



## Nottingham City Health and Wellbeing Board

**Date:** Wednesday, 26 July 2023

**Time:** 1.30 pm

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

**Governance Officer:** Phil Wye **Direct Dial:** 0115 8764637

The Nottingham City Health and Wellbeing Board is a partnership body that brings together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities.

Agenda	Pages
<b>1 Apologies for Absence</b>	
<b>2 Membership</b> To note the following changes to non-voting members of the Board:	
<ul style="list-style-type: none"><li>• Candida Brudenell has replaced Damien West as the representative of the Nottinghamshire Fire and Rescue Service.</li><li>• Charlotte Throssel is a new member representing the interests of the 3<sup>rd</sup> Sector.</li></ul>	
<b>3 Declarations of Interests</b>	
<b>4 Minutes</b> Minutes of the meeting held on 31 May 2023, for confirmation	3 - 10
<b>5 Small Steps Big Changes Legacy Plans</b>	11 - 20
<b>6 Gambling related harm strategy 2023-2028</b> Report of the Director of Public Health	21 - 56
<b>7 Joint Local Health and Wellbeing Strategy - Delivery Update</b> Update from the Nottingham City Place-Based Partnership	57 - 114
<b>8 Nottingham and Nottinghamshire NHS Joint Forward Plan</b> Report of the Director of Integration, Nottingham and Nottinghamshire Integrated Care Board	115 - 118
<b>9 Government Response to the Hewitt Review 2023</b> Director of Integration, Nottingham and Nottinghamshire Integrated Care Board.	119 - 120

<b>10</b>	<b>Joint Health Protection Board Update</b> Update from the Joint Health Protection Board	Verbal Report
<b>11</b>	<b>Board Member Updates</b> Updates from Board Members	121 - 122
<b>12</b>	<b>Work Plan</b>	123 - 124
<b>13</b>	<b>Future Meeting Dates</b> 27 September 2023 29 November 2023 24 January 2024 27 March 2024	

**Councillors, co-optees, colleagues and other participants must declare all disclosable pecuniary and other interests relating to any items of business to be discussed at the meeting. If you need any advice on declaring an interest in an item on the agenda, please contact the Governance Officer shown above before the day of the meeting, if possible.**

**Citizens are advised that this meeting may be recorded by members of the public. Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at: <https://www.nottinghamcity.gov.uk/your-council/about-the-council/council-meetings-decisions/recording-reporting-on-public-meetings>. Any person intending to record the meeting is requested to notify the Governance Officer shown above in advance.**

## Nottingham City Council

### Nottingham City Health and Wellbeing Board

Minutes of the meeting held at Loxley House, Nottingham on 31 May 2023 from 1.33 pm - 3.24 pm

Attendance (✓ indicates present)

<b>Voting Members</b>		
✓	Nottingham City Council's Portfolio Holder with a remit covering Health	Councillor Linda Woodings (Chair) Portfolio Holder for Adult Social Care & Health
	Nottingham City Council's Portfolio Holder with a remit covering Children's Services	Councillor Cheryl Barnard Portfolio Holder for Children, Young People & Schools
✓	Two further Nottingham City Councillors	Councillor Eunice Regan Councillor Sulcan Mahmood
✓	Four representatives of the NHS Nottingham and Nottinghamshire Integrated Care Board	Dr Stephen Shortt (substitute) Chair, Nottingham & Nottinghamshire Clinical Commissioning Group
✓		Lucy Dadge Director for Integration, Nottingham and Nottinghamshire Integrated Care Board
✓		Dr Hugh Porter (Vice Chair) Clinical Director, Nottingham City Place-Based Partnership
✓		Michelle Tilling City Locality Director, Nottingham and Nottinghamshire Integrated Care Board
	Corporate Director for People, Nottingham City Council	Catherine Underwood
✓	Director for Adult Health and Social Care, Nottingham City Council	Sara Storey
✓	Director for Public Health, Nottingham City Council	Lucy Hubber
✓	Representative of the Healthwatch Nottingham and Nottinghamshire Board	Sarah Collis Chair
<b>Non-Voting Members</b>		
✓	Representative of the Nottingham University Hospitals NHS Trust	Tim Guyler Assistant Chief Executive
	Representative of the Nottinghamshire Healthcare NHS Foundation Trust	Jan Sensier Executive Director of Partnerships and Strategy
	Representative of the Nottingham CityCare Partnership	Lou Bainbridge Chief Executive
✓	Representative of Housing Services, Nottingham City Council	Kevin Lowry Director of Housing

✓	Representative of Nottinghamshire Police	Superintendent Kathryn Craner Area Command for the City
	Representative of the Department for Work and Pensions	Jean Sharpe
	Representative of Nottingham Universities	Annie Jennings
✓	Representative of Nottinghamshire Fire and Rescue Service	Candida Brudenell (substitute) Assistant Chief Fire Officer
✓	Up to two individuals representing the interests of the Third Sector	Jules Sebelin Chief Executive, Nottingham Community and Voluntary Service
	Chief Executive, Nottingham City Council	Mel Barrett

### **Colleagues, partners and others in attendance:**

- |                         |  |
|-------------------------|--|
| Rich Brady              | - Programme Director, Nottingham City Place Based Partnership        |
| Joanna Cooper           | - Assistant Director of Strategy, NHS Nottingham and Nottinghamshire |
| Victoria McGregor-Riley | - Locality Director, Bassetlaw Place Based Partnership               |
| Hannah Stovin           | - Intelligence and Insight Manager, Nottingham City Council          |
| Phil Wye                | - Governance Officer, Nottingham City Council                        |

### **1 Appointment of Vice-Chair**

**Resolved to appoint Dr Hugh Porter as Vice Chair of the Nottingham City Health and Wellbeing Board for the 2023-24 municipal year.**

### **2 Change to membership**

The Chair led the Board in tribute to Leslie McDonald, who was a member of the Board and passed away in April. Leslie lived his life providing care and support to others. Whether through his work at the Nottingham Counselling Service, his advocacy for those whose voice is seldom heard or his leadership in the voluntary sector, he made a difference every day. A minute's silence was held.

The Board also noted that

- Annie Jennings has replaced Emma Rowsell as the representative for the University of Nottingham.
- Damien West has replaced Mick Sharman as the representative of the Nottinghamshire Fire and Rescues Service.
- Kevin Lowry is the new representative from Housing services, Nottingham City Council.
- Councillors Sulcan Mahmood and Eunice Regan have been appointed to the Board as Nottingham City Councillor members.

### **3 Apologies for Absence**

Mel Barrett  
Councillor Cheryl Barnard  
Dr Dave Briggs  
Jan Sensier  
Catherine Underwood  
Damien West

### **4 Declarations of Interests**

None.

### **5 Minutes**

The minutes of the meeting held on 29 March 2023 were confirmed as a correct record and signed by the Chair.

### **6 Minutes of the Commissioning Sub-Committee**

The minutes of the Commissioning Sub-Committee, held on 29 March 2023, were noted.

### **7 Hewitt Review findings**

Lucy Hubber, Director of Public Health, presented the report on the findings of the Hewitt Review which was published in April 2023. The government is currently considering the recommendations made by the review it is not currently government policy. The following information was highlighted:

- (a) a notable recommendation includes a shift from focussing on illness to promoting health, including a shift in the share of total NHS budget at ICS level going towards prevention. This work has already begun in Nottingham;
- (b) sharing of data will be key to achieve these recommendations, and this requires care following the implementation of GDPR. Work is ongoing with the System Analytics Intelligence Unit on this, and they could come and present to a future Committee;
- (c) it is promising that the Review recognises the role of communities in creating their own strategies and develop longer term engagement. This was recognised during the Covid-19 pandemic.

#### **Resolved to**

- (1) note the publication and content of The Hewitt Review: An independent review of integrated care systems;**
- (2) consider learning and reflections from the review which can be applied within the local Nottingham and Nottinghamshire ICS ahead of a government response to the review and the recommendations contained**

**within it;**

**(3) invite the System Analytics Intelligence Unit to a future meeting of the Board.**

## **8 Nottingham and Nottinghamshire NHS Joint Forward Plan**

Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire, presented the report and delivered a presentation briefing members of the Board on the development of the Nottingham and Nottinghamshire NHS Joint Forward Plan as required under the Health and Care Act 2022. The following information was highlighted:

- (a) the Joint Forward Plan for the local NHS sets out the 5 year response to the Integrated Care Strategy. The Plan is for the whole of the NHS with all local NHS organisations owning it and contributing to its delivery, a move away from separate organisational strategic planning approaches;
- (b) it provides an opportunity to reposition how the NHS organisations will work together and with partners in the future in order to ensure that it delivers the health elements of the Integrated Care Strategy;
- (c) a public facing Joint Forward Plan must be produced before the start of each financial year, meaning that a final version of the first iteration must be ready by 30 June this year. The Integrated Care Partnership and NHS England must be consulted and the Health and Wellbeing Boards must be involved;
- (d) the Integrated Care Strategy commits the ICB to its four aims and the principles of prevention, equity and integration. The Joint Forward Plan will set out what these principles mean in terms of how the local NHS will operate and the impacts arising from this approach. This will result in improved outcomes for patients, staff, NHS organisations and partners;
- (e) engagement events are planned throughout May and June with key stakeholders, as well as members of the public and communities.

The following suggestions were made by Board members:

- (f) the Plan should be accessible and not too long, and should allow for flexibility;
- (g) it should take into account that people lead busy lives, particularly in deprived areas, and cannot always make scheduled medical appointments, and include links with the voluntary sector;
- (h) the Health and Wellbeing strategy must be linked in, and clarity of the role of the Place Based Partnership.

**Resolved to**

**(1) note the update on the development of the NHS Joint Forward Plan;**

**(2) receive the final NHS Joint Forward Plan for formal endorsement at the next meeting of the Board, subject to the recommendation of the Chair and Director of Public Health (under their delegated responsibility).**

## **9 Nottingham City Place-Based Partnership Update**

Rich Brady, Programme Director, Nottingham City Place-Based Partnership (PBP), presented the report paper providing an update on the work of the Nottingham City PBP, including the launch of the PBP Strategic Plan, an update on the Joint Health and Wellbeing Strategy delivery plans and an overview of business cases put forward as part of the Nottingham and Nottinghamshire Integrated Care Board's inequalities and innovation fund. The following information was highlighted:

- (a) the PBP Executive has recently signed off a strategic plan for 2023 – 25 with 6 objectives:
- Accelerate integrated working in neighbourhoods
  - Build trust with communities
  - Continue to deliver the PBP population health and enabler programmes
  - Better evidence the impact the partnership is having on population health outcomes and supporting the delivery of system partner priorities
  - Formalise governance and reporting with partner organisations
  - Test methods of accountability and assurance
- (b) the 10-year strategy for the Eating and Moving for Good Health programme has been agreed, with an agreed delivery plan for 2022-25 setting out actions across the 5 key themes. A delivery plan for the Financial Resilience programme is currently in production;
- (c) on 18 January 2023, the Nottingham and Nottinghamshire ICB agreed to set aside a recurrent £4.5m 'inequalities and innovation fund' from ICB allocations. Several proposals were received and submitted for consideration and will be recommended for approval by the ICB's Strategic Prioritisation and Investment Committee in July 2023;
- (d) as part of the suite of PBP 'enabler programmes', on 10 May, partners took part in an accelerated design workshop to explore opportunities for developing 'Integrated Neighbourhood Models of Support' in Nottingham. This was the first of what is expected to be a series of workshops that will inform the implementation plan for this PBP programme of work;
- (e) on 11<sup>th</sup> May, the PBP hosted Nottingham's first Race Health Inequality Summit. This event brought together PBP partners with community representatives in Nottingham to discuss health inequalities that disproportionately impact minority communities in Nottingham.

**Resolved to note the update from the Place Based Partnership**

## **10 Joint Strategic Needs Assessment (JSNA) and other Needs Assessments update**

Hannah Stovin, Intelligence and Insight Manager, presented the report providing the Board with an update as to progress on the creation of Joint Strategic Needs Assessment dashboards in conjunction with Nottinghamshire County and Integrated Care Board colleagues, and the proposals for continuation of this work. The following information was highlighted:

- (a) the Health and Wellbeing chapter is now complete, and work has begun on the Children and Young People chapter with key metrics and stakeholders being agreed;
- (b) following the publication of the national Women's Health Strategy in 2022, Nottingham City will undertake a Women's Health Needs Assessment. Planning and scoping has commenced and stakeholders and steering group members are being identified;
- (c) the Covid-19 chapter of the JSNA has recently been completed and published. This has been an ongoing piece of work since the pandemic, and assesses its health impact from a variety of perspectives. It is likely that the mental health impacts will be long term;
- (d) it is important to recognise the inequalities laid bare by the pandemic, and action must be made on this, involving communities. Lessons have been learnt and some improvements have already been made, however more could be done for example on health screening.

#### **Resolved to**

- (1) note the updates regarding the progress of the JSNA and other Needs Assessments;**
- (2) note the findings of the Covid-19 JSNA chapter report and the 'Learning for the Future' points, taking these into account during any future policy decisions.**

#### **11 Joint Health Protection Board Update**

Lucy Hubber, Director of Public Health, presented the report providing an update on the statutory responsibilities to assure adequate protection of the health of the local population, highlighting the following:

- (a) screening programmes are back to normal levels with some maintained Covid-19 measures. The cervical cancer screening programme continues to experience lower than national targets and some targeted work is being undertaken;
- (b) immunisation levels are lower than expected, and the City & County are developing a dashboard board to review the available data, working with strategic intelligence unit;
- (c) there has been an increase in cases of measles this year compared to last year, so infants and young people need to receive vaccinations. There has been a rise



in monkey pox cases in London, so vaccinations for vulnerable groups are being advocated.

**Resolved to note the report.**

## **12 Board Member Updates**

The written updates were noted.

## **13 Pharmaceutical Needs Assessment**

Victoria McGregor-Riley, Locality Director, Bassetlaw Place Based Partnership, provided a verbal update on the statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area.

The main conclusion of this pharmaceutical needs assessment is that there are no gaps in the current provision of pharmaceutical services as the providers, both within and outside of the Health and Wellbeing board's area, are meeting the residents' current needs for such services. The PNA also confirmed that the current provision is sufficient for future need.

## **14 Work Plan**

In addition to the work plan published with the agenda, the following items were added:

- Gambling Harm Strategy (July)
- Joint NHS Forward Plan (July)
- Acute Trust and Local Authority Collaborative Working on Population Health (September)
- Data Integration for Population Health (September)

The forward plan was noted.

## **15 Future Meeting Dates**

**Resolved to meet on the following dates:**

- **Wednesday 26 July 2023 at 1:30pm**
- **Wednesday 27 September 2023 at 1:30pm**
- **Wednesday 29 November 2023 at 1:30pm**
- **Wednesday 24 January 2024 at 1:30pm**
- **Wednesday 27 March 2024 at 1:30pm**

This page is intentionally left blank

**Nottingham City Health and Wellbeing Board  
26 July 2023**

<b>Report Title:</b>	Small Steps Big Changes (SSBC) - Supporting the Legacy
<b>Lead Board Member(s):</b>	Councillor Cheryl Barnard and Catherine Underwood
<b>Report author and contact details:</b>	Karla Capstick - SSBC Programme Director <a href="mailto:Karla.capstick@nhs.net">Karla.capstick@nhs.net</a>
<b>Other colleagues who have provided input:</b>	David Johns – Deputy Director Public Health
<p><b>Executive Summary:</b>  <a href="#">Small Steps Big Changes</a> is one of five National Lottery Community Fund’s (TNLCF) <a href="#">A Better Start</a> (ABS) sites. The Programme is a Partnership that is committed to improving three core child development outcomes in pregnancy – four years, alongside locally defined system change.                  The Programme has received £45 million of funding from 2014/15 – 2025 to ‘test and learn’, evaluate and then sustain through the Partnership new services and approaches.                  Since the start of the Programme in 2015, SSBC has commissioned a wide range of services, campaigns and approaches and has aligned and supported wider system transformation, invested in workforce developments, has committed to support Nottingham to become a UNICEF accredited Child Friendly City, and placed coproduction with local parents at the heart of all Programme activity. SSBC is evaluating the impact of its services and approaches through a variety of means.                  With less than two years until the end of the funding period, the Programme is now focussed on legacy, sustainability and how as a Partnership we articulate and share the SSBC story at a local and national level.                  The SSBC Team and Board are managing and mitigating for operational and strategic Programme risks in this final phase. However, there are wider system risks to consider as outlined in the report.</p>	
<p><b>Recommendation(s):</b> The Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the update on the SSBC Programme and current legacy plans.</li> <li>2. Note the proposed areas of legacy, system risks and next steps.</li> <li>3. Discuss and identify future legacy opportunities as a Board, or within their organisations linked to the SSBC Programme’s activity and wider learning and agree to progress with SSBC direct.</li> </ol>	

<b>The Joint Health and Wellbeing Strategy</b>	
<b>Aims and Priorities</b>	<b>How the recommendation(s) contribute to meeting the Aims and Priorities:</b>
<b>Aim 1:</b> To increase healthy life expectancy in Nottingham through	<b>Aim 1 and Aim 2</b> - SSBC has delivered a focused early intervention and

addressing the wider determinants of health and enabling people to make healthy decisions	prevention suite of interventions across four of the most disadvantaged wards in the city. There is a clear link between deprivation and poor health outcomes, and early childhood is no different. Children from deprived areas are more likely to be overweight and obese when entering reception and Year 6, children from the most income deprived areas have greater tooth decay and children living in the poorest households are four times more likely to develop a mental health disorder. <b>Priority 1, and 2</b> – SSBC interventions have included a smoking cessation in pregnancy campaign, promotion of healthy weight and the Healthy Start scheme.
<b>Aim 2:</b> To reduce health inequalities by having a proportionately greater focus where change is most needed	
<b>Priority 1:</b> Smoking and Tobacco Control	
<b>Priority 2:</b> Eating and Moving for Good Health	
<b>Priority 3:</b> Severe Multiple Disadvantage	
<b>Priority 4:</b> Financial Wellbeing	
<p><b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:</b> Supporting parents at a time of transition to parenthood provides a strong foundation for child mental health as good social and emotional development is contingent upon good parent's mental health.</p>	

<b>List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)</b>	None
<b>Published documents referred to in this report</b>	Research and Evaluation commissioned by SSBC available on the SSBC website in the <a href="#">Knowledge Hub</a>

# Report for Nottingham City Health and Wellbeing Board

Report Title: Small Steps Big Changes (SSBC) Supporting the Legacy

Report Author: Karla Capstick (SSBC Programme Director)

Lead Board Members: Councillor Cheryl Barnard and Catherine Underwood

## 1. Purpose:

The purpose of this report is to: -

- 1.1 Provide an update to the Nottingham City Health and Wellbeing Board on the Small Steps Big Changes (SSBC) Programme and current legacy plans.
- 1.2 Request that the Nottingham City Health and Wellbeing Board note the proposed areas of legacy, system risks and next steps.
- 1.3 Request that the Nottingham City Health and Wellbeing Board members discuss and identify future legacy opportunities as a Board, or within their organisations linked to the SSBC Programme's activity and wider learning and agree to progress with SSBC direct.

## 2. Governance Interdependencies

SSBC is governed by a Partnership Board, hosted by Nottingham CityCare Partnership as accountable body. The Board includes representatives and voting members from Nottingham City Council (NCC), Integrated Care Board (ICB), Nottingham CityCare Partnership, Nottingham Community and Voluntary Service (NCVS), Nottingham University Hospital Trust (NUH) maternity and parent champions representing the four wards and their wider community. SSBC has several Health and Wellbeing Board members as part of its governance.

The Programme is due to provide an update to the Children's Partnership Board in September and will be securing a space at the Integrated Care Partnership Board in the Autumn.

## 3. Background

### 3.1 The Programme

Small Steps Big Changes (SSBC) is one of five National Lottery Community Fund's (TNLCF) A Better Start (ABS) sites. The Programme is a Partnership that is committed to improving three core child development outcomes in pregnancy – four years, alongside locally defined system change.

The outcomes SSBC has sought to improve are:

- Improving children's diet and nutrition to support healthy physical development and protect against illness in later life.
- Supporting children to develop social and emotional skills so they can develop positive relationships and cope with demanding situations.
- Helping children develop their language and communication skills, so that they can engage with the world around them.
- Bring about 'systems change;' that is to change, for the better, the way that local health, public services, and the voluntary and community sector work together with parents to improve outcomes for children.

The Programme has received £45 million of funding from 2014/15 – 2025 to 'test and learn', evaluate and then sustain through the Partnership new services and approaches. Over the last eight years SSBC has commissioned evidence based and informed, codesigned services and activities, workforce training, public health campaigns, and developed resources in four wards of the City. The wards are Bulwell, Aspley, Arboretum and Hyson Green and St Ann's. Some of the SSBC Programme activity has been

delivered across the City with services expanding their offer and others have developed to include the wider Integrated Care System.

### 3.2 How much have we done?

Since the start of the Programme in 2015, SSBC has commissioned a wide range of 45 services and activities, designed, and delivered four public health awareness raising campaigns, funded the creation of over 70 new living wage/apprentice levels roles including the Family Mentors and Pregnancy Mentors (previously known as Maternity Support Workers).

The portfolio of services and activities have as of quarter one 2023/24 reached at least 84.6%\* of the eligible children (\*these children could have received a DPIL Book, attended a group, or had a Family Mentor), 40.1% or 5,475 eligible children have accessed the Family Mentor Service as of May 2023.

The Programme is the current sole funder of the Child Friendly City Project, working with NCC, UNICEF UK and wider partners, and 'Read on Nottingham' (a partnership with the National Literacy Trust, NCC, schools and parents), with over 90 volunteers working across the City.

The breadth of the SSBC activity can be broken down as below:

- Improving children's diet and nutrition  
Healthy Lifestyles Pathway Service – delivered by CityCare 0-19  
Cook and Play groups - delivered by the Family Mentor providers  
Feed You Way – Breast/infant feeding campaign  
Healthy Start promotion  
Pregnancy and Parenting Ramadan Booklet for parents and workforce
  
- Develop social and emotional skills  
Healthy Little Minds Service – delivered by NCC  
Big Little Moments – social/emotional and early language campaign  
Triple P Parenting programmes – delivered by NCC and the Family Mentors  
Child Development Resource for early years workforce  
Purchased 133 recliner chairs for maternity wards at NUH to support early attachment and father inclusive practice
  
- Develop language and communication skills  
Hometalk service – delivered by Notts Healthcare Foundation Trust  
Funded over 7,700 Dolly Parton Imagination Library books  
Fund 'Read on Nottingham' Literacy Hub  
FRED (Fathers Reading Every Day) sessions – delivered by the Family Mentors  
Language Leads project
  
- Develops across all outcomes/other outcomes  
Family Mentors delivering Small Steps at Home – delivered by VCS providers  
Family Nurse Partnership (additional resource to core contract) – delivered by CityCare 0-19  
Love Bump - Smoking cessation in pregnancy campaign  
Stay One Step Ahead – Home safety intervention to reduce avoidable and preventable injuries in 0-4's – delivered by Family Mentors, CityCare 0-19 and NCC Early Help
  
- Bring about 'systems change'  
The SSBC system change model is focused on four key areas as shown below

SSBC has aligned and supported wider system transformation, invested in workforce developments, is embedding father inclusive practice across pregnancy and early years workforces, has committed to support Nottingham to become a UNICEF accredited Child Friendly City, and placed coproduction with local parents at the heart of all Programme activity.

Outputs include:

Pregnancy Mentors - apprentice level roles employed by NUH.

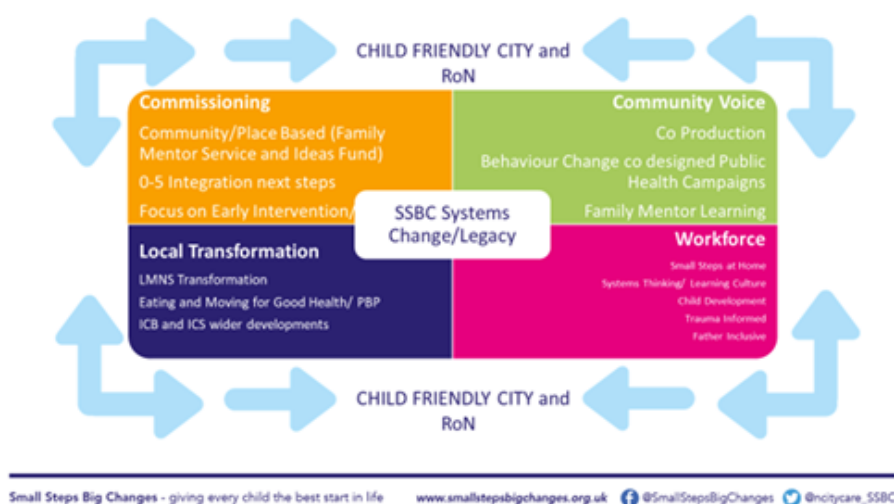
The Dads Pack – a resource for new and expectant fathers.

Developed and trained over 30 parents, 14 are currently active in SSBC governance and coproduction across the wider system.

Match funded the Integrated Care Board (ICB) coproduction team.

Supported the development of the neglect toolkit with Nottingham and Nottinghamshire Children’s Safeguarding Boards.

Supporting Trauma Informed approaches across the City.



### 3.3 Impact

SSBC is evaluating the impact of its services and approaches through a variety of means. TNLCF have also commissioned an evaluation and shared learning partner, who are supporting the fund to evidence the impact of early intervention and prevention and influence policy nationally.

#### 3.31 National ‘A Better Start’ Evaluation

TNLCF are funding a five-site wide evaluation of ‘A Better Start,’ Warwick University were initially leading the evaluation, this contract was terminated in 2019 due to challenges between the academic focussed approach and the locally designed and delivered five Programmes. A consortium led by NatCen is now leading the National Evaluation, this work commenced in 2021/22 and has four objectives:

- To identify the contribution made by the ABS programme to the life chances of children who have received ABS interventions.
- To identify the factors that contribute to improving diet and nutrition, social and emotional skills and language and communication skills through the suite of interventions, both targeted and universal, selected by ABS sites.

- To evidence, through collective journey mapping, the experiences of families from diverse backgrounds through ABS systems.
- To evidence the contribution the ABS programme has made to reducing costs to the public purse relating to primary school aged children.

### 3.32 National 'A Better Start' Learning Contract

TNLCF have commissioned National Children's Bureau (NCB) to lead the synthesis and dissemination of the learning across the five sites. This includes annual learning events, insights, opinion pieces and more latterly influencing opportunities with Government officials and National Bodies.

SSBC has contributed to these, including submissions to select committees, policy reviews, a round table discussion with Deputy Director level civil servants and the Institute of Health Visiting.

### 3.33 Outcomes Framework

The Programme has an Outcomes Framework that is designed to measure improvements in child level outcomes as SSBC babies reach school. This has been challenging to collate due to the impact of the pandemic on early years foundation stage data, changes to national indicators and GDPR during the last eight years. Work will continue on this and at this stage SSBC can report that,

'There are 2256 children who have lived in SSBC wards (2015 – 2022) and have completed a 24-month Ages and Stages questionnaire (ASQ) assessment with their Health Visitor. Of these children 1507 (67%) have been identified as 'on target' across all five areas of:

- Communication
- Personal and social
- Gross motor
- Fine motor
- Problem solving'

### 3.34 Local Evaluation

Nottingham Trent University (NTU) was commissioned to lead the local evaluation, this was a five-year contract that ended in July 2023. Mixed methods approaches were used to look at a variety of services, offers and approaches. The evaluation methodology and progress were impacted by the pandemic and GDPR changes, however this allowed for a themed evaluation (see below). A cost benefit evaluation formed part of the original tender, NTU were unable to deliver this; challenges included, lack of a treatment group v's a control group, timescales, take up of multiple interventions and changes to the implementation plans.

Findings to date do show positive impact on children's outcomes at 12 and 24 months, alongside rich qualitative evidence, all reports are available on the SSBC website in the [knowledge hub section](#):

#### Family Mentor Service Research

"100% of families interviewed would recommend Family Mentor to families with young children" (NTU Research 2022)

Parents reported improvements in wellbeing and confidence, children eating healthier food options, improvements in sleeping routines and behaviours

'There was a statistically significant difference in mean vocabulary scores between SSBC children and non-SSBC children. This finding suggests that overall engagement with the



SSBC programme is linked to better vocabulary scores.’ (British Picture Vocabulary Scale Research 2022)

‘Children from SSBC wards who participated in the programme for 18 months or more had the highest mean 24-Month ASQ scores (excluding problem-solving domain) and ‘overall’ scores.’ (Family Mentor Ages and Stages Questionnaire (ASQ) Research 2019).

