records of distribution of resources Consultation with CYP Delivery Group – focus group	Willingness to report from partners, perceived consequences	

illegal sales of tobacco and/or vaping product	Partnership between Police and Trading Standards to support enforcement	Police	Recruitment of Police officer to support work	Police officer input to enforcement activities		
<b>Delivery Theme 3: Protecting people from second-hand smoke</b>						
<b>Theme 3</b>	<b>Actions</b>	<b>Lead</b>	<b>Outcomes/ Impact</b>	<b>Evidence</b>	<b>Limitations</b>	
Aim: Creating smokefree places and reducing exposure to second-hand smoke	Examine potential targeting of social housing as a sector with high smoking prevalence	Public Health	Social housing audit Project development with codesign by social housing providers. Promotion of local services to social housing residents. Promotion of smokefree homes.	Completed social housing audit report. Records of engagement with strategic housing group. Results of pilot project – training evaluations. Engagement of 4 housing providers in co-design Records of Steering Group meetings and tenant feedback. Completion of project materials, implementation and evaluation plan.	Patchy levels of interest from housing providers	Work in progress / ongoing.
	Promote smokefree workplaces – extension to outdoor areas	City Public Health lead	Publication of smokefree toolkit	Completion of smokefree toolkit audits by Alliance partners	Partner engagement / interest in opportunity	
	Promote smokefree events	City Public Health lead	Piloting use of child-designed posters as a promotional tool	Schools participated in competition Records of poster use		

	Using local data to inform Theme 3 activity	CYP Delivery Group (in absence of Theme 3 group)	Promoting relevant school survey data findings. Use of behavioural insight findings. Design of activities in response.	Consultation with clinicians and CYP Health Network Activity plans approved by CYP Group. Evaluation metrics included.		
<b>Delivery Theme 4: Prevention and engagement with children and young people</b>						
<b>Theme 4</b>	<b>Actions</b>	<b>Lead</b>	<b>Outcomes/ Impact</b>	<b>Evidence</b>	<b>Limitations</b>	
Aim: To prevent children and young from starting to smoke in the first instance and breaking generational smoking patterns. Including regulation of products and underage sales, engagement, and de-normalising smoking.	Discover local attitudes to smoking and vaping in and for young people	Commissioned from Bluegrass Consulting / SHEU	Behavioural insight report (parents and young people findings) GUIN / SHEU surveys (young people's behaviours) Use of findings to inform activity.	Completed reports. Use of research within activities. Identification of true local social norms to inform interventions.	Willingness of CYP to engage	
	Establish forum for shared understanding	Public Health teams	Theme 4 group established	Terms of reference and action logs		
	Prevent smoking uptake by young people	Schools Health Hub / Achieve Well Team / Public Health team	Smoking prevention education offer to local schools Production of supporting materials for schools	Monitoring of INTENT programme. Publication of resource packs with supporting change logs and feedback collation.	School participation in INTENT programme	
	Prevent vaping uptake in young people	Public Health team	Production of resources	Publication of resources. Monitoring of distribution & evaluation plan (March 2025)		

			<p>Promote consistent messaging through system-level work and training          Consultation with young people to inform production of assets and campaigns.</p> <p>Engagement with youth services</p>	<p>Addition of vaping content to INTENT following feedback.          Conference / meeting schedule &amp; feedback; examples of consistent message use.          Feedback from young people used in development of further assets (e.g. social norms project, animation)          Social norms posters / school feedback.          Youth Service resources and feedback mechanism.</p>		
	<p>Raising awareness of upcoming legislation and what it means to CYP e.g. age of sale</p>	<p>Public Health teams, young people's services, community services</p>	<p>Production of Alliance engagement resources; conversations on social media / with young people for increased awareness</p>	<p>Social media posts and engagement monitoring</p>		

24 September 2025

Agenda Item: 6

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND COMMUNITIES**

### **A SYSTEMATIC APPROACH TO MAKING EVERY CONTACT COUNT (MECC) ACROSS NOTTINGHAM AND NOTTINGHAMSHIRE**

#### **Purpose of the Report**

1. To update the Health and Wellbeing Board on the Making Every Contact Count (MECC) programme.
2. To ask the Health and Wellbeing Board to support the rollout of new MECC training opportunities across organisations and partnerships as an enabler for signposting and wider prevention.
3. To highlight opportunities and challenges to the sustainability of the MECC programme beyond October 2025.

#### **Information**

4. Making Every Contact Count (MECC) is an approach to behaviour change which utilises day-to-day interactions that organisations and individuals have with other people to support them in making changes to their physical and mental health and wellbeing. The approach enables consistent and concise information, advice, and guidance to be delivered opportunistically, through brief or very brief conversations on health and wellbeing factors through routine interactions or *'healthy conversations'*.
5. MECC is a focus of both national and local plans and strategies. It supports shifts from 'hospital to community' and 'sickness to prevention' as part of the [10 Year Health Plan for England](#). MECC remains an identified priority of the [Nottingham and Nottinghamshire Integrated Care Strategy 2023-27](#) and forms part of the delivery plan for Ambition 3 of [the Joint Health and Wellbeing Strategy 2022-26](#): *'Everyone can access the right support to improve their health'*. This includes increasing the support available to help people to manage and improve their own health and wellbeing, and ensuring that behavioural interventions are available for patients, service users and staff.
6. Enabling healthy conversations through MECC is not just about training. Having a high-quality training programme is a key component, but embedding MECC is also about developing the right infrastructure, culture, and environments across teams, organisations, and the wider

system to deliver on prevention priorities and ensure the right building blocks are in place to build a healthy Nottinghamshire.

