DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT 2023

SEVERE MULTIPLE DISADVANTAGE

Nottinghamshire County Council

Contents

Introduction

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

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

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

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

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

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

Jonathan Gribbin,
Director of Public Health
Nottinghamshire County Council

Summary of recommendations

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

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

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

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

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

05 **There are two parts to the final recommendation:**

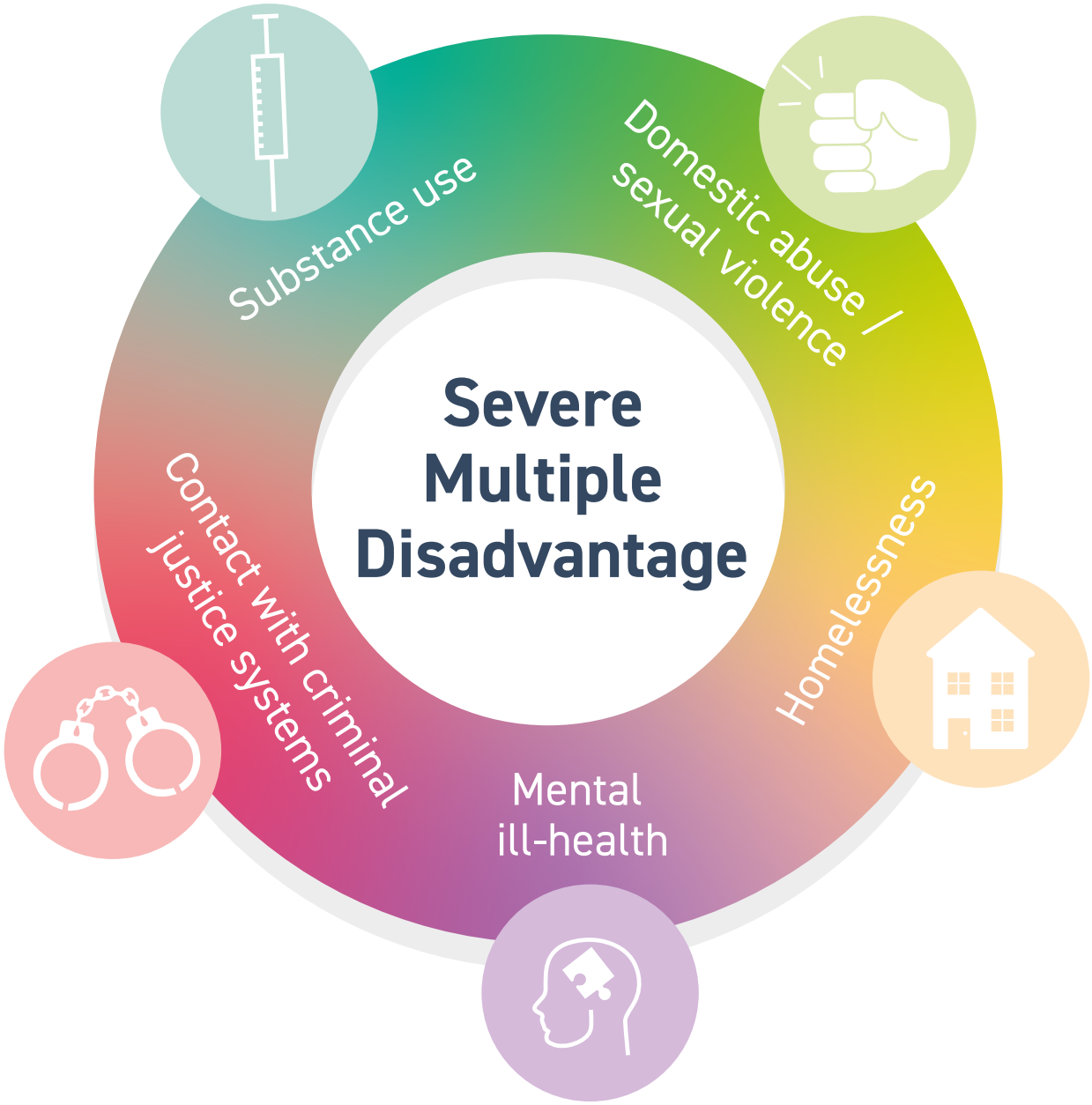
a. Nottinghamshire County Council should help to create a network of relevant co-production groups which other services can draw on, so that the influence of people with lived experience of severe multiple disadvantage and other issues can be sustained and strengthened across a range of commissioned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