#### Father Inclusive Practice Research

‘Both fathers and practitioners described the Pack as a useful source of first reference, especially as it is a comprehensive single document from a trusted source’

‘Fathers saw the Pack as being useful even if this was not their first baby’

‘Fathers and practitioners felt that the language of the Pack was understandable to those with basic English reading skills. Practitioners liked the fact that it could be ‘dipped into’ and did not have to be read all in one go’

‘Both fathers and practitioners reported that the information in the Pack helped with the participants’ knowledge of the financial help available to them. Participants learned about their rights as a new father and what parental leave and benefits they could access’ (NTU Dads Pack findings 2023).

#### Coproduction Research

‘Co-production was seen by participants as reducing barriers between professionals and communities. PC&A felt that their knowledge was more likely than that of professionals to be accepted by local parents, as they are already known. Consequently, coproducing the service with local parents makes SSBC provision more likely to be trusted and accepted by parents’

SSBC professionals felt that coproducing the service with PC&A challenged their assumptions about the community and those who live within it, and understood better that they themselves might come from a place of privilege’

Working alongside the PC&A has encouraged professionals to consider how inequality impacts on people’s everyday lives, and to be more likely to ask more questions to gain a fuller understanding of the lives of those within the community. (NTU Coproduction Findings 2023)

Two new tenders are live to evaluate, Feed Your Way, Healthy Lifestyles Pathway and Healthy Little Minds.

#### 3.35 Local Themed Research and Evaluation

SSBC has commissioned additional themed research and evaluation in the following areas: Impact of Covid-19 on Education and Children’s Services, Parent and Fathers Voice reports, Engagement of Literacy Champions Research, and the Primary Care Network 6 Research.

#### **4. Legacy Model and Planning**

With less than two years until the end of the funding period, the Programme is now focussed on legacy, sustainability and how as a Partnership we articulate and share the SSBC story at a local and national level.

The legacy of SSBC will be built upon the revised system change model highlighted above, agreed by the SSBC Board. The SSBC Board have approved the legacy model below, this will be refined over time but initially focus on the **six areas** identified.

The SSBC Board, has committed resources including funding to realise this legacy, this may require adjustments in the final years. Some areas could feed into the Health and Wellbeing Strategy workstreams as part of the legacy and sustainability planning.



## 5. Legacy Next Steps and Opportunities

### 5.1 Community Voice and Coproduction

- SSBC want to continue to collaborate with colleagues across the Health and Wellbeing Board in promoting Nottingham as a breastfeeding friendly city.
- The next phase of the 'Feed Your Way' breastfeeding campaign development is to engage with businesses and ensure public/community spaces support breastfeeding, this also aligns with Child Friendly City.
- The Feed your Way, Love Bump and Big Little Moments Campaigns intellectual property will require hosting post SSBC

- The Programme has much to share on 'how' we have done things not just 'what we have done, and wider learning linked to system change. In particular coproduction and involvement of the community in designing, delivering, and commissioning services.
- SSBC continue to support the ICB/ICP coproduction strategy and ambitions, jointly funding the coproduction team, and hope to develop a 'how to' toolkit on coproduction that could be used by the Health and Wellbeing Board/PBP.

## 5.2 Commissioning and Funding

- SSBC has submitted a bid to the ICB Health Inequalities and Innovation Fund for £200,000 to implement a more targeted Family Mentor/Small Steps at Home offer across the city for 100 children. The bid was selected by the assessment panel and will be recommended for funding at the SPI Committee in August.
- There are significant opportunities to embed the learning and activity from SSBC into the Family Hubs (infant mental health services, approaches to involving parents, home learning environment and breastfeeding/infant feeding support), Start for Life Strategy, Early Help models, future 0-19 commissioning and elements of the Health and Wellbeing Strategy/Place Based Partnership.
- The Programme has also looked at creative ways to engage with all members of the communities they serve, this has included work on translation, multilingual workforce, and work with Primary Care Network 6 (PCN) to understand barriers to accessing services.

## 5.3 Workforce Development

- Another key learning area has been the development and trialling of new workforce models that have supported entry level national living wage roles, apprenticeships and developed employment and training capacity in the community.
- SSBC have continued to collaborate with partners to support trauma informed approaches in the early intervention and prevention space.
- SSBC has been a trail blazer in developing father inclusive practice in pregnancy and the early years, recognising the importance of positively involved dads and father-figures to reflect a whole family approach.
- SSBC would welcome input from the Health and Wellbeing Board to discuss and consider next steps for the above and identify future legacy opportunities linked to the SSBC Programme's activity and wider learning.

## 5.4 Transformation and Partnership Initiatives

- SSBC fully funds the UNICEF Child Friendly City project and has committed over £500,000 till March 2025/26.
- Embedding a child's rights-based approach into the work of the Health and Wellbeing Board and its partner organisations remains an ongoing opportunity that will support the ambition to be a Child Friendly City and the legacy of SSBC.

## 5.5 Assets and Capital Investments

- There are a sizeable number of intellectual property assets (handbooks, website, campaigns, research, and training) developed by the Programme which will require hosting, post funding.
- Discussions are taking place with TNLCF, the SSBC Board and legal advice has been sought.
- It would be helpful for the Health and Wellbeing Board to consider its role and that of the partner organisations in hosting these assets post SSBC.

## **6. Risk Considerations**

The SSBC Team and Board are managing and mitigating for operational and strategic Programme risks in this final phase. However, there are wider system risks to consider.

### **6.1 System Gap**

SSBC funding was always meant to provide opportunities to test and learn innovative approaches and additionality to the core universal and targeted services that were in place.

Over the last eight years the context has changed significantly with reduced budgets across health, social care, and the VCS sector, increasing levels of need, the impact of the pandemic and more recent cost of living crisis.

As SSBC funding ends this will leave an unavoidable gap. It is not feasible nor intended to continue all of SSBC activity, but the Programme has provided a level of stability and has supported to 'fill gaps' where appropriate.

### **6.2 Potential Increase in Demand/need across the System**

When the SSBC delivery ceases in line with the grant funding, there is a risk that need, and demand could increase in these communities and populations that have benefited from the early intervention and prevention services provided.

### **6.3 Sustainability of the Offer**

Where SSBC activity has demonstrated its impact on outcomes, it is still proving challenging to get full financial commitment to continue/ re commission due to the pressures on the system budget and the challenges in evidencing a quick return on investment on prevention programmes like SSBC.

### **6.4 Risks to VCS Providers and their Workforce**

SSBC is acutely aware of the reliance on its funding for some smaller VCS providers and the workforce posts they have created. Redundancy costs have been factored into contracts.

## **7. Next Steps and Recommendations**

7.1 That the Nottingham City Health and Wellbeing Board note the update on the Small Steps Big Changes (SSBC) Programme and current legacy plans.

7.2 That the Nottingham City Health and Wellbeing Board note the proposed areas of legacy, system risks and next steps.

7.3 That the Nottingham City Health and Wellbeing Board discuss and identify future legacy opportunities as a Board, or within their organisations linked to the SSBC Programme's activity and wider learning and agree to progress with SSBC direct.

**Nottingham City Health and Wellbeing Board**  
**26 July 2023**

<b>Report Title:</b>	Gambling related harm strategy 2023 - 2028
<b>Lead Board Member(s):</b>	Lucy Hubber, Director of Public Health
<b>Report author and contact details:</b>	Mike Saunders, Specialty Registrar in Public Health
<b>Other colleagues who have provided input:</b>	Helen Johnston, Consultant in Public Health
<p><b>Executive Summary:</b></p> <p>Gambling is an activity of uncertain outcome where a person risks loss of money or other valuable for a possible gain. Gambling related harm is a public health problem which is prevalent and stigmatised, with widespread long-lasting impacts. This disproportionately affects disadvantaged populations and has well evidenced connections to a range of other health and social challenges.</p> <p>A recent <a href="#">health needs assessment</a> demonstrated that gambling related harm is occurring in Nottingham, with evidenced impacts on physical and mental health, relationships, personal finances, employment, education, and crime. National survey data when applied to Nottingham City, estimates that approximately 4,500 people aged 16 and over and 1,000 in-school 11-16-year-olds show signs of a gambling problem. Each person with a gambling problem has 6 to 10 affected others on average. The health needs assessment also demonstrated that support services are underutilised and there are parts of Nottingham which observe clustering of gambling premises and higher levels of characteristics which place resident populations at risk of gambling related harm.</p> <p>An alliance of groups, services and organisations has been formed to address gambling related harm in a partnership approach. The group have produced Nottingham's first Gambling related harm strategy, which takes a public health approach to preventing and reducing gambling related harm.</p> <p>The strategic vision is that Nottingham City will be a place where people are protected from gambling harm, and can access and receive support. The strategy aims to prevent and reduce gambling related harm in Nottingham City.</p> <p>This ambitious five-year strategy is organised into three themes, which reflect our best opportunities to effectively address this challenge:</p> <ul style="list-style-type: none"> <li>• <b>Regulation</b> - of access to and the promotion of gambling products</li> <li>• <b>Knowledge and Awareness</b> - a focus on information, in two respects: <ul style="list-style-type: none"> <li>○ Knowledge – the evidence base and understanding of need</li> <li>○ Awareness – of gambling risks, harms, and support</li> </ul> </li> <li>• <b>Support Pathways</b> - working as a system to improve pathways to the support and recovery services which people need</li> </ul>	

Throughout the development of this strategy, we have been engaging with people affected by gambling related harm in Nottingham. This has been an essential component of strategy development, in generating ideas based on real stories, and in testing and verifying our evidence informed proposals.

The aims contained within this strategy are:

- **Strengthen the safeguards and regulation of in-person gambling** – by reviewing and updating local Council gambling licensing policy, and gaining assurances that gambling business are responsibly preventing and responding to gambling related harm
- **Prevent the promotion of gambling products in City Council owned spaces** – by reviewing and updating local Council advertising and sponsorship policy, including subcontracted advertising
- **Develop and improve the local evidence base regarding gambling related harm in Nottingham City** – by utilising opportunities to collect data on gambling and gambling related harm, understanding the experiences and support needs of people affected by gambling in Nottingham City, and addressing priority gaps in evidence through research and evaluation
- **Raise awareness of the risks and impacts of gambling with population-wide and targeted approaches** – by developing a public health information campaign, promoting training of staff in public facing roles in various services, and providing information on gambling risks and impacts to children, young people and their trusted adults
- **Build upon and improve pathways to support and recovery** – by newly introducing targeted screening for gambling related harm in a range of services and connecting people to support, and improving pathways to recovery by connecting the providers of gambling support to other services to promote ongoing wellbeing and help re-build lives
- **Help to make support available, visible, and accessible to people in Nottingham City** – by promoting the visibility of gambling harm support services to make it easier for people to find support, engaging with people with lived experience to understand equity and barriers to reaching support, and working with support services to promote equity of access, experiences and outcomes

We have developed new relationships with a range of partners and are already working together to prepare the delivery of the strategy aims and objectives. There is a strong sense of commitment from our partners to work together throughout the life of this strategy.

Where possible, evaluation has been built into intervention design and we have sought opportunities to build working relationships with others to facilitate this and draw on expertise in robust evaluations which relate to specific strategic objectives. Some of the actions we undertake as part of this strategy, will produce a baseline against which we can measure progress. We will also aim to hear from people affected by gambling in Nottingham to understand whether we have achieved the change we desire.

Many of the impacts of gambling related harm are also risk factors for harm. Taking action against gambling related harm will in turn contribute to the

prevention of mental ill health, suicidality, homelessness, tobacco-related harm, unemployment, financial insecurity, social isolation, domestic violence, and crime, and reduce associated service burdens and costs on society.

We are leading the way as one of the first local authorities to develop a strategy to address gambling related harm using a public health approach. We are ready to work together to address gambling related harm in Nottingham.

**Recommendation(s):**

The Board is asked to:

- Endorse the Nottingham City Gambling Related Harm Strategy 2023-28

**The Joint Health and Wellbeing Strategy**

**Aims and Priorities**

**How the recommendation(s) contribute to meeting the Aims and Priorities:**

**Aim 1:** To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions

Gambling harms physical and mental health and affects the determinants of health.

**Aim 2:** To reduce health inequalities by having a proportionately greater focus where change is most needed

People most typically affected by gambling harm are from disadvantaged groups, and gambling harm drives and exacerbates health and social inequality.

**Priority 1:** Smoking and Tobacco Control

Gambling harm is associated with cigarette smoking, substance use, high alcohol consumption, poor mental health, and financial insecurity. Taking action to prevent and reduce gambling related harm is an opportunity to co-intervene on associated health and social challenges, including suicide prevention, homelessness, unemployment, crime, and social isolation.

**Priority 2:** Eating and Moving for Good Health

**Priority 3:** Severe Multiple Disadvantage

**Priority 4:** Financial Wellbeing

**How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:**

Gambling harm adversely affects mental health and emotional wellbeing, and gambling harm accounts for at least one suicide per day in the UK. Local data has demonstrated evidence of people in Nottingham calling the national gambling helpline and reporting current or past suicidal thoughts.

**List of background papers relied upon in writing this report (not**

[Nottingham City Gambling related harm health needs assessment](#)

<b>including published documents or confidential or exempt information)</b>	
<b>Published documents referred to in this report</b>	None



# **Gambling related harm strategy 2023-2028**

Taking a public health approach  
to prevent and reduce gambling related harm in Nottingham

# Contents

<b>Acknowledgements</b> .....	3
<b>Terminology</b> .....	3
<b>Foreword</b> .....	4
<b>1 Executive Summary</b> .....	5
<b>1 Introduction</b> .....	7
1.1 Gambling related harm .....	7
1.3 Risk factors .....	8
1.4 Drivers of harm .....	9
<b>2 The case for a local gambling harm strategy</b> .....	10
2.1 Gambling related harm in Nottingham .....	10
2.2 The case for change .....	12
<b>3 Strategy development</b> .....	14
3.1 Our Vision .....	14
3.2 Our Aim .....	14
3.3 Our Principles .....	14
3.4 Strategy development group .....	14
3.5 Strategic themes .....	15
<b>4 Regulation</b> .....	16
4.1 Where we are now .....	16
4.2 Where we want to be and how we will get there .....	16
<b>5 Knowledge and awareness</b> .....	19
5.1 Where we are now .....	19
5.2 Where we want to be and how we will get there .....	19
<b>6 Support pathways</b> .....	21
6.1 Where we are now .....	21
6.2 Where we want to be and how we will get there .....	21
<b>7 How we will know we are there</b> .....	23
7.1 Delivery and Governance .....	23
7.2 Evaluation .....	23
<b>Appendices</b> .....	29

## Acknowledgements

We wish to thank all our strategic partners and people with lived experience who have contributed to this strategy.

If you or somebody you know is affected by gambling, know that help is available. A list of professional services and peer support groups is available in the Appendices.

## Terminology

Gambling related harm is a stigmatised problem with varying and evolving terminology. We wish to use language which is inclusive and destigmatising and have chosen to use the following key terms in this strategy:

<b>Term</b>	<b>Description</b>
Gambling related harm	An umbrella term for the adverse effects of gambling.
Gambling problem	A situation where a person continues to gamble despite negative consequences.
Person with a gambling problem	A person who experiences gambling related harm from their own gambling.
Affected other	A person who experiences gambling related harm from another person's gambling.
Affected people	A collective description referring both to a person with a gambling problem and affected others.

## Foreword

Nottingham is a vibrant and diverse city where we want people who live, work, learn, and play here to lead happy and healthy lives. Our [Joint Health and Wellbeing Strategy](#) describes how we are working in partnership to achieve this.

Nottingham citizens have told us that it is essential that the Health and Wellbeing Strategy has a focus on both mental as well as physical health. Our communities want to see us address the issues that contribute to poor health and to be involved in developing solutions. Financial wellbeing is one of our main four Health and Wellbeing priorities because of the links between low income, financial difficulties, and inequalities with poor health and wellbeing.

Gambling problems are often a hidden issue which can leave people feeling very worried and isolated. There can be many types of gambling related harm experienced by individuals and their family, friends and loved ones. Thousands of people in Nottingham are at risk of gambling harms such as stress and relationship strain and difficulties in learning or work. A recent health needs assessment demonstrated that gambling has harmed people in Nottingham, and there is a growing evidence base showing how gambling affects children and young people as well as adults. We have heard from local people whose lives have been impacted by gambling, and they have told us very clearly that we must tackle this. We realise there are countless stories that are untold, and that these untold stories often relate to the most serious harms.

We want to see change and so we are leading a joined-up approach to reduce gambling harm for Nottingham. Our innovative gambling related harm strategy includes a strong emphasis on prevention and on linking people affected by gambling to information and support services that are available to help.

Our vision is to ensure that Nottingham is a city where people are protected from gambling harm and can access and receive support when they need it. We hope you will join us in working towards this vision together.

### **Councillor Linda Woodings**

Portfolio Holder for Adults Social Care and Health

## 1 Executive Summary

This strategy is the first of its kind for Nottingham City, and outlines our plans to take a public health approach to gambling related harm in Nottingham. We have formed an alliance of experts, groups and organisations who are committed to working together to help populations affected by gambling related harm. The purpose of this strategy is to describe our future vision for Nottingham and the actions we will take through a partnership approach.

Gambling related harm is an under-recognised and stigmatised public health problem which can affect people at any time in life. It is commonplace for a person affected by gambling to conceal their difficulties until a late stage, where serious harm occurs. Support services are underutilised, in part, due to this concealment for reasons of shame, guilt, worry, and fear of judgement.

Gambling related harm is strongly connected to well recognised health and social challenges including mental health problems, alcohol related harm, and homelessness, and is more likely to affect disadvantaged populations such as people living in a deprived area, people who are not in employment or who do not have a higher-level qualification.

Gambling related harm impacts and severity vary considerably, and can include adverse consequences for physical and mental health, relationships, finances, employment, and education, and can be an important driver of crime. Each person with a gambling problem has 6 to 10 affected others on average, who may be family and friends, and include children.

The best available evidence estimates 0.5-1% of the adult population experience a gambling problem, where a person gambles despite negative consequences. This is also a problem for young people too, where adolescents too report gambling and gambling problems.

This strategy follows a recent health needs assessment which drew on literature and data sources to better understand the populations affected and estimate the impact in Nottingham. We have applied the findings and recommendations emerging from that report, as well as wider guidance and policy documents, and learning from others.

Many of the impacts of gambling related harm are also risk factors for other forms of harm. Taking action against gambling related harm will contribute to the prevention of mental ill health, suicidality, homelessness, tobacco-related harm, unemployment, financial insecurity, social isolation, domestic violence, and crime, and reduce associated service burdens and costs on society.

This strategy describes how we will take a public health approach across three core themes:

- Regulation – we will take action within our powers to review and strengthen the role of the Local Authority in enhancing the regulatory safeguards against gambling related harm. This will include a review of licensing and advertising policy.
- Knowledge and Awareness – we will build and apply a gambling related harm evidence base for Nottingham by addressing our priority questions in research, improving our understanding of how gambling affects local people, and prevent new cases of gambling related harm by boosting public and professional awareness, including children, young people and young adults.
- Support pathways – we will make it easier for people in Nottingham who are affected by gambling to find the help they need. We will work with our partners to proactively detect cases of harm and connect people to the right support. We will reduce inequalities in access, experiences, and outcomes to these services, and improve the visibility of support for all.

# Gambling related harm strategy 2023-2028

## VISION

Nottingham City will be a place where people are protected from gambling harm, and can access and receive support

## AIM

To prevent and reduce gambling related harm in Nottingham City

## STRATEGIC THEMES

### REGULATION

Strengthen the safeguards and regulation of in-person gambling

Reduce exposure to gambling advertising

### KNOWLEDGE AND AWARENESS

Develop and improve the local evidence base regarding gambling related harm in Nottingham City

Raise awareness of the risks and impacts of gambling with population-wide and targeted approaches

### SUPPORT PATHWAYS

Build upon and improve pathways to support and recovery

Help to make support available, visible, and accessible to people in Nottingham City

## KEY IMPACTS

- Populations vulnerable to gambling related harm are protected through policy
- People are not exposed to gambling product promotion in NCC owned spaces
- Opportunities for prevention and targeted use of resources are identified
- People in Nottingham are more aware of gambling risks, impacts & support
- There are fewer new cases of gambling related harm in Nottingham
- The reach of support services improves for people in Nottingham

## DELIVERY AND GOVERNANCE

Nottingham Gambling Related Harm Strategic Group  
Nottingham City Health and Wellbeing Board

# 1 Introduction

## 1.1 Gambling related harm

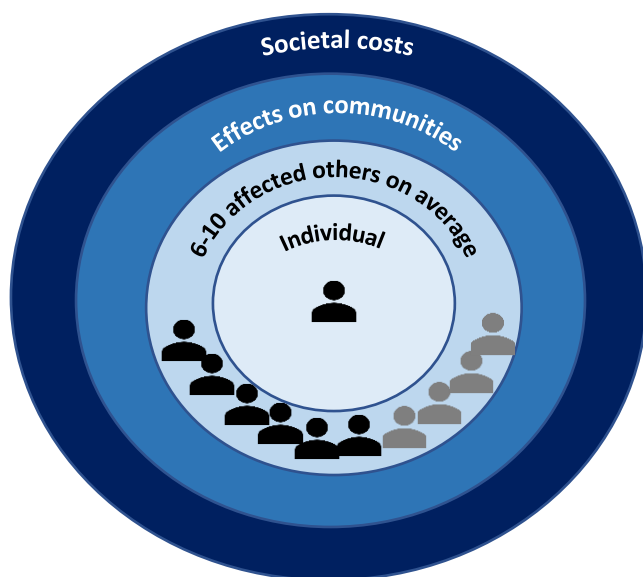
Gambling describes an activity where a person risks a loss for a possible gain in an activity of uncertain outcome. This includes casino games, sports betting, bingo, scratch cards and lotteries, and features of gambling are present in popular console gaming and cryptocurrency.

There is increasing evidence that gambling products can be addictive with the potential to cause significant and long-lasting harm. Gambling related harm collectively describes the various adverse consequences of gambling, which broadly include effects on:

- Physical and mental health
- Relationships and families
- Finances, employment, and education
- Crime and violence

Gambling related harm is a neglected and under-recognised public health problem. The association between gambling and other public health and social challenges is well evidenced, and includes homelessness, suicide prevention, and alcohol-related harm. The impacts of gambling are particularly poignant now, at a time where money worries and mental health strain has increased following the Covid-19 pandemic and with an ongoing cost of living crisis. Gambling related harm has significant effects not only for an individual with a gambling problem, but also their affected others, communities, and wider society (Fig 1).

**Fig 1:** Socio-ecological model of gambling related harm



## 1.2 Gambling and health

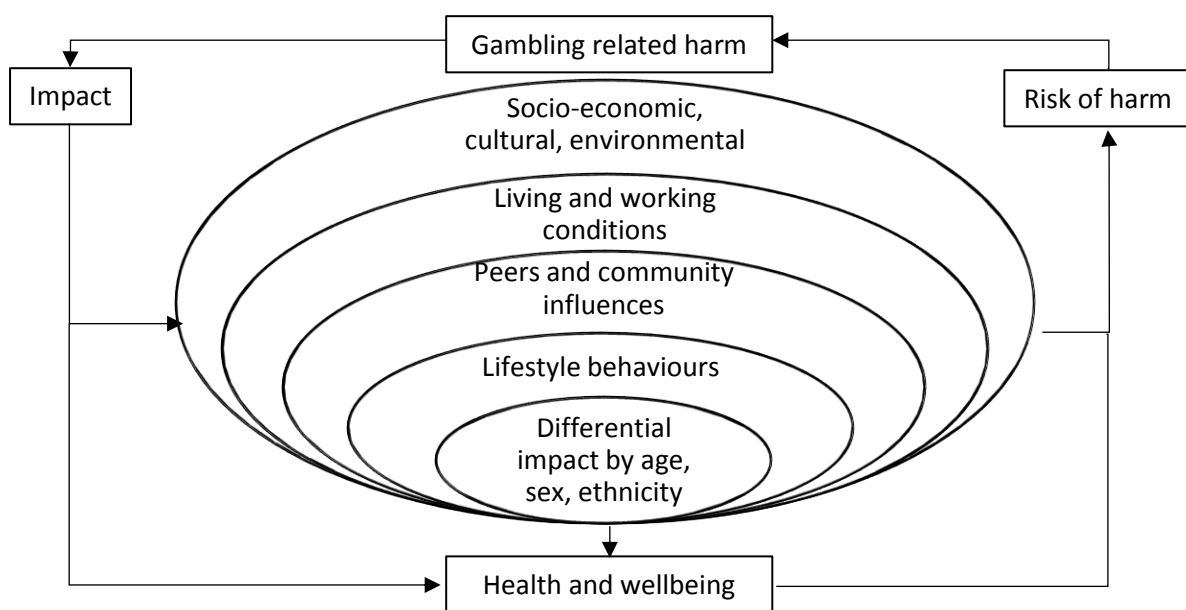
Gambling is strongly connected to health and wellbeing. Harmful gambling is associated with cigarette smoking, substance use, and high levels of alcohol consumption which are recognised causes of preventable morbidity and premature mortality. There are important mental health harms including an association with diagnosed mental health conditions, and a person affected by gambling is likely to experience feelings of isolation, guilt, and hopelessness. One UK study estimated a person

with a gambling problem is over 5 times more likely to attempt suicide<sup>1</sup> and there is on average one gambling-related suicide per day in the UK<sup>2</sup>.

Gambling can be associated with crime. A survey of prisoners in England found 4% of prisoners completing the survey said gambling directly contributed to being in prison, and gambling had resulted in debt (14%), relationship issues (11%) and job loss (5%). Gambling does occur in prisons, with 22% saying they had bet or gambled money whilst in prison in the last year<sup>3</sup>.

The impacts of gambling on health can be direct (such as on mental health and emotional wellbeing), and can also influence the wider and social determinants of health: the building blocks of our lives which shape and influence health over time (Fig 2). Many of the potential impacts such as debt, homelessness, and social isolation, are risk factors for further harm.

**Fig 2:** Gambling-health cycle



### 1.3 Risk factors

Anyone can be affected by gambling, and everyone who lives, or works, or studies in, or visits Nottingham City is included in the scope of this strategy. There is important evidence that disadvantaged groups and people with poor health are more likely to develop a gambling problem, a situation where a person continues to gamble despite experiencing negative effects. Early life experiences and living location are also important predictors of a gambling problem (Fig 3).

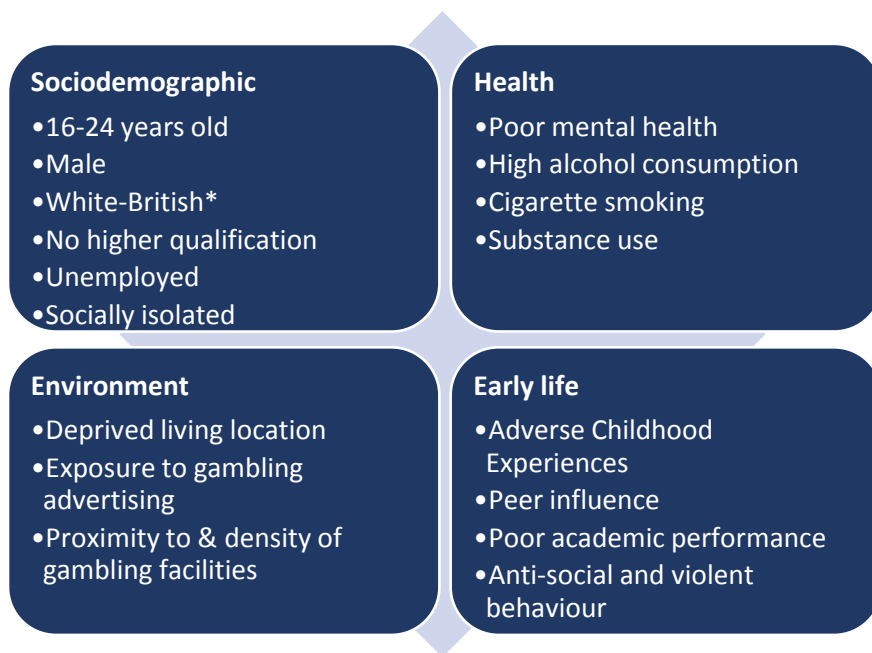
**Fig 3:** Risk factors for a gambling problem

<sup>1</sup> Trends and patterns in UK treatment seeking gamblers: 2000-2015. Sharman S, Murphy R, Turner JJ, Roberts A. s.l. : Addictive behaviors, 2019, Vol. 89, pp. 51-56

<sup>2</sup> Gambling With Lives. Gambling: Suicidal ideation, attempts and completed suicides. 2020.

<sup>3</sup> Gambling Harm and Offenders: A survey of prisoners' experiences. The Forward Trust. 2020.





