

Public Document Pack



NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 27 March 2019

Time: 2.00 pm

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

Contact: Kate Morris **Direct Dial:** 0115 8764353

1	APOLOGIES FOR ABSENCE	
2	DECLARATIONS OF INTERESTS	
3	SMOKING IN NOTTINGHAM CITY	5 - 18
4	BOARD MEMBER UPDATES Update on issues of relevance to the Health and Wellbeing Board and/or delivery of the Joint Health and Wellbeing Strategy	
a	Third Sector	19 - 20
b	Healthwatch Nottingham and Nottinghamshire	No written update
c	NHS Greater Nottingham Clinical Commissioning Partnership	No written update
d	Nottingham City Council Corporate Director for Children and Adults and Director of Adult Social Care	21 - 24
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5	MINUTES To confirm the minutes of the meeting held on 30 January 2019	29 - 36
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For information only

**9 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTERS -
EVIDENCE SUMMARY**

45 - 58

10 QUESTIONS FROM THE PUBLIC

Opportunity for members of the public to ask questions relating to matters within the Health and Wellbeing Board's remit.

The maximum amount of time allocated to questions and responses is 30 minutes.

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

Members:

Voting members

Councillor Sam Webster (Chair)	City Council Portfolio Holder with a remit covering health
Dr Hugh Porter (Vice Chair)	NHS Nottingham City Clinical Commissioning Group representative
Councillor Cheryl Barnard	City Councillor
vacancy	City Councillor
Councillor David Mellen	City Council Portfolio Holder with a remit covering children's services
Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative
vacancy	NHS Greater Nottingham City Clinical Commissioning Partnership
Hazel Buchanan	NHS Greater Nottingham Clinical Commissioning Partnership
Alison Michalska	City Council Corporate Director for Children and Adults
Catherine Underwood	City Council Director of Adult Social Care
Alison Challenger	City Council Director of Public Health
Sarah Collis	Healthwatch Nottingham representative
Samantha Travis	NHS England representative

Non-voting members

Lyn Bacon	Nottingham CityCare Partnership representative
Tracy Taylor	Nottingham University Hospitals NHS Trust representative
Hazel Johnson	Nottinghamshire Healthcare NHS Foundation Trust representative
Gill Moy	Nottingham City Homes representative
Ted Antill	Nottinghamshire Police representative

vacancy

Leslie McDonald
Jane Todd
Craig Parkin

Andy Winter
Ian Curryer

Department for Work and Pensions
representative
Representing interests of the Third Sector
Representing interests of the Third Sector
Nottinghamshire Fire and Rescue Service
representative
Nottingham Universities representative
City Council Chief Executive

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

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 WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

QUESTIONS FROM THE PUBLIC: WHILE IT IS NOT NECESSARY TO DO SO, SUBMITTING A QUESTION IN ADVANCE WILL ENABLE THE BOARD TO PROVIDE AS FULL A RESPONSE AS POSSIBLE. QUESTIONS SHOULD BE SUBMITTED TO CONSTITUTIONAL.SERVICES@NOTTINGHAMCITY.GOV.UK THE ACCEPTANCE OF QUESTIONS AT THE MEETING IS AT THE DISCRETION OF THE CHAIR AND ANY INAPPROPRIATE QUESTIONS, FOR EXAMPLE THOSE THAT ARE OUTSIDE THE REMIT OF THE BOARD OR VEXATIOUS WILL NOT BE CONSIDERED.

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HEALTH AND WELLBEING BOARD

27 MARCH 2019

	Report for Resolution
Title:	Smoking in Nottingham City
Lead Board Member(s):	Alison Challenger, Director of Public Health, Nottingham City Council
Author and contact details for further information:	Shade Agboola, Consultant in Public Health, Nottingham City Council
Brief summary:	This report sets out the prevalence and impact of smoking in Nottingham City. It provides the Health and Wellbeing Board with an update on progress to reduce smoking-related harm and makes recommendations to the Health and Wellbeing Board to strengthen the partnership approach.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

Smoking in Pregnancy

- a. Support the LoveBump campaign across their organisations.
- b. Support the achievement of the Council Plan commitment to reduce smoking rates at the time of delivery.
- c. Ensure the NHS Long Term Plan commitment to provide pregnant women and their partners with a new NHS stop smoking pathway, including support, is designed alongside existing non-NHS funded services.

Smoking Cessation

- d. Employers are asked to create awareness about the new Smoking Cessation Service (*Stub-it*).
- e. Encourage citizens who smoke to seek support via their GPs, especially if they are in one of the target groups for the service.
- f. Trusts are asked to support the referral of patients who are smokers in target groups to the new service.

Implementation of the NICE guidance supporting cessation in secondary care (PH48)

- g. Support continued implementation of PH48 in NUH.
- h. Review current policies and ensure that provision is made for staff, patients and families who wish to vape on site.
- i. Support staff in the delivery of brief advice through completion of the “Very Brief Advice Training Module” by the National Centre for Smoking Cessation Training (NCSCT).

Vaping and E-cigarettes

- j. Review current smoking cessation policies in organisations.
- k. Consider expanding current policy to include recognition that e-cigarettes are 95% less harmful than cigarettes.