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

Severe multiple disadvantage and its scale in Nottinghamshire

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

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

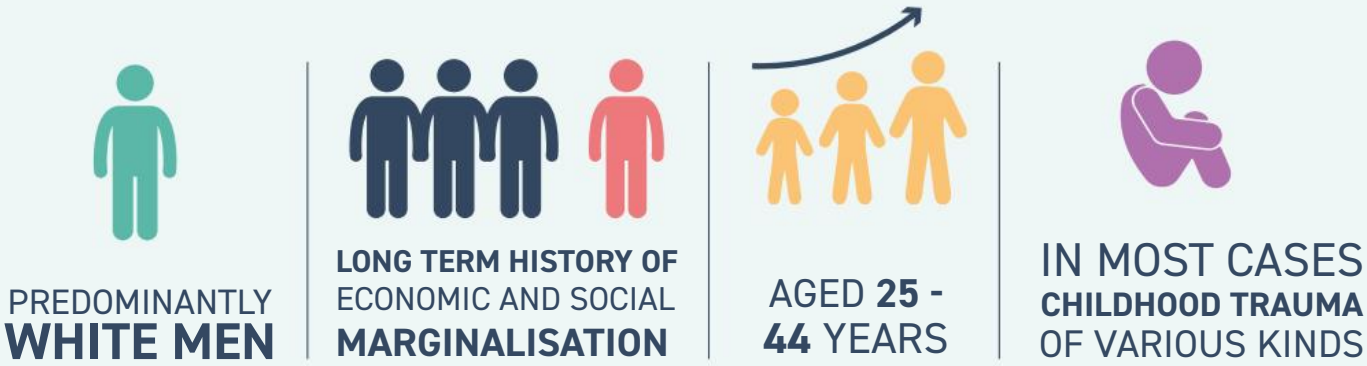


The scale of severe multiple disadvantage in Nottinghamshire

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

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

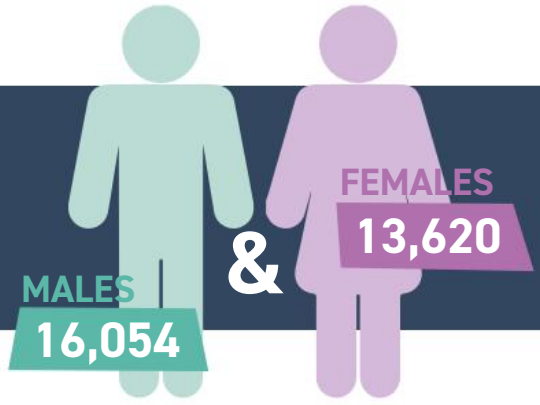
The report also suggested there are certain risk factors to experiencing severe multiple disadvantage:



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

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

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



Taking a co-production approach

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

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

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

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

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

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

What we heard from people who participated

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

Julian

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

Lisa

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

Claire

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

Natalie

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

Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendices

Acknowledgement of services mentioned in the videos

Change Grow Live (CGL)

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

Phone number: 0115 896 0798
Email: notts@cgl.org.uk
Website: Change Grow Live

Double Impact

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

Phone: 01623 272838
Website: Double Impact

Newark Women's Aid

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

Phone: 01636 679687
Email: newarkwomensaid@btconnect.com
Website: Newark Women's Aid

Alcoholics Anonymous

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

Phone: 0800 9177 650
Email: help@aamail.org
Website: Alcoholics Anonymous

Other services and community groups in Nottinghamshire

Notts Help Yourself is the place to go for information and services supporting Nottinghamshire residents and professionals.

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

For further information on mental health support within Nottinghamshire, **click here.**

The health and wellbeing of people in Nottinghamshire

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

Health in Nottinghamshire

Longer lives for all

An average new-born can expect to live for

82.6 years

78.6 years

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

7.7 years

9.3 years

Healthier lives

60 years
average age when females report not being healthy

62.4 years
average age when males report not being healthy

Aiming for the best start in life

1 in 5
children live in low-income families

2 out of 3
children show good development at age 5

1 in 8
expectant mothers smoke

Over 1 in 3
children aged 11 are overweight or obese

Key

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

Challenges to improve health

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

1 in 5
adults are not physically active

An estimated
1 in 6
adults have depression or anxiety

More than
2 in 3
adults are overweight or obese

More than
1 in 8
adults smoke.
Smoking remains the leading cause of early deaths

Healthy and sustainable places

More than
1 in 7
households are in fuel poverty

2 in 3
adults are physically active

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

Over half
children & young people are physically active

Early and preventable deaths

80%
of early deaths are avoidable if we improve our environment, lead healthier lives & get treated when needed

The death rate for people with severe mental illness is over
four times higher
than the rest of the population