\*With a disproportionate impact for minority ethnic groups relative to levels of participation

### 1.4 Drivers of harm

Gambling products are very heavily marketed and easily accessed. In 2017, gambling operators were estimated to have spent approximately £1.5 billion on gambling advertising in the UK<sup>4</sup>. The Gambling Commission surveys indicate that both adults and children report frequently seeing gambling advertising<sup>5,6</sup>.

The landscape has evolved with the increasing popularity of online gambling, and children and young people are frequently exposed to gambling products through observed gambling, illegal gambling, or gambling in gaming, and to gambling advertising.

Gambling related harm is a highly stigmatised issue, and it is common for a person affected by gambling to keep this concealed until a moment of crisis. This can be driven by worry of the reaction from others, shame and guilt for the consequences, feelings of isolation, and a belief that losses can be recovered through gambling. People report challenges with finding support services or finding a supportive space that feels right for them.

<sup>4</sup> Department for Culture, Media & Sport. High stakes: gambling reform for the digital age. *GOV.UK*. [Online] 27 April 2023. <https://www.gov.uk/government/publications/high-stakes-gambling-reform-for-the-digital-age/high-stakes-gambling-reform-for-the-digital-age>

<sup>5</sup> Gambling Commission. Understanding how consumers engaged with gambling advertising in 2020. *Gambling Commission*. [Online] 18 June 2021. <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/understanding-how-consumers-engaged-with-gambling-advertising-in-2020>.

<sup>6</sup> Gambling Commission. Young People and Gambling Survey 2022. 2022.

## 2 The case for a local gambling harm strategy

### 2.1 Gambling related harm in Nottingham

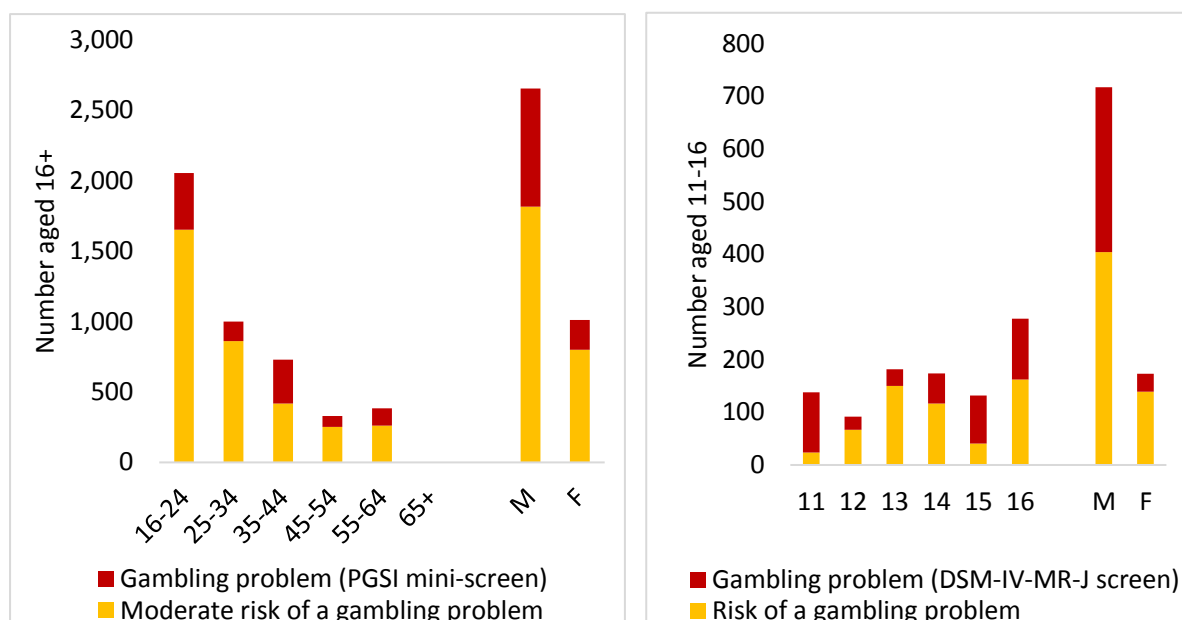
The recent [gambling health needs assessment](#) used national survey data to estimate that over 109,000 people aged 16 and over in the City would have gambled in the last 4 weeks, and nearly 62,000 would have gambled online in that time.

It is estimated that almost 4,500 people aged 16 and over and almost 1,000 children in school aged 11-16 show signs of a gambling problem (Fig 4). This mostly affects men, and for adults disproportionately affects younger age groups. This is likely to be a significant underestimate due to survey limitations. The evidence shows that for each person with a gambling problem, there are an average of 6-10 affected others.

**Fig 4:**

*Left:* Estimated number of people age 16 and over in Nottingham with gambling problems and risk of gambling problems (2020 national data applied to mid-2020 population estimates).

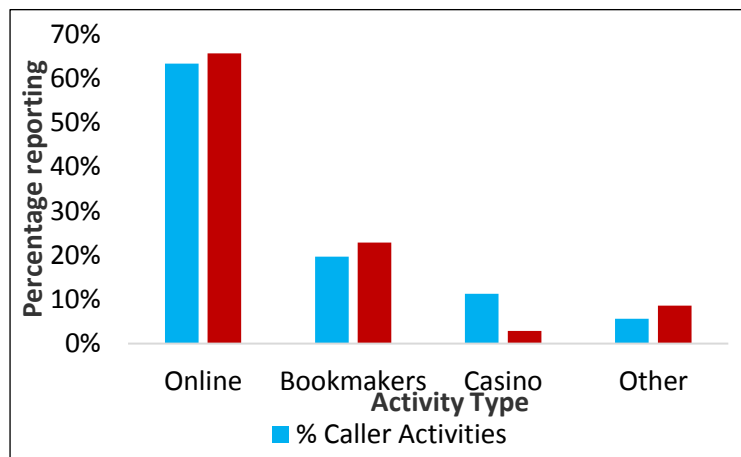
*Right:* Estimated number of in-school 11-16-year-olds in Nottingham with gambling problems and risk of gambling problems (2020 national data applied to ONS mid-2020 population estimates)



In contrast with the scale of need, 48 people called the GamCare helpline in the 2021/22 financial year, who reported living in Nottingham City. Most helpline callers were affected by their own gambling, were men, and aged 26-45.

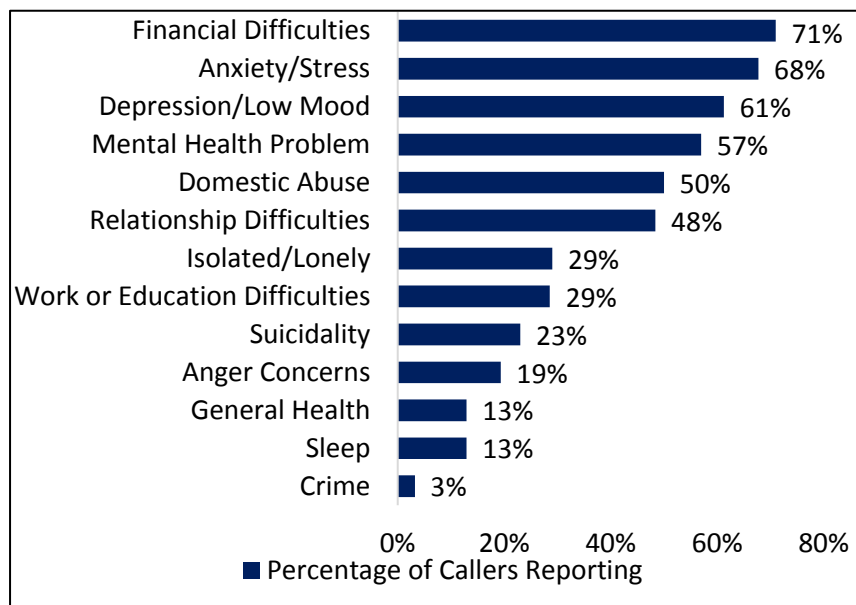
Online gambling was the most reported gambling activity among helpline callers and GamCare treatment clients in 2021/22, followed by bookmakers, and then casino and other forms of gambling (Fig 5).

**Fig 5:** Gambling activities disclosed by GamCare helpline callers and treatment clients linked to a Nottingham City postcode (2021-22)



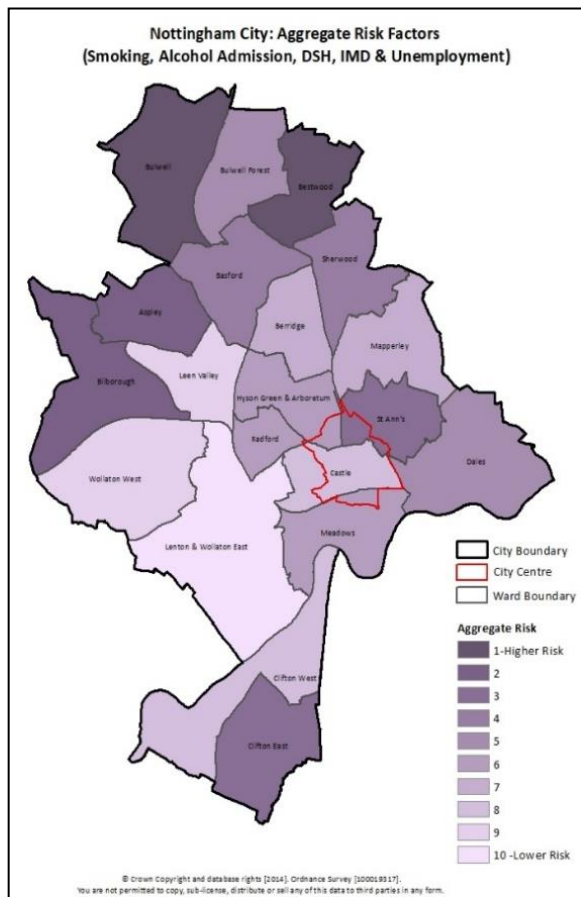
Callers from Nottingham commonly reported multiple impacts from gambling (Fig 6). This was most related to financial and mental health difficulties, and included challenges with relationships, work and education, sleep, and crime. Over one fifth of helpline callers reported current or past suicidal thoughts.

**Fig 6:** Percentage of GamCare helpline callers linked to a Nottingham postcode who report types of gambling related harm, April 2021-March 2022 (callers may cite multiple impacts)



Data on risk factors was examined in the Health Needs Assessment, with a calculation of aggregate (combined) risks of a gambling problem at ward level. The analysis predicts people living in Bulwell, Clifton East, Bestwood, Bilborough, Aspley and St Ann’s are at a higher risk of developing a gambling problem, because of a higher level of population and environmental risk factors (Fig 7).

**Fig 7:** Heat map presenting the ranked aggregate risk of a gambling problem in Nottingham City by ward



## 2.2 The case for change

There is clear evidence that gambling has adversely affected the health and wellbeing of people in Nottingham City and there is an evidence base by which we can consider our next steps. Support is underutilised, there are inequalities in risk and impact, and without action harm is likely to continue.

We have heard examples of how gambling has affected people in Nottingham through speaking to those with lived experience. We have heard stories from local people describing how gambling problems left them feeling worried, low, and alone, and how it affected their relationships with families, and in some cases forced them out of their home or work.

The [Joint Health and Wellbeing Strategy](#) for Nottingham City describes our population health needs across the city, the importance of improving mental and physical health and wellbeing, working collaboratively with our communities, and considering the factors that influence our health, with a particular focus on financial wellbeing.

Taking action to prevent and reduce gambling harm will complement work on other prioritised challenges in Nottingham. It could contribute to the prevention of mental ill health, suicidality,

homelessness, alcohol-related harm, tobacco-related harm, unemployment, financial insecurity, social isolation, domestic violence, and crime. This is opportune with the review of the Gambling Act, and an increasing recognition of the potential risks of gambling.

Our ambition to prevent gambling related harm aspires to improve health and wellbeing, boost the local economy, keep families together, and protect job, home, and financial security, so that people in Nottingham City can live happy and healthy lives.

## 3 Strategy development

### 3.1 Our Vision

Nottingham City will be a place where people are protected from gambling harm, and can access and receive support

We believe that Nottingham City should be a place where people affected by gambling related harm are proactively supported and empowered to live happy and healthy lives in an inclusive, safe, and fair City.

We believe that people in Nottingham should have information on gambling harm and support, and be able to access support and recovery easily.

### 3.2 Our Aim

To prevent and reduce gambling related harm in Nottingham City

Our strategic aim considers people who are at higher risk of gambling related harm, as well as the general resident population. We will draw on the themes of regulation, knowledge and awareness, and support pathways to effectively prevent and reduce gambling related harm.

### 3.3 Our Principles

Gambling related harm is highly stigmatised, and stigma is a well-recognised barrier to help seeking and recovery. We are proud advocates for people affected by gambling related harm, and we consciously choose to use language which is inclusive and destigmatising.

Anybody can be affected by gambling related harm, and we believe that preventing gambling related harm should be everyone's responsibility.

### 3.4 Strategy development group

This strategy has been developed in partnership with a range of organisations and services, and has included people with lived experience of gambling related harm from the start. The organisations involved are listed in Appendix 1.

This strategy has drawn on the group's expertise, the findings of the recently completed Nottingham City Council gambling related harm health needs assessment, the evidence base in data and published literature, and recommendations set out in guidance documents:

- [Tackling Gambling Related Harm: A Whole Council Approach](#) – The Local Government Association
- [Public Health Framework for Gambling Related Harm](#) – Yorkshire and the Humber Association for Directors of Public Health

In addition to data and literature sources, we have invited adults who live, work or study in Nottingham to speak to us about their personal experiences of gambling related harm, the support they use and need, and how their own story may inspire our opportunities for prevention. We have throughout the development of this strategy, sought and applied the voices of people with lived experience to help shape its content, prompt action in our subgroups, and check that our proposals reflect the expressed need of the local population. We intend to continue to engage with people

with lived and living experience of gambling related harm to steer and advise throughout the implementation of the strategy.

### 3.5 Strategic themes

Three strategic themes have been identified in developing the strategy, which reflect key opportunities to prevent and reduce gambling related harm:

1. Regulation

This theme focuses on the regulation of access to and the promotion of gambling products

2. Knowledge and awareness

This theme has a focus on information, in two respects:

- a. Improving the knowledge of gambling related harm through applying and extending the evidence base and understanding of need locally
- b. Increasing the awareness of gambling risks, harms, and support

3. Support pathways

This theme focuses on working as a system to improve and create pathways to support and recovery services for people affected by gambling

These themes form the structure of this strategy and subgroups of the strategy development group have explored and discussed proposed strategic activity, by working sequentially through four stages (Fig 8).

**Fig 8:** Strategy development process



The actions to support the progress of these themes will be kept under review during the implementation of this strategy.

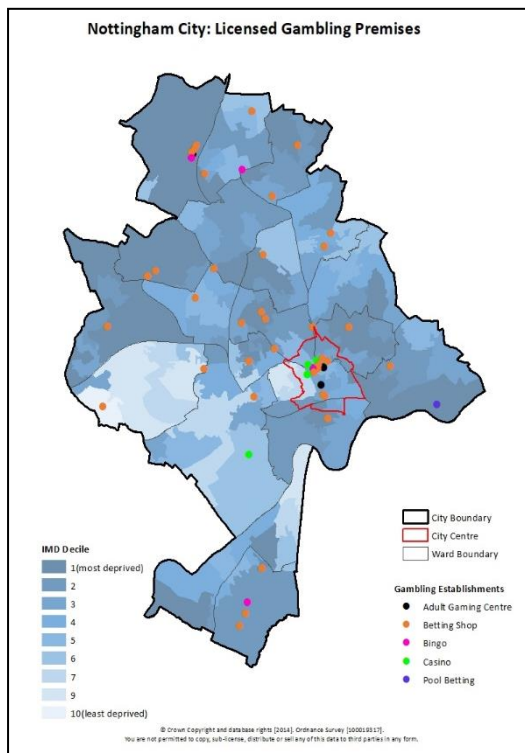
## 4 Regulation

### 4.1 Where we are now

#### 4.1.1 Licensing

Nottingham City Council licensing team regulate gambling and betting premises in Nottingham apart from National Lottery, spread betting and online gambling. The licensing team produce, review, and implement policy in accordance with the Gambling Act 2005 to prevent gambling associated crime, ensure gambling is conducted fairly, and protect vulnerable people from gambling harm, including children.

**Fig 9:** Location of licensed gambling premises in Nottingham City, and heat map of Index of Multiple Deprivation at Lower Super Output Area Level



Gambling premises in Nottingham are clustered in the City Centre, Bulwell, and Clifton East. Relatively deprived areas of the City are more likely to house gambling establishments.

#### 4.1.2 Advertising and sponsorship

Children and young people are commonly exposed to gambling advertising, and increased exposure to advertising is shown to increase the likelihood of gambling participation and gambling problems.

Nottingham City Council policy is to prevent Council owned spaces advertising gambling products and Council events being sponsored by the gambling industry. Gambling is however not formally defined in advertising and sponsorship policy which risks subjective interpretation and inadvertently permitting gambling promotion. Additionally, advertising on some Council owned spaces such as bus shelters, lamp post banners, and car parks, are subcontracted, and could feature gambling.

### 4.2 Where we want to be and how we will get there

**Aim 1:** Strengthen the safeguards and regulation of in-person gambling

Objective 1.1: Review and update local Council gambling licensing policy



The Council's licensing team produced an updated Statement of Principles in 2022, to show the policy intentions in accordance with legislative requirements. There has since been a health needs assessment which warrants re-examination of policy, and updates where appropriate.

This is particularly timely, with the recent release of the Gambling Act White Paper, in which the government recommended that, "licensing authorities update their policy statements using a wide range of data and analysis, including making use of spatial tools and public health data to identify vulnerable areas and to state their position on additional gambling premises in these areas." They also recommended, "licensing authorities make more use of their powers to attach conditions to premises licenses, such as opening hours and security measures."

The Nottingham City Council Licensing Team will work with Public Health colleagues in employing a data intelligence-led approach, to highlight areas of greater vulnerability to gambling harm, and updating the expectations of license applicants for these areas. We will learn from gambling licensing policies of other local authorities who have applied a public health approach. We aim to begin this policy review in early 2024 and complete this review by early 2025

**Objective 1.2: Gain assurances that gambling businesses are responsibly preventing and responding to gambling related harm**

The local licensing authority and the Gambling Commission co-regulate gambling businesses, to ensure compliance with legislative requirements. With an increasing recognition of gambling related harm in Nottingham, we must encourage and support gambling businesses to protect the local population from risk of harm.

We will achieve this by asking gambling businesses in Nottingham to provide information on their policies for staff training on gambling harm awareness and prevention, on completion of safeguarding training by staff, and on their approach to managing self-exclusion. We will ask them about the number of people currently self-excluded from their premises, and their records of refusal on age grounds.

Gambling businesses are routinely inspected with a standardised template by premises and license type. We will use these inspections as an opportunity to assess for evidence of risk mitigations and evidence of appropriate information for their customers. We will also routinely review outcomes of Gambling Commission led underage test purchasing in Nottingham.

**Aim 2: Prevent the promotion of gambling products in City Council owned spaces**

**Objective 2.1: Review and update local Council advertising and sponsorship policy**

We recognise the Council has a role in limiting the exposure of gambling advertising to people in Nottingham, particularly for children and vulnerable persons. We will therefore do what we can to prevent the promotion of gambling products in Nottingham.

We already list gambling among content that is banned in our Corporate Advertising and Sponsorship policy, from being promoted in Council owned advertising spaces and sponsored events. We will strengthen this by clearly defining gambling in the policy to remove the possibility of this being subjectively interpreted and to permit greater scrutiny of applications to advertise.

We will proactively review due-to-expire contracts with external providers to ban the use of City Council owned spaces to advertise gambling products, and we will also ban the use of Council hosted events being sponsored by gambling products and gambling businesses.

This is a starting point. We carry a long-term aspiration for Nottingham to become a City free of gambling advertising.

## 5 Knowledge and awareness

### 5.1 Where we are now

#### 5.1.1 Evidence base

The recent health needs assessment drew on literature and data sources to describe populations at greater risk of gambling problems, how gambling can affect people, and produce estimates of the number of people affected by their own gambling in Nottingham. We also used GamCare data to gain insight into levels of demand for support, gambling products accessed, and impacts of gambling.

This is a helpful start, though there remain important gaps in evidence and its quality. There is little local data on gambling and a limited understanding of the experiences of affected people in Nottingham.

#### 5.1.2 Public understanding of gambling related harm

Gambling products are widely used and strongly promoted. Whilst gambling can be sociable and entertaining, it is commonly misinterpreted as being confined to casino style games and to sports betting, yet gambling features in many other ways including bingo, scratchcards, lotteries, cryptocurrency trading, and in console gaming.

Gambling related harm is poorly understood and under-recognised. People affected by gambling often report having kept this concealed for reasons of shame, guilt, low self-esteem, hopelessness, and worry, as well as the stigma shown in judgemental language and stereotyped assumptions.

### 5.2 Where we want to be and how we will get there

**Aim 3:** Develop and improve the local evidence base regarding gambling related harm in Nottingham City

Objective 3.1: Utilise opportunities to collect local data on gambling and gambling related harm. Nottingham City Council and our strategic partners already collect a wide range of data from diverse populations, with consent, to inform and support service delivery. This presents an opportunity to start featuring questions on gambling.

We will work with partners to ask questions about gambling through existing data collection methods within local services. We aim to collect information from adults and children on a range of gambling related topic areas to improve our understanding of gambling participation, impact, exposure, and public perception. This will allow us to directly measure how people in Nottingham City use gambling products, and to inform future interventions and an updated assessment of population health need.

Objective 3.2: Understand the experiences and support needs for people affected by gambling in Nottingham City

During the development of this strategy, we have spoken with people affected by gambling related harm in Nottingham. We have heard people share their personal story, and the support they used or needed but could not find. We used these highly contextualised interviews to inform proposals for preventative action as featured in this strategy.

This showcased the power of proactively involving people with lived experience, and we wish to explicitly declare our continued commitment to this. We will continue to learn from and work with people with lived and living experience of gambling related harm in Nottingham City. We will work together to improve understanding, break down barriers to support, destigmatise gambling harm, and ensure the actions we take are truly reflective of local need.

### Objective 3.3: Address priority gaps in evidence through research and evaluation

We will work with academic partners to answer important questions about gambling related harm in Nottingham. This will include using locally linked data to study the prevalence of gambling problems in Nottingham City, how this relates to other health behaviours and conditions, and if this has changed over time. We will also apply robust academic methods to evaluate the use of a single screening question for gambling related harm in Nottingham in a range of settings and populations at risk of gambling harm (see section 6.2).

There is sparse data on online gambling which was the most reported type of gambling activity among GamCare helpline callers in Nottingham from 2021-22 so it is a priority gap in evidence. We will develop plans to improve our understanding of behavioural patterns in online gambling for people in Nottingham, and produce recommendations to address this.

### **Aim 4:** Raise awareness of the risks and impacts of gambling with population-wide and targeted approaches

Objective 4.1: Raise awareness of gambling risks and impacts to people in Nottingham , and signpost to support services

We need to improve public understanding of gambling harm through an empowering and educational approach. We also need to dismantle the myths around gambling related harm and gambling products, and through the sharing of information, help people to open up about how gambling is affecting them and get the support they want and need.

Nottingham City Council will develop and deliver a gambling related harm public health information campaign. The campaign and its central message will be co-designed by people with lived experience, and informed by the evidence base for gambling harm communication. We will maximise its reach and impact through the support of our strategic partners.

We will work with our strategic partners to encourage public facing staff in services likely to see people at risk of or impacted by gambling to receive appropriate training. This training will give practitioners greater awareness of gambling related harm and of support services, contribute to destigmatising harmful gambling, and grow a broader support network for affected people.

Objective 4.2: Provide information on gambling risks and impacts among children and young people, and their trusted adults

The earliest opportunity to prevent gambling related harm is to protect children and young people from harm through engaging with them and their trusted adults. Children are frequently exposed to gambling advertising and witness others gambling, and there is evidence in research connecting excessive gaming to harmful gambling.

We will work with partners to deliver educational sessions for children and young people, so that they understand more about gambling, its risks, and how and where to seek help. We will also promote opportunities to deliver information and training to parents and professionals in contact with children and young people, including foster carers, school, college, and University staff, safeguarding and student wellbeing teams, and youth groups.

This will enable young people and their support network to become more informed about gambling related harm and equip them with the knowledge and skills needed to prevent and respond to incidents of harmful gambling.

## 6 Support pathways

### 6.1 Where we are now

Help and support for people affected by gambling is available and expanding in Nottingham City (see Appendix 2 for a list of available services and their contact information).

People can currently receive support through GamCare nationally (via the helpline, webchat, and WhatsApp number) and locally (which includes regular clinics at the Wellbeing Hub, phone and virtual appointments, support in co-location with other services, and outreach into specific settings such as in prison). Al-Hurraya offer a gambling addiction support and counselling service for people from ethnic minority backgrounds. There is a new NHS gambling harm clinic in Derby for the East Midlands, who offer in-person and virtual appointments, as part of the NHS Long Term Plan.

In addition, there are downloadable software blockers GamBan and GamStop, mutual support groups (such as Gamblers Anonymous and GamAnon) and residential rehabilitation with Gordon Moody Association (located in the West Midlands).

Data shows many people are not reached by support services, for various reasons. Awareness of support services could be better among public and professionals, and services which support people affected by gambling (be that directly or indirectly) are not as well connected as they could be.

Stigma is also a significant barrier. Services rely on individuals to disclose harm and ask for help, but feelings of worry, shame, guilt, low self-esteem, and hopelessness can keep the problem concealed. It can also be challenging for affected people to find the right support easily, or to feel 'worthy' of support, as we have heard through our recent engagement with affected people in Nottingham.

### 6.2 Where we want to be and how we will get there

**Aim 5:** Build upon and improve pathways to support and recovery

Objective 5.1: Conduct targeted screening to detect gambling related harm and offer referral or signposting to support services

There are a range of local services who see populations at risk of gambling harm or who may be showing signs of gambling harm. This is a natural opportunity to proactively identify people affected by gambling and offer help.

An audit of services commissioned by Nottingham City Council Public Health found only a single example of screening for gambling related harm. The Nottingham Recovery Network treatment service for people who use alcohol and drugs, introduced a single screening question for gambling related harm during 2022. The question, "Do you feel worried or affected by your own gambling or the gambling of a loved one?" was created by a person affected by gambling harm. It is inspired by the supportive evidence base for other similar questions. This question has shown promise in generating referrals and is more convenient than existing longer screening tools.

As part of this strategy, the use of this question will be expanded to additional local services. This will occur in a targeted manner, towards services meeting the needs of populations at risk of gambling related harm, or who may be showing signs of harm. This will aim to include:

- People with poor mental health or emotional wellbeing
- People who use substances
- Young people exiting the care system
- People in prison
- People with financial worries

The engagement through local services will aim to reach a broader population and offer connection to gambling support services for those in need. We will use this as an opportunity to promote training for professionals across a range of settings (including those not adopting the screening question) to increase awareness of gambling related harm and support services.

The use of the screening question will be evaluated to assess its validity, acceptability, and impact, with comparison where appropriate to the longer gold standard screening tools. Once the evaluation is completed, there may be scope to expand its use in other settings and for other populations, and optimise the effectiveness and efficiency of gambling harm screening.

**Objective 5.2:** Improve pathways to recovery by connecting providers of gambling support with other services that promote ongoing wellbeing and help rebuild lives  
Gambling support services offer a range of help and information for people affected by gambling. The impacts of gambling are highly variable, and include social isolation, debt, and loss of employment. Upon exiting a support service focusing on gambling abstinence, an affected person may lack the resources to return to a life before gambling.

This strategy is an opportune moment to strengthen the network of gambling support services and to create and enhance connections between direct providers of support (such as GamCare), allied complementary support services (such as for financial support), and peer-led recovery groups (such as Gamblers Anonymous). This will nurture a personalised journey to rebuilding an individual's social capital, with outcomes that are meaningful to them, whether this means safe and secure housing, building new social connections, financial advice, or re-entering employment. Many of the impacts of gambling are also risk factors for continued gambling related harm, and building these connections provides a protective network to stop the cycle of harm and help people overcome the challenges they face.

**Aim 6:** Help to make support available, visible, and accessible to people in Nottingham City  
**Objective 6.1:** Promote the visibility of gambling harm support services to make it easier for people to find support

We know that people affected by gambling can struggle to find the right support and often conceal gambling harm, self-care, or rely on friends and family for help. We will make it easy to find the right support services by updating directories and public facing websites with information on gambling harm and support services. We will use inclusive and non-stigmatising language to break down barriers to asking for help, and we will ensure that the full range of support available is promoted.