7. During 2024/25, local authority Public Health teams in Nottingham City and Nottinghamshire County Councils have collaborated with partners across the system to lead the development of a bespoke, local MECC programme offer. Dedicated funding for staff capacity and resources was provided by Nottinghamshire County Council (NCC) to support the initial development of the MECC programme, over an 18-month period until October 2025.
8. Governance for the programme was initially established through the Universal Personalised Care Oversight Group (now disbanded), Place-Based Partnerships and a bi-monthly MECC System Working Group was formed to help co-design and deliver initial programme objectives.
9. Key achievements of this phase to date include:
  - a) The development of a co-produced systematic approach to MECC and wider prevention, through awareness raising and targeted engagement with residents, staff, organisations and partnerships.
  - b) Aligning MECC with other programmes of work focussed on embedding prevention and reducing health inequalities such as the Building Blocks of Health, Personalised Care and Integrated Neighbourhood Working.
  - c) Working collaboratively with key stakeholders to:
    - i. Develop a new, localised multi-level training offer and recruit MECC champions/trainers from across the Integrated Care System (ICS).
    - ii. Develop a draft shared framework for action and other resources to support delivery of healthy conversations and wider prevention.
    - iii. Support the development of a new community system directory to aid signposting and referrals.
10. Alongside the delivery of key milestones, there have been some challenges to the delivery of an effective MECC programme offer during this initial phase. These include:
  - a) **Targets:** Key stakeholders and partners have highlighted that the initial Integrated Care Strategy targets of completing training for 90% of the frontline workforce, and 70% of the overall workforce by March 2028 were unrealistic and difficult to measure.
  - b) **Training platform and resources:** It wasn't possible to select and commission a suitable eLearning platform to ensure training offer and resources are accessible to all ICS staff within the initial timescales. This has posed challenges in ensuring accessibility of the training offer and resources, plus for monitoring and evaluation.
  - c) **Senior buy-in/representation:** There remains variation in the level of buy-in and representation across large organisations in developing the MECC programme and to support the future rollout of training.
  - d) **Sustainability and funding:** Public Health resources to support delivery of this priority end in October 2025. No funding, lead organisation, or long-term delivery plan has been agreed to sustain MECC implementation and meet Integrated Care Strategy objectives. Current uncertainty around governance and structural changes to NHS and local authorities remain live issues threatening the potential uptake and impact of MECC and wider prevention.

11. Despite the above challenges, the Integrated Care Partnership (ICP) discussed the MECC priority in March 2025. Members were supportive of a call to action on MECC with organisations asked to consider how they roll out within their organisation or partnership. Key ongoing actions include identifying priority staff groups plus trainers/champions, and ensuring eLearning is accessible to staff by hosting on their own learning management system/s.
12. **Multi-level training offer:** Once fully launched from October 2025, the new multi-level training offer for MECC will incorporate the [Building Blocks of Health communications approach](#) at all levels. The training offer consists of an eLearning/introductory MECC module, longer optional 3- and 6-hour training sessions for targeted staff/volunteers, and the provision of ad-hoc train-the-trainer courses based on the nationally accredited Wessex Healthy Conversation Skills model (**Appendix 1**). Training aims to improve staff and volunteer confidence and competence in having healthy conversations, whilst improving knowledge and skills around behaviour change, health inequalities and local signposting routes.
13. **eLearning:** To overcome challenges identifying a suitable existing platform with the timescales, the new bespoke eLearning is being developed as a 25–40-minute introduction to MECC and the Building Blocks of Health. This will be available as shareable files owned by Nottinghamshire County Council which can be hosted by partner organisations on their learning management systems (LMS). Training is expected to become available in October 2025. Partners, staff and volunteers unable to access the eLearning can be signposted to Thriving Nottingham and Your Health Notts to an equivalent in-person introductory training offer.
14. **Healthy Conversation Skills:** Longer 3- and 6-hour forms of MECC training are now being piloted and delivered to targeted staff focussed on those best placed to reduce health inequalities, delivered by those completing a train-the-trainer course. By October 2025, three courses will be completed with a cohort of 36 new trainers/champions able to cascade training. Of these trainers, 24 represent local authorities, 4x voluntary and community sector, 2x primary care, 2x secondary care and 4x other healthcare providers. Many work as part of multi-agency partnerships and plan to deliver training beyond their own organisation. Subject to funding, further train-the-trainer courses can be arranged on an ad-hoc basis to improve system representation. A peer support network for trainers is established to support the cascade of training across organisations and partnerships.
15. **MECC resources and signposting:** Temporary solutions to provide resources to staff, organisations and partnership embedding MECC and support signposting are available via FutureNHS and MECC Link. The framework for action, training materials, slide packs with notes and draft reports that can be adapted for various audiences are available via a dedicated folder on the [FutureNHS](#) platform. County and City Council teams have updated the local [MECC Link](#) pages with these resources for staff undertaking MECC conversations that can be used for signposting until a new system community directory is available.
16. **Monitoring and Evaluation:** There is ongoing collaboration between public health and the Nottingham and Nottinghamshire Integrated Care Board (ICB) Systems Analytics Intelligence Unit (SAIU) to build a Power BI dashboard to enable reporting of MECC training outcomes. This work is considering the best strategies for collecting high quality data, given organisations will be individually hosting the e-Learning on their systems due to challenges identified. Key metrics and reporting requirements are not established at system level and there is uncertainty

over how this will be achieved without a single organisation responsible for the coordination and oversight of the programme in future.

- 17. Engagement and Action:** Support for the development of a systematic approach to MECC has been wide-ranging. There is consensus across key organisations and partnerships on the importance of MECC as an enabler for prevention and reducing health inequalities. Organisations such as Sherwood Forest Hospitals NHS Foundation Trust and Nottinghamshire County Council have led the way by embedding MECC in their organisational policies, strategies and plans. Place-Based Partnerships continue to lead on work to embed MECC and the Building Blocks of Health approach through integrated neighbourhood working.
- 18. Sustainability:** In future, organisations will be responsible for hosting and promoting eLearning on their LMS and identifying staff to receive longer forms of training as required. Local authority Public Health teams will continue to support the rollout of MECC within their organisation/s and partnerships. Nottinghamshire County Council will own the eLearning files and be responsible for updating the eLearning as required. They will also be responsible for co-ordinating Train-the-Trainer courses where there is demand and funding available. Each course introduces 12-16 new trainers and costs approximately £3,800 to deliver. There is currently enough registered interest to train one more cohort in Q4 of 2025/2026, depending on availability of funds. Future courses should focus on ensuring breadth of representation to enable MECC rollout across key system partnerships and organisations.
- 19. Proposed next steps and opportunities requiring support and discussion:**
- a) New bespoke MECC eLearning to be shared and launched by partners once complete in October 2025, with further rollout of other training levels to continue. Support is needed to implement training across the system.
  - b) Ongoing collaboration between Public Health and SAIU colleagues to build a Power BI dashboard solution to enable reporting of MECC training outcomes and signposting. Support is needed to ensure reporting mechanisms meet the needs of organisations and partners whilst ensuring the impact of MECC can be measured and reported in future.
  - c) Large organisations will be responsible for coordinating the roll out of MECC internally, including provision of eLearning and collection of data for monitoring and evaluation.
  - d) MECC and Building Blocks of Health to continue to be embedded in neighbourhood health/transformation programmes, building on current work across Place-Based Partnerships and integrated neighbourhood teams.

### **Other Options Considered**

20. Delaying the development and roll-out of MECC until a suitable single point of access for training and resources could be identified was considered. This option was discounted due to the high priority nature of MECC within the Integrated Care Strategy and the limited time for the initial resource investment in the programme.