Data sources:
Office for Health Improvement and Disparities, Public Health Outcomes Framework
Office for National Statistics, Access to gardens and public green space in Great Britain
Accessed 13/09/2023

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

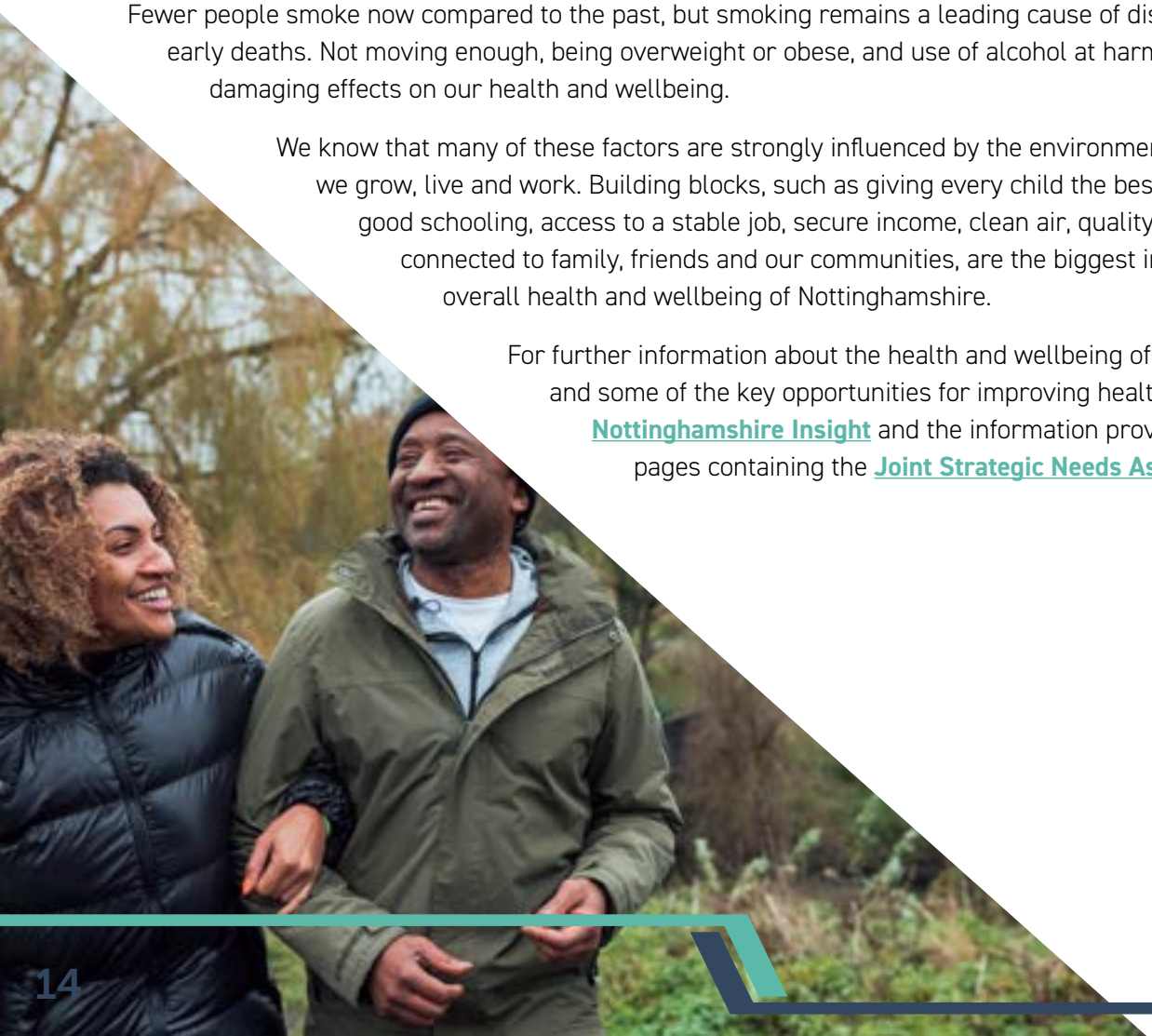
Healthy life expectancy is a helpful indicator of overall health and wellbeing – sometimes, people think of this as the length of time we enjoy good health. It is also one which highlights an issue for Nottinghamshire, especially for women. On average, women in Nottinghamshire lose their good health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

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

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

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

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



Glossary of terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT 2023

SEVERE MULTIPLE DISADVANTAGE

Nottinghamshire County Council

W nottinghamshire.gov.uk
E director.publichealth@nottscc.gov.uk
T 0115 977 5781

D&P/10/23/81874

facebook.com/nottinghamshire

@NottsCC