We will distribute information about support services to potential referrers, and we will use the information campaign (as mentioned in objective 4.2) as another opportunity to increase visibility of support services to the public.

**Objective 6.2:** Promote equity of access, experiences, and outcomes of gambling support services for people in Nottingham City who are affected by gambling

Whilst anybody can be affected by gambling related harm, we know that some populations are disproportionately affected. These populations are characteristically disadvantaged and less likely to be reached by health and care services.

Public health will work with gambling support services to study and address inequalities in access (including service reach), experiences, and outcomes. This will employ an intelligence-led approach, where we will review quantitative and qualitative data for evidence of unfair, avoidable differences in service reach and impacts for people in Nottingham, and where inequity does arise, action will be taken to explore and address potential barriers.

## **7 How we will know we are there**

### **7.1 Delivery and Governance**

This strategy has been produced by an alliance of groups, services and organisations who are all connected to populations affected by gambling in Nottingham City. Our strategic partners have agreed to design and support the delivery of this strategy. Working together will support people affected by gambling, and in turn, have a positive impact on a range of other associated health and social challenges to the benefit of all partners.

This strategy will be delivered over a 5-year period which reflects the time involved in effectively planning, delivering and monitoring the progress towards our strategic aims and objectives, recognising that it will take time to see the change we desire.

A strategy delivery plan will be produced to support the implementation of this strategy, with key milestones and designated leads for the themes and objectives. Annual action plans will be written to set out the detail and provide a shared understanding of the tasks and activities.

The Gambling Related Harm Strategic Group will continue to meet regularly to review and discuss progress on the strategy. This will include representation from partners with responsibilities in the annual action plan. This group will be organised and chaired by Nottingham City Council Public Health, with flexibility for Group members to co-lead as appropriate. Regular updates of strategy delivery progress will be provided by Public Health to the Nottingham City Health and Wellbeing Board.

### **7.2 Evaluation**

Evidence based practice is a key feature of a public health approach so that we understand the impact we have, have confidence in what we do, and strive to continuously improve. Evaluation has been explicitly considered and embedded in the design of this strategy, so that we can measure change and impact.

There is some local data on gambling and gambling related harm but there are important limitations: the metrics available are sparse, data is typically reported for groups rather than individuals, and existing data is likely to underreport the true figures. This presents challenges to evaluation design. However, some of the actions we undertake as part of this strategy will produce a baseline against which we can measure progress. We will also aim to hear from people affected by gambling in Nottingham to understand whether we have achieved the change we desire.

Evaluation has been built into the design of interventions and we have sought opportunities to build professional networks to facilitate and provide expertise in developing robust evaluations which relate to specific strategic objectives. Where possible, evaluations will be able to measure change by adopting a comparative approach to demonstrate the impact in Nottingham against what we expect would occur had no action been taken.

A logic model has been produced for each strategic theme, which illustrates inputs, actions, outputs, outcomes, and impacts expected. This illustrates the programme theory and informs the methods to evaluate each strategic objective. We will collectively evaluate the impact of this strategy in achieving our overall aim of preventing and reducing gambling related harm in Nottingham City.

## REGULATION

Objective	Inputs	Activities	Outputs	Outcomes (medium term)	Impacts (long term)
1.1 Review and update local Council gambling licensing policy	<ul style="list-style-type: none"> <li>Nottingham City Council (NCC) Gambling Licensing Policy: Statement of Principles 2022</li> <li>Health needs assessment</li> <li>Gambling related harm guidance documents</li> </ul>	<ul style="list-style-type: none"> <li>NCC gambling licensing policy reviewed</li> <li>Public health support data analysis and geospatial mapping</li> <li>Recommended amendments are considered</li> </ul>	<ul style="list-style-type: none"> <li>Gambling harm described</li> <li>Areas of vulnerability to harm recognised</li> <li>Additional protective measures included subject to approval</li> </ul>	<ul style="list-style-type: none"> <li>Areas of vulnerability increase appreciation for risk of harm when receiving new license applications</li> <li>NCC licensing better placed to review new applications in context of risk &amp; vulnerability, and justify refusal of application if necessary</li> </ul>	<ul style="list-style-type: none"> <li>Populations vulnerable to gambling related harm are protected through safeguards detailed in gambling licensing policy</li> </ul>
1.2 Gain assurances that gambling businesses are responsibly preventing and responding to gambling related harm	<ul style="list-style-type: none"> <li>Example local authority licensing policies adopting a public health approach to gambling harm prevention</li> </ul>	<ul style="list-style-type: none"> <li>NCC licensing team request license holders report specified data</li> <li>Gambling Commission led test purchasing</li> </ul>	<ul style="list-style-type: none"> <li>Data reported on staff training, self-exclusion policies, number self-excluded and records of refusal</li> <li>Gambling premises routinely inspected</li> <li>Test purchasing outcomes reported</li> </ul>	<ul style="list-style-type: none"> <li>Gambling businesses promote staff training on gambling harm and safeguarding</li> <li>Gambling businesses inspected and tested for licensing compliance</li> <li>Gambling businesses responsibly preventing and responding to harm</li> </ul>	
2.1 Review and update local Council advertising and sponsorship policy	<ul style="list-style-type: none"> <li>NCC advertising and sponsorship policy 2016</li> <li>Health needs assessment</li> <li>Guidance documents</li> <li>Example policy</li> </ul>	<ul style="list-style-type: none"> <li>Review and update NCC advertising and sponsorship policy</li> <li>Review due-to-expire subcontracted advertising</li> </ul>	<ul style="list-style-type: none"> <li>Gambling products and venues clearly defined</li> <li>Risks and impacts of gambling described</li> <li>Gambling banned in NCC policy and (re)new(ed) advertising contracts</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive description of gambling within policy</li> <li>Gambling advertising in Council owned advertising and Council event sponsorship applications denied</li> <li>(Re)new(ed) advertising contracts ban gambling</li> </ul>	<ul style="list-style-type: none"> <li>People are not exposed to gambling product promotion through NCC owned advertising or sponsorship platforms</li> </ul>

### RISKS AND ASSUMPTIONS

- There is adequate resourcing to undertake policy review and implement change.
- All population vulnerabilities and risk factors predicting gambling related harm are incorporated into the gambling licensing policy.
- License holders voluntarily share the data requested.
- Test purchasing and inspections occur as planned.



## KNOWLEDGE AND AWARENESS

Objective	Inputs	Activities	Outputs	Outcomes (medium term)	Impacts (long term)
3.1 Utilise opportunities to collect local data on gambling and gambling related harm	<ul style="list-style-type: none"> <li>NCC Citizens Survey</li> </ul>	<ul style="list-style-type: none"> <li>Add questions on gambling exposure, use and impact</li> <li>Survey delivery</li> </ul>	<ul style="list-style-type: none"> <li>Nottingham residents complete the survey</li> </ul>	<ul style="list-style-type: none"> <li>Resident adult gambling exposure, use and impact is measured</li> <li>Resident adult gambling expenditure is measured</li> </ul>	<ul style="list-style-type: none"> <li>Improved understanding of how people in Nottingham interact with and are affected by gambling products</li> <li>Opportunities for prevention and targeted, efficient use of resources are identified</li> <li>This leads to a positive impact on the health and wellbeing of people in Nottingham</li> <li>Remaining gaps in evidence and understanding are identified and plans made to address this</li> </ul>
	<ul style="list-style-type: none"> <li>NCC Welfare Rights Service (WRS)</li> </ul>	<ul style="list-style-type: none"> <li>Add gambling spend to Financial Statement</li> </ul>	<ul style="list-style-type: none"> <li>WRS service users report gambling expenditure</li> </ul>		
	<ul style="list-style-type: none"> <li>NCC Schools Survey</li> <li>School participation</li> </ul>	<ul style="list-style-type: none"> <li>Add questions on gambling exposure, use and impact for CYP</li> <li>Survey delivery</li> </ul>	<ul style="list-style-type: none"> <li>School students complete the survey</li> </ul>	<ul style="list-style-type: none"> <li>Gambling exposure, use and impact is measured for children and young people</li> </ul>	
	<ul style="list-style-type: none"> <li>Nottingham City FE and HE student surveys</li> </ul>	<ul style="list-style-type: none"> <li>Add questions on gambling exposure, use and impact for students</li> <li>Survey delivery</li> </ul>	<ul style="list-style-type: none"> <li>FE and HE students complete the survey</li> </ul>		
3.2 Understand the experiences and support needs for people affected by gambling in Nottingham City	<ul style="list-style-type: none"> <li>People with lived and living experience of GRH</li> <li>Engagement advertised</li> <li>Participation incentive</li> <li>Skills in qualitative data collection &amp; analysis</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative data collection from people with lived experience</li> <li>Thematic analysis of findings</li> </ul>	<ul style="list-style-type: none"> <li>Report of thematically analysed qualitative data</li> </ul>	<ul style="list-style-type: none"> <li>Experiences, support needs and opportunities for prevention are identified</li> </ul>	
3.3 Address priority gaps in evidence through research and evaluation	<ul style="list-style-type: none"> <li>Health Survey for England (HSE) Data 2012-2021</li> <li>HSE Nottingham City Location Codes</li> </ul>	<ul style="list-style-type: none"> <li>Quantitative analysis of secondary data</li> </ul>	<ul style="list-style-type: none"> <li>Prevalence of gambling and harm in Nottingham is measured over time for different populations</li> <li>Associations with health conditions and behaviours tested</li> </ul>	<ul style="list-style-type: none"> <li>Patterns of gambling related harm understood for different populations in Nottingham over time</li> </ul>	

Page 49

	<ul style="list-style-type: none"> <li>Academic partner</li> <li>Successful collaborative funding bid</li> <li>Screening demographic and outcome data</li> </ul>	<ul style="list-style-type: none"> <li>Quantitative analysis validity and outcomes</li> <li>Qualitative data collection acceptability</li> </ul>	<ul style="list-style-type: none"> <li>Screening tool evaluated across settings and populations</li> </ul>	<ul style="list-style-type: none"> <li>Screening validity, acceptability and impact is measured</li> <li>Opportunities to improve are identified</li> </ul>	<ul style="list-style-type: none"> <li>Gambling harm screening can be refined and/or expanded to other populations and additional services</li> </ul>
4.1 Raise awareness of gambling risks and impacts to people in Nottingham City, and signpost to support services	<ul style="list-style-type: none"> <li>Funding</li> <li>Stakeholders</li> <li>Evidence base</li> <li>Delivery channels</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder engagement</li> <li>Lived experience co-design</li> <li>Public health information campaign developed</li> </ul>	<ul style="list-style-type: none"> <li>A public health information campaign is delivered</li> </ul>	<ul style="list-style-type: none"> <li>People in Nottingham City have greater awareness of gambling risks, impacts, and support services</li> <li>Affected people feel stigma reduce</li> </ul>	<ul style="list-style-type: none"> <li>People in Nottingham, including children and vulnerable populations, are more aware of gambling risks and impacts, and support services</li> <li>People feel more able to disclose gambling related harm and to seek help and support</li> <li>Incidence of gambling harm decreases in Nottingham</li> </ul>
4.2 Provide information on gambling risks and impacts among children and young people, and their trusted adults	<ul style="list-style-type: none"> <li>Training providers</li> <li>Schools</li> <li>Youth Groups</li> <li>Healthy Schools Team</li> </ul>	<ul style="list-style-type: none"> <li>Gambling harm information delivered to Nottingham school students and parents</li> <li>Training on gambling harm promoted to adults in regular contact with children, young people, and young adults (e.g., schools, Universities, colleges, youth groups, foster carers)</li> </ul>	<ul style="list-style-type: none"> <li>Children and parents receive information on gambling harm</li> <li>Professionals in contact with children and young people receive gambling harm training</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people, parents, and professionals in contact with children and young people have greater awareness of gambling risks and impacts</li> </ul>	
<b>RISKS AND ASSUMPTIONS</b>					
<ul style="list-style-type: none"> <li>Survey questions are valid and reliable, and sufficiently sensitive to measure gambling exposure, use and impact for all populations asked</li> <li>There are a sufficient number of survey responses to be representative of Nottingham City populations</li> <li>People with lived experience of gambling related harm in Nottingham consent to participate in engagement work</li> <li>Health Survey for England location codes are made available</li> <li>Bid for NIHR research funding is successful and if not an alternative funding source is identified</li> <li>The information campaign reaches its target population</li> </ul>					

## SUPPORT PATHWAYS

Objective	Inputs	Activities	Outputs	Outcomes (medium term)	Impacts (long term)
5.1 Conduct targeted screening to detect gambling related harm with referral or signposting to support services	<ul style="list-style-type: none"> <li>Participation of local public-facing services</li> <li>Opportunities to screen</li> <li>Defined target population</li> <li>Training providers</li> </ul>	<ul style="list-style-type: none"> <li>Staff receive gambling harm training</li> <li>Targeted gambling harm screening introduced in range of services</li> </ul>	<ul style="list-style-type: none"> <li>Staff able to use screening question and have conversations on gambling and support</li> <li>Gambling harm is detected</li> <li>People disclosing harm connected to support</li> </ul>	<ul style="list-style-type: none"> <li>Increased detection of gambling harm</li> <li>Screening results in affected people reaching a support service</li> </ul>	<ul style="list-style-type: none"> <li>Service reach of GamCare East Midlands is improved</li> <li>Service reach of NHS East Midlands gambling harm clinic is supported (note: this is a new service with no baseline)</li> <li>People affected by gambling receive the support they require</li> </ul>
5.2 Improve pathways to recovery, by connecting providers of support to the services needed to rebuild lives	<ul style="list-style-type: none"> <li>Evidence base for gambling harm</li> <li>Knowledge of local support services</li> <li>Recovery resources and communities e.g., Gamblers Anonymous, providers of aftercare, self-help resources</li> </ul>	<ul style="list-style-type: none"> <li>Gambling support services aware of complementary support services and recovery communities in Nottingham and referral routes</li> </ul>	<ul style="list-style-type: none"> <li>Gambling support providers signpost or refer to local services and recovery resources and communities by individual need</li> </ul>	<ul style="list-style-type: none"> <li>Affected people receive continued long-term support</li> <li>People affected by gambling in Nottingham report that they have access to longer term support</li> </ul>	
6.1 Promote the visibility of gambling harm support services to make it easier for people to find support	<ul style="list-style-type: none"> <li>Evidence base for gambling harm</li> <li>Information on support services</li> <li>Service directories</li> <li>Customer websites</li> <li>Training providers</li> </ul>	<ul style="list-style-type: none"> <li>Review and update local directories</li> <li>Distribute information about support services to potential referrers</li> <li>Promote training of staff in services likely to encounter people at risk or impacted by gambling</li> <li>Include support services information in information campaign (4.1)</li> </ul>	<ul style="list-style-type: none"> <li>Gambling harm information and support services are featured in local directories, local service websites (and other channels as appropriate e.g., newsletters, posters)</li> <li>Trained staff are knowledgeable about support services</li> </ul>	<ul style="list-style-type: none"> <li>Clicks to support service websites and QR code scans are measured on directories and websites featuring support information</li> <li>Trained staff confident recommend support services if encountering a person disclosing gambling harm</li> <li>People affected by gambling report ease of finding the right support for them</li> </ul>	<ul style="list-style-type: none"> <li>Visibility of support services increased</li> <li>Easier to find and access support services</li> <li>Equity of access, experiences, and outcomes of for GamCare East Midlands and NHS East Midlands Gambling Harm Clinic is promoted</li> </ul>

<p>6.2 Promote equity of access, experiences, and outcomes of gambling support services for people in Nottingham City who are affected by gambling</p>	<ul style="list-style-type: none"> <li>• GamCare data</li> <li>• NHS East Midlands gambling harm clinic data</li> <li>• The voices and experiences of people affected by gambling in Nottingham</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis by socio-demographic characteristics</li> <li>• Engagement with people with lived experience of gambling related harm in Nottingham</li> </ul>	<ul style="list-style-type: none"> <li>• Equity of access, experiences, and outcomes for people in Nottingham is measured and barriers explored</li> <li>• Differences in gambling impact and equity of help and support is understood for different populations and communities in Nottingham</li> </ul>	<ul style="list-style-type: none"> <li>• Inequities are identified and plans made to address this</li> </ul>	
--	--	--	---	--	--

**RISKS AND ASSUMPTIONS**

<p>Page 52</p>	<ul style="list-style-type: none"> <li>• Targeted screening using the single screening question and comparing it to the PGSI 9 question screening tool is feasible to implement and sustainable (i.e., there is no disruption to the continuity of services adopting the screening question) and is acceptable to staff and to service users</li> <li>• NIHR funding bid for evaluation of screening is successful and data on screening outcomes and demography of those screened is collected and made available</li> <li>• There is continuity of the existing providers of support for people in Nottingham</li> <li>• Researchers reach service users being screened as well as staff of services screening, to measure acceptability</li> <li>• We have a sufficient understanding of the range of support available to and needed by people affected by gambling</li> </ul>
----------------	--

## Appendices

### Appendix 1 List of members - Nottingham City Gambling Related Harm Strategic Group

- Al-Hurrayya
- Bet Know More
- Bilborough College
- Change Grow Live, Jigsaw
- Double Impact
- EPIC Restart Foundation
- Framework (Nottingham Recovery Network)
- GamCare East Midlands
- HM Prison and Probation Service Nottinghamshire
- NHS Nottingham and Nottinghamshire ICB
- Nottingham City Council
- Nottingham City General Practice Alliance
- Nottingham College
- Nottingham Crisis Sanctuaries
- Nottingham Financial Resilience Partnership
- Nottingham Recovery Network
- Nottingham Trent University
- Nottingham University Hospital NHS Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Office for Health Improvement and Disparities
- University of Nottingham
- Vision West Notts College

Appendix 2 List of gambling support services available to Nottingham City residents

Local

Double Impact, Time Out project	<p>Developing a post-treatment peer-led recovery programme with ambition of facilitated recovery.</p> <p>Their website provides information for public and professionals including a screening question, the PGSI tool, and information on local support services.</p>	<p><a href="https://www.doubleimpact.org.uk/time-out-gambling-project">https://www.doubleimpact.org.uk/time-out-gambling-project</a></p> <p>Time Out project co-ordinator: <a href="mailto:RebeccaJones@doubleimpact.org.uk">RebeccaJones@doubleimpact.org.uk</a></p>
Gamblers Anonymous	<p>Confidential mutual support groups of people affected by gambling.</p>	<p><a href="https://www.gamblersanonymous.org.uk/">https://www.gamblersanonymous.org.uk/</a></p> <p>Sunday: 19:30-21:30 Wednesday: 19:45-21:45</p> <p>Nottingham Royal Naval Association Club, 22 Church Street, Lenton, NG7 1SJ <a href="mailto:nottsgasunday@gmail.com">nottsgasunday@gmail.com</a> 0330 094 0322</p>
GamCare East Midlands	<p>Free, confidential structured support for anyone aged 18 and over, experiencing gambling related harms.</p> <p>GamCare East Midlands hold regular clinics at the Wellbeing Hub (73 Hounds Gate, NG1 6BB), offer telephone and virtual appointments, support in co-location with other services, and outreach into specific settings such as in prison.</p>	<p>24/7 free helpline 0808 8020 133</p> <p>Webchat: <a href="http://www.gamcare.org.uk">www.gamcare.org.uk</a></p> <p>Wellbeing hub referral: <a href="mailto:East.midlands@gamcare.org.uk">East.midlands@gamcare.org.uk</a> 01522 274880 0800 028 5598</p>
Al-Hurraya	<p>Culturally sensitive empowering support for ethnic minority communities, including 1:1 counselling and weekly mutual aid meetings in Lenton.</p>	<p>0115 786 9206 <a href="http://www.al-hurraya.org">www.al-hurraya.org</a> Unit 6, Lenton Business Centre, Nottingham, NG7 2BY Referral: <a href="mailto:info@al-hurraya.org">info@al-hurraya.org</a></p>
NHS East Midlands Gambling Harm Clinic	<p>A gambling harm service for adults affected by gambling in the East Midlands, open since 20 June 2023.</p>	<p>0300 013 2330 <a href="http://www.eastmidlandsgambling.nhs.uk">www.eastmidlandsgambling.nhs.uk</a></p>

Gambling support services (non-local)

National Gambling Helpline	<p>This is a 24/7 telephone helpline to</p>	
GamCare Youth Programme	<p>Free, confidential 1-2-1 structured support for anyone aged 11-25 affected by gambling harm, including through cryptocurrency, and gaming. This service also provides support, advice and</p>	<p><a href="https://www.gamcare.org.uk/outreach-and-training/youth-outreach-programme/">https://www.gamcare.org.uk/outreach-and-training/youth-outreach-programme/</a></p> <p>Referral website: <a href="https://bigdeal.org.uk/referral-form/">https://bigdeal.org.uk/referral-form/</a></p>

	signposting for parents, families, and professionals.	
GamAnon	Mutual support group for people affected by another person's gambling.	<a href="http://gamanon.org.uk/">http://gamanon.org.uk/</a>
Sporting Chance	National sport funded organisation offering free gambling harm treatments for professional sportspeople.	<a href="https://www.sportingchanceclinic.com/">https://www.sportingchanceclinic.com/</a>
EPIC Restart Foundation	A charity offering free support after treatment, through mentoring and coaching.	<a href="https://www.epicrestartfoundation.org/">https://www.epicrestartfoundation.org/</a>
Bet Know More	A charity providing gambling support, support information, and training services.	<a href="https://www.betknowmoreuk.org/">https://www.betknowmoreuk.org/</a>
Gordon Moody Association	Online support and short and long-term residential treatment for men and women.	<a href="https://gordonmoody.org.uk/">https://gordonmoody.org.uk/</a>
Gambling With Lives	A charity supporting families bereaved due to gambling-related suicide. They also raise awareness and campaign for change.	<a href="https://www.gamblingwithlives.org/">https://www.gamblingwithlives.org/</a>
GamStop	Blocks UK licensed gambling websites and apps.	<a href="https://gamstop.co.uk/">https://gamstop.co.uk/</a>
GamBan	Blocks computer, mobile phone and tablet gambling websites and apps. Can be accessed for free via National Gambling Helpline 0808 802 0133.	<a href="http://www.gamban.com">www.gamban.com</a>

### Support for impacts of gambling

Ask Lion Directory: <https://www.asklion.co.uk/kb5/nottingham/directory/home.page>

Citizens Advice Bureau Nottingham	Information on benefits, work, money, housing, family, and immigration	Debt enquiries – 0115 945 3989 Housing enquiries – 0115 945 3970 Consumer enquiries – 0808 223 1133 Universal Credit claim help – 0800 144 8 444 All other enquiries – 0300 330 5457 <a href="https://citizensadvicenottingham.org.uk">https://citizensadvicenottingham.org.uk</a>
Nottingham Welfare Rights Service	Support for financial concerns and benefits advice	<a href="https://www.nottinghamcity.gov.uk/welfarerights">https://www.nottinghamcity.gov.uk/welfarerights</a> Telephone: 0115 915 1355 (Mon-Fri 8.30am - 4.50pm) Email: <a href="mailto:welfarerights@nottinghamcity.gov.uk">welfarerights@nottinghamcity.gov.uk</a>
Housing Aid, Nottingham City Council	Support for homelessness or risk of homeless	0115 876 3300 <a href="mailto:housingaid@nottinghamcity.gov.uk">housingaid@nottinghamcity.gov.uk</a> Customer Hub, Loxley House, Nottingham, NG2 3NG <a href="https://www.nottinghamcity.gov.uk/homelessness">https://www.nottinghamcity.gov.uk/homelessness</a>
Nottinghamshire Mental Health Crisis	Thoughts of self-harm or suicide	Help in a crisis 0808 196 3779 <a href="https://www.nottinghamshirehealthcare.nhs.uk/help-in-a-crisis">https://www.nottinghamshirehealthcare.nhs.uk/help-in-a-crisis</a>
Nott Alone	Support for mental health	<a href="https://nottalone.org.uk/">https://nottalone.org.uk/</a>
Health and Wellbeing Hubs	Support with health and wellbeing	<a href="https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/health-and-wellbeing-hubs/">https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/health-and-wellbeing-hubs/</a>

Juno Women's Aid	Support for domestic abuse	0808 800 0340 helpline@junowomensaid.org.uk <a href="https://junowomensaid.org.uk/">https://junowomensaid.org.uk/</a>
Nottingham Women's Centre	Support for domestic abuse	0115 941 1475 reception@nottinghamwomenscentre.com <a href="http://www.nottinghamwomenscentre.com/">http://www.nottinghamwomenscentre.com/</a>
Nottingham Recovery Network	Support for alcohol and substance use	0800 066 5362 <a href="https://www.nottinghamrecoverynetwork.com/">https://www.nottinghamrecoverynetwork.com/</a>



**Nottingham City Health and Wellbeing Board**  
**26 July 2023**

<b>Report Title:</b>	Joint Health and Wellbeing Strategy Delivery Update – Year 1 delivery update
<b>Lead Board Member(s):</b>	Dr Hugh Porter, Vice Chair, Nottingham City Health and Wellbeing Board and Clinical Director, Nottingham City Place-Based Partnership  Mel Barrett, Chief Executive, Nottingham City Council and Lead, Nottingham City Place-Based Partnership  Lucy Hubber, Director of Public Health, Nottingham City Council
<b>Report author and contact details:</b>	Rich Brady, Programme Director, Nottingham City Place-Based Partnership <a href="mailto:rich.brady@nhs.net">rich.brady@nhs.net</a>
<b>Other colleagues who have provided input:</b>	David Johns, Consultant in Public Health, Nottingham City Council and Eating & Moving for Good Health / Smoking & Tobacco Control Programme Lead, Nottingham City PBP  Helen Johnston, Consultant in Public Health, Nottingham City Council and Financial Wellbeing Lead Programme Lead, Nottingham City PBP  Jane Bethea, Consultant in Public Health, Nottinghamshire Healthcare NHS Foundation Trust and Severe Multiple Disadvantage Programme Lead, Nottingham City PBP
<b>Executive Summary:</b>	
<p>At the March 2022 meeting of the Health and Wellbeing Board (HWB) the Board approved the Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025 with four overarching priorities – severe multiple disadvantage (SMD), eating and moving for good health (EMGH), smoking and tobacco control (STC), and financial wellbeing (FW).</p> <p>Prior to the approval of the Strategy, at the January 2022 meeting of the HWB it was agreed that responsibility for overseeing the delivery of the JHWS would be discharged to the Nottingham City Place-Based Partnership (PBP), with strategic oversight maintained by the HWB.</p> <p>This report provides an overview of approach taken by the PBP to deliver the four priorities that make up the JHWS 2022-25, delivery progress to date and expectations in year 2.</p>	

The HWB is asked to take assurance that:




- a) Robust delivery plans have been agreed and delivery activity is in progress for STC, EMGH and SMD programmes. Each delivery plan demonstrates how population health outcomes will be improved through integrated working, contributing to the delivery of the ambitions set in the JHWS.
- b) While a delivery plan for the FW programme is still to be agreed, incremental delivery activity is taking place. A financial wellbeing specific outcomes framework is in development with a delivery plan anticipated to be agreed later in the year.
- c) An outcomes framework incorporating the agreed outcomes and outputs in the programme delivery plans is in development which will enable closer monitoring of programme progress and the JHWS overall.