### **Reasons for Recommendation**

21. MECC, including the development of a shared MECC framework for action and flexible training programme for staff, is an identified priority of the Nottingham and Nottinghamshire Integrated Care Strategy 2023-27. The recommendation consolidates the gains made on the programme

so far and seeks to ensure programme sustainability beyond the current Public Health funding period.

## **Statutory and Policy Implications**

22. 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**

23. Initial public health reserves funding for MECC in 2023/24 has been allocated and spent. Local tobacco grant funding (up to £10k per annum) may be re-allocated, to support rollout of MECC training e.g. for train-the-trainer courses. This is dependent on the level of grant funding allocated each year, the grant being available and other funding pressures. A contract is in place until March 2028 to support provision of ad-hoc train-the-trainer courses, with the next course due September 2025.

## **Joint Strategic Needs Assessment**

24. The [Nottinghamshire Joint Strategic Needs Assessment \(JSNA\)](#) informs the focus of the Nottinghamshire Joint Health and Wellbeing Strategy. The MECC programme contributes to the delivery of Ambition 3 of the Joint Health and Wellbeing Strategy, across priorities such as smoking cessation, healthy weight and alcohol reduction, by seeking to influence behaviour change.

## **Consultation**

25. An extensive insight-led approach was taken towards the development of a systematic approach to MECC and wider prevention through awareness raising and targeted engagement with residents, staff, organisations and partnerships.

26. The MECC System Working Group was formed in January 2025 to deliver initial objectives by October 2025. The group enabled co-design but was under-represented by some key organisations. The last meeting of the group chaired by Public Health is planned for October 2025.

## **Data Protection and Information Governance**

27. Data Protection Impact Assessments (DPIAs) were completed for the eLearning and Train the Trainer (externally commissioned) aspects of the programme.

## **Implications for Residents**

28. When successfully implemented, the rollout of MECC training equips staff with the skills and resources to explore what matters most to Nottingham and Nottinghamshire residents with regards to their health and wellbeing, promotes behaviour change and signposting to relevant

help and support. This ensures that residents are better able to make the right decisions about their health and wellbeing, whilst enabling prevention and early intervention.

## **RECOMMENDATIONS**

Members of the Health and Wellbeing Board are asked to:

- 1) Ensure that their organisations and partnerships roll out MECC training (e.g. the new eLearning and identify MECC champions/trainers) from October 2025, supporting front-line staff and volunteers across neighbourhoods and teams to have healthy conversations, connect people to key services and play an active role in prevention.

**VIVIENNE ROBBINS**  
**DIRECTOR OF PUBLIC HEALTH AND COMMUNITIES**  
**NOTTINGHAMSHIRE COUNTY COUNCIL**

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### **Constitutional Comments (LPW 09/09/2025)**

29. The recommendation falls within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

### **Financial Comments (PAA29 08/09/2025)**

30. The financial implications are set out in paragraph 23 of the report. There are no Local Government Reorganisation implications arising from the recommendation.

### **Background Papers and Published Documents**

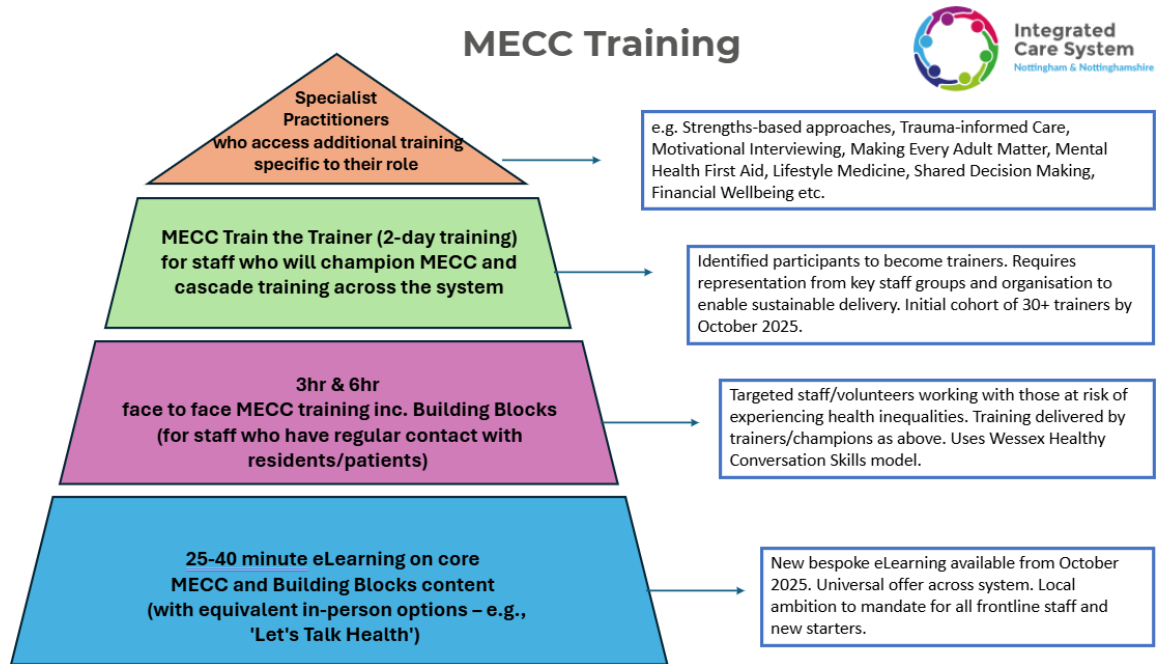
Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

### **Electoral Divisions and Members Affected**

- All

# Appendix 1 – Multi-level MECC Training offer (incorporating the Building Blocks of Health communications approach)





**24 September 2025**

**Agenda Item: 7**

## **REPORT OF THE EXECUTIVE DIRECTOR, CHILDRENS AND FAMILIES**

### **THE FAMILIES FIRST PARTNERSHIP PROGRAMME AND NOTTINGHAMSHIRE'S APPROACH TO WHOLE-SYSTEM TRANSFORMATION IN CHILDREN'S SERVICES**

#### **Purpose of the Report**

1. To update the Health and Wellbeing Board on the Families First Partnership Programme, highlighting Nottinghamshire's approach to whole-system transformation in children's services, and to seek continued support for cross-sector collaboration aligned with the [Nottinghamshire Joint Health and Wellbeing Strategy](#).

#### **Information**

2. The Families First Partnership Programme is a national reform programme backed by over £500 million in funding for 2025/26 from the Department for Education. It aims to redesign children's social care through:
  - a) Strengthened multi-agency safeguarding arrangements.
  - b) Integrated Family Help services for Early Help and Children in Need.
  - c) Expert-led Multi-Agency Child Protection Teams.
  - d) Enhanced support for family networks.
3. The Department for Education has published a [Families First Partnership Programme Guide](#), which outlines the framework and objectives of the programme, delivery methods, and areas for local flexibility.
4. To deliver the whole system reform the programme must involve all relevant stakeholders, including safeguarding partners, local authorities, education and childcare settings, and community organisations.
5. In Nottinghamshire, the programme is being delivered through a coordinated transformation approach led by the Families First Programme Governance Board with representation from key stakeholders from the local authority, education, police and health.