- I. Support staff, patients and clients who wish to vape by considering the provision of dedicated vaping locations/areas on site.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	This report contributes directly to achieving outcome 1 of the Joint Health and Wellbeing Strategy 2016-2020: Children and adults in Nottingham adopt and maintain healthy Lifestyles.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and 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
Smoking is more prevalent in people with mental health problems. The new targeted smoking cessation service will support smokers with mental health problems to quit.

Background papers: <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	None
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Smoking in Nottingham City

Background

Smoking is a leading cause of death, illness and poverty. It represents one of the biggest global challenges to public health (1). Worldwide, tobacco represents the single biggest preventable cause of death (2).

The impact of smoking

In 2014, 78,000 deaths in England were attributable to smoking, which represents 17% of all deaths and a third of deaths from conditions that can be caused by smoking (3). Up to two thirds of life-long smokers will be killed by smoking, but years of life can be added by quitting (4).

The negative health impacts associated with smoking are numerous and well documented. In summary:

- **Heart attack:** Smokers are almost twice as likely to have a heart attack compared to people who have never smoked (5)
- **Cancer:** 19% of all cancers are linked to exposure to smoke (6)
- **Lung cancer:** 72% of lung cancers are caused by smoking (5)
- **Type 2 diabetes:** An estimated 12% of all type 2 diabetes may be attributable to smoking (7)
- **Stroke:** People who smoke 20 or more cigarettes a day are six times more likely to have a stroke. Smoking makes people twice as likely to die if they have a stroke (8)
- **Dementia:** Smokers have a 50% greater chance of developing dementia than those who have never smoked (9)
- **Menopause:** Smoking is associated with increased risk of menopause (5)
- **Impotence:** Smoking is a risk factor for impotence (5)

On average, smokers spend approximately £1,300 per year on cigarettes (10). This can represent a significant proportion of household income, particularly in households where more than one person smokes, which has clear implications for tackling poverty.

Smoking is an important causal factor of fire. In 2017/18, one in ten accidental dwelling fires in England, where the source of ignition was a human factor, were caused by smoking materials such as cigarette lighters and matches (11).

Smoking prevalence and health inequity

There has been a significant reduction in the proportion of adults who smoke in England over the last 40 years (12). However, the prevalence of smoking in England remains a considerable 15% (13). Assessment of smoking prevalence at a population level is problematic because it masks varying levels of smoking in certain groups who could be at increased risk of harm. Smoking rates are higher in men compared to women, lower socioeconomic groups, Black Caribbean and Bangladeshi men, Black Caribbean and White women, lesbian, gay, bisexual and trans groups (14). Rates of smoking are also significantly increased among people with a mental health condition (15). In the UK, smoking has been identified as the greatest cause of inequality in rates of death between the rich and the poor (16).

Second-hand smoke

Since July 2007, it has been illegal to smoke in workplaces and enclosed public spaces in the UK. However, there remains a significant volume of adults and children exposed to smoke at home. The negative health effects of exposure to second-hand smoke range from minor eye and throat irritation to heart disease and cancer. Children have an increased vulnerability to these negative effects, as well as an increased risk of cot death, glue ear, and asthma. (17)

Size of the issue locally

The trend of reducing prevalence of current smokers observed nationally has been mirrored in Nottingham City in recent years. However, the proportion of adults who are current smokers in Nottingham City remains significantly higher than England. As figure 1 shows, 19% of adults in Nottingham are current smokers. (13)

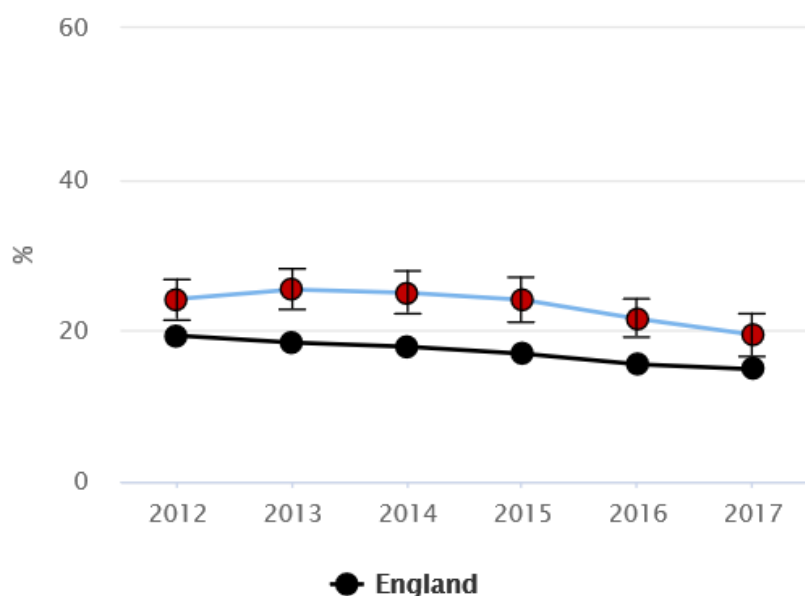


Figure 1: Prevalence of current smokers in adults in Nottingham and England

It is estimated that 46 tonnes of waste annually are produced from smoking filtered cigarettes. Nottingham has higher rates of lung cancer, chronic obstructive pulmonary disease, heart disease and other smoking-related conditions compared to England. In 2015, it was estimated that smoking costs Nottingham City Council an additional £3 million each year in care provision. The total annual cost of smoking-related ill health to the then Nottingham City Clinical Commissioning Group, the NHS Trusts and commissioned providers was estimated at £11 million. (14)