**Recommendation(s):** The Board is asked to:

**Note** update provided by the Nottingham City Place-Based Partnership Programme Oversight Group

### The Joint Health and Wellbeing Strategy

<b>Aims and Priorities</b>	<b>How the recommendation(s) contribute to meeting the Aims and Priorities:</b>
<b>Aim 1:</b> To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	All recommendations are generated from the programmes to deliver the aims and priorities of the Joint Health and Wellbeing Strategy.
<b>Aim 2:</b> To reduce health inequalities by having a proportionately greater focus where change is most needed	The overarching ambitions for the four programmes that make up the Joint Health and Wellbeing Strategy are:
<b>Priority 1:</b> Smoking and Tobacco Control	<b>Smoking and Tobacco Control:</b> 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 a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18 <sup>th</sup> birthday in 2040.
<b>Priority 2:</b> Eating and Moving for Good Health	<b>Eating and Moving for Good Health:</b> For Nottingham to be a city that makes it easier for adults, families, children and

	<p>young people to eat and move for good health.</p>
<p><b>Priority 3: Severe Multiple Disadvantage</b></p>	<p><b>Severe Multiple Disadvantage:</b> To ensure that people living in Nottingham City who experience SMD receive joined up, flexible, person-centred care from the right services, at the right time and in the right place.</p>
<p><b>Priority 4: Financial Wellbeing</b></p>	<p><b>Financial Wellbeing:</b> That Nottingham is a city where people are able to meet their current needs comfortably and have the financial resilience to maintain this in the future.</p>
<p><b>How mental health and wellbeing is being championed in line with the Board’s aspiration to give equal value to mental and physical health:</b></p> <p>The four JHWS programmes are complemented by a cross-cutting PBP mental health programme. To support meeting the JHWS principle of parity of mental and physical health and wellbeing, the PBP mental health programme has input into each of the JHWS programmes</p>	
<p><b>List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)</b></p>	<p>Smoking &amp; Tobacco Control Delivery Plan</p>  <p>Smoking&amp;Tobacco Control Vision deliv</p> <p>Eating &amp; Moving for Good Health Delivery Plan</p>  <p>EMGH Delivery Plan 2023.pdf</p> <p>Severe and Multiple Disadvantage Delivery Plan</p>  <p>SMD programme Delivery Plan.pdf</p>
<p><b>Published documents referred to in this report</b></p>	

## **Joint Health and Wellbeing Strategy Delivery Update – Year 1 Delivery Report**

### **Introduction**

1. At the March 2022 meeting of the Health and Wellbeing Board (HWB) the Board approved the Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025 with four overarching priorities – severe multiple disadvantage (SMD), eating and moving for good health (EMGH), smoking and tobacco control (STC), and financial wellbeing (FW).
2. Prior to the approval of the Strategy, at the January 2022 meeting of the HWB it was agreed that responsibility for overseeing the delivery of the JHWS would be discharged to the Nottingham City Place-Based Partnership (PBP), with strategic oversight maintained by the HWB.
3. This report provides an update on progress since the previous update at the March 2023 meeting of the HWB.
4. The HWB is asked to take assurance that:
  - a. Robust delivery plans have been agreed and delivery activity is in progress for STC, EMGH and SMD programmes. Each delivery plan demonstrates how population health outcomes will be improved through integrated working, contributing to the delivery of the ambitions set in the JHWS.
  - b. While a delivery plan for the FW programme is still to be agreed, incremental delivery activity is taking place. A financial wellbeing specific outcomes framework is in development with a delivery plan anticipated to be agreed later in the year.
  - c. An outcomes framework incorporating the agreed outcomes and outputs in the programme delivery plans is in development which will enable closer monitoring of programme progress and the JHWS overall.

### **Delivery oversight**

5. The Programme Oversight Group, which has been overseeing the development and delivery of the programmes since April 2022, is now meeting at a reduced frequency. To support the development of the programmes, during the first year of the JHWS the POG met monthly, now that all programmes are in a delivery phase, the decision was taken to reduce the frequency to bi-monthly.
6. The POG has met twice since the previous HWB update. Programme leads have continued to submit highlight reports, outlining progress between meetings. Good attendance from members has allowed strong support and challenge to programme leads.

## Programme delivery plans

7. At the March meeting of the HWB, agreed delivery plans for the SMD and S&TC programmes were presented. In the last reporting period EMGH partners have agreed a delivery plan for the EMGH programme. All agreed delivery plans are included with this update.
8. It was anticipated that a FW delivery plan would be agreed in the last reporting period, however this is now expected later in 2023. The intention of the FW programme has been to leverage the resource of the PBP to support the ambitions of the Nottingham Financial Resilience Partnership (NFRP) while also setting wider ambitions and align PBP partner efforts to best support the financial wellbeing needs of citizens.
9. While an initial draft of the delivery plan was developed in partnership with the NFRP, it does not currently harness the collective resource of the partnership to establish a sufficiently ambitious long-term vision, strategic objectives and corresponding delivery plan.
10. In June meeting of the PBP Executive Team a discussion was held with the HWB which has resulted in agreement to establish a senior strategic coordination group, ensuring the programme has greater visibility within senior organisational forums. Partners have also committed to a second development workshop with PBP and HWB partners in the Autumn to agree strategic commitments that will underpin an appropriately ambitious financial wellbeing programme delivery plan.

## Programme delivery overview

11. With mitigating actions in place for the FW programme, all are now in the delivery phase and are making good progress. Progress of each programme in relation to the started ambitions in the JHWS and corresponding delivery plans (where agreed) can be found below.

<b>Smoking &amp; Tobacco Control</b>	
Progress Summary	
<p>Following the publication of the 10-year vision, strategy and delivery plan for 2022-2025 this programme is now gathering momentum in delivering against the four delivery themes outlined in the delivery plan.</p> <p>The programme delivery plan sets out output and outcome measures to be achieved over a short, medium and longer term and details the actions that will be taken across the 4 strategic themes. Through monitoring of the outcome and output measures as part of the overarching outcomes framework, HWB members will be given assurance on the extent to which the programme is achieving the ambitions in the JHWS.</p>	

It is early stages in determining the impact of the programme and while new data has yet to be published on the main outcomes, the activity taken place as part of the programme suggests good progress is being made.

While work continues across all four themes in the strategy, there has been notable activity as part of delivery themes 1 and 2: Helping vulnerable groups to quit smoking and; Effective regulation for tobacco products.

#### Highlight from last reporting period

##### **Theme 1: helping vulnerable groups to quit smoking**

- Targeted stop smoking intervention for hospital inpatients and a seamless pathway from secondary care to community services leading to a greater number of referrals.
- Roll-out of vape assisted quits in combination with the Lung Health Check programme. Current smokers aged 55 to 74 in Nottingham will be invited to a lung health check by their GP. Following a telephone assessment, they will be offered a CT scan. While attending their appointment there is the opportunity to engage stop smoking services and begin a vape-assisted quit attempt.

##### **Theme 2: Effective regulation for tobacco products**

- Agreement was reached to jointly fund and embed a police officer within trading standards to create an illegal tobacco enforcement taskforce.
- Completed the first stage of the behavioural insight work into why people smoke and/or vape in Nottingham, including the completion of the smoking and vaping behaviours survey. The PBP has enabled reach to a wider audience and achieve a level of good responses. Responses show good representation from ethnic minorities, LGBTQ+ groups, young people aged 16-24 and social housing residents

#### Plans for next reporting period

Over the next reporting period the partnership will continue progressing work across all our delivery themes. Key activity in the next reporting period include:

- Continuing to work on securing the long-term future of the smoking in pregnancy, 'LoveBump' campaign;
- Roll-out expansion of stop smoking services to those aged 12y+;
- Develop communications materials for the public and business around tobacco control
- Development of a 'brand' for the Nottingham and Nottinghamshire Smoking & Tobacco Alliance and begin work on campaigns (e.g. smokefree spaces)

- Begin conversations on how to act on the findings of the social housing audit;
- Develop a regional position statement on vaping.

Alongside these activities, partners must continue to explore and challenge themselves on how to sustainably resource stop smoking pathways, currently funded via the NHS Long Term Plan.

## Eating & Moving for Good Health

### Progress Summary

Following the publication of the 10-year vision, strategy and delivery plan for 2022-2025 this programme is now gathering momentum in delivering against the five delivery themes outlined in the delivery plan.

The programme delivery plan sets out output and outcome measures to be achieved over a short, medium and longer term and details the actions that will be taken across the 5 strategic themes. Through monitoring of the outcome and output measures as part of the overarching outcomes framework, HWB members will be given assurance on the extent to which the programme is achieving the ambitions in the JHWS.

It is early stages in determining the impact of the programme and while new data has yet to be published on the main outcomes, the activity taken place as part of the programme suggests good progress is being made.

In the last reporting period, an EMGH Alliance has been established. While work continues across all five themes in the strategy (including the launch of 'Good Gym' as part of delivery theme 3), there has been notable activity as part of delivery themes 1 and 2: Ensuring all Early Years Settings, Schools and Academies are enabling eating and moving for good health and; Supporting healthy nutrition throughout the life course to enable all people to achieve and maintain a healthy weight.

### Highlight from last reporting period

#### **Theme 1: Ensuring all Early Years Settings, Schools and Academies are enabling eating and moving for good health**

- Secured public health funding for a new healthy schools team
- Secured public health funding for the school pupil health and wellbeing survey and recruited the first cohort of schools with pupils due to complete the survey this month.

The formation of the healthy schools team and collection of data on the health behaviours of children underpins the work in this theme. These actions are a big step towards achieving the theme pledges.

- Despite a short timeframe, 19 schools have signed up to participate in the first roll out of the Nottingham City School pupil health and wellbeing survey. Plans are in place to increase uptake for the next academic year.
- The speed at which this project has been commissioned and launched is impressive. While led by EMGH project lead, the survey focus is not solely about EMGH. We have drawn on experts on, for example, CYP mental health and wellbeing, drug and alcohol use, and sexual health, to develop a comprehensive questionnaire

**Theme 2: Support healthy nutrition throughout the life course to enable all people to achieve and maintain a healthy weight**

- BACHS, Bulwell & Top Valley, Bestwood & Sherwood Primary Care Networks have received NHS funding to pilot personalised care approaches to weight management
- Successful delivery of weight management services by a range of providers in Nottingham City via Notts County Community Trust, Nottingham Forest Community trust, and Trent Bridge Community Trust has proven popular.
- CityCare have begun to deliver weight management support for families of with children under the age of 5, funded by Small Steps Big Changes
- Universal Healthy Start voucher scheme for pregnant women re-launched with additional funding from Local Maternal & Neonatal System for additional vitamin packs.

Progressing the commissioning of an Integrated Wellbeing Service will be a significant step in achieving the key pledge in Theme 2 to support 5000 citizens by 2025. This package of pilots and new delivery models continue our journey to ensuring mental wellbeing is a core element of Nottingham City’s healthy weight ambitions.

The partnership has supported public consultation on the Integrated Wellbeing Service model. 128 responses were received including 21 responses from local community organisations. The responses provided strong agreement in the proposed model and that it will support Nottingham City residents and improve access to service.

**Plans for next reporting period**

Over the next reporting period the partnership will continue progressing work across all our delivery themes. Key activity in the next reporting period include:

- Continue to develop the digital tools necessary to identify those eligible for free school meals



- Secure funding to support Active Notts efforts to strengthen opportunities for walking and movement across the city
- Develop school and community funding opportunities for local EMGH initiatives
- Define the role of and begin recruitment for a project manager to develop a strategy for Delivery Theme 5, food insecurity.
- Nottingham City Council is on course to release tender documents for an Integrated Wellbeing Service in July/August having received approval for funding from the public health grant and completion of a service specification.

Alongside this and in order to ensure the success of the strategy a new EMGH Alliance is required to provide a strategic steer, constructive challenge, and ensure we benefit from the opportunities to better link the work of different organisations across the breadth of EMGH action.

<b>Financial Wellbeing</b>	
----------------------------	--

Progress Summary
------------------

The financial wellbeing programme has development and implementation aspects running in parallel, and while this programme has made good progress in some areas, overall, it is not yet progressing at the pace originally anticipated.

This ‘building as we go’ approach reflects the fact that financial wellbeing is a completely new theme for the JHWS and is being established in the context of a limited national evidence and policy base. It also reflects the existing landscape of partnership work on financial resilience and delivery that was underway, and the attention and pressures associated with responding to the cost-of-living crisis.

Within the duration of this Strategy, partners are committed to meet the ambitions to build a shared approach for Nottingham, to demonstrate strategic opportunities, and to ripple good practice across organisations. It should be recognised that achieving change in the overarching outcome of financial wellbeing is likely to take at least the 10 years in the longer-term vision and beyond that.

The scale of the population-level challenge is the reason that agreeing the more immediate programme outputs in line with an outcomes framework is a vital step to effectively articulate the impact. Whilst progress towards a shared plan for this has not been as swift as originally anticipated, it is a key priority for the next reporting period.

Highlight from last reporting period
--------------------------------------

- A draft delivery plan and long-term vision has been produced with the Nottingham Financial Resilience Partnership providing a working document to support engagement with PBP and HWB partners to agree strategic commitments.

- Nottingham CityCare Partnership announced it was becoming a Real Living Wage employer in April 23, and that this would benefit 38 members of staff in band 2 posts immediate. This builds on the commitment made by Nottinghamshire Healthcare NHS Foundation Trust in the previous reporting period which also benefitted staff in band 2 posts.
- Following Nottingham City East and BACHS Primary Care Networks (PCNs) the Bulwell & Top Valley PCN has recruited a financial advisor social prescribing link work. The University of Nottingham is soon to commence an evaluation to determine the impact of these roles in primary care.
- Community champions have been progressing the face-to-face phase of the financial resilience residents survey to improve engagement in underserved groups ensuring the programme gets a better understanding of financial resilience in the city.
- NHS Talking Therapies has now been implemented and is offered within St Ann's advice centre.
- Practice Development Unit training events have taken place including financial awareness session in March 23 (attended by 20 people) and focus on illegal lending and borrowing in June 23 (attended by 19 people).

#### Plans for next reporting period

The key areas of focus in the next reporting period are to:

- Establish a senior financial wellbeing strategic coordination group that will meet monthly.
- Develop a financial wellbeing outcomes framework and programme theory that will underpin the programme delivery plan.
- Engage with PBP partners around strategic commitments for the delivery plan and to explore further opportunities to support staff and citizens with their financial wellbeing.
- Plan autumn workshop bringing together NFRP, PBP and HWB partners to agree a long-term vision, strategic objectives and corresponding delivery plan.
- Develop a prospectus for organisations of recommended initiatives to make a difference to the financial wellbeing of their staff and citizens
- Develop plans for a local event for frontline mental health and money advice workforce. This is being developed by NFRP and ICB mental health commissioners with support from the national Money and Mental Health Institute is an example of new partnership working.

## Severe Multiple Disadvantage

### Progress Summary

Overall, this programme is on track to deliver against its delivery plan.

A key objective for this programme is to sustain service provision for people experiencing SMD funded through the Changing Futures programme. The programme has achieved a significant milestone in being awarded an additional year of funding from the Department of Levelling Up, Housing and Communities (DLUHC) to extend current provision until March 2025 (previously March 2024). The Nottingham and Nottinghamshire Integrated Care Board (ICB) is also reviewing opportunities to fund SMD provision in the City through its inequalities and innovation fund, however this has not been confirmed

The partnership that underpins this programme of work continues to develop and grow and now has approximately 180 members, with 40-50 partners attending bi-weekly meetings. The partnership continues to support problem solving and serves as a forum for formal reporting of workstream progress.

Six of the seven programme workstreams are on track and are delivering tangible in line with plans. The progress of the race equity workstream has been impacted by the sad loss of the workstream lead who passed away in April 2023. The role has now been readvertised with remuneration to support voluntary sector partners with the capacity to take on a leadership role.

The embedded roles that are funded by the Changing Futures programme also continue to support that more joined up and partnership focussed approach across a range of services in the city. Commitment is now being sought from partners to continue to fund these roles following DLUHC funding ceasing.

### Highlight from last reporting period

#### **Development of new clinical services**

As part of the flexibility and integration workstream, the SMD partnership has supported the development of two new services in the city. A mobile dentistry unit will start to provide ongoing dental treatment to people experiencing SMD in July 2023, and a dedicated respiratory clinic provided by NUH in collaboration with SMD partnership members is also due to start imminently.

#### **New post to support engagement with diverse communities**

The Changing Futures initially saw great progress relation to referrals for people from our diverse communities in Nottingham. As part of ongoing evaluation, we identified that initial progress had slowed. In response the programme has invested in a community engagement post that works across organisations and communities in the city to build relationships and identify potential beneficiaries from minority ethnic communities.

#### **Data and evaluation**

The data focussed workstream has developed some very useful outputs in relation to outcomes for Changing Futures beneficiaries, including looking specifically at

return on investment. This workstream is also making good progress in relation to using system wide data to track change and progress over time.

***Developing and embedding new workstreams***

Two new workstreams have developed over the past 6 months. Employability and Prison Leavers. The Prison Leavers has a defined work plan and is addressing several key issues, including GP registration and transfer of care. The employability workstream continues to develop and has a draft work plan.

**Plans for next reporting period**

While the funding award from DLUHC will now extend provision until April 2025, a significant focus of the programme is to ensure sustainable SMD provision in the city beyond April 2025. Discussions will be taking place locally over the next reporting period and consideration will be given to how the programme can continue to grow and develop in line with available funding.

Alongside progressing individual workstreams partners will support new clinical services to ensure they have the best possible impact. The partnership will also respond to the findings of the commissioned research into ethnicity and SMD which will be presented formally at an event in September 2023.

The PBP approach continues to support the visibility of SMD across the system and facilitates excellent buy in from local partners. The SMD partnership is pursuing opportunities for cross working with other areas of work, including the PBP leaving care programme where there are significant opportunities to focus on prevention and early intervention.

**Key Messages for the Health and Wellbeing Board**

12. Overall, there is strong engagement across partners in the work being undertaken as part of this JHWS. While there is a good level of engagement in the programmes, the pace at which decisions can be made have at times been impacted by the participation from key decision makers within partner organisations. A request of HWB and PBP partners is that representatives who attended programme partnership meeting are empowered to make decisions on behalf of their organisations so that delays are prevented
13. While the partnerships that underpin the four programmes are undertaking significant activity as detailed in the delivery updates, it is too early to assess the impact that programme activity is having on the overall delivery of the JHWS.
14. Due to reporting periods associated with the different outcome measures, it is not yet possible to provide a comprehensive overview on the extent to which progress is being made in relation to the overarching ambition of the JHWS. In

the meantime, members are able to view outcomes and outputs that are being measured as part of each programme in the programme delivery plans.

15. Following agreement of programme outcomes and outputs as part of the delivery plans for the STC, EMGH and SMD programmes (and with FW specific outcomes framework under development), a PBP outcomes framework is now being developed to enable the POG and HWB to monitor progress. A draft of the outcomes framework will be shared with members as part of the next update.

This page is intentionally left blank

## DELIVERY PLAN FOR SMOKING AND TOBACCO CONTROL IN NOTTINGHAM AND NOTTINGHAMSHIRE 2022-2025

Inputs	Activities	Outputs	Outcomes	Impacts
<p><b>STRATEGIC:</b> Executive Sponsorship Prioritisation of work within the ICB</p> <p><b>PARTNERSHIP:</b> An engaged Smoking &amp; Tobacco alliance with champions and advocates within key stakeholder organisations.</p> <p><b>INSIGHT:</b> Data &amp; Intelligence Capacity Citizen survey Provider datasets</p> <p><b>RESOURCES:</b> Support from city, county, district and boroughs to lead smokefree public spaces. Public Health AND NHS investment in smoking cessation pathways. Public Health AND Police investment in an Illegal tobacco taskforce. Public Health investment in a school education programme.</p>	<p><b>THEME 1: Helping vulnerable groups to quit smoking</b></p> <ol style="list-style-type: none"> <li>Working with vulnerable population to reduce inequalities in communities</li> <li>Ensure services are coordinated and take a holistic approach to care.</li> <li>Implementation and evaluation of Long-Term Plan Pathway to support a sustainable plan for the NHS tobacco dependency services</li> <li>Communication of harms of smoking and support to quit</li> </ol> <p><b>THEME 2: Effective communication for tobacco products</b></p> <ol style="list-style-type: none"> <li>To promote good practice with retailers and other businesses and to prevent illegal sales through intelligence gathering, enforcement and public communication.</li> <li>Increasing the awareness of public and local organisations to report suspicious illegal tobacco related activities and underage sales of e-cigarettes.</li> </ol> <p><b>THEME 3: Reducing exposure to secondhand smoke</b></p> <ol style="list-style-type: none"> <li>Supporting and promoting smokefree hospitals, schools, public places, and workplaces.</li> <li>Encouraging adults to protect children through encouraging smokefree homes</li> </ol> <p><b>THEME 4: Prevention &amp; engagement with Children &amp; Young people</b></p> <ol style="list-style-type: none"> <li>Communication and mass media</li> <li>Co-production with children and young people and families</li> <li>Supporting evidence-based prevention programmes.</li> </ol>	<p>(All the outputs are mentioned in detail in the document)</p> <p><b>THEME 1 –</b></p> <ul style="list-style-type: none"> <li>Better access to the services for vulnerable groups</li> <li>Increase the numbers of people quitting smoking in the county and city</li> <li>Seamless pathway for all patients from secondary care to community service.</li> </ul> <p><b>THEME 2 –</b></p> <ul style="list-style-type: none"> <li>Increase in enforcement activity</li> <li>Increased awareness about illegal tobacco across various organisations.</li> </ul> <p><b>THEME 3 –</b></p> <ul style="list-style-type: none"> <li>Increased smokefree hospital sites, school gates, public spaces</li> <li>Increased social housing homes with smoking polices</li> <li>Reduction in fires caused from smoking related materials.</li> <li>Improve smokefree legislation enforcement for smokefree cars.</li> </ul> <p><b>THEME 4 –</b></p> <ul style="list-style-type: none"> <li>Improved communication developed aimed at children and young people</li> <li>Increased social norms around majority of young people don't smoke</li> </ul>	<p><b>Smoking Prevalence in Adults (18+) - current smokers</b></p> <p><b>Smoking Prevalence in priority populations</b></p> <p><b>Smoking status at time of delivery</b></p> <p><b>Smoking prevalence in Adolescents – current smokers</b></p> <p><b>Smoking attributable hospital admissions</b></p> <p><b>Smoking related mortality</b></p> <p><b>Smoking related ill health</b></p>	<p><b>Integrated Care System Outcomes Framework – System indicators</b></p> <p>Increase in healthy life expectancy</p> <p>Reduction in health inequalities</p> <p>Reduction in neonatal mortality</p> <p>Reduction in illness and disease prevalence (In particular respiratory diseases and cardiovascular disease)</p> <p>Reduction in premature mortality</p>

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 3 years.

The above logic model is the summary of our actions for the next 3 years and their related outputs, outcomes, and impacts. The outputs will be monitored over the period of 3 years as and when the associated action is completed (Table 2-5). The outcomes will be monitored as mentioned in the table below (table 1).

Indicator	Source	Frequency of reporting	City value	County value	England value	2030	2040
Outcome measures							
Smoking prevalence in adults (18+) – current smokers (APS)	PHOF <sup>1</sup>	Annual	16.5%	13.3%	13.0%	↘↘	↘
Smoking status at time of delivery	PHOF	Annual	13.0%	12.6%	9.1%	↘↘	↘
Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (APS)	PHOF		22.5% (2020)	26.5% (2020)	24.5% (2020)	↘↘	↘
Smoking prevalence in adults (18+) with serious mental illness (SMI)	PHOF		46.0% (2014/15)	38.7% (2014/15)	40.5% (2014/15)	↘↘	↘
Smoking prevalence in adults with a long-term mental health condition (18%) – current smokers	PHOF	Annual	29.9%	26.2%	26.3%	↘↘	↘
Smoking prevalence in adults with anxiety or depression (18+) – current smokers	PHOF		32.8% (2016/17)	24.0% (2016/17)	25.8% (2016/17)	↘↘	↘
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) – all opiates	PHOF		64.2% (2019/20)	84.7% (2019/20)	70.2% (2019/20)	↘↘	↘

<sup>1</sup> PHOF – Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/tobacco-control>



Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) – alcohol & non-opiates	PHOF		59.4% (2019/20)	86.1% (2019/20)	64.6% (2019/20)	↘↘	↘
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) – non-opiates	PHOF		56.9% (2019/20)	81.9% (2019/20)	62.0% (2019/20)	↘↘	↘
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) – alcohol	PHOF		54.2% (2019/20)	54.2% (2019/20)	43.9% (2019/20)	↘↘	↘
Smoking attributable mortality	PHOF		315.3 (2017-19)	218.7 (2017-19)	202.2 (2017-19)	↘↘	↘
Smoking attributable hospital admissions	PHOF		2370 (2019/20)	1609 (2019/20)	1398 (2019/20)	↘↘	↘

↘↘ - Steady decline

↘ - Remain below the national average

Delivery theme 1 -

Helping vulnerable groups to quit smoking

<p><b>Aim -</b></p>	<p>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.</p>	
<p><b>What we are doing</b></p>	<ul style="list-style-type: none"> <li>- Coproduction/co design of service user involvement/service development.</li> <li>- Working with community champions to have initial conversations about quitting and signposting to community stop smoking services.</li> <li>- Designing e-cigarettes pilot for patients attending the lung health checks in the city and county; pilot for clients and staff working in drug and alcohol treatment services in the county and a phased approach for inclusion across the county service.</li> <li>- Piloting stop smoking staff app including e-cigarettes for use within NHS (phase 1 secondary care and phase 2 primary care). Aimed at addressing inequality within NHS staff groups.</li> <li>- Representation from ethnic minority groups in the smoking and tobacco control alliance.</li> <li>- Set up a task and finish group for all the stop smoking providers across city and county</li> <li>- Sharing of resources across secondary care and community stop smoking services for improved coordination</li> <li>- Mapping services landscape and resources</li> <li>- Designing integrated wellbeing service (IWS) specification for the city</li> <li>- Ensuring the delivery of outcomes from the county IWS</li> <li>- Task and finish groups set up with ICB, public health and secondary care to design and implement LTPs for inpatients and maternity patients.</li> <li>- Partnership working between Local Authorities and Notts ICB(NHS) to agree on NRT funding from 2024.</li> <li>- Developing comms resources about e-cigarettes and illegal tobacco as a part of the alliance’s task and finish groups</li> </ul>	
<p><b>Actions -</b></p>	<p>What we will do</p>	<p>Outputs</p>
<p><b>1. Working with vulnerable population to reduce inequalities in communities</b></p> <ul style="list-style-type: none"> <li>- Routine and Manual Workers</li> <li>- Homeless population</li> <li>- Ethnic minorities</li> <li>- Areas of deprivation</li> </ul>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Building a network of community groups who provide support to stop smoking, provide training.</li> <li>- Identify modes of delivery stop smoking support within communities, going to where people are.</li> <li>- Staff offer – output 4 weeks quit</li> </ul> <p><b>Year 2</b></p>	<ul style="list-style-type: none"> <li>- Better access to the services for vulnerable groups</li> <li>- Increase in the number of service users</li> <li>- Improve coordination and partnership working across different organisations</li> </ul>

	<ul style="list-style-type: none"> <li>- Completing equality impact assessment, includes access and outcomes across the system</li> <li>- Culturally sensitive comms campaigns – ethnic diverse population.</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>- Exploring the support available for helping people who smoke cannabis and other smoked products and work by the alliance are aligned to the drugs and alcohol strategy.</li> </ul>	<ul style="list-style-type: none"> <li>- Increase in number of primary care staff receiving VBA training</li> <li>- Increase the numbers of people quitting smoking in the county and city</li> <li>- Seamless pathway for all patients from secondary care to community service</li> <li>- Improved support for people smoking cannabis and other smoked products</li> <li>- Improved access to information on harms of smoking</li> </ul>
<b>2. Ensure services are coordinated and take a holistic approach to care</b>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Increasing uptake to services and making self-referral easy</li> <li>- Strengthening link of providers with other wellbeing services such as - mental health services, welfare advice, social prescribing, substance use support services</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Improving referral pathway</li> <li>- Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.</li> <li>- VBA (Very Brief Advice) training for GPs and primary care staff.</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>- Development and implementation of integrated wellbeing service in the city</li> </ul>	
<b>3. Implementation of LTP and evaluation to support a sustainable plan for the NHS tobacco dependency services</b> - Smoking in pregnancy - SMI	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Clear and coherent offer for pregnant women and their partners to quit smoking</li> <li>- Targeted stop smoking intervention to people while they are inpatient and a seamless pathway from secondary care to community services.</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Agree sustainable funding and resource model to implement evidence-based pathways to smoking cessation interventions from health services (Long term plan (LTP)).</li> </ul>	
<b>4. Communication of harms of smoking and support to quit</b>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Development of a central communication point – shared website</li> </ul>	

**Delivery theme 2 -**

**Effective regulation of tobacco products**

<p><b>Aim -</b></p>	<p>Working together to reduce the access to illegal tobacco and having a city and county where retailer environment promotes good practice around illegal sales of tobacco and/or vaping product</p>	
<p><b>What we are doing</b></p>	<ul style="list-style-type: none"> <li>- Working on comms campaign on illegal sales for public and retailers in the task and finish group set up as a part of the smoking and tobacco control alliance</li> <li>- Development of resources regarding underage sales of vapes related information to inform the INTENT model.</li> <li>- Set up a city and county task and finish group for intelligence sharing and designing enforcement tasks.</li> <li>- Developing a tobacco enforcement taskforce for city to align with county. (police being embedded in it)</li> <li>-</li> </ul>	
<p><b>Actions -</b></p>	<p><b>What we will do</b></p>	<p><b>Outputs</b></p>
<p><b>1. To promote good practice with retailers and other businesses and to prevent illegal sales through intelligence gathering, enforcement and public communication.</b></p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Working with retailers for them to have IBVTA (Independent British Vape Trade Association) registration</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Training for retailers about illegal tobacco, vaping and vaping products</li> <li>- Training for Environmental health team, neighbourhood policing team and community protection teams about illegal tobacco enforcement.</li> <li>- Work with shisha places on effective regulation</li> </ul> <p><b>Year 3</b></p> <ul style="list-style-type: none"> <li>- Supporting national work to introduce a tobacco licence for retailers to limit where tobacco is available</li> <li>-</li> </ul>	<p>Increase in enforcement activity:</p> <ul style="list-style-type: none"> <li>- Quantity of illegal tobacco products seized (includes both cigarettes and other tobacco products)</li> <li>- Total number of inspections (non-warrant) for illegal tobacco (will include revisits)</li> <li>- Number of warrants executed on commercial premises for illegal tobacco</li> </ul>
<p><b>2. Increasing the awareness of public and local organisations to report suspicious illegal tobacco related activities and underage sales of e-cigs</b></p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Training and comms plan to increase awareness</li> <li>- Education in schools, stop smoking service staff.</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Clear reporting pathway</li> <li>- Creating age appropriate content</li> </ul>	<ul style="list-style-type: none"> <li>- Number of warrants executed on private premises for illegal tobacco</li> <li>- Number of legal actions taken</li> <li>- Number of fines and costs received from prosecutions</li> </ul>