6. The Families First Programme Governance Board are currently in the process of recruiting dedicated secondees from Health, Education and the Police who can represent their services and lead co-design, engagement activities, and communication within their respective agencies.
7. The key workstreams of the Nottinghamshire Families First Partnership transformation programme include:
  - a) **Front Door Redesign:** Creating a seamless access point for families.
  - b) **Family Help:** Community-based multidisciplinary teams led by Family Help Lead Practitioners.
  - c) **Multi-Agency Child Protection Teams:** Developing expert-led teams with local authority, police, health, and education partners.
  - d) **Adolescents Service:** Scoping a targeted service for vulnerable adolescents.
  - e) **Practice Models:** Co-designing and embedding a practice framework, supporting multi-agency working and promoting shared language and values among professionals. Including, family group decision making and trauma-informed approaches.
8. This transformation is underpinned by enabler programmes in workforce development, digital systems, and data sharing. The programme aligns with the Children's Social Care National Framework and Working Together to Safeguard Children.
9. The programme is collating existing data and knowledge from the local authority and partners to build a detailed understanding of the strengths and needs for children and their families across different communities in Nottinghamshire. The programme will use this detailed information to ensure the whole system design is able to respond to local need.
10. The transformation will use a test, learn grow approach. Where practitioners and stakeholders are enabled to design and test the new approaches and gather feedback, then use the insights gained to refine and improve the programme before full-scale implementation. It's a continuous process of testing and learning. This small start will be in a specific area, with a particular group of users, and limited features. By testing and learning in cycles, small successes will grow to larger ones, avoiding the risks of trying to do everything at once and ensuring safe decisions to transition services to deliver better outcomes will be made.

### **Other Options Considered**

11. Alternative models were reviewed, including standalone service redesigns. A whole-system transformation was chosen to align with national expectations and to deliver sustainable, integrated outcomes.

### **Reasons for Recommendations**

12. To ensure Nottinghamshire remains aligned with national expectations, delivers improved outcomes for children and families, and strengthens multi-agency collaboration.

## **Statutory and Policy Implications**

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

14. The programme supports compliance with:

- a) Children Act (1989)
- b) Working Together to Safeguard Children (2023)
- c) Children's Social Care National Framework (2023)
- d) Public Sector Equality Duty.
- e) Data Protection and Information Governance.

## **Financial Implications**

15. The programme is funded through the Department of Education grant.

## **Joint Strategic Needs Assessment**

16. The programme responds directly to [Joint Strategic Needs Assessment \(JSNA\)](#) findings, including rising adolescent risk, mental health needs, and inequalities in access to early help. It supports the JSNA's emphasis on integrated, preventative services.

## **Consultation**

17. Extensive engagement will take place with families, practitioners, and partner agencies through workshops, forums, and co-design sessions.

## **Safeguarding of Children and Adults at Risk Implications**

18. The programme strengthens safeguarding through the development of multi-agency child protection teams, improved data sharing, and consistent multi-agency practice frameworks.

## **Implications for Residents**

19. If successfully implemented, the Families First Partnership Programme will ensure children and families receive the right support at the right time, from professionals who know them well. Families will experience more joined-up services, fewer handovers, and greater involvement in decisions about their care leading to safer, more stable, and empowering outcomes.

## RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) Notes the progress of the Families First Partnership Programme
- 2) Endorses the whole-system transformation approach.
- 3) Supports continued multi-agency collaboration and engagement.

**ANNE COYLE**  
**EXECUTIVE DIRECTOR, CHILDRENS AND FAMILIES**  
**NOTTINGHAMSHIRE COUNTY COUNCIL**

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### **Constitutional Comments (LPW 09/09/2025)**

20. The recommendation falls within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

### **Financial Comments (SH 11/09/2025)**

21. The funding for the Families First Partnership Programme comes from two grants. The Children Social Care Prevention Grant is new funding for 2025/26, with Nottinghamshire County Council's allocation being £3.2 million. Nottinghamshire County Council's Children and Families Grant 2025/26 includes £3.2 million of funding for Supporting Families which is also within the scope of the programme's funding. All programme initiatives are in line within the grant's conditions. There are no financial implications on Local Government Reorganisation within the report.

### **Background Papers and Published Documents**

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

- None

## Electoral Divisions and Members Affected

- All



24 September 2025

Agenda Item: 8

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND COMMUNITIES**

### **NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT WORK PROGRAMME 2025/2026**

#### **Purpose of the Report**

1. To seek approval of the 2025/26 Joint Strategic Needs Assessment (JSNA) work programme, developed through the JSNA prioritisation process.
2. To provide an update on other work to further develop the JSNA to maximise its impact and reach.

#### **Information**

##### **Background**

3. The JSNA is a statutory responsibility of the Health and Wellbeing Board, including its development, application, access and use by wider partners. It is the process of assessing the current and future health and wellbeing needs of people in Nottinghamshire, and the evidence base about what works to address these needs. This ensures investment across the local system is prioritised to maximise impact for residents.
4. The JSNA for Nottinghamshire County comprises a range of topics and other supporting information which is published on [Nottinghamshire Insight](#). A tiered approach is used to present information in a way that suits a variety of audiences and purposes. This includes:
  - a) Dashboards - an interactive tool with regularly updated data presented in charts, maps and other visuals alongside basic narrative. These are designed to be the landing area by providing an overview of health and wellbeing in Nottinghamshire which may prompt further investigation using the other more detailed JSNA products.
  - b) Profile Packs – a written summary of a specific health and wellbeing topic to understand the size and impact of the issue locally, current provision and assets, local views, evidence of what works, and recommendations to address unmet needs and gaps in knowledge. Information is kept succinct and presented visually where possible.
  - c) Full Chapters – an in-depth version of the profile pack, providing a greater level of detail and analysis.

- d) Links to other sources of intelligence, theme pages (short introduction to a topic that signposts to relevant data and intelligence) and place profiles (overview of health and wellbeing at county, district or ward level).
5. In order for the Health and Wellbeing Board to secure a sufficiently clear and timely steer from partners about topics of joint interest and strategic importance, an annual prioritisation process takes place to develop the JSNA work programme. The Board was invited to support this process earlier this year by proposing JSNA topics that reflect emerging issues of joint interest and strategic importance across Nottinghamshire.
  6. Alongside the Board, other key partners that were directly consulted with and encouraged to submit appropriate topic suggestions were the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), each of the Nottinghamshire Place Based Partnerships, Nottinghamshire County Council’s Adult Social Care, Children’s and Place departments, and Healthwatch.