Smoking in routine and manual occupations

Smoking has consistently been higher among people in routine and manual occupations, both in England and Nottingham City. Figure 2 shows that the smoking prevalence has reduced year on year in England. In Nottingham City however, the trend has remained comparatively static. There has been no significant change in smoking prevalence between 2011 and 2017. (13)

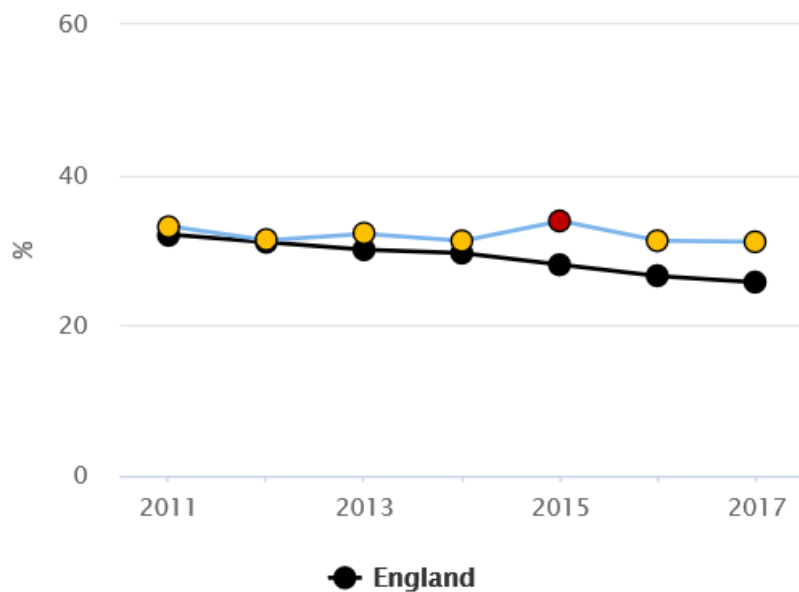


Figure 2: Prevalence of current smokers in adults in routine and manual occupations in Nottingham and England

Smoking in pregnancy

Women who smoke in pregnancy are more likely to have a stillbirth, have a baby born at a low birth weight and/or a baby born with a cleft palate. Babies living in a household with smokers are more likely to die from Sudden Infant Death Syndrome (SIDS).

The proportion of women smoking in pregnancy is recorded by smoking at the time of delivery (SATOD). Whilst this is the agreed national measure, it does not capture those women who are smoking at their 'booking appointment' with their midwife and quit before birth. Local intelligence suggests that the proportion of women smoking at their first midwifery appointment is considerably higher than SATOD. Nottingham's Smoking In Pregnancy Strategy Group, a sub group of the City/County Local Maternity Transformation System group, are leading work to improve data collection and collation.

As figure 3 shows, in 2017/18, 17.2% of mothers in Nottingham City were smokers at delivery, which is significantly higher than the England average of 10.8% and the fifth highest rate of our statistical neighbours. There has been no statistically significant reduction since 2010/11, the first year the data was published in this form.

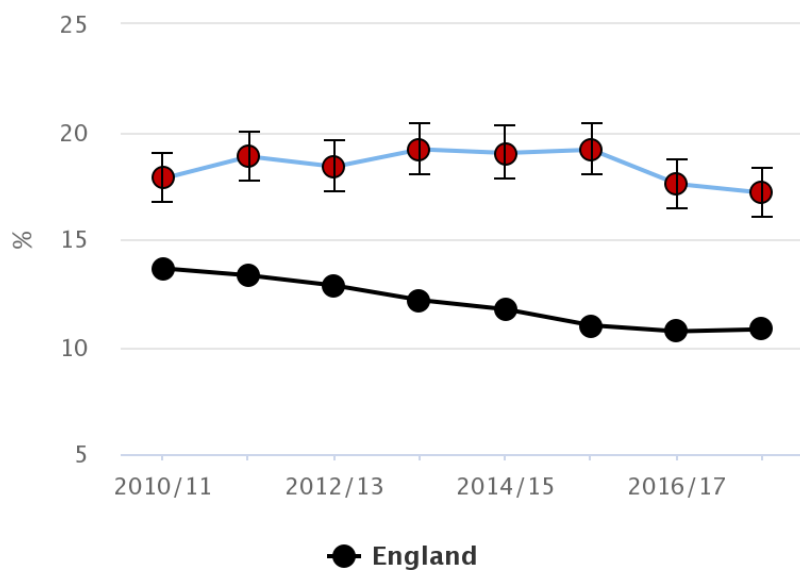


Figure 3: Smoking status at the time of delivery in Nottingham and England

What are we doing?

1. Motivate and assist every smoker to quit

A new targeted smoking cessation service has been commissioned by the Council. Currently delivered from Upper Parliament Street in Nottingham City, the service will support smokers living with long-term conditions, smokers with mental health problems, pregnant smokers and their partners and smokers with substance misuse problems. Smokers who fall into any of these categories will receive a referral to the service from the appropriate professional and will be offered a 12-week programme of intensive behavioural support combined with pharmacotherapy.