	<ul style="list-style-type: none"> <li>- Understand around the exposure to tobacco imagery and licensing and classification powers locally</li> </ul>	Increased awareness about illegal tobacco across various organisations
<b>3. Strengthen partnership working</b>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Building agreements on creating a consistent way of complaints handling and notifications</li> <li>- Creating a shared picture of prevalence of illegal tobacco and priorities for action</li> <li>- All those involved in illegal tobacco enforcement are signed up and follow the local TD, particularly in relation to the tobacco industry</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Working with magistrates to ensure legal action taken in city and county is consistent with rest of UK.</li> </ul>	

Delivery theme 3-		Reducing exposure to secondhand smoke	
<b>Aim -</b>	Creating smokefree places and reducing exposure to secondhand smoke		
<b>What we are doing</b>	<ul style="list-style-type: none"> <li>- Implementing the LTP for inpatients, maternity and mental health supporting all those admitted to hospital who some offered NHS – funded tobacco treatment services.</li> <li>- Audit being carried out with housing and social landlords.</li> <li>- Developed a Tobacco declaration toolkit to support organisations implanting the tobacco declaration.</li> <li>- Creation of a task and finish group to support extending smokefree environments and reducing harm from secondhand smoke</li> <li>- Learning from previous work in to extending smokefree environments/events to develop forward plans</li> <li>- Best practice examples of smokefree work polices</li> <li>- Mapping work regarding resources across the partnership</li> <li>- Development of a central communication point – shared website</li> <li>-</li> </ul>		
<b>Actions -</b>	<b>What we will do</b>	<b>Outputs</b>	
1. <b>Smokefree hospitals</b>	<ul style="list-style-type: none"> <li>- Each trust should develop a clear smokefree strategy which outlines actions for how they will work towards a completely smokefree campuses.</li> </ul> <p><b>Year 1</b> - Audit of smokefree hospitals</p> <p><b>Year 2</b> - Complete the CLear deep dive for secondary care and mental health trusts</p>	<ul style="list-style-type: none"> <li>- Increased smokefree hospital sites</li> <li>- Increased smokefree places and school gates</li> </ul>	
	<p><b>2. Smokefree public spaces</b></p> <p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- All partners of the smoking and tobacco alliance have clear smokefree workplace policies <ul style="list-style-type: none"> <li>o Declaration toolkit</li> </ul> </li> <li>- Working with schools/further education to create smokefree environments /workplaces.</li> <li>- Work with schools and local areas to create smokefree school gates</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Work to extend smokefree places for example in parks and recreation, football side-lines, local events <ul style="list-style-type: none"> <li>o Mapping smokefree places</li> <li>o Explore opportunities like partnership for heathy cities</li> <li>o All avenues to explore encouraging smokefree places – explore and report</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Increased social housing homes with smoking polices</li> <li>- Reduction in fires caused from smoking related materials.</li> <li>- Improve smokefree legislation enforcement for smokefree cars</li> <li>- Smokefree and tobacco control initiates embedded into organisations strategies and plans.</li> </ul>	

<p><b>3. Supporting workplaces to promote smokefree workplaces</b></p>	<ul style="list-style-type: none"> <li>- Consideration of use of littering and other regulations PSPO</li> </ul> <p><b>Year 1 and 2</b></p> <ul style="list-style-type: none"> <li>- Further education partners to develop smokefree spaces strategy to implement smokefree spaces.</li> </ul> <p>Examples-</p> <p>Universities Student accommodation Boots Capital one Experian</p>	<ul style="list-style-type: none"> <li>- Increased smokefree workplaces/alliance organisations</li> <li>- Increased awareness of the harms of secondhand smoke</li> <li>- Increased smokefree homes where children under 18 live</li> </ul>
<p><b>4. Encouraging adults to protect children through encouraging smokefree homes</b></p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Develop consistent and shared communications around the dangers of smoking in homes</li> <li>- Support smokefree social housing and tenancy <ul style="list-style-type: none"> <li>o Social housing audit and policy – consider feasibility of smokefree rent agreements</li> </ul> </li> <li>- Work with fire service safe and well checks to support smokefree homes</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Utilise and/or develop smokefree training</li> <li>- Work with police to understanding actions taken regarding smokefree legislation enforcement for smokefree cars</li> <li>- Encourage parents to have smokefree homes through pledges</li> <li>- Work with private rental market to encourage students lets to have smokefree agreements</li> </ul>	

**Delivery theme 4-**

**Prevention and engagement with children and young people**

<p><b>Aim -</b></p>	<p>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 Of note: we know one of the biggest factors around children smoking is being influenced by their environment. Through supporting the other 3 delivery actions we will have an impact on preventing children and young people from starting to smoke – however know that some children continue to smoke so we need to understand why.</p>	
<p><b>What we are doing</b></p>	<ul style="list-style-type: none"> <li>- Commissioned INTENT programme and encouraging schools to sign up</li> <li>- Working to understand young people’s local prevalence and their smoking and vaping behaviours</li> <li>- Linking in with key partners around children and young people including schools’ health hub and youth parliament</li> <li>- Trading standards developing age appropriate resources and continuous enforcement work re underage sales.</li> <li>- City and County public health are working with Evidence to Impact (company that developed INTENT) to develop vaping resources for secondary school aged children.</li> </ul>	
<p><b>Actions -</b></p>	<p>What we will do</p>	<p>Outputs</p>
<p><b>1.Communication and mass media</b></p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Commission Behavioural Insight and Research campaign to help understand vaping behaviours of young people and perceptions on smokefree in city and county.</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Develop consistent and shared communication around the harms of smoking, dangers of secondhand smoke, health and financial benefits from not smoking and what support is available. Promoting the fact that most young people do not smoke.</li> </ul>	<ul style="list-style-type: none"> <li>- Improved communication developed aimed at children and young people</li> <li>- Improved co-production approach for children and young people and families regarding smoking and tobacco</li> </ul>
<p><b>2.Co-production with children and young people and families</b></p>	<p><b>Year 1 &amp; Year 2</b></p> <ul style="list-style-type: none"> <li>- Develop a co-production approach with children and young people for all aspects of smoking and tobacco control</li> <li>- Work with parents, care givers and those who support vulnerable children, in particular children who are looked after</li> <li>- (Fostering teams, looked after children team – training around smoking)</li> </ul>	<ul style="list-style-type: none"> <li>- Increased social norms around majority of young people don’t smoke</li> <li>- Increase in number of VBA conversations</li> </ul>
<p><b>3. Supporting evidence-based prevention programmes</b></p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Invest in evidence based smoking prevention programmes – INTENT                             <ul style="list-style-type: none"> <li>o Support the update of schools participating in INTENT</li> <li>o Contribute to its evolving practices and e-cigarettes and vaping</li> </ul> </li> <li>- Align work with the Healthy Schools approach</li> </ul>	



	- Supporting and training the role of VBA through people working in youth settings	
<b>4. Availability and Enforcement of Tobacco sales and vaping products for young people</b>	Mentioned in delivery theme 2 action 2.	

Cross cutting themes delivery plan		Governance and System working
<b>Aim -</b>	<ul style="list-style-type: none"> <li>- To develop and work in partnership to ensure the success of tobacco control action.</li> <li>- To ensure clear and consistent communication to support people to quit smoking, to encourage communities to not see smoking as the norm and to continue to educate partners and the public about the harms and risk of tobacco use.</li> <li>- To improve the understanding and role of vaping/e-cigarettes that maximises their potential to help smokers quit, while minimising the risks of unintended consequences associated with promoting smoking and vaping to children and young people.</li> </ul>	
<b>What we are doing</b>	<ul style="list-style-type: none"> <li>- Completed the CLear process, reviewed the results, and developed the themes for smoking and tobacco control plan.</li> <li>- Set up a Smoking and Tobacco Control Alliance across city and county and established strategic and operational groups.</li> <li>- Developing the vision document and live delivery plan for the smoking and tobacco control plan.</li> <li>- Updating and re-invigorating Nottingham and Nottinghamshire's Tobacco Declaration</li> <li>- Commissioning Behaviour Insight work to understand public behaviours and perceptions on vaping and smoke free spaces</li> <li>- Developing the alliance's e-cigarettes consensus statement</li> <li>- Co-production – Working with patient groups, youth parliament, and service users to open up discussions about smoking and tobacco control</li> <li>- Developed a communications plan</li> </ul>	
<b>Actions -</b>	<b>What we will do</b>	<b>Outputs</b>
<b>Establish a whole systems approach to tobacco control</b>	<b>Year 1</b> <ul style="list-style-type: none"> <li>- Engage partners to form a strategic smoking and tobacco alliance group and supporting operational structures</li> <li>- Develop governance arrangements for smoking and tobacco work</li> <li>- Develop a vision and live delivery plan</li> <li>- Provide strategic leadership and drive for the smoking and tobacco agenda</li> </ul>	<ul style="list-style-type: none"> <li>- Attendance at quarterly Strategic smoking and Tobacco meetings</li> <li>- Number of organisations signed up to the Nottinghamshire and Nottingham City Tobacco Control Declaration</li> </ul>

	<p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Establish future tasks and finish groups to support vision and live delivery plan – smokefree environments and children and young people engagement</li> <li>- Review vision, delivery plans and governance arrangements</li> </ul>	<ul style="list-style-type: none"> <li>- Improved communication plan</li> </ul> <p>Quarterly reports</p> <ul style="list-style-type: none"> <li>- Reporting on strategic group objectives</li> </ul>
<p><b>Commit organisations locally to take action on smoking and tobacco use</b></p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Refresh and reinvigorate the Nottinghamshire and Nottingham Tobacco Control Declaration</li> <li>- Expand the reach of the Tobacco Declaration to strategic partners and Health and wellbeing Board members</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Expand the reach of the Tobacco Declaration beyond strategic partners and Health and wellbeing Board members</li> </ul>	<ul style="list-style-type: none"> <li>- Reporting on Task and Finish objectives</li> <li>- Monitoring of risk and actions log</li> <li>- Monitoring Public Health objectives</li> </ul>
<p><b>Develop clear and consistent messages around all elements of smoking and tobacco including e-cigarettes</b></p>	<p><b>Year 1 &amp; 2</b></p> <ul style="list-style-type: none"> <li>- Develop a communications plan</li> <li>- Use the behavioural insights work to inform future work</li> <li>- Develop a platform for information regarding smoking and tobacco to be housed and processes for dissemination</li> <li>- Develop a consensus statement on the use and role of e-cigarettes across Nottinghamshire and Nottingham City.</li> <li>-</li> </ul>	
<p><b>Monitoring performance of actions</b></p>	<p><b>Year 1</b></p> <ul style="list-style-type: none"> <li>- Task and finish Groups objectives developed</li> <li>- Regular reporting on objectives established and shared with partners</li> </ul> <p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>- Processes developed for sharing work of the strategic and operational groups</li> </ul>	



This page is intentionally left blank

EATING & MOVING FOR GOOD HEALTH

# DELIVERY PLAN

2023- 2026

## **Delivery Theme 1: Ensuring all Early Years Settings, Schools and Academies are enabling eating and moving for good health**

### **What do we aim to do**

We want Nottingham City early years settings, schools and academies to role model healthy eating, good hydration and plenty of physical activity. Together we want to create school environments that promote physical activity and good nutrition; whilst maximising the role schools play in communities and their potential to support families implement healthy choices.

#### **Headline pledges**

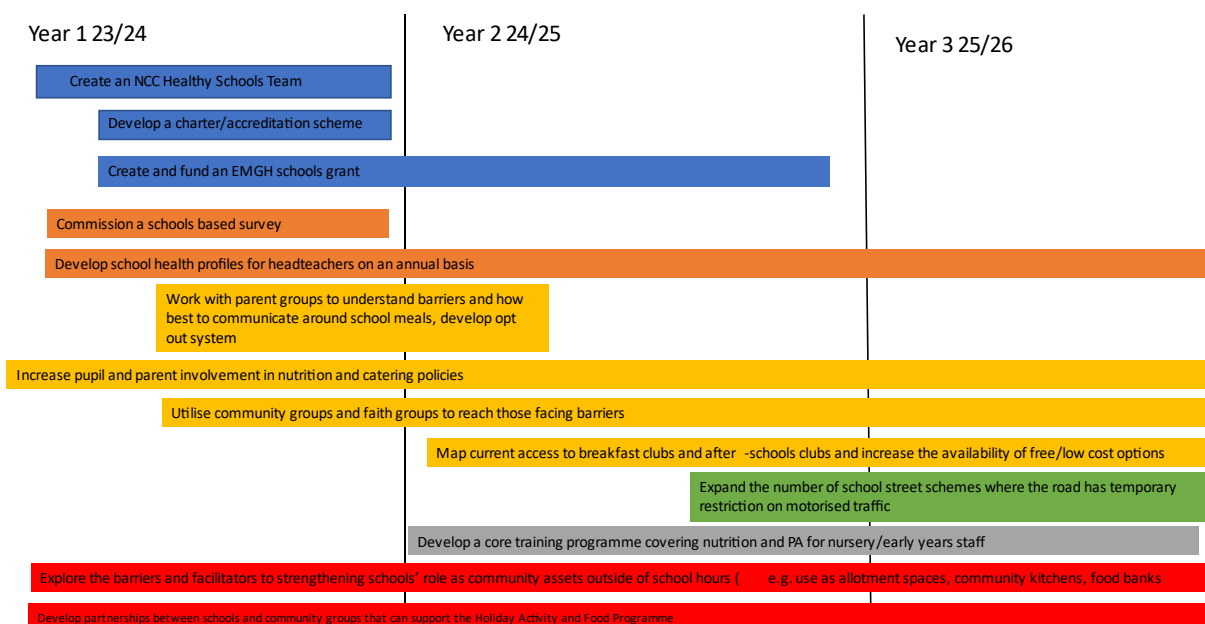
- **To launch a new Healthy Schools Plan for primary and secondary schools by 2024 that supports schools to identify goals for Health and Wellbeing and supports their progress towards meeting them**
- **By 2027, 85% of those eligible for free school meals in primary school take up the offer and by 2032, at least 90% of those eligible take up the offer.**

### **How will we do this?**

**Support education settings to engage in established programmes /accreditation schemes which recognise their commitment to adopting and embedding a ‘whole school’ approach to Eating and Moving for Good Health. To deliver this, we will offer a package of support:**

- 1 **Create a Nottingham City Healthy Schools team to offer support, advice and share local best practice examples, around how to ensure children and young people develop a healthy and active lifestyle.**
- 2 **Using intelligence from the Health Behaviour Survey Data and the opening up schools facilities fund, design and fund a 2 year grant scheme for schools promoting healthy eating and physical activity in schools.**
- 3 **Work with schools and other local partners to increase the uptake of free school meals, including the development of an ‘opt out’ system. Map breakfast/afterschool clubs and improve availability of free and low cost options.**
- 4 **Expand the number of school street schemes where the road outside a school has a temporary restriction on motorised traffic at school drop-off and pick-up times.**
- 5 **Develop a core training programme covering the principles of good nutrition and physical literacy for all nursery school staff and those providing early years care.**
- 6 **Develop schools as key assets for the community including outside of school hours.**

Theme One Ensuring all early years settings, schools and academies are enabling eating and moving for good health



### The foundation we are building on

- The food catering service provided by Nottingham City Council is utilised by 49 primary schools. At present, this service has achieved a Food for Life Silver award. Furthermore, Nottingham City Council is currently part of a national school food pilot looking at national food standards.
- Nottingham City Council was awarded School Swimming Lesson Provider of the Year Award in 2021 and 2022. It aims to ensure all children and young people can access swimming lessons and have the opportunity to learn to swim and leave primary school with water safety skills.
- School Sport Nottingham is a partnership of Nottingham City Council's Sport, Outdoor Learning, Life Skills, Adventure and Risk Management (SOLAR) Service, Ellis Guilford School and Sports College, The Farnborough Academy and NHS Nottingham City. School Sport Nottingham has a focus on increasing high quality PE, out of hours school sport, competitions, leadership development and informal play.
- The Sheriff's Challenge is a series of activities for all Primary school-age children encouraging them to be physically active. Each academic year a different challenge is set which encompasses a 'joint goal' for schools to cumulatively reach plus individual pupil targets. It's free for Nottingham City schools. In 2021/22, over 14,700 miles logged across 10 schools with 2,990 pupils taking part throughout the year.
- Schools work together with the public, private, community and voluntary partners to improve the outcomes for children and young people. A range of partnerships exist including with Nottingham Forest Community Trust who deliver the 'Premiership Stars' programme in 20 schools in Nottingham City.
- Individual schools and academies deliver a range of exciting and innovative activities designed to reinforce healthy eating and the benefits of physical exercise.

Indicator	Source	Frequency of reporting	Nottm value	England value	2027	2032
Output measures						
Number of primary schools signed up to the Nottingham City Health Schools Award Scheme	LA	Annual	N/A	N/A	↗↗	↗
Number of school street scheme in Nottingham City	LA	Annual		N/A	↗	↗
Proportion of eligible children who receive free school meals	LA	Annual	75% (2021/22)	76.9% (2021/22)	↗↗	↗
Number of schools with a free or low-cost breakfast club and after-school club	LA	Annual	TBC	N/A	↗	↗
Number of nursery school and early years staff receiving training on nutrition and physical literacy	TBC	Annual	N/A	N/A	↗↗	→
Outcome measures						
% of children who consume at least 5 fruit and vegetables a day	TBC		N/A	N/A	↗	↗
% of children and young people who achieve 30 minutes or more physical activity a day (in school)	Sport England		Sample size too small	32.4% (2020/21)	↗	↗↗
% of children and young people who are physically active	Sport England		Sample size too small	44.6% (2020/21)	↗	↗↗
% of children in reception class in living with overweight or obesity	NCMP		25.2% (2019/20)	23.0% (2019/20)	→↘	↘
% of children in year 6 living with overweight or obesity	NCMP		40.8% (2019/20)	35.2% (2019/20)	→	↘



## Delivery Theme 2: Support healthy nutrition throughout the life course to enable all people to achieve and maintain a healthy weight

### What do we aim to do?

We want children, families and adults to get the right information, support and help from the right person, at the right time, including during pregnancy. Nottingham will have a skilled workforce with weight management services that are developed through community co-design to ensure a holistic, person centred and compassionate approach to supporting individuals improve their health and wellbeing. We recognise the complicated relationship between food choices and other wellbeing related factors and will strive to make it as easy as possible for people to access support around mental health and financial wellbeing alongside weight management services.

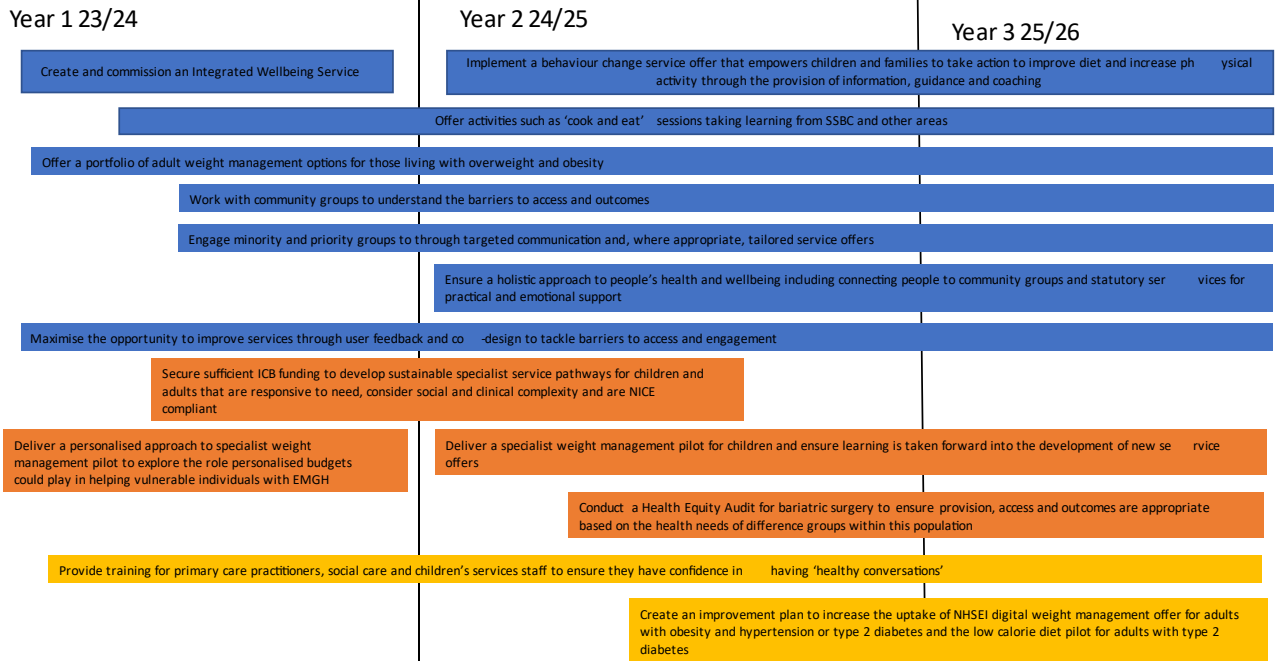
### Headline pledges

- Nottingham City will become a Breastfeeding friendly City with all public buildings and PBP health and care organisations delivering against a breast-feeding friendly charter by 2025.
- By 2025 Nottingham City's Integrated Wellbeing service will have supported its first 5000 citizens to make positive behaviour change towards a healthier lifestyle.
- By 2027, 90% of those eligible will be claiming healthy start vouchers.

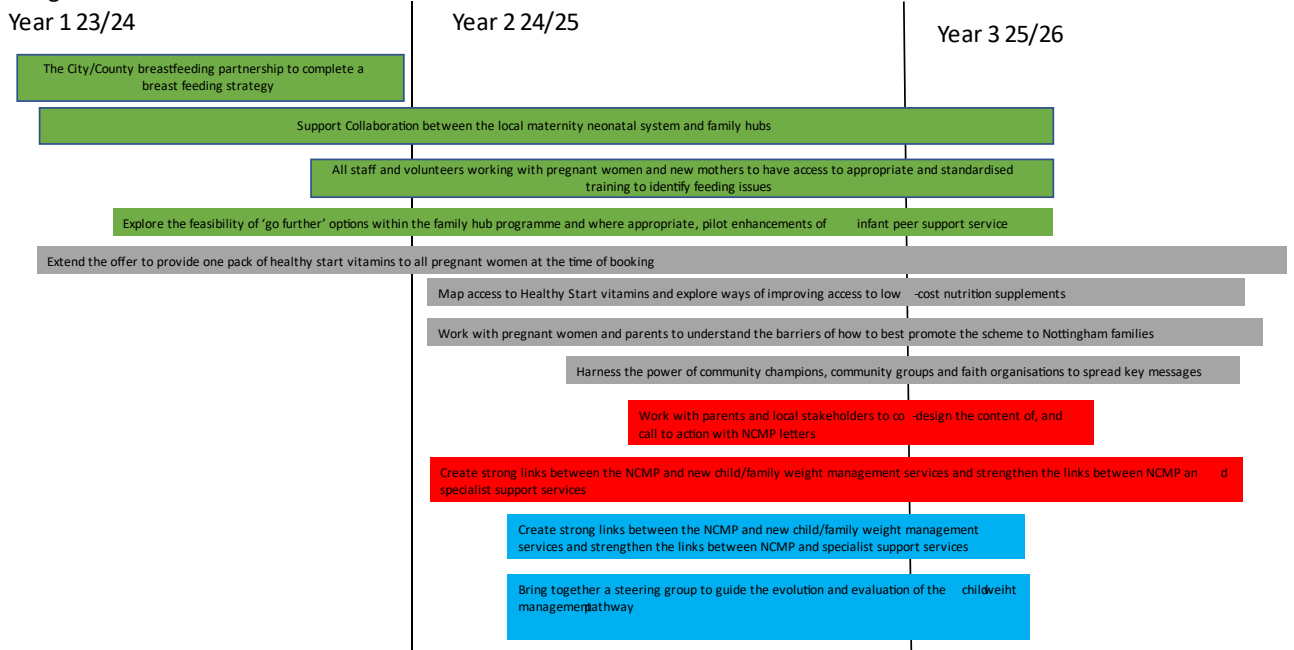
### How will we do this?

- 1 Provide an Integrated Wellbeing Service that ensures equitable access and outcomes for Nottingham City's diverse population.
- 2 Provide evidence-driven multi-professional specialist weight management services available for children and families, and adults. Ensure equity of access to bariatric surgery for people who require this intervention.
- 3 Increase the uptake of existing weight management offers
- 4 All new parents will have access to trustworthy information and support for commencing and maintaining breastfeeding and developing responsive feeding practices. The City/County breastfeeding partnership will complete the breastfeeding strategy. Development of the 'Feed Your Way' breastfeeding comms campaign including building partnerships with businesses and community groups to become a breastfeeding friendly city.
- 5 Increase the uptake of the Healthy Start scheme amongst those that are eligible
- 6 Ensure a proactive approach to the National Child Measurement Programme (NCMP) in a way that makes sure parents feel confident that they will be supported and not stigmatised.
- 7 Conduct a pilot of an enhanced healthy weight pathway for children under 5 years in SSBC wards .

Theme Two: Support Healthy Nutrition throughout the life course to enable all people to achieve and maintain a healthy weight



Theme Two: Support Healthy Nutrition throughout the life course to support all people to achieve and maintain a healthy weight



## The Foundation we are building on

- CityCare employ Nutrition Peer Support Workers and, as part of the local 'Best Start' offer, provide:
  - Peer support for mothers in the antenatal period that may make a difference to the beginning of their breast-feeding journey.
  - Peer support for new mothers 0-4 days postnatally to be able to enable a new mother to enjoy her breastfeeding journey with support, as required, up to the 6-8 weeks review by the Health Visitor.
  - A confidential text service for parents and caregivers who wish to talk about a range of topics including feeding and nutrition.
  - Virtual First Food sessions to support families as they begin their weaning journey.
- Small Steps Big Changes launched the '#FeedYourWay' breastfeeding campaign in October 2022. The campaign aims to help make Nottingham a breastfeeding-friendly city and was co-created with Nottingham families and residents, health professionals and business owners.
- Nottingham City Council offer free access to 12-week weight management programmes for adults who are motivated to lose weight and attend classes. In the last 12 months this has included:
  - Group based behaviour change programme (Slimming World)
  - Digital behaviour change programme with telephone support (Oviva)
  - Fit for Fans programme (Notts County Community Trust)
  - New programmes at Trent Bridge and Nottingham Forest
- A National, digital NHS weight management offer, with telephone support (for some), is available to individuals living with overweight or obesity and either Type 2 Diabetes or Hypertension. It is offered in a variety of different languages.
- In January 2022, the NHS low calorie diet programme became available to those living in Nottingham City diagnosed with Type 2 diabetes in the last 6 years. Patients are offered virtual one-to-ones, online help and group support.
- A specialist weight management service is available for people with severe and complex obesity. Patients with higher BMIs and associated clinical co-morbidity are provided with multi-disciplinary support with a focus on supporting readiness for bariatric surgical options.
- The East Midlands Bariatric and Metabolic Institute, located at the Royal Derby Hospital, provides bariatric services (i.e. weight-loss surgery) for patients from Nottingham and Nottinghamshire.
- A number of primary care networks such as Bestwood and Sherwood and Bulwell and Top Valley have prioritised 'Healthy weight'. They are having conversations with local communities to explore barriers to engaging in weight management services and, in some cases, using health coaches to offer physical activity group sessions.