### Outcomes from the prioritisation process to determine the 2025/26 JSNA work programme

7. A prioritisation matrix was used to formally assess topic proposals based upon various factors such as upcoming commissioning intentions, changes in national strategies, emerging issues, local priorities and areas of increasing need. This ensures that the JSNA maximises its impact by deploying resources against topics which are of joint strategic importance that would benefit from fresh insight and analysis.
8. Below is the proposed work programme, which aligns with the priorities identified within the [Integrated Care Strategy 2023-27](#), the [Joint Health and Wellbeing Strategy 2022-26](#), and the [Nottinghamshire Plan 2021-31](#).

Topic	Sponsor	JSNA Product	Rationale
Dementia	Nottingham and Nottinghamshire ICB  Adult Social Care, Nottinghamshire County Council  Adult Social Care, Nottingham City Council	Profile Pack	Dementia can have significant effects on physical and mental health for both the individual and their family and caregivers. Providing care for someone with dementia can be time-consuming, stressful, and costly, and may lead to caregiver burnout and other negative health, societal and economic outcomes. Evidence suggests that Dementia is one of the costliest conditions to the health and social care system. Dementia prevalence is expected to increase by 50% in the next two decades, increasing at a faster rate than any other long-term condition. The existing JSNA (2014) is out of date and a refresh would enable a refocus on prevention and support efforts to improve outcomes.

Healthy Weight & Nutrition	Public Health, Nottinghamshire County Council  Public Health, Nottingham City Council  Nottingham and Nottinghamshire ICB	Profile Pack	Across Nottinghamshire, there remains a high prevalence of adults and children who are overweight and obese which contributes to problems including diabetes, heart disease and certain cancers. Not only does this affect individuals, but it also represents a significant burden on the health and social care system and has wider societal impacts, such as contributing to unemployment. The existing JSNA (2016) is out of date and a refresh will enable the development of a new strategy or position statement, continued development of the weight management pathway, and support recommissioning of the Integrated Wellbeing Service.
Moving More	Public Health, Nottinghamshire County Council  Public Health, Nottingham City Council  Nottingham and Nottinghamshire ICB	Profile Pack	Across Nottinghamshire, there remains a high prevalence of adults and children who are physically inactive which contributes to problems including cardiovascular disease, diabetes, and falls in older people. Not only does this affect individuals, but it also represents a significant burden on the health and social care system. Estimates show that physical inactivity costs the UK around £7.4bn each year. The existing JSNA (2015) is out of date and a refresh will support the development of a new strategy or position statement and the recommissioning of the Integrated Wellbeing Service.

9. A summary of progress against the existing JSNA work programme since the last update to Health and Wellbeing Board in September 2024 is available in **Appendix 1**. Officers regularly monitor the work programme and support lead authors to plan effectively to ensure work is delivered in a timely manner and to suitable quality. Where significant issues arise they are escalated to the sponsor and/or Health and Wellbeing Board Chair where required.

### Update on other JSNA developments

10. In response to feedback from partners and through an analysis of national best practice, officers have been working to make improvements to the JSNA to maximise its impact and reach. One example is the introduction of webinars for newly published JSNA topics. Open to all professionals and interested stakeholders in Nottinghamshire, they are an opportunity for participants to learn about key findings and recommendations, ask lead authors questions, share their own insights, and reflect on how the JSNA can inform their own work. Four webinars have taken place with a total attendance of 277 across a range of organisations –

Local Authority, NHS, Police, providers, and the community and voluntary sector. Feedback has so far been very positive:

- 98% agreed that the webinar improved their knowledge and understanding of the topic
- 95% agreed that the webinar encouraged them to consider how they can improve outcomes through their own work or team/organisation, using the findings of the JSNA
- One person said “Really appreciated the honesty and transparency. I join far too many meetings listening to LA's saying everything is on track and there are no shortfalls. We work with people so there will always be evolving needs and challenges and it was a very encouraging to see those challenges recognised and hear the different approaches being developed to try and best meet those needs. Very open and supportive forum”.

11. Another way in which improvements are being made to the JSNA is by developing a more consistent approach to tracking progress against existing JSNA recommendations. An audit was undertaken to review recommendations from JSNAs published in the last five years (excluding those published within the last 6 months) to understand successes, challenges, and broader themes across multiple topics that we can learn from.

12. The audit found good progress and some real successes to be proud of, such as partnership working to develop a new approach to supporting people who smoke with a mental health condition. A reoccurring challenge, however, was a lack of ownership over some recommendations which limited progress. Work to address this issue, alongside other findings from the audit, is underway and will inform the implementation of the new JSNA work programme.

### **Other Options Considered**

13. The Health & Wellbeing Board and other system partners were invited to submit proposals to develop the JSNA work programme to ensure all relevant options were considered.

### **Reasons for Recommendations**

14. The JSNA is a statutory responsibility of the Health and Wellbeing Board. The proposed work programme has been developed in partnership with local stakeholders and prioritised through a robust scoring process to maximise impact. Ongoing developments to the JSNA will maximise its impact and reach.

### **Statutory and Policy Implications**

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

### **Financial Implications**

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

## **RECOMMENDATION/S**

The Health and Wellbeing Board is asked:

- 1) To approve the 2025/26 JSNA work programme, developed through the JSNA prioritisation process.
- 2) To note other work taking place to develop the JSNA to maximise its impact and reach and consider whether there are any further actions required by the Health and Wellbeing Board.

**VIVIENNE ROBBINS  
DIRECTOR OF PUBLIC HEALTH AND COMMUNITIES  
NOTTINGHAMSHIRE COUNTY COUNCIL**

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### **Constitutional Comments (GMG 09/09/2025)**

17. There are no direct legal implications arising from this report. This report falls within the remit of the Health and Wellbeing Board for consideration under Section 7, Part 2, paragraph 14 on p.116 of the Council's Constitution.

### **Financial Comments (PAA29 08/09/2025)**

18. There are no specific financial implications or Local Government Reorganisation implications arising directly 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.