In addition, Nottingham City CCG continues to fund ward based smoking cessation advisors to deliver smoking cessation support to smokers that have been admitted to hospital. The advisors provide a program of behavioural support combined with pharmacotherapy to smokers in hospital. Hospital admission provides a teachable moment when a smoker is more likely to respond positively to the offer of smoking cessation support.

2. Deliver a programme of smoke free public spaces where local people want them

Nottingham has a long-term vision to inspire a smoke free generation. Smokefree outdoor public places have a significant role to play in normalising smoke free environments and showing our young people that smoking is the exception rather than the rule. The aim of smoke free outdoor public spaces is to reduce children's exposure to smoking and the chances of them becoming smokers themselves.

The trend toward smoke free outdoor areas is well established and growing both within the UK and further afield. It extends to many different kinds of outdoor areas from parks and city squares to outdoor eating areas and entrances to public buildings. Public health concerns are key drivers but fire hazards, litter, environmental and public nuisance concerns are also

significant factors. Smoking in an outdoor public space is not an offence and is not covered by the 2007 Smokefree legislation.

In 2010, Nottingham City Council was one of the first local authorities in England to introduce Smokefree playgrounds and primary school gates, this was as a direct result of consultation with citizens and colleagues.

The Smokefree Summer initiative introduced in 2015 sees City Council events aimed at children and families routinely promoted as Smokefree. Events include:

- The Beach
- Riverside Festival (children's area)
- Splendour (children's area)
- The British Triathlon

From the outset, District and Borough Councils across the County replicated our approach ensuring the delivery of consistent smoke free messages to our citizens.

We adopt a non-confrontational approach to compliance, focused on raising awareness and understanding; this is supported by strong communication and clear signage designed by local schoolchildren.

The Smokefree Development Officer is currently working on a new initiative to encourage sports clubs, working with families and children, to implement smoke free policies that will ensure clubs are taking all possible steps to reduce children's exposure to tobacco use including 'smokefree side-lines'. Nottinghamshire Football Association and Nottingham Rugby have both expressed their support for this initiative.

There is evidence to show that public support for the extension of smokefree public spaces continues to increase and, in particular, activities that protect children from the harmful effects of smoking. This provides a strong foundation on which we can build. However, the challenge is to explore new ways of working that demonstrate innovation and leadership in order to progress this work.

Agreeing a long-term plan to extend smokefree outdoor public spaces will allow us to take a more consistent approach that will be clearer, easier to communicate and more effective. It is important that we take a comprehensive approach to tobacco control and working in partnership with citizens and colleagues is crucial to our success.

[3. Implement Public Health Guidance 48 \(smoking in acute, maternity and mental health services\)](#)

Progress in NUH

For people using secondary care services, there are several advantages to smoking cessation, including shorter hospital stays, lower drug doses, fewer complications, higher survival rates, better wound healing, decreased infections, and fewer re-admissions after surgery.

Secondary care providers have a duty of care to protect the health of, and promote healthy behaviour among, people who use or work in their services. This duty of care includes providing them with effective support to stop smoking or to abstain from smoking while using or working in secondary care services. NICE Guidance PH 48 aims to support smoking

cessation, temporary abstinence from smoking and smokefree policies in all secondary care settings. The guidance includes 16 recommendations for secondary care providers. Progress against a number of these recommendations by NUH is described below:

1. Leadership

NUH has an identified Executive lead (Medical Director) who chairs the NUH Smokefree Steering group. All areas of the trust are represented and key external partners including the CCG and Public Health attend steering group meetings.

A full time smokefree lead has been appointed and commences in post on the 1st of April 2019 for 12 months.

2. Identify people who smoke and help them stop

All inpatients are assessed for their smoking status using an electronic patient assessment system. All identified smokers are referred through to the relevant stop smoking services and receive support via ward based smoking cessation advisers.

Smokers are encouraged to achieve temporary abstinence – not all smokers are ready to quit and supporting those patients to temporarily abstain from tobacco use during their stay is important and can lead to a quit attempt.

3. Make stop smoking pharmacotherapies available in hospital

All identified smokers are offered Nicotine Replacement Therapy (NRT) on admission and prescribed a 2 weeks supply of NRT on discharge.

4. Provision of training for all frontline staff

NUH has prioritised delivery of training to specific staff groups - maternity and pre-op. The City smoking cessation advisers and the smokefree lead have been delivering this training. All maternity staff (midwives and maternity support workers) will receive smokefree training over the next 12 months.

5. Working towards a smokefree site

NUH is an e-cigarette friendly site for patients and visitors and its smoke free policy has been updated to support the implementation of PH48. All staff are encouraged to stop smoking or temporarily abstain from smoking whilst at work. Stop smoking support and NRT are available to all staff.

4. Reduce smoking during pregnancy by a third

Through the publication of Better Births, the national maternity transformation plan, there is a renewed focus on reducing the proportion of pregnant women smoking. Historically in Nottingham, we have had an 'opt-out' referral to a community stop smoking service for pregnant women.