Indicator	Source	Frequency of reporting	Nottm value	England value	2027	2032
Output measures						
Number of JHWB organisations who are breast-feeding friendly	JHWB	Annual	N/A	N/A	↗↗	→
Number of businesses signing up to be breast-feeding friendly venues.	SSBC	Annual	N/A	N/A	↗↗	↗
Number of maternity and best start staff trained in healthy (and brief) conversations	NUH & CityCare	TBC	N/A	N/A	↗↗	→
Referrals to and uptake of a 0-4y healthy weight pathway (Pilot data)	CityCare & SSBC	Quarterly	N/A	N/A	TBC	TBC
Referrals to and uptake of the Tier 2 weight management services	LA PH	Quarterly	TBC	N/A	↗↗	→
Referrals to and uptake of the NHS digital weight management offer	ICB	Quarterly	TBC	N/A	↗↗	↗
Referrals to and uptake of Tier 3 weight management services	ICB	Quarterly	TBC	N/A	↗	↗
Referrals to and uptake of Low-Calorie Diet weight management services	ICB	Quarterly	TBC	N/A	↗	↗
Referrals to and uptake of the local National Diabetes Prevention Programme (NDPP)	ICB	Quarterly	TBC	N/A	↗	↗
Outcome measures						
% of babies in Nottingham that are being fully or partially breastfed at 6-8 weeks (Totally or partially)	PHOF	Quarterly	52.9% (2021/22)	49.3% (2021/22)	↗	↗
% babies who are initially breastfed in Nottingham	PHOF	Quarterly	58.7% (2018/19)	67.4% (2018/19)	↗	↗
% of children in reception class in living with overweight or obesity	NCMP	Annual	25.2% (2019/20)	23.0% (2019/20)	→↘	↘
% of children in year 6 living with overweight or obesity	NCMP	Annual	40.8% (2019/20)	35.2% (2019/20)	→	↘
% of adults in Nottingham who are overweight or obese	PHOF	Annual	66.9%	63.5%	↘	↘
% of pregnant women in Nottingham who were living with overweight/obesity at time of delivery	NUH	Annual	TBC	TBC	↘	↘

## Delivery Theme 3: Promoting physically active lives and building active and green environments

### What do we aim to do?

Transforming lives and communities through moving more and creating a greener, healthier, happier Nottingham whilst addressing inequality and empowering everyone to move in a way that works for them including through more active journeys. We will do this by building on and joining up our existing resources to increase accessibility for all. Insight gathering and co-production will sit at the heart of solutions for being active with groups who face the greatest barriers to physical activity such as women, those on low incomes, culturally diverse communities, the LGBTQ+ community and people with disabilities or long term health conditions (including mental health). This will also enable us to build a better picture of local level data and understanding across these groups throughout the duration of the delivery plan.

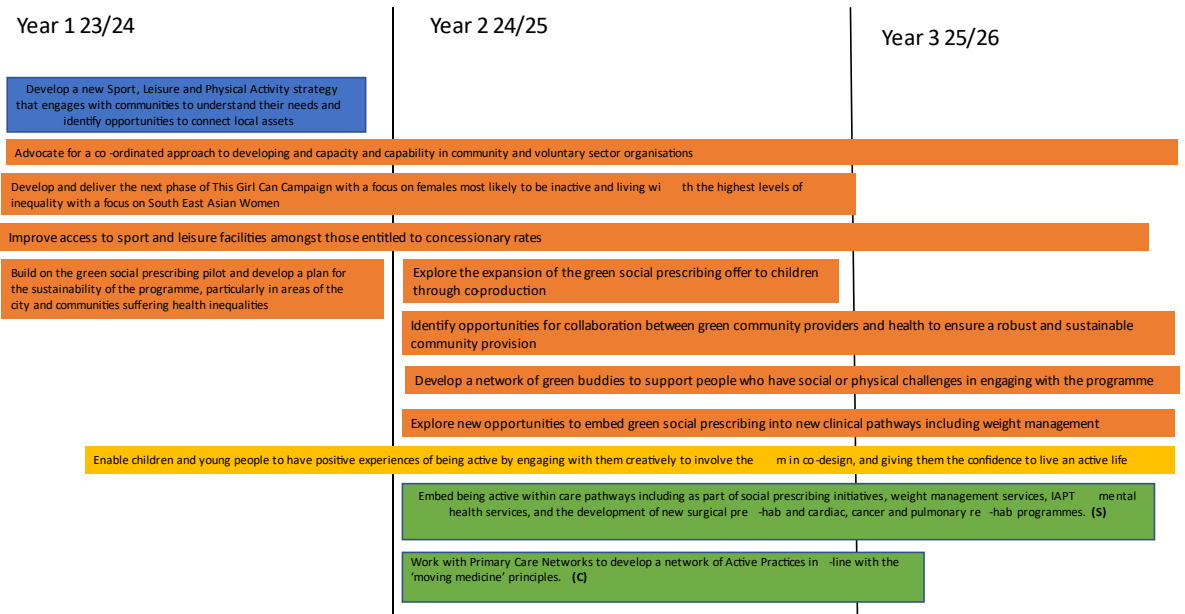
### How will we do this?

#### Headline Pledge

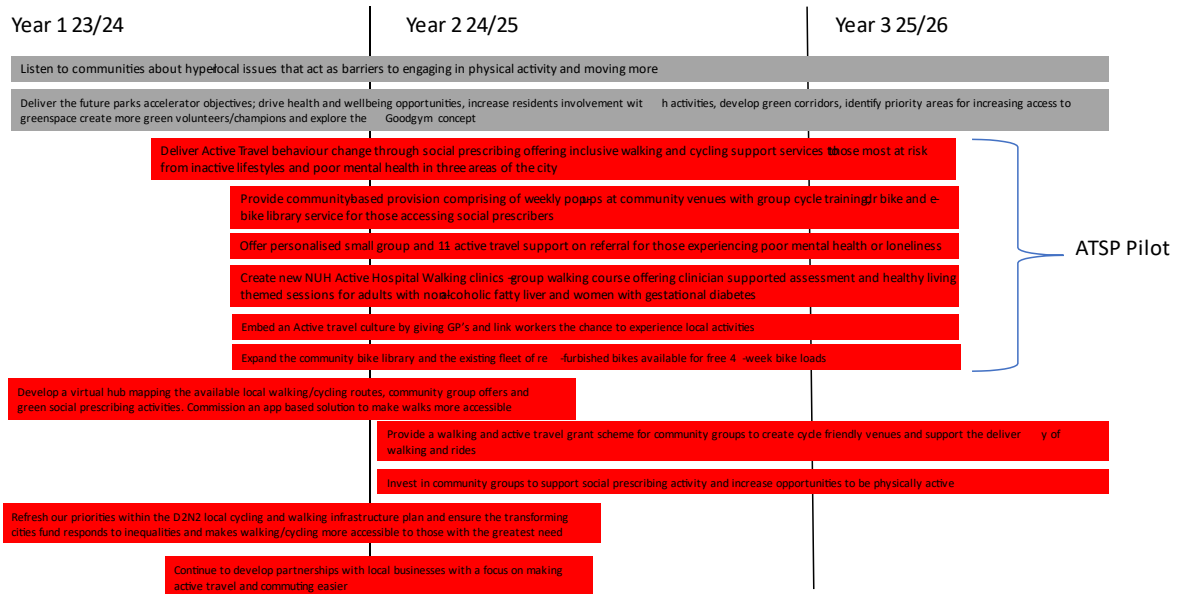
- Halve the gap in the proportion of people who are inactive between our most active neighbourhoods (The Park, City Centre, Sherwood/Mapperley) and least active neighbourhoods (Beechdale, Broxtowe Estate, Bulwell, Bilborough and Aspley).

- 1 Create a culture where everyone can be active in a way that works for them by understanding the needs of inactive people through effective partnership working and co-production of solutions.
- 2 Working with people and communities who experience the greatest need.
- 3 Enabling children and young people to have positive experiences of being active throughout their childhood.
- 4 Ensure that health and care systems and strategies recognise, support and prioritise moving more for long term conditions and a priority within NHS prevention pathways.
- 5 Creating accessible, safe, and inclusive places and environments for physical activity.
- 6 Maximise the potential of walking and cycling to increase opportunities for a low impact, easily accessible way for people to increase levels of physical activity with confidence.

Theme Three: Promoting Physically Active Lives and building Active and Green environments



Theme Three: Promoting Physically Active Lives and building Active and Green environments



## The Foundation we are building on

- Social Prescribers can currently issue a fully funded three-month leisure centre membership to patients who would benefit from a physical activity intervention to better their physical, mental and emotional wellbeing along with reducing inactivity, social isolation and loneliness.
- Nottingham was selected as one of seven government Green Social Prescribing Test and Learn sites and awarded £500,000 to run this two-year pilot nature-based programme. Nottingham's intention is to make green prescriptions (using exercise in the fresh air to improve people's health and wellbeing) and nature connectedness (taking the time to notice and enjoy nature) a part of everyday life, an intervention of choice for healthcare professionals, and supporting those struggling with their mental health.
- Active Notts have created a shared vision, 'Making our move', to outline the principles behind how it and system partners in Nottingham and Nottinghamshire will work to empower everyone to be active in a way that works for them.
- Nottingham City Council is working with its communities and partners to ensure our parks and open spaces are sustainable for the future. This will form part of an ambitious 25-year strategy for the city's parks and open spaces service to make a Greener, Healthier and Happier Nottingham
- In 2021/22, leisure facilities (i.e. gym, fitness classes, swimming pool, and other facilities) were used 1,525,312 times across the six Nottingham City leisure centres. There are currently 15,765 users with memberships the majority of which are female (57.2%) and of white ethnicity (62.8%).
- Nottingham University Hospitals (NUH) is running one of four pilots across the country to promote activity of hospital-based staff and patients within the vicinity of hospitals to promote all-round better well-being. NUH links patients and staff to national resources; has developed campus walk maps; and has partnered with community groups to offer led walks.
- The Sport England Together Fund has invested £41,851 into community groups that work with disability, within areas of socio-economic deprivation or ethnically diverse communities, between June and October 2022. In addition, sporting community trusts have also funded initiatives using football, cricket and other sports to engage communities in sport and physical activity.
- Nottingham City Council was awarded School Swimming Lesson Provider of the Year Award in 2021 and 2022. It aims to ensure all children and young people can access swimming lessons and have the opportunity to learn to swim and leave primary school with water safety skills.
- The Sheriff's Challenge is a series of activities for all Primary school-age children encouraging them to be physically active. Each academic year a different challenge is set which encompasses a 'joint goal' for schools to cumulatively reach plus individual pupil targets. It's free for Nottingham City schools. In 2021/22, over 14,700 miles logged across 10 schools with 2,990 pupils taking part throughout the year.
- Nottingham City is one of eleven successful pilot areas invited to test approaches to delivering active travel behaviour change through social prescribing offering inclusive walking and cycling support services to those at most risk from inactive lifestyles and poor mental health.
- In 2020, Nottingham and Derby City Councils received funding through the Department

of Transport's Transforming Cities Fund. This included a £161m package of schemes to, amongst other things, improve options for people on foot or bike. An additional £16.7m has also been secured to trial electric scooters and e-bikes, and improvements to traffic information and ticketing.

- In addition to the Transforming Cities Fund, Nottingham has Active Travel Fund programmes. Nottingham is one of only five areas in England to have achieved a level 3 (out of 4) ranking by Active Travel England.



Indicator	Source	Frequency of reporting	Nottm value	England value	2027	2032
<b>Output measures</b>						
Number of participants in Active Travel social prescribing community activities	NCC	TBC	N/A	N/A		
Number of participants in NUH Active Hospitals walking clinics	NCC/NUH	TBC	N/A	N/A	↗	↗
Size of cycle fleet available via the bike library	NCC	Annual		N/A	↗↗	↗
Number of physical activity community groups taking place in our parks and open spaces	NCC	TBC	N/A	N/A	↗↗	↗
Total number of volunteering sessions in Nottingham parks and open spaces	NCC	Annual		N/A	↗↗	↗
Usage of parks and open spaces	NCC	Annual		N/A	↗	↗
Total mileage of designated cycle routes and cycle corridors	NCC	Annual	TBC	N/A	↗	↗
Number of people referred into green social prescribing activities and the number of people attending green social prescribing activities	NCVS	Quarterly		N/A	↗	↗
<i>Additional outputs to be added via development of a sport, physical activity, and leisure strategy and from the Future Parks Accelerator outcomes framework currently under development</i>						
<b>Outcome measures</b>						
% of children and young people who are physically inactive (less than 30 minutes)	Sport England	Annual			↘↘	↘
% of children and young people who are physically active (doing on average 60 minutes or more a day)	Sport England	Annual	Sample size too small	44.6% (2020/21)	↗	↗↗
% of adults who are physically inactive (less than 30 minutes a week)	Sport England	Annual	24.1% (2020/21)	23.4% (2020/21)	↘	↘
% of adults who are physically active (at least 150mins per week)	Sport England	Annual	64.1% (2020/21)	65.9% (2020/21)	↗	↗



# Delivery Theme 4: Creating a local environment that promotes healthy food choices

## What do we aim to do?

Create a diverse local food system where food choices are nutritious, affordable and desirable. We want to actively rebalance the influence on our eating habits to create a food environment that supports individuals' efforts to make food choices that positively effect their health and wellbeing , while simultaneously taking steps to limit the appeal of junk food.

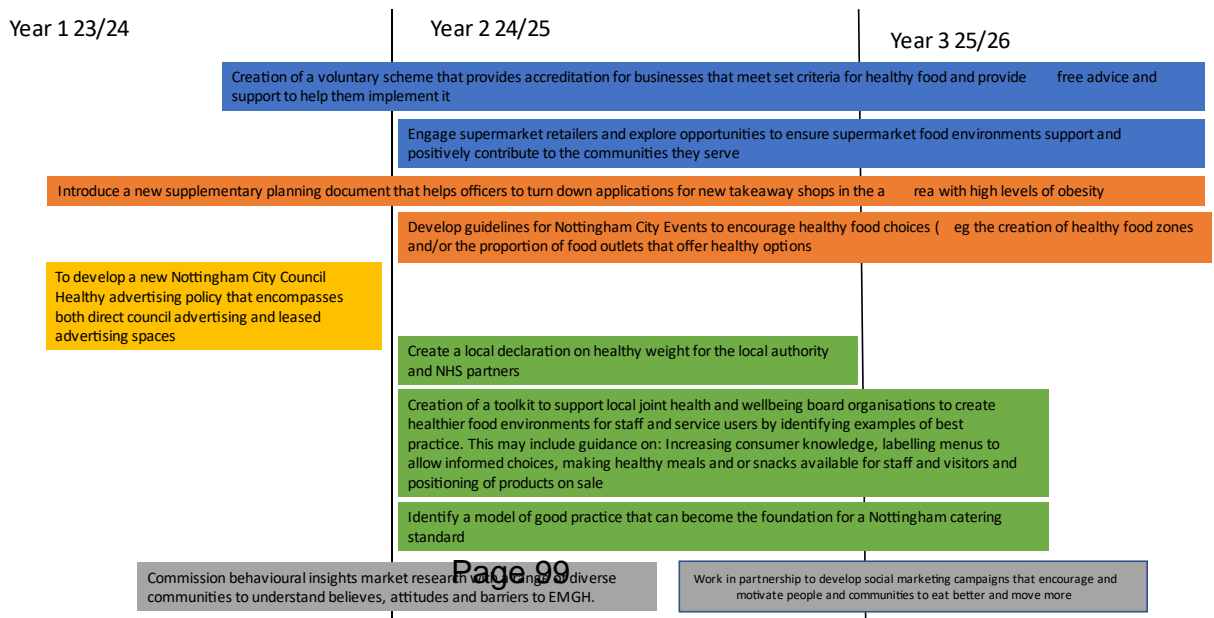
## How will we do this?

### Headline pledges

- By 2025, no adverts for Ultra Processed High Fat, Salt or Sugar Foods will appear on the Nottingham City Public Transport system or Nottingham City Council owned advertising spaces.
- By 2027, all Nottingham City events will include 'Healthy Food Zones'.

- 1 Support food businesses to improve Nottingham City's food environment and make healthy, options more widely available to those living in Nottingham.
- 2 Limit the 'density' of takeaway food outlets in Nottingham City to promote a more diverse food offer to Nottingham residents.
- 3 Support Nottingham City residents to make healthier choices by stopping unhealthy marketing that; in particular, influences what children eat.
- 4 Ensure local public buildings, hospitals and university buildings/campuses in Nottingham City promote a positive food environment.
- 5 Use behavioural insight to guide marketing campaigns aimed at improving diet quality and increasing physical activity levels.

Theme Four: Creating a local environment that promotes healthy food choices



### The foundation we are building on

- In 2014, NUH was the first NHS hospital to be awarded the Soil association’s gold food for life catering mark.
- NCC attempted to include a restriction on takeaway outlets in it’s town plan in 2018. This was dismissed by national planning authorities following an objection from national food chains.

Indicator	Source	Frequency of reporting	Nottm value	England value	2027	2032
Output measures						
Number of food outlets working towards Nottingham City Eating Better accreditation	NCC	Annual	N/A	N/A	↗↗	↗
Number of successful applications for fast-food outlets in areas of high obesity prevalence and in the vicinity of schools.	NCC	Annual		N/A	↘↘	→
Number of bus shelter advertising spaces promoting HFSS food products	NCC	Annual		N/A	↘↘	→
Density of fast-food outlets per 100,00 population	OHID	Annual	115.8	88.2	→	↘
Outcome measures						
% of adults consuming 5 or more portions of fruit and vegetables per day	OHID	Annual	50.1% (2019/20)	55.4% (2019/20)	↗	↗

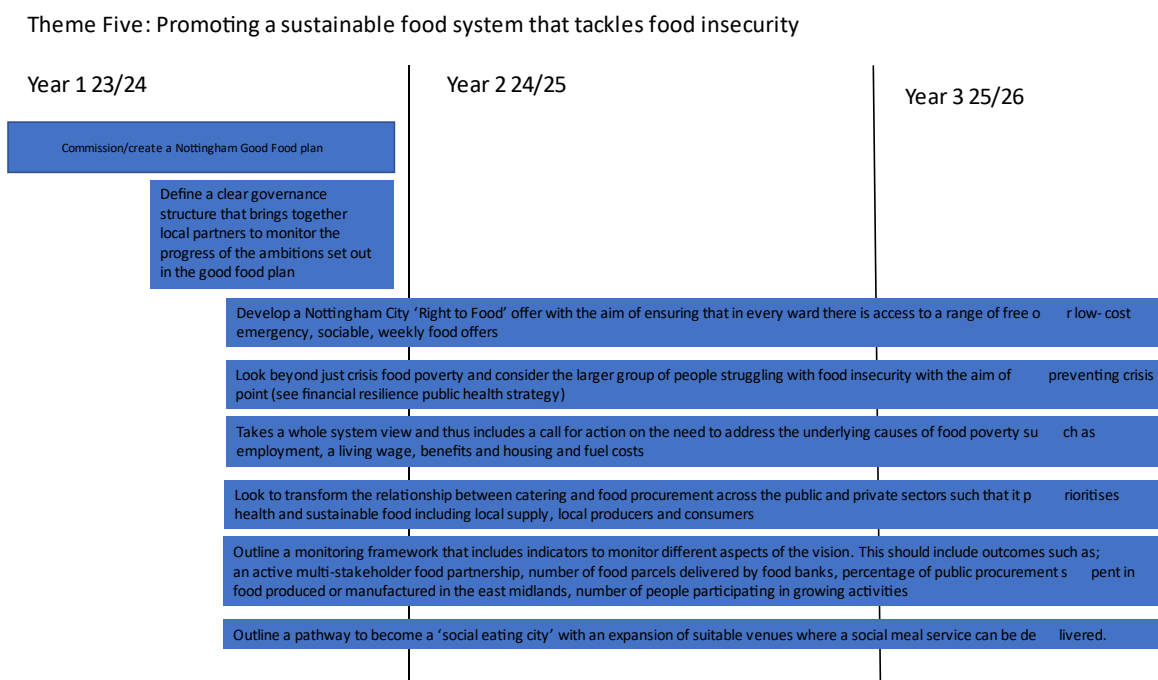
## Delivery Theme 5: Promoting a sustainable food system that tackles food insecurity

### What do we aim to do?

Ensure those living in Nottingham City have access to healthy, nutritious food produced with care for the environment and natural resources in a thriving local food economy that tackles rising levels of household food insecurity. This theme is also identified in the Financial Wellbeing delivery plan as it is an important feature in both of these Health and Wellbeing priorities. The review of the identified workstreams and subsequent delivery plans required on-going co-ordination between these two strategic areas.

### How will we do it?

- 1 **Commission/Deliver a Nottingham City Good Food Plan developed in partnership between Nottingham City Council, local public sector organisations, the voluntary and community sector, and the business community. A Nottingham Good Food Plan should:**



- Define a clear governance structure that brings together local partners to monitor the progress of the ambitions set out in the Good Food Plan.
- Outline a monitoring framework that includes indicators to monitor different aspects of the vision. This should include outcomes such as: the presence of an active multi-stakeholder food partnership; number of food parcels delivered by food banks; percentage of public procurement spent in food produced or manufactured in the East Midlands; number of people participating in food growing activities.

### The Foundation we are building on

- Since 2021, Nottingham City has received funding for a Holiday Activity and Food Programme – this programme enables children qualifying for free school meals to access free places in summer holiday clubs including a nutritious meal, helping with food insecurity.
- Nottingham City Council has joined forces with food redistribution charity FareShare Midlands to help produce meals for local people in need from food that would otherwise be thrown away. In full production, the kitchen team will prepare, process and cook 5,460kg of surplus foods to provide 13,000 meals per month. This project is funded by Sainsbury’s.
- Since 2020, the Nottingham City Wellbeing Design Guide, developed by Nottingham City Council and the Nottingham Good Food Partnership, has assisted designers, developers & authorities in the delivery of healthy and sustainable places to live, full of food growing spaces, biodiversity, wellbeing, clean air and greenery.

Indicator	Source	Frequency of reporting	Nottm value (trend)	England value (trend)	2027	2032
Output measures						
<i>Additional outputs to be added via development of a Nottingham City Food Plan</i>						
Outcome measures						
<i>Alignment to outcome measures to be part of an outcomes framework for the Nottingham City Food Plan</i>						



A partner of the  
**Integrated  
Care System**  
Nottingham & Nottinghamshire



**Nottingham City  
Integrated Care  
Partnership**

# Joint Health and Wellbeing Strategy

## Severe and Multiple Disadvantage

Page 103

Initial Delivery Plan  
November 2022



# Severe and Multiple Disadvantage (SMD)

**This delivery plan includes:**

- *Context to the programme*
- *What we want to achieve*
- *How we will we achieve it*
- *Who our key stakeholders are*
- *How we will know we have made progress*

Page 104





# Context for the programme

- The term SMD recognises that it is not unusual for people to experience multiple complex issues such as homelessness, substance misuse, mental ill-health, offending and experience of domestic or sexual violence.
- Experiencing multiple and complex issues means people can face real challenges in accessing the right services at the right time, and they are likely to have poorer outcomes compared to people not experiencing multiple complex issues.
- This programme aims to bring organisations together to provide better, joined up care that understands complexity. It is guided by the Nottingham City SMD partnership. This is a large network of service users, partners in the voluntary and community sector and the statutory sector.
- Some of the work described in this plan is funded and delivered through 'Changing Futures'. A national funding stream through which the partnership were awarded £4m of funding over three years.
- The work described in this plan is underpinned by our partnership's three fundamental principles of:
  - ***Co-production***
  - ***Equity, with a particular emphasis on equity for diverse communities and women***
  - ***Learning, and sharing that learning***



# Our aims and objectives

As a partnership we have identified what we think are the key barriers for people experiencing SMD in Nottingham. The 'problem' we need to address is: ***In Nottingham City, people experiencing SMD can experience barriers to receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place.***

Through this plan, we aim to address this problem by working together and using our resources in the most effective way. The key objectives are to:

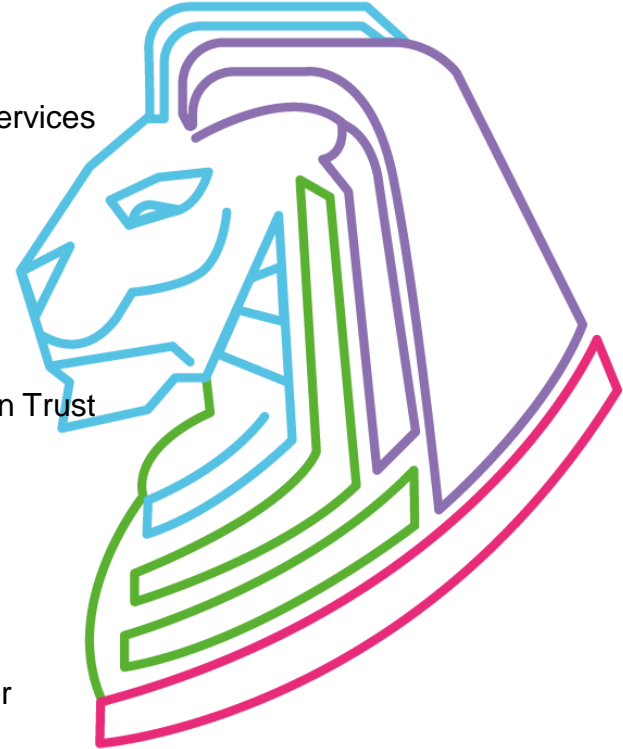
- Listen to the voices of experts by experience, be guided by them and co-produce everything we do.
- Ensure services across Nottingham work in a flexible and joined up way to provide less fragmented and more person-centred care and support.
- Develop and sustain a Multi-Disciplinary Team that helps solve problems for individuals through effective integrated working.
- Support and help develop the Changing Futures programme, that is helping to provide essential one to one support and joining the system offer together.
- Make sure our workforce across organisations and sectors, understands the needs of people experiencing SMD and can respond appropriately. Understanding the role that experience of trauma plays in how people access and receive support.
- Use our data and information to make sure we are getting the best possible outcomes for people and that we can intervene earlier.
- To make sure everything we do is done through that lens of equity, ensuring that the needs of our diverse communities in Nottingham, and the needs of women are well understood and responded to.



# Stakeholders\*

This programme is supported by a network that includes the following membership/stakeholders:

- Al-Hurraya
- BAC-IN
- Emmanuel House
- Framework
- Improving Lives
- Luno Women's Aid
- Nottingham Counselling Service
- Nottingham CVS
- POW
- R2C project
- The Bridges Community Trust
- The Big Issue
- The Friary
- Nottinghamshire Sexual Violence Support Services
- Nottingham City Care Partnership
- Nottingham City Council
- Nottingham City Place Based Partnership
- Nottingham City GP Alliance
- Nottinghamshire Healthcare NHS Foundation Trust
- NHS Nottingham and Nottinghamshire ICB
- Nottingham University Hospitals Trust
- Nottingham DWP
- Nottinghamshire Probation Services
- Office of the Police and Crime Commissioner



\*The above is based on regular attendees of the SMD Partnership and is not a complete list.