- [Guidance For the Approval of Joint Strategic Needs Assessment \(JSNA\) Chapters, report to Nottinghamshire Health and Wellbeing Board September 2018](#)
- [Nottinghamshire Health and Wellbeing Board Review Update, report to Nottinghamshire Health and Wellbeing Board March 2025](#)
- [Nottinghamshire Joint Strategic Needs Assessment - Work Programme 2024-25, report to Nottinghamshire Health and Wellbeing Board September 2024](#)

## Electoral Divisions and Members Affected

- All

### Appendix 1: Existing JSNA Work Programme

<b>Topic</b>	<b>Sponsor</b>	<b>Product</b>	<b>Progress</b>
<b>Nottingham and Nottinghamshire's Health &amp; Wellbeing</b>	Public Health, Nottinghamshire County Council  Public Health, Nottingham City Council  System Analytics Intelligence Unit, Integrated Care Board	A series of six dashboards presenting data in charts, maps and other visuals alongside some basic narrative. These are designed to provide a high level overview of health and wellbeing which is regularly updated, complementing the more in depth analysis of full chapters and profile packs	Two dashboards (Health & Wellbeing and Children & Young People) are <a href="#">live</a> , with subsequent dashboards being developed throughout 2025 and 2026
<b>Children in Care and Care Leavers</b>	Nottinghamshire Looked After Children and Care Leavers Board	Full chapter	<a href="#">Published September 2024</a>
<b>Children Known to the Youth Justice Service</b>	Youth Justice Partnership Board	Profile pack	<a href="#">Published September 2024</a>
<b>Health &amp; Work</b>	Public Health, Nottinghamshire County Council	Profile pack	<a href="#">Published December 2024</a>
<b>Adult Mental Health</b>	Public Health, Nottinghamshire County Council  Public Health, Nottingham City Council  Nottingham and Nottinghamshire Integrated Care Board	Profile pack	<a href="#">Published December 2024</a>
<b>Autism</b>	Nottingham and Nottinghamshire Learning	Full chapter	<a href="#">Published February 2025</a>

	Disability and Autism Executive Board		
<b>Best Start - 1001 Days from Conception to Age 2</b>	Nottinghamshire Best Start Strategic Partnership	Profile pack	<a href="#">Published April 2025</a>
<b>Learning Disabilities</b>	Nottingham and Nottinghamshire Learning Disability and Autism Executive Board	Profile pack	Publication anticipated Autumn 2025



**24 September 2025**

**Agenda Item: 9**

**REPORT OF THE EXECUTIVE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH**

**BETTER CARE FUND (BCF) 2025/26: QUARTER 1 REPORT**

**Purpose of the Report**

1. For the Nottinghamshire Health and Wellbeing Board to:
  - a) ratify the completed Nottinghamshire Better Care Fund (BCF) Quarter 1 reporting template submitted to NHS England on 15 August 2025 (**Appendix 1**).

**Information**

2. The Better Care Fund (BCF) was established in 2015 to pool budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. Through pooling budgets, the BCF enables the commissioning of person-centred health and social care services which supports aims to improve outcomes, tackle inequalities, enhance productivity and value for money. It also supports broader social and economic development.
3. The BCF plan is owned by the Health and Wellbeing Board and governed under section 75 of the NHS Act (2006). Systems are required to submit annual BCF plans to NHS England in line with national deadlines, provide quarterly updates on those plans and an end of year report.
4. Through strong collaboration with NHS bodies, the voluntary sector, and people who have experience of care, their families and carers, the BCF is used to address the aligned two national objectives for 2025/26:
  - a. Reform to support the shift from tackling sickness to prevention
  - b. Reform to support people living independently and the shift from hospital to home.
5. For the year 2025/26, the BCF has a total value of £128,128,275 which consists of the following grants:
  - a. Disabled Facilities Grant - £9,786,028
  - b. NHS Minimum Contribution - £80,196,936
  - c. Local Authority Better Care Grant - £38,145,311

6. For 2025/26, the Additional Discharge Grant, which was previously shown as a separate grant, is incorporated into the wider pooled budget. It is used to support hospital discharge, fund health and social care staff and care delivery, staffing of Transfer of Care Hubs and urgent care co-ordination to avoid hospital admissions.
7. The three national metrics complement existing Pathway 1 output monitoring:
  - a. Emergency admissions to hospital for people aged 65+ per 100,000 population
  - b. Average length of discharge delay for all acute adult patients
  - c. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes per 100,000 population.
8. The 2025/26 BCF plan was submitted on 31 March 2025 following delegated decision approval to comply with the NHS England submission time scale. It has been developed as a tool to support future integrated commissioning across the Integrated Care System (ICS), with the annual BCF planning process now including a review of all scheme-areas to find opportunities for joint or better aligned commissioning.
9. The plan has since been approved by the East Midlands Assurance Panel and endorsed by the Regional Director. Feedback noted the progress and continuation of many 2024/25 schemes and improvements alongside further innovations planned for 2025/26 and set an intention to explore how best to share learning with other Health and Wellbeing Boards.
10. **The BCF National 2025/26 Quarter 1 Reporting Template** asks systems to update on the completion of the section 75 agreement. There are changes to the content describing 2025/26 expenditure and lead commissioner arrangements, including a new section to describe Carers Shorts Breaks. Work is ongoing to reach a final version ready for approval and signature.
11. The quarterly update on performance against the national performance metrics (**Appendix 1, tab 4**) is listed below with exception reporting where targets were not met:

Table 1: Performance against Q1 national BCF metrics

<b>Metric</b>	<b>Target</b>	<b>Exception Reporting</b>
<b>Emergency admissions:</b> <i>to hospital for people aged 65+ per 100,000 population</i>	On track	N/A
<b>Discharge delays:</b> <i>percentage of people, resident in the Health and Wellbeing Board area, who are discharged from acute hospital to their normal place of residence.</i>	Off Track	Local data indicates this metric will be slightly off target at 82% against the 83% target. There are several issues which impact on this metric. Work to improve internal hospital processes around arrangements for Pathway 1 transport and take-home medication, and addressing delays at ward level, will support performance. Local pressures relating to Pathway 2 bed infection closures are closely monitored. Nottinghamshire County Council has reduced the use of spot purchased support which contributed to its over-delivery against

		Pathway 1 discharge targets in 2024/25, as the unfunded expenditure was not sustainable.
<b>Residential admissions:</b> <i>long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.</i>	On track	

12. The return requires updated outputs and expenditure to be reported (**Appendix 1, tab 5**). No issues have been raised against the plan and expenditure is reported overall as on track.

### Other Options Considered

13. Not applicable.

### Reason for Recommendations

14. To ensure the Nottinghamshire Health and Wellbeing Board has oversight of the Better Care Fund and can discharge its national obligations.

### Statutory and Policy Implications

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

### Financial Implications

16. The BCF pooled budget has been agreed as £128,128,275 in 2025/26.

### Human Resources Implications

17. A large proportion of the discharge grant is spent on employing temporary staff to support the discharge pathway. Some existing staff from the previous grant allocations have been employed on permanent contracts however the funding for this will be managed through natural attrition within teams during 2025/26.