Due to unprecedented budget pressures, local stop smoking services (New Leaf), funded by Nottingham City Council, were decommissioned in March 2018. Nottingham City Council has been working with the GP Alliance to establish a new stop smoking service, 'Stubl', for Nottingham City citizens. Nottingham City Council funding focuses on the support required by 'at risk' populations, including pregnant women.

Nottingham City Council is also working with Nottingham CityCare to create a new, fixed term smoking in pregnancy post within the Nottingham University Hospital Smokefree team. This post will consider the training needs of staff within the midwifery division regards smoking in pregnancy; will explore the best way to work with the midwifery service to engage pregnant women about smoking and provide advice to stop smoking; and will help establish referral links between the new community stop smoking service and midwives.

The NHS Long Term Plan published earlier this year commits to offering a stop smoking service to all pregnant women and their partners. However, how this commitment will look in practice or be funded is less clear at this stage and will require collaborative working between the local authority and clinical commissioning groups.

In addition to a new post and stop smoking service, March 2019 will see the launch of the 'Love Bump' campaign to promote the dangers of smoking in pregnancy and the benefits to mother/partner, unborn baby and other family members of giving up smoking (<https://lovebump.org.uk/>). In addition to a social marketing campaign, the LoveBump campaign will include additional resources for midwives, namely new conversation packs to use in their daily conversations with pregnant women.

5. Tackle Illegal Tobacco

Nottingham City Council Trading Standards work with the police, HMRC and other partners to tackle the distribution and sale of counterfeit and illicit (illegal) tobacco products in Nottingham. Those who engage in such criminality are linked with serious and organised crime. Illegal tobacco can also be both detrimental to health, as are all tobacco products, but can also pose major safety problems. Counterfeit tobacco products frequently do not comply with stringent safety laws, which can result in them not extinguishing when they should, and have been found to be the cause of several house fires.

Trading Standards enforce at commercial premises, including storage units and shops, as well as domestic premises, and employ specialist search dogs to assist in uncovering concealed illegal products. Products are seized, and perpetrators are taken to court.

In 2017/18, 119 complaints about illegal tobacco were received and 557,110 sticks of cigarettes and 88.5 kg of hand rolling tobacco were seized. During that time, 26 prosecutions of those engaged in the illegal trade were completed.

From 1st April 2018 to date, 62 complaints about illegal tobacco have been received and 223,100 sticks of cigarettes and 208 kg of hand rolling tobacco have been seized. 12 prosecutions have been undertaken and significant prison sentences, fines and community orders have been handed out following these prosecutions.

Trading Standards also work with colleagues from the Council's Anti-Social Behaviour Team, and have been successful in obtaining a Closure Order in respect of a premises which persistently sold illegal tobacco, despite a number of previous enforcement actions. They undertake Proceeds of Crime investigations into those found to be selling illegal products, ensuring that the monetary benefit from criminality is quantified and removed from the criminals.

Under Age Sales of tobacco products

Trading Standards are responsible for enforcing legislation in respect of underage sales of tobacco products. They respond to complaints about shops selling tobacco products to children under the age of 18, initially by advising the trader of the complaint, giving advice on how to prevent further sales, and following up with a test purchase if necessary.

Shisha

Trading Standards are responsible for ensuring that the sale of shisha is lawful, in that it is correctly labelled etc., and it is not sold to anyone under age.

E-cigarettes

E-cigarettes are battery-operated devices that emit doses of vaporized nicotine, or non-nicotine solutions, for the user to inhale. They aim to provide a similar sensation to inhaling tobacco smoke without the smoke and are marketed as a way to stop or cut down on smoking. An estimated 2.9 million adults in Great Britain currently use e-cigarettes and of these, 1.5 million people have completely stopped smoking cigarettes.

Trading Standards are responsible for ensuring that electronic cigarettes and their associated liquids are safe for consumers to use. They also enforce the legislation regarding the sales to under age young people and undertake inspections at premises selling e-cigarettes, and respond to any complaints.

Local statistics on the usage of e-cigarettes are available from the Citizens Survey. In 2018, 90 participants reported using e-cigarettes out of a sample size of 1,997. Of the 90 participants, 58% were male and 42% were female. The majority (79%, 71) were aged 25 and over. Whilst this sample size is too small to apply to the population of Nottingham City it does provide some useful insight into e-cigarette usage.

Evidence for the effectiveness and safety of e-cigarettes

Public Health England has recently published an independent expert review into the evidence for the effectiveness and safety of e-cigarettes (18). The review explored the use of e-cigarettes amongst young people, adults, the effect of e-cigarette use on smoking cessation, the health risks of e-cigarettes and the perceptions of relative harms of e-cigarette, nicotine and smoking. It concluded that:

- Vaping poses only a small fraction of the risks of smoking and switching completely from smoking to vaping conveys substantial health benefits.
- E-cigarettes could be contributing to at least 20,000 successful new quits per year and possibly many more.
- E-cigarette use is associated with improved quit success rates over the last year and an accelerated drop in smoking rates across the country.
- Many thousands of smokers incorrectly believe that vaping is as harmful as smoking; around 40% of smokers have not even tried an e-cigarette.
- There is much public misunderstanding about nicotine (less than 10% of adults understand that most of the harms to health from smoking are not caused by nicotine).
- The use of e-cigarettes in the UK has plateaued over the last few years at just under 3 million.