# Overview of the plan: Page 1

Purpose	Objectives	Key activity	Short term (0-6 months)	Medium term (6-18 months)	Longer term (18 months to 3 years)
<p><i>In Nottingham City, people experiencing SMD can experience barriers to receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place.</i></p> <p><b>Page 10</b></p> <p><i>Therefore, our objective is:</i></p> <p><i>To ensure that people living in Nottingham City who experience SMD receive joined up, flexible, person-centred care from the right services, at the right time and in the right place.</i></p>	<p><b>Listen to the voices of experts by experience, be guided by them and co-produce everything we do.</b></p>	<p>Support and develop Changing Futures Expert By Experience Board to further develop and guide the programme.</p> <p>Drawing on experience of the well established ABBA group and the work of Opportunity Nottingham as well as wider partners.</p> <p>Support experts by experience to support all aspects of the programme, including individual work streams.</p>	<p>Expert by Experience Board is operational with clear Terms of Reference. Membership of the board is representative.</p> <p>Experts by Experience guide and inform all partnership SMD workstreams.</p>	<p>Expert by Experience Board is fully operational and is guiding the programme. Evaluation of the impact of the board is ongoing.</p> <p>Workstreams have good representation in terms of lived experience and that work is guided by and supported by experts by experience.</p>	<p>Lived experience has greater and demonstrable impact on service delivery at all levels.</p>
	<p><b>Develop and sustain a Multi-Disciplinary Team</b></p>	<p>Ensure clear referral routes and clear information for partner organisations.</p> <p>Monitor ongoing engagement by key partners required to sustain the MDT.</p> <p>Monitor referrals.</p> <p>Monitor outcomes for individuals.</p>	<p>Paperwork updated and shared as appropriate.</p> <p>Mapping identifies any areas where referrals would be expected but are not being seen.</p> <p>Information is shared with partners and links are made with networks and meetings as appropriate.</p> <p>Attendance is routinely monitored and shared with partners.</p>	<p>Attendance of agencies is consistent, leading to effective management of cases.</p> <p>Paperwork is updated on an ongoing basis.</p> <p>Purpose of the MDT is well understood by a range of partners.</p> <p>Referrals represent a broader range of sectors and organisations.</p> <p>Reasons why an organisation might choose not to refer are understood.</p>	<p>MDT is well established and well understood and supported by partners.</p> <p>Outcomes are fed back to organisations and this supports ongoing involvement.</p> <p>Staff across the system are more knowledgeable about the MDT and are referring service users. Increase in joint working through the MDT with outcomes for those referred monitored.</p>

## Overview of the plan: Page 2

Purpose	Objectives	Key activity	Short term (0-6 months)	Medium term (6-18 months)	Longer term (18 months to 3 years)
<p><i>In Nottingham City, people experiencing SMD can experience barriers to receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place.</i></p> <p><i>Therefore, our objective is:</i></p> <p><i>To ensure that people living in Nottingham City who experience SMD receive joined up, flexible, person-centred care from the right services, at the right time and in the right place.</i></p>	<p><b>Ensure services across Nottingham work in a flexible and joined up way , including continuity of care.</b></p>	<p>New approaches to commissioning trialled to support a more flexible and integrated support offer.</p> <p>Ensure that information is shared appropriately between agencies, avoiding people having to tell their story repeatedly.</p> <p>Support joint working and person-centred approaches through the MDT and Changing Futures embedded roles.</p> <p>Look at possible approaches to integration, to include:                      -sharing of assets across organisations                      -IT options for shared processes and sharing of information                      -flexible working approaches such as co-location                      -use of pooled budgets</p> <p>Adopt the race health inequalities maturity matrix.</p> <p>Develop a specific work stream around continuity of care for prison leavers.</p>	<p>Develop a programme to test out more personalised approaches to commissioning through the Changing Futures Programme.</p> <p>Current data sharing mapped and opportunities for further sharing identified.</p> <p>Key issues/areas for change relating to need for greater flexibility are identified and agreed</p> <p>Approaches for greater integration are identified and priorities identified.</p> <p>Pilot of the maturity matrix informs areas for priority.</p> <p>Prison leavers work plan is agreed.</p>	<p>Trial of personalised approaches begins and is monitored and evaluated on an ongoing basis.</p> <p>Maturity matrix is embedded into work of the partnership, with progress monitored.</p> <p>Options for a provider alliance approach are developed with partners.</p> <p>Prison leaver work plan is embedded .</p>	<p>Innovative approaches to support personalised and integrated commissioning leads to greater choice and better outcomes.</p> <p>Information sharing protocols are in place, utilising technology where appropriate.</p> <p>Continuity of care for prison leavers improves and outcomes are monitored and reported to the partnership.</p>
	<p><b>Use our data and information to make sure we are getting the best possible outcomes for people and that we can intervene earlier.</b></p>	<p>Develop the Learning and Insight Hub, funded through Changing Futures to support evaluation of all initiatives and support training.</p> <p>Commission research to better understand the experience of SMD for diverse communities.</p> <p>Ensure that all data analysis across Changing Futures and includes equity of access and outcome for women and diverse communities.</p> <p>Learn how we can share information appropriately to improve outcomes.</p>	<p>Evaluation plan developed.</p> <p>Research commissioned to better develop our understanding of SMD for our diverse communities in Nottingham.</p> <p>Current data sharing mapped and opportunities for further sharing identified.</p>	<p>Evaluation is ongoing and feeds into the programme.</p> <p>Research is completed and findings/ recommendations are considered for areas of development.</p> <p>Specific gaps in information sharing are identified and proposals developed.</p>	<p>SMD and the experience of women and of people from ethnic minority communities is better understood and this reflected in service design, delivery and commissioning.</p> <p>Information is shared appropriately to support integrated working and care.</p>

# Overview of the plan: Page 3

Aim	Objectives	Key activity	Short term (0-6 months)	Medium term (6-18 months)	Longer term (18 months to 3 years)
<p><i>In Nottingham City, people experiencing SMD can experience barriers to receiving joined up, flexible, person-centred care from the right services, at the right time and in the right place.</i></p> <p>Therefore, our objective is:</p> <p><i>To ensure that people living in Nottingham City who experience SMD receive joined up, flexible, person-centred care from the right services, at the right time and in the right place.</i></p>	<p><b>Support and help develop the Changing Futures programme that is helping to provide essential one to one support and is helping to bring the system offer together.</b></p>	<p>Provide intensive one to one support to individuals through the Changing Futures Programme. Ensuring this support is culturally and gender responsive and meets the needs of the population.</p> <p>Support joint working and person-centred approaches through enhanced role of the MDT and Changing Futures embedded roles in key services.</p>	<p>Transition from Opportunity Nottingham to Changing Futures.</p> <p>Beneficiaries identified through referral from partner agencies and embedded posts.</p> <p>Ongoing analysis of referral and outcome data is led by the learning and development lead. This includes analysis of referrals and outcomes by gender and ethnicity.</p> <p>Joint working through embedded roles and MDT is established.</p>	<p>Changing Futures caseload develops and is representative.2</p> <p>Outcomes for beneficiaries are monitored and barriers to progress identified and resolved through system and joint working.</p> <p>Ongoing analysis of referral data enhances programme.</p> <p>Impact of joint working is monitored and benefits identified.</p>	<p>People with greatest need are able to access specialist support and have greater choice and control in their care. This model is supported by system partners beyond the life of Changing Futures.</p> <p>Partners commit to long term sustainable resource to develop and potentially expand the work of the programme to the wider ICS footprint.</p>
	<p><b>Make sure our workforce across organisations and sectors, understand the needs of people experiencing SMD and can respond appropriately.</b></p>	<p>Complete a training needs analysis.</p> <p>Revisit existing SMD training package.</p> <p>Roll out of training and monitoring of uptake as well as ongoing evaluation.</p>	<p>Training needs analysis identifies areas of provision and current good practice in the system and areas for greater focus.</p> <p>Roll out of existing training programme starts and is supported through the hub.</p>	<p>Roll out of training is fully underway with all partners supporting staff to attend.</p>	<p>Staff feel more knowledgeable and able to work more effectively with people experiencing SMD.</p> <p>SMD is well understood by the system, trauma informed approaches are part of usual business.</p>

# How will we measure progress at *population* level?

SMD is a multi-faceted issue and no single population level indicator has the ability to demonstrate change. Ideally we would like to measure life-expectancy but this is not possible. Instead we will use the following population level outcomes:

PHOF Indicator	England value	East Midlands	Nottingham	Ambition
Adults in contact with secondary mental health services that are in stable accommodation	58%	53%	44%	Increase to be in line with regional value
Re-offending levels, % of offenders that re-offend	27.9%	28.6%	35.7%	Decrease to be in line with regional value
Homelessness: Households in temporary accommodation (crude rate per 1000)	4.0	0.9	2.9	Decrease to be more in line with regional value
Adults with substance misuse need who successfully engage in community bases structured treatment on release from prison	38.1%	40.0%	31.4%	Increase to be more in line with regional value
Deaths from drug misuse (DSR per 100,000)	5.0	4.0	5.2	Decrease to be more in line with regional value

# How will we measure progress at service level?

Service level indicator	How this is collected	Metric*
Increase in joint working through enhanced role of the MDT, the integrated SMD function and embedded roles in key services	Ongoing well developed data collection, with analysis support provided by the learning and insight hub.	<p>Number and source of referrals to MDT.</p> <p>Organisations supporting the MDT.</p> <p>Number of people provided with MDT support.</p> <p>Number/% of successful MDT outcomes.</p> <p>Number/% of people that are survivors, from minoritised groups, are women.</p> <p>Change in joint working and associated outcomes as reported by services and beneficiaries.</p>
Delivery of co-produced SMD training (to include Trauma Informed Care and cultural and gender responsiveness) across VCSE and statutory organisations	Ongoing evaluation and monitoring supported by the learning and insight hub.	<p>Number of training sessions provided.</p> <p>Uptake by organisations and services.</p> <p>Number and % of workforce attending (by service / organisation and by job role).</p> <p>Change in knowledge and understanding.</p>
More effective recording, sharing and use of data and learning	Ongoing evaluation and monitoring supported by the learning and insight hub.	<p>Number of services participating in data and information sharing</p> <p>Number of data sharing agreements in place</p> <p>Change in quality / consistency of routine recording of protected characteristics and use of flags to identify people at risk of or experiencing SMD.</p> <p>Impact of data sharing on joint working</p>

*\*Note that all service level outcome data will be analysed and reported to look specifically at referrals etc that are for people from ethnic minority communities and also for women. This relates to the programme's commitment to race and gender equity.*



# How will we measure progress at *individual* level?

The Changing Futures programme gives us a unique opportunity to look at change for a group of individuals with perhaps the most complex needs. We will use that data to report the following:

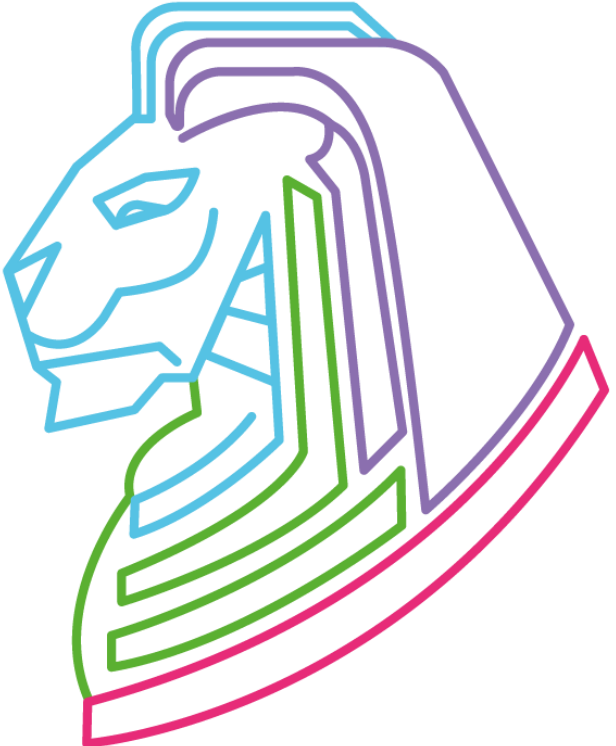
Individual level indicator	How this is collected	Metric*
Improvement in experience of care and support leads to stabilisation	Data collected by CF programme as part of routine recording  Experiential data and information	Change in NDT score  Change in Recovering Quality of Life score
Beneficiaries have less need to use emergency or crisis services to meet their needs as care plans and support is well planned and co-produced	Data collected by CF programme as part of routine recording  Experiential data and information	N/% beneficiaries that use emergency hospital care  N/% beneficiaries in contact with criminal justice system  N/% beneficiaries in planned health service- long term condition management  N/% beneficiaries experiencing rough sleeping or eviction
Beneficiaries have greater choice and control in their care, can get specialist support if they want it and can use a personal budget to help them meet their goals and are offered access to technology to aid person centred joint care planning	Data collected by CF programme as part of routine recording  Experiential data and information	Number/% of beneficiaries receiving support from navigator  Number/% of beneficiaries receiving support from specialist navigator  Number/% of beneficiaries receiving a personal budget  Number/% of beneficiaries offered choice through a personalised commissioning approach

Page 113

\*Note that all individual outcome data will be analysed and reported to look specifically at outcomes for beneficiaries that come from ethnic minority communities and also beneficiaries that are women. This relates to the programme's commitment to race and gender equity.

# Milestones and risks

Risks	Mitigation
<p>Current momentum in the partnership and associated support is not sustained.</p>	<p>Currently the partnership is very active and good progress is being made. We have completed a 'stock take' utilising external facilitators to identify how we can continue to develop and we take a solution focussed approach to all issues raised by members. We regularly celebrate success and progress as well as identify areas for greater focus.</p>
<p>Economic downturn increases need and impacts on outcomes</p>	<p>This is an issue we need to acknowledge but have limited ability to influence. This needs to be considered, particularly when interpreting any change in population level outcomes.</p>
<p>Longer term support required by the system is not provided to sustain key areas of work.</p>	<p>Some specific and important aspects of this plan are currently funded through time limited Changing Futures funding. We are already actively looking for opportunities around how this might be sustained going forward, but this is not currently guaranteed.</p>
<p>We lose the support of experts by experience and fail to deliver a co-produced programme and/or participants are not representative of the wider population.</p>	<p>Experts by experience have been pivotal to the success of the programme to date. We are using Changing Futures funds and links with existing expert groups to develop and sustain the level of support we have benefitted from to date. Some targeted work is being done now to try and engage new Changing Futures beneficiaries from minoritized backgrounds.</p>
<p>We lose the focus on equity and learning that are pivotal to the programme.</p>	<p>We have two specific workstreams of the SMD partnership that have been designed to hold the programme to account in terms of race and gender equity. These have agreed workplans. The Learning and Insight Hub has been funded through Changing Futures to provide ongoing evaluation and all workstreams have clear action plans and associated learning is fed back into the partnership.</p>



Page 14

**Nottingham City Health and Wellbeing Board  
26 July 2023**

<b>Report Title:</b>	Nottingham and Nottinghamshire NHS Joint Forward Plan
<b>Lead Board Member(s):</b>	Lucy Dadge, Director of Integration, Nottingham and Nottinghamshire ICB.
<b>Report author and contact details:</b>	Victoria McGregor-Riley, Locality Director, Nottingham and Nottinghamshire ICB <a href="mailto:v.mcgregorriley@nhs.net">v.mcgregorriley@nhs.net</a>  Joanna Cooper <a href="mailto:joanna.cooper1@nhs.net">joanna.cooper1@nhs.net</a>
<b>Other colleagues who have provided input:</b>	Lucy Hubber Director of Public Health Nottingham City Council

**Executive Summary:**

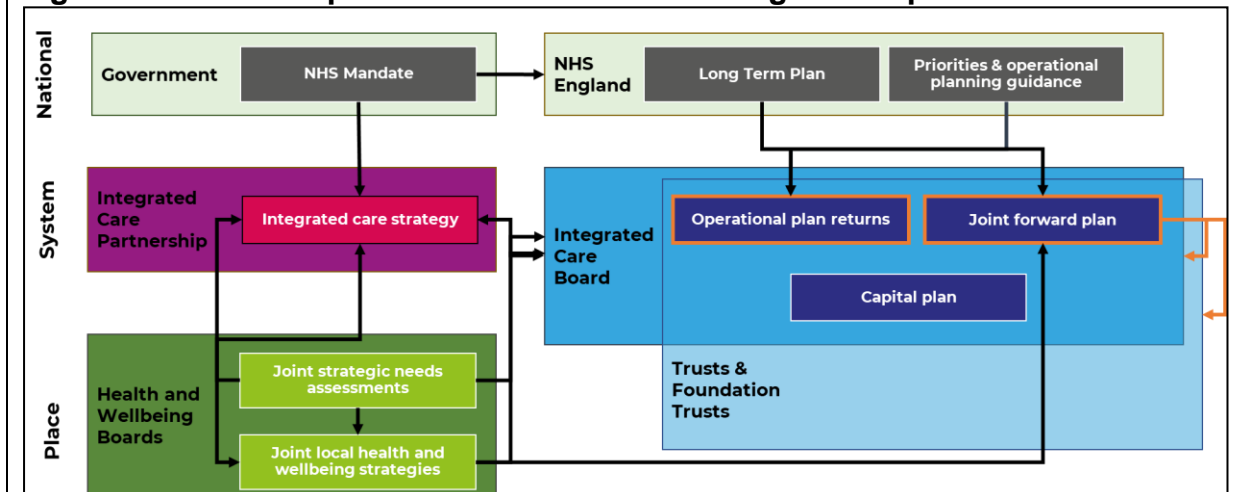
**Purpose of the Briefing**

1. To brief members of the Board on the development of the Nottingham and Nottinghamshire NHS Joint Forward Plan as required under the Health and Care Act 2022.
2. Seek ratification for the statement of support for the Plan agreed with the Chair and Director of Public Health.

**Information**

3. The Board has previously received briefings on the provisions of the Health and Care Act 2022, under which Nottingham and Nottinghamshire Integrated Care Partnership was required to produce an [Integrated Care Strategy](#) (This was approved 17 March 2023). The Integrated Care Board is also required to produce a 5-year Joint Forward Plan with strategic partners.

**Figure 1: relationship of the JFP with other strategies and plans**



4. Before the start of each financial year, each Integrated Care Board (ICB), together with partner NHS Trusts and NHS Foundation Trusts must prepare a Plan (hereafter referred to as the NHS Joint Forward Plan), detailing how they propose to exercise their functions in the next five years. There is an expectation that this plan will be refreshed annually, in line with emerging national guidance.
5. Planning guidance for the Joint Forward Plan was published by NHS England on 23 December, which is available online here: [B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2022/12/B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf). This first Joint Forward Plan (JFP) is being co-produced with NHS partners as well as our wider system partners and public. Both Nottingham and Nottinghamshire Health and Wellbeing Boards have inputted into the development of the Plan, ensuring it aligns with the Integrated Care Strategy and Joint Health and Wellbeing Board Strategies.
6. The Joint Forward Plan provides an opportunity to create a longer-term shared sense of endeavour, a realistic and ambitious view of what is achievable through the pursuit of our agreed three key strategic principles of Prevention, Equity and Integration. The ICB Board and ICS Executive Leadership Group have discussed and agreed the scope of the Plan as:
  - a. Delivering the NHS Mandate, whilst also tackling the most challenging issues for the system: e.g. demand, capacity, performance, finance, sustainability.
  - b. The NHS contribution to the aims of the Integrated Care Strategy.
7. Whilst the Joint Forward Plan focusses on the commitments of NHS partners over the next five years, it fully recognises the high level of interdependency across our wider partnership in the achievement of these commitments. There is full acknowledgement of the critical work of our upper tier local authorities as well as partners at a more local level including District Councils, voluntary and community organisations, local people and communities. In recognition of this, further work will be undertaken in 2023/4 to review the process of engagement and co-production for future development of system strategies including the annual Joint Forward Plan.
8. As part of the national guidance, preparation and revisions of Joint Forward Plans are subject to a general legal duty to involve each Health and Wellbeing Board whose area coincides with that of the ICB, wholly or in part.
9. The plan itself must describe how the ICB proposes to implement relevant Joint Health and Wellbeing Strategies, and a draft of the JFP shall be shared with each relevant HWB when under development or undertaking significant revisions to the plan. HWBs must be consulted on whether the draft takes proper account of its Joint Health and Wellbeing Strategy, and the Board is asked to respond with its statement of opinion as to whether the plan has done so.
10. At the March meeting, the Board agreed to delegate to the Chair and Director of Public Health engagement with NHS partners to support the early development of the Joint Forward Plan. The Board also agreed to award delegated responsibility to the Chair and Director of Public Health to endorse the final

version prior to submission.

11. Further to extensive engagement across our system partnership we are now able to propose a final draft version of the Joint Forward Plan for consideration by the Board. In accordance with NHSE expectations, this final draft JFP was published online on 30 June. To support accessibility to our shared ambitions outlined within the JFP an Executive Summary and public facing document have also been produced – <https://healthandcarenotts.co.uk/integrated-care-strategy/joint-forward-plan/>
12. At its meeting on 13 July, the ICB Board agreed the plan. Work is underway to finalise and formally publish the document.
13. In consultation with the Chair of the Health and Wellbeing Board and subject to the comment and approval of members of Health and Wellbeing Board on 26 July 2023, the Board’s statement of opinion of the Joint Forward Plan is currently as follows:

*The Nottingham Health and Wellbeing Board is satisfied that the NHS Joint Forward Plan for Nottingham and Nottinghamshire takes full account and outlines the ICB's contribution to the delivery of the Integrated Care Strategy. We welcome the strong commitment and connectivity to the Joint Local Health and Wellbeing Strategy.*

**Recommendation(s):** The Board is asked to:

1. To note the development of the Nottingham and Nottinghamshire NHS Joint Forward Plan as required under the Health and Care Act 2022.
2. To approve the following statement of support: The Nottingham Health and Wellbeing Board is satisfied that the NHS Joint Forward Plan for Nottingham and Nottinghamshire takes full account and outlines the ICB's contribution to the delivery of the Integrated Care Strategy. We welcome the strong commitment and connectivity to the Joint Local Health and Wellbeing Strategy.

### The Joint Health and Wellbeing Strategy

Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
<p><b>Aim 1:</b> To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions</p>	<p>The NHS Joint Forward Plan is the NHS response to the Integrated Care Strategy, which focuses on improving prevention, equity and integration across the health and care system. Its commitments align to the delivery of Nottingham and Nottinghamshire Joint Health and</p>
<p><b>Aim 2:</b> To reduce health inequalities by</p>	

having a proportionately greater focus where change is most needed	Wellbeing Board Strategies.
<b>Priority 1:</b> Smoking and Tobacco Control	
<b>Priority 2:</b> Eating and Moving for Good Health	
<b>Priority 3:</b> Severe Multiple Disadvantage	
<b>Priority 4:</b> Financial Wellbeing	
<p><b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:</b></p> <p>The NHS Joint Forward Plan covers all aspects of NHS provision and responds to national priorities, including mental and physical health. Parity is a fundamental expectation of delivery of NHS services within the Joint Forward Plan.</p>	

<b>List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)</b>	Papers to the 29 March and 31 May 2023 HWB meetings.
<b>Published documents referred to in this report</b>	Health and Care Act 2022 Nottingham and Nottinghamshire Integrated Care Strategy NHS England Guidance on the development of Joint Forward Plans

**Nottingham City Health and Wellbeing Board**  
**26 July 2023**

<b>Report Title:</b>	Government Response to the Hewitt Review 2023
<b>Lead Board Member(s):</b>	Lucy Dadge, Director of Integration, Nottingham and Nottinghamshire ICB.
<b>Report author and contact details:</b>	Joanna Cooper <a href="mailto:joanna.cooper1@nhs.net">joanna.cooper1@nhs.net</a>
<b>Other colleagues who have provided input:</b>	Lucy Hubber Director of Public Health Nottingham City Council
<b>Executive Summary:</b>	
<b>Purpose of the Briefing</b>	
<ol style="list-style-type: none"> <li>1. To brief members of the Board on the <a href="#">Government's response</a> to the <a href="#">Hewitt Review 2023</a>.</li> </ol>	
<b>Information</b>	
<ol style="list-style-type: none"> <li>2. The Rt Hon Patricia Hewitt was commissioned to lead an independent review of Integrated Care Systems (ICSs) in November 2022. The <a href="#">Hewitt Review</a> reported on 4 April 2023.</li> <li>3. The review set out to consider the oversight and governance of ICSs. Each ICS has an Integrated Care Board (ICB), a statutory organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. ICBs include representatives from Local Authorities, primary care and NHS Trusts and Foundation Trusts.</li> <li>4. The review covered ICSs in England and the NHS targets and priorities for which ICBs are accountable, including those set out in the Government's mandate to NHS England.</li> <li>5. On 14 June, the Government published a <a href="#">joint response</a> to the Health and Social Care Committee's report on the autonomy and accountability of ICSs, and on the independent Hewitt Review.</li> </ol>	
<b>Recommendation(s):</b> The Board is asked to:	
<ol style="list-style-type: none"> <li>1. The Board is asked to note and discuss the Government response to the Hewitt Review 2023.</li> </ol>	

<b>The Joint Health and Wellbeing Strategy</b>	
<b>Aims and Priorities</b>	<b>How the recommendation(s) contribute to meeting the Aims and Priorities:</b>
<b>Aim 1:</b> To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	The response signals national policy, which may need to be considered by the Board.
<b>Aim 2:</b> To reduce health inequalities by having a proportionately greater focus where change is most needed	
<b>Priority 1:</b> Smoking and Tobacco Control	
<b>Priority 2:</b> Eating and Moving for Good Health	
<b>Priority 3:</b> Severe Multiple Disadvantage	
<b>Priority 4:</b> Financial Wellbeing	
<b>How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health:</b>	
The response signals national policy, which may need to be considered by the Board.	

<b>List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)</b>	None
<b>Published documents referred to in this report</b>	Hewitt Review 2023 Government response to the Health and Social Care Committee's report on the autonomy and accountability of integrated care systems, and on the independent Hewitt Review.



**Statutory Officers Report for Health and Wellbeing Board  
Corporate Director of People  
July 2023**

## **Children's Integrated Services and Education**

### **1. Family Hubs**

Nottingham City Council has established 4 Family Hubs across the city, providing families with easier access to universal and early help services delivered by the local authority, health partners, community and voluntary services, both in the Family Hub buildings and in community venues across the city.

Family Hubs are located at Bestwood, Broxtowe, Hyson Green and the Meadows.

The Family Hub partnership network provides services for families from pregnancy and with children up to 18 years (or up to 25 years for Special Educational needs or disabilities). This extends from the current Children's Centre offer for families with children aged 0 – 5 years.

This is a collaborative framework involving parents, carers, young people, and communities. Through the implementation of a co-production model, families are actively engaged in the development of services based on their identified needs. The valuable input and insights provided by stakeholders significantly influence the design and implementation of initiatives. To further enhance this collaborative approach, invitations are extended to interested individuals to join the parent/carer panels. By participating in these panels, individuals have the opportunity to contribute their views and perspectives, directly influencing decision-making processes and service improvements.

### **2. Ofsted Monitoring Visit**

Ofsted have confirmed a second monitoring visit of Children's Services will be conducted during July. The purpose of the monitoring visits are to assess the progress and effectiveness of a focused area of the local authority Children's Services.

## **Adult Social Care**

### **3. CQC Pilot Assessment Scheme**

Nottingham City Council has been selected to take part in the CQC pilot assessment scheme. CQC will be conducting their on-site visit during the week commencing 31<sup>st</sup> July when they will speak to staff, citizens and partners. This will lead to an indicative graded outcome. We anticipate the findings will be provided later in the autumn, as this part of a pilot scheme.

#### **4. LGA Peer Review**

An LGA Peer Review of our Integrated Care System arrangements for supporting people with Learning Disabilities and Autism took place at the end of June. The Learning Disability and Autism executive board and partners will be working together to enhance existing plans in response to the review team recommendations.

Catherine Underwood  
Corporate Director for People  
(July 2023)

**Nottingham City Health and Wellbeing Board  
Work Plan 2023/24**

Recurring Agenda Items	Lead Officer
Joint Strategic Needs Assessment – New Chapters	Dana Sumilo (NCC)
Joint Health and Wellbeing Strategy – Delivery Update (July, November and March)	Rich Brady (PBP)
Nottingham City Place-Based Partnership Update (May, September and January)	Rich Brady (PBP)
Pharmaceutical Needs Assessment (May, September and January)	Rose Lynch / Luke Clarkson
Joint Health Protection Board Update	Lucy Hubber (NCC)
Board Member Updates	All Board Members
Work Plan	Governance Services (NCC)

Meeting Date	Agenda Item	Lead Officer
<b>Wednesday 26 July 2023 1.30pm</b>	Small Steps Big Changes Legacy Plans	Karla Capstick/David Johns
	Public Health – annual report	Lucy Hubber (NCC)
	Gambling Harm Strategy	Mike Saunders
	Joint NHS Forward Plan	Lucy Dadge
<b>Wednesday 27 September 2023 1.30pm</b>	Acute Trust and Local Authority Collaborative Working on Population Health	Tim Guyler / Lucy Hubber
	Data Integration for Population Health	Lucy Dadge
	Housing Strategy	

<b>Wednesday 29 November 2023 1.30pm</b>	Nottingham City Safeguarding Adults Board Annual Report	Emma Coleman/Lesley Hutchinson
	Better Care Fund Update	Katy Ball

<b>Potential items to be scheduled</b>	Substance Misuse – Strategic Commissioning Review	Helen Johnston (NCC)
	Neurodiversity	

<b>Annual Reports</b>	<b>Month of Reporting</b>
Public Health – Annual Report	May
Joint Health and Wellbeing Strategy – Annual Performance Review	May
Joint Strategic Needs Assessment – Annual Report	September
Safeguarding Adults Board – Annual Report	January

Items for the Board’s work plan should be forwarded to Governance Services, Nottingham City Council, [constitutional.services@nottinghamcity.gov.uk](mailto:constitutional.services@nottinghamcity.gov.uk).

Authors **MUST** discuss their proposed reports (and any supporting presentation) with Lucy Hubber (Director for Public Health, Nottingham City Council, [lucy.hubber@nottinghamcity.gov.uk](mailto:lucy.hubber@nottinghamcity.gov.uk)) before submitting the report to a Board meeting. Reports and their recommendations must be produced in the form of a formal, written document, headed by a standard cover sheet (which is available from Governance Services). Presentations to help illustrate reports must be no more than 10 minutes in length.