## RECOMMENDATION

The Health and Wellbeing Board to:

- 1) ratify the completed Nottinghamshire Better Care Fund 2025/26 Quarter 1 reporting template submitted to NHS England on 15 August 2025, (**Appendix 1**)

**GUY VAN DICHELE  
INTERIM EXECUTIVE DIRECTOR, ADULT SOCIAL CARE AND HEALTH  
NOTTINGHAMSHIRE COUNTY COUNCIL**

**For any enquiries about this report please contact:**

Anna Oliver  
Group Manager  
Nottinghamshire County Council  
E: [anna.oliver@nottscc.gov.uk](mailto:anna.oliver@nottscc.gov.uk)

**Constitutional Comments (CM 08/09/2025)**

18. The Health and Wellbeing Board is the appropriate body to consider this report. The Better Care Fund policy framework provides for the quarterly reporting of data and the Board has responsibility under its terms of reference to oversee the Better Care Fund.

**Financial Comments (PD 12/09/2025)**

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

20. Spend against the BCF pooled budget is monitored closely and will be contained within the 2025/26 allocation of £128,128,275.

21. There are no implications for Local Government Reform arising from this report.

**HR Comments (WI 08/09/2025)**

22. All roles established using BCF funding have been and will continue to be recruited to in line with the Council's employment rules and procedures.

23. Due note will be taken where staff who are employed in BCF funded roles accrue various employment rights due to their length of service and the appropriate terms & conditions, policies and procedures will be adhered to in managing these individuals.

**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.

- [2023-25 Better Care Fund Planning Requirements - report to the Health and Wellbeing Board on 13 September 2023](#)

**Electoral Division(s) and Member(s) Affected**

All

4. Metrics for 2025-26  
 4.1 Emergency admissions

Selected Health and Wellbeing Board:

For metrics (this series and more details):  
 For metrics Handbook and reporting schedule:

[BCF dashboard link](#)  
[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

Actuals & Original Plan	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Rate	1,657	1,703	1,682	1,701	1,701	1,701	1,701	1,682	1,701	1,682	1,682	1,701
Number of Admissions EQ	1,657	1,703	1,682	1,701	1,701	1,701	1,701	1,682	1,701	1,682	1,682	1,701
Emergency admissions to hospital for people aged 65+ per 100,000 population	181.8	187.1	184.2	186.2	186.2	186.2	186.2	184.2	186.2	184.2	184.2	186.2
Rate	1,657	1,703	1,682	1,701	1,701	1,701	1,701	1,682	1,701	1,682	1,682	1,701
Number of Hospital EQ	1,657	1,703	1,682	1,701	1,701	1,701	1,701	1,682	1,701	1,682	1,682	1,701
Population of EQ	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284

Do you want to update your Emergency Admissions metric plan?

Please set out how the ambition has been reached, including evidence of historic data, impact of planned efforts, and how the target aligns to locally agreed plans such as Active travel and social care. >

Updated Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Number of Admissions EQ												
Population of EQ	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284	181,284

What is the rationale behind the change in plan? >

Assessment of whether goal has been met:   
 If a goal has not been met please provide a short explanation, including what you are implementing actions:  
 Local focus on the Urgent Care Coordination hub and services for rapid response and 2 hour urgent care response are supporting the achievement of this target.  
 You can also use this box to provide a very brief explanation of overall progress if you wish.

Did you use local data to assess against this headline metric?   
 If yes, which local data sources are being used?

4.2 Discharge Delays

Actuals	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Average length of discharge delay for all acute adult patients	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Proportion of adult patients discharged from acute hospitals on their discharge ready date	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
For those adult patients not discharged on ORL, average number of days from ORL to discharge	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00

Do you want to update your Discharge Delay metric plan?

Please set out how the ambition has been reached, including evidence of historic data, impact of planned efforts, and how the target aligns to locally agreed plans such as Active travel and social care. >

Updated Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Proportion of adult patients discharged from acute hospitals on their discharge ready date	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
For those adult patients not discharged on ORL, average number of days from ORL to discharge	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00

What is the rationale behind the change in plan? >

Assessment of whether goal has been met:   
 Some data not available on national dashboard but local data indicates that this metric will be slightly off target at 82% against the 85% target. Work to improve internal processes in hospital, especially around arrangements for F1 transport and take-home medication, and addressing these delays at ward level, will support performance. Local pressures relating to F2 bed infection closures are being monitored closely to avoid impact on this metric. F1 provider performance also impacts here and NCC has reduced the use of opt supported support which contributed to NCC's over delivery against F1 discharge targets in 2023 as the unfunded expenditure was not sustainable.  
 Internal process improvement plans in hospital, addressing delays at ward level. Some data not available but local F2 pressures and the end of a Council external F1 contract are being monitored closely.  
 You can also use this box to provide a very brief explanation of overall progress if you wish.

Did you use local data to assess against this headline metric?   
 If yes, which local data sources are being used?

4.3 Residential Admissions

Actuals & Original Plan	2023-24 Full Year Actual	2024-25 Full Year Actual	2025-26 Plan Q1 (Apr 25 - June 25)	2025-26 Plan Q2 (July 25 - Sept 25)	2025-26 Plan Q3 (Oct 25 - Dec 25)	2025-26 Plan Q4 (Jan 26 - Mar 26)
Rate	151.1	161.1	160.1	160.1	160.1	160.1

Are there support needs of older people (age 65 and over) met by admission to residential and nursing care homes per 100,000 population	number of admissions	101.1	99.6	100.4	99.6	100.4	100.4
	population of 65+	101,000.0	101,000.0	101,000.0	101,000.0	101,000.0	101,000.0

Do you want to update your Residential Admissions metric plan?  No

Please enter plan number of admissions within the specific quarter

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Adult Health and Social Care. [↩](#)

	2025-26 Plan Q1 (April 25-June 25)	2025-26 Plan Q2 (July 25-Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)	What is the rationale behind the change in plan?
<b>Updated Plan</b>					
Rate	0.0	0.0	0.0	0.0	N/a
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population					
Population of 65+*	181394.0	181394.0	181394.0	181394.0	

Assessment of whether goal has been met:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	
You can also use this box to provide a very brief explanation of overall progress if you wish.	
	For quarter 1 there have been 166 new admissions recorded.

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	The source of all ASC residential admissions data is the Mosaic system.