- The evidence does not support the concern that e-cigarettes are a route into smoking among young people (youth smoking rates in the UK continue to decline, regular use is rare and is almost entirely confined to those who have smoked).

To become truly smoke-free, NHS trusts are asked to ensure that:

- E-cigarettes, alongside nicotine replacement therapies, are available for sale in hospital shops.
- Vaping policies support smokers to quit and stay smokefree.
- Smoking shelters be removed.
- Frontline staff take every opportunity to encourage and support patients to quit.

Recommendations for the Board

The Health and Wellbeing Board is asked to use the contents of the report to inform the discussion around smoking cessation in Nottingham City and take actions in the areas listed below:

Smoking in Pregnancy

- To support the LoveBump campaign across their organisations.
- To support the achievement of the Council plan commitment to reduce smoking at the time of delivery
- Ensure the NHS Long term Plan commitment to provide pregnant women and their partners with a new NHS stop smoking pathway, including support, is designed alongside existing non-NHS funded services.

Smoking Cessation

- Employers are asked to create awareness about the new Smoking Cessation Service (*Stub-it*)
- Encourage citizens who smoke to seek support via their GPs especially if they're in one of the target groups for the service
- Trusts are asked to support the referral of patients who are smokers in target groups to the new service.

Implementation of the NICE guidance supporting cessation in secondary care (PH48)

- To support continued implementation of PH48 in NUH
- To review current policies and ensure that provision is made for staff, patients and families who wish to vape on site
- To support staff in the delivery of brief advice through completion of the "Very Brief Advice Training Module" by the National Centre for Smoking Cessation Training (NCSCT)

Vaping and e-cigarettes

- Review current smoking cessation policies in organizations
- Consider expanding current policy to include recognition that e-cigarettes are 95% less harmful than cigarette.

- I. Support staff, patients, clients who wish to vape on site by considering the provision of dedicated vaping locations/areas on site.

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Voluntary Sector Health and Wellbeing Board Update March 2019

Voluntary sector reps continue to attend the Health and Wellbeing Board and associated steering groups. NCVS has recently reported back to the Healthy Culture Action Plan. One of our staff regularly attend the Mental Health and Wellbeing Steering Group, Physical Activity, Obesity and Diet Steering Group and JSNA Steering Group.

Building Health Partnerships

An action research project focusing on people aged 75+ leaving hospital with dementia will take place over the coming months. This work is a partnership between health, social care and the voluntary sector. It is facilitated by IVAR (Institute of Voluntary Action Research) and is due to conclude in July 2019.

Volunteer Opportunities

NCVS are still actively recruiting for Activity Buddies and Poolside Helpers. The aim of the Activity Buddy role is to accompany an individual with a disability or long term health condition to confidently access physical activities on offer in the city. To find out more contact volunteercentre@nottinghamcvs.co.uk. This work support the Physical Activity, Obesity and Diet Steering Group and the overall strategy aims of the HWB.

VCS Networks

The March Vulnerable Adults Providers Network meeting will have a focus on Hidden Harm (adult safeguarding) specifically exploring social crisis vs medical crisis, cybercrime and fraud and NCC Carers Strategy. This is part of a week of in depth workshops exploring forms of Hidden Harm. More information can be found [here](#) about our Hidden Harm project which is funded by the Community Safety Fund. The March Children and Young People's Provider Network will also have a focus on hidden forms of harm specifically alcohol and substance misuse, sexual offending and Prevent (cybercrime). We will be setting the priorities for the 19-20 network year which will take account of the Health and Wellbeing Board priorities where network members feel this is a priority for them. The networks were previously funded by the CCG and NCC until March 2018.

The next Food Poverty Network meeting will take place on 1 April 2019 at NCVS.

The Leaders of Volunteers Network recent focus has been on the Nottingham Volunteer Strategy, with many of our members actively involved in the four working groups that are considering different aspects of the strategy; research and evaluation, a quality mark for Nottingham, barriers to volunteering and commissioning and policy. We are also in the early stages of planning and organising V:Expo, the first East Midlands Volunteer Management Conference which takes place on 27th June in the Albert Hall. Anyone with an interest in the wellbeing of volunteers will be welcome to book a place when tickets are available next week. For more details please contact davet@nottinghamcvs.co.uk

The Disability Sport Network was established within NCVS in January 2017 as a key part of the Disability Sport and Insight Participation Project, it allows network members to access physical activity offers and opportunities and also any support made available through funding from this project. This is a Sport England funded project working in partnership with Nottingham City Council Sport and Leisure and it aims to learn from the journey of those with disabilities and long term health conditions in becoming physically active. It also aims to assist Nottingham to achieve its aspiration to become the leading City for disability sports participation in the UK.

The purpose of the network was to create a forum of a variety of disability focused services that could be consulted on matters to provide learning for this project. It currently has 52 members consisting of varying sizes of groups, organisations and services. The project is currently funded until May 2019. For further information about this project, please contact: sport4all@nottinghamcvs.co.uk

Integrated Care System (ICS) -Voluntary and Community Sector Engagement

NCVS continues to attend ICS meetings on behalf of the VCS and recently attended the newly formed ICS Partnership Forum. Wider discussions about how the voluntary sector engages with each level of the ICS (PCN, ICP and ICS) are continuing. The work NCVS undertook with Angela Probert is now complete. The recommendations will be implemented as part of NCVS' role in the City ICP. NCVS has developed stronger relationships with county CVS organisations and with NAVCA who have a national role for the VCS. Our next step is to build a narrative for working effectively with the voluntary sector.