## Better Care Fund 2025-26 Q1 Reporting Template

### 5. Income & Expenditure

Selected Health and Wellbeing Board:

Nottinghamshire

Source of Funding	2025-26		Q1 Year-to-Date Actual Expenditure
	Planned Income	Updated Total Plan Income for 25-26	
DFG	£9,786,028	£9,786,028	£2,374,037
Minimum NHS Contribution	£80,196,936	£80,196,936	
Local Authority Better Care Grant	£38,145,311	£38,145,311	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
<b>Total</b>	<b>£128,128,275</b>	<b>£128,128,275</b>	

	Original	Updated	% variance
<b>Planned Expenditure</b>	<b>£128,128,275</b>	£128,128,275	<b>0%</b>

		% of Planned Income
<b>Q1 Year-to-Date Actual Expenditure</b>	£30,974,120	<b>24%</b>

If Q1 Year-to-Date Actual Expenditure is exactly 25% of planned income, please provide some context around how accurate this figure is or whether there are limitations.	Most of the BCF pooled is funding permanent contracts therefore values are set for the year and split equally .
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If planned expenditure by activity has changed since the original plan, please	No change
--	-----------

#### Checklist

Complete:

Yes  
Yes  
Yes  
Yes  
Yes

Yes

Yes

Yes

Yes

confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

[Empty yellow box for providing a brief summary of the change]

[Empty green box]



**24 September 2025**

**Agenda Item: 10**

## **REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **WORK PROGRAMME**

#### **Purpose of the Report**

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

#### **Information**

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

#### **Other Options Considered**

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

#### **Reason for Recommendations**

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

#### **Statutory and Policy Implications**

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

## **Financial Implications**

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

## **RECOMMENDATIONS**

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

**MARJORIE TOWARD**  
**SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE AND EMPLOYEES**  
**NOTTINGHAMSHIRE COUNTY COUNCIL**

**For any enquiries about this report, please contact:**

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## **Constitutional Comments (HD)**

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

## **Financial Comments (NS)**

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

## **Background Papers and Published Documents**

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

- None

## **Electoral Divisions and Members Affected**

- All

## WORK PROGRAMME: 2025 – 2026

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
<b>MEETING / WORKSHOP: Wednesday 24 September 2025</b>				
Joint Health and Wellbeing Strategy Delivery (Q1): Ambition 3 Deep Dive	To provide a highlight report on JHWS delivery for Q1 2025/26, with a spotlight on Ambition 3.	Nottinghamshire Health and Wellbeing Board Chair	Lizzie Winter-Wilson Grace Brough	
Future Delivery of Making Every Contact Count	To provide a progress update on the Making Every Contact Count (MECC) programme, to ask the Health and Wellbeing Board to support the rollout of new MECC training opportunities and to highlight opportunities and challenges to the sustainability of the MECC programme beyond October 2025.	Director of Public Health and Communities	Paul Miles	
Families First Partnership Programme	To update the Health and Wellbeing Board on the Families First Partnership Programme and seek continued support for cross-sector collaboration aligned with the Joint Health and Wellbeing Strategy.	Executive Director, Childrens and Families	Amanda Collison Diana Bentley	
JSNA Work Programme Approval (2025/26)	To approve the JSNA Work Programme for 2025/26.	Nottinghamshire Health and Wellbeing Board Chair	William Leather	
Better Care Fund (BCF) Q1 National Return	To ratify the Nottinghamshire Better Care Fund (BCF) quarterly reporting template for Quarter 1.	Executive Director, Adult Social Care and Health	Naomi Robinson Anna Oliver	

<b>WORKSHOP: Neighbourhood Health (2 hours)</b>		Director of Public Health and Communities, Director of Strategy and System Development, ICB		
<b>MEETING / WORKSHOP: Wednesday 10 December 2025</b>				
Joint Health and Wellbeing Strategy Delivery (Q2): Ambition 4 Deep Dive	To provide a highlight report on JHWS delivery for Q2 2025/26, with a spotlight on Ambition 4.	Nottinghamshire Health and Wellbeing Board Chair	Lizzie Winter-Wilson Amanda Fletcher	
Nottingham and Nottinghamshire Children and Young People Mental Health and Wellbeing Plan	To seek the support of the Health and Wellbeing Board for the Nottingham and Nottinghamshire Children and Young People's transformation programme.	Director of Public Health and Communities  Director of Strategy & System Development, ICB	Louise Lester Victoria McGregor Riley	
Pharmaceutical Needs Assessment		Director of Public Health and Communities  Chair of Healthwatch Nottingham and Nottinghamshire	Lucy Rutter	<b>To be confirmed</b>
Better Care Fund (BCF) Q2 National Return	To ratify the Nottinghamshire Better Care Fund (BCF) quarterly reporting template for Quarter 2.	Executive Director, Adult Social Care and Health	Naomi Robinson Anna Oliver	
<b>WORKSHOP: Better Care Fund (2 hours)</b>		Executive Director, Adult Social Care and Health	Naomi Robinson Anna Oliver	<b>To be confirmed</b>
<b>MEETING / WORKSHOP: Wednesday 11 March 2026</b>				

Joint Health and Wellbeing Strategy Delivery (Q3): Ambition 2 Deep Dive	To provide a highlight report on JHWS delivery for Q3 2025/26, with a spotlight on Ambition 2.	Nottinghamshire Health and Wellbeing Board Chair	Lizzie Winter-Wilson Dawn Jenkin	
Autism Strategy and Learning Disability Strategy		Executive Director, Adult Social Care and Health	James Wheat	<b>To be confirmed</b>
ICS Childrens and Young Peoples Strategy		Director of Public Health and Communities	Louise Lester	<b>To be confirmed</b>
Integrated Care Strategy and NHS Joint Forward Plan 2025/26 Refresh		Director Of Strategy & System Development, ICB	Victoria McGregor-Riley	<b>To be confirmed</b>
Better Care Fund (BCF) Q3 National Return	To ratify the Nottinghamshire Better Care Fund (BCF) quarterly reporting template for Quarter 3.	Executive Director, Adult Social Care and Health	Naomi Robinson Anna Oliver	
<b>MEETING / WORKSHOP: Wednesday 17 June 2026</b>				
Joint Health and Wellbeing Strategy Delivery (Q4): Ambition 1 Deep Dive	To provide a highlight report on JHWS delivery for Q4 2025/26, with a spotlight on Ambition 1.	Nottinghamshire Health and Wellbeing Board Chair	Lizzie Winter-Wilson Louise Lester Helena Cripps	
Better Care Fund (BCF) Q4 National Return (End of Year Report)	To ratify the Nottinghamshire Better Care Fund (BCF) quarterly reporting template for Quarter 4.	Executive Director, Adult Social Care and Health	Naomi Robinson Anna Oliver	

### Contact

For queries or requests for the Nottinghamshire Health and Wellbeing Board's work programme, please email [elizabeth.winter@nottsc.gov.uk](mailto:elizabeth.winter@nottsc.gov.uk)

### Items for future meetings (dates to be confirmed)

- ASC Prevention Strategy – Executive Director, Adult Social Care and Health, Nottinghamshire County Council