Statutory Officers Report for Health and Wellbeing Board

Corporate Director of Children's Services

March 2019

Councillor Mellen's Big Reading Challenge

Councillor David Mellen, Portfolio Holder for Early Intervention and Early Years at Nottingham City Council, has completed his Big Reading Challenge – smashing his target of reading to more than 5,000 children in 50 days.

Since 28 January, Cllr Mellen has read to children in schools, libraries, theatres, bookshops, taxis and the main city council chamber. He has even read to children at the top of a windmill. His final total is 6,504 children.

The Big Reading Challenge has raised more than £5,000 to give books to children in the city through Dolly Parton's Imagination Library – an amazing scheme that delivers a free book every month to children from birth to five years old.

Reaching his fundraising target means Cllr Mellen has raised enough money to provide 2,500 free books for children – or the equivalent of a whole class of 40 children being able to receive a free book from birth to the age of five.

His final challenge on Monday 18 March saw him read to the whole of Mellers Primary School in Radford – 330 children – where Cllr Mellen is a former Head Teacher.

In 50 days, the final statistics for the Big Reading Challenge are:

- 6,504 children read to in Nottingham
- 166 stories read
- 75 locations
- £5,123 raised (to date)

The Imagination Library is proven to improve children's literacy levels so that they are 28% more likely to be ready to start school when they turn five. The scheme in Nottingham was set up in 2009 and is now running successfully in 10 of the city's 20 wards.

Although the fundraising target has been reached, donations can still be made – and every donation helps:

- £2 can pay for a child to get a new book
- £25 can pay for a child to get a new book each month for a year
- £125 pays for a child to get a book every month from birth until their 5th birthday

Donations can be made at www.gofundme.com/bigreadingchallenge

Building Brains with the Big Little Moments!

Earlier this month Small Steps Big Changes launched their new initiative called 'Big Little Moments', which aims to promote the importance of child development locally. The

aim of the initiative is to boost learning and play between parents/carers and children in response to the levels of literacy among local children – which falls below the national average.

Around 1,850 reception-aged children in Nottingham start school with a language delay each year – a figure that directly correlates with low levels of nurturing and support.

The moments are:

1. Reading a story
2. Using loving words
3. Making everyday moments fun
4. Talking to the bump
5. Making time to play
6. Listening and responding
7. Saying what they see
8. Saying what they're doing
9. Singing songs and rhyming rhymes
10. Answering all their questions
11. Giving hugs and high-fives
12. Having skin-to-skin contact with your new baby
13. Saying 'well done' with stories and play
14. Making waiting time, play time
15. Turning screen time into talk time

For more information, please see:

<http://www.smallstepsbigchanges.org.uk/biglittlemoments>

Family Support Pathway 2018/20 – Threshold for Support and Safeguarding

We are pleased to launch the refresh of the Nottingham City Safeguarding Children Board Family Support Pathway 2018/20.

It sets out the threshold for access to support and services for professionals working with children and families, to promote welfare, safeguard and achieve positive outcomes, so that children and young people are safe from harm, inside their home, outside their home and online. It is a framework to provide a pathway and practice guidance to ensure children and families receive the right help at the right time.

Further information about the revised Family Support Pathway is available on the [Children's Partnership Board website](#).

Our successful schools expansion programme continues

Another of our primary schools has been boosted by a new £1.8m expansion – increasing its space for pupils by 210 places. Six new classrooms, toilet blocks, a staff room and storage space have been created at Glade Hill Primary in Bestwood Park.

The expansion at Glade Hill is part of our ambitious plan to increase the number of school places in Nottingham, with £42m invested since 2009 to provide 5,000 additional primary places once all year groups are full by 2022.

Our schools team works really hard to ensure the right number of places is available for the right number of children. Our ambition is for every child to go to a 'good' school close to home.

Structure Change - Early Help, Play and Youth Services

In January, Aileen Wilson retired from her role as joint Head of Early Help Services (covering CAMHS, Children's Centres, Play and Youth, Priority Families / FIP, Youth Justice Services). Aileen joined the Children's directorate in 1999 and over the past 20 years has worked in many different service areas, building a huge range of expertise and relationships both with staff and across the wider children's partnership.

With Aileen's departure, Wilf Fearon has been appointed as acting Head of Service for Early Help, which will continue to be a shared post with Shelley Nicholls. Wilf and Shelley are currently working together to ensure it is 'business as usual' whilst they decide who has lead responsibility on specific Early Help areas. They will provide more details in due course. One change that has been agreed is that the Children in Care CAMHS team will move under Clive Chambers' area of responsibility.

Alison Michalska
Corporate Director for Children and Adults
(March 2019)

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Statutory Officers Report for the Nottingham City Health and Wellbeing Board – March 2019

Director of Public Health

1. AskLiON, You and Your Health - www.asklion.co.uk/youandyourhealth

AskLiON is Nottingham's online community directory, allowing citizens to search for and access a wide range of activities and support available in their local area.

At the start of March we were pleased to launch new pages, focused on 'You and Your Health', with information and advice on a range of topics including becoming more active, eating well, quitting smoking, mental wellbeing, sexual health and more.

The pages are fully interactive and provide citizens with a wealth of practical tips and advice. Easy to use links encourage citizens to complete the 10 minute 'How Are You? Quiz', part of PHE's One You campaign, and get a free personalized health score as well as a range of other freely available resources. Useful apps such as 'Couch to 5k', a nine week running plan for beginners, are also downloadable. For those that need additional support there are links to information about local services.

This is a valuable resource, underpinning the Health and Wellbeing Boards Healthy Culture priority, ensuring that citizens can access the right information and support services in one place as well as promoting key messages on how to stay healthy and happy.

I would encourage all Board members to take the time to look at the new pages and consider how you can support us in promoting this resource to your service users.

2. Adult Weight Management (on referral) – Slimming World

I am pleased to say that February saw the launch of a new adult weight management service for Nottingham citizens. Referred citizens will have free access to a 12 week programme, delivered via weekly Slimming World classes.

This is a targeted service, with eligible citizens being identified and referred by a range of health professionals including GPs, midwives and Community Learning Disability nurses. To be eligible, citizens must live within Nottingham City or be registered with a City GP, and be overweight but motivated to lose weight and attended classes. Target groups within the eligibility criteria include;

- People of African, Caribbean and South Asian descent, especially women
- People with learning disabilities
- People with mental health problems
- Pregnant women
- Men

If you are a health professional working with the citizens in the above groups and would like further information about the referral process, please contact Claire Novak, Insight Specialist – Public Health at Claire.novak@nottinghamcity.gov.uk

***Watch this space *** In order to give patients choice and increasing accessibility Nottingham City Council will shortly be launching a digital weight management programme. This will be delivered by

Ladle, following a successful trial last summer and will be available to city residents who wish to lose weight.

3. Smoking Cessation services – Update

The Council recognises the importance of reducing smoking prevalence in Nottingham City to improve the health and our citizens and reduce health inequalities. We have worked in conjunction with the Nottingham City GP Alliance, and I am pleased that together we are able to offer a smoking cessation service for Nottingham City residents.

The service will provide 12 weeks of behavioural support, alongside pharmacotherapy. Smokers who fall into the following categories can be referred by their GP's and other healthcare professionals;

- Pregnant & post-natal women (as well as their partners and others in the household who smoke)
- Adults with mental health problems
- Adults with substance misuse problems
- Adults with long term conditions, including those recently discharged from secondary care
- All adults for whom the clinician considers that a referral to the smoking cessation service is clinically indicated.

For more information about the service please visit the Nottingham City [GP Alliances website](#).

4. Nottingham City Mental Health and Wellbeing Strategy (2019-2023) – Consultation opening soon

Public Health colleagues have worked alongside partners, particularly the Health and Wellbeing Boards mental health sub-group, to refresh the City's Mental Health and Wellbeing Strategy. The refreshed strategy will outline the overarching approach to improving the mental health and wellbeing of the citizens of Nottingham City. Its purpose is to provide a shared direction of travel that consolidates existing local plans and aligns to wider partnership strategies whilst identifying nuances specific to Nottingham City.

We will shortly be seeking your feedback. We are also keen that organisations encourage services users and their families and carers to respond to the consultation, once it is opened. Results of the consultation will be built into the final version of the strategy, before it is brought to the Health and Wellbeing Board for endorsement in the summer.

The draft strategy proposes that focus is placed on addressing mental health through three key areas:

- Mental illness prevention;
- Mental health promotion and early intervention; and
- Treatment and recovery.

In addition, actions across three crosscutting themes aim to tackle disparities in mental health:

- Employment;
- Mental health stigma; and
- Parity of esteem.

The draft strategy will shortly be available in full on the [Healthy Nottingham website](#) and Health and Wellbeing Board members will be informed by email. Details of how to submit your comments and consultation closing dates will also be published on the website.

5. Cervical Screening Saves Lives

Public Health England has launched a major new national campaign 'Cervical Screening Saves Lives', to increase the number of women attending their cervical screening across England. Nottingham, like elsewhere in the Country has seen rates dropping in recent years.

The campaign encourages women to respond to their cervical screening invitation letter, and if they missed their last screening, to book an appointment at their GP practice. Around 2,600 women are diagnosed with cervical cancer in England each year but it is estimated that if everyone attended screening regularly, 83% of cervical cancer cases could be prevented.

Further information about the campaign and cervical screening is available on the [NHS website](#).

6. Ageing Well Day – June 2019

Age Friendly Nottingham will be holding their annual 'Ageing Well Day' in Old Market Square on Tuesday 11th June. This a large scale event, free to attend and specially aimed at citizens aged 50+ and their carers. Last years event attracted 1000s of citizens. It is an ideal opportunity for health and care providers to promote their services and communicate key health and wellbeing messages.

If you/your organisation would like to be represented at Ageing Well Day 2019 please email healthandwellbeing@nottinghamcity.gov.uk for further information.

7. It's for Me

Nottingham City is committed to being the Fastest Growing City for Disability Sport. As part of this we are launching the 'It's for Me' campaign – encouraging more people who consider themselves who have a disability to visit our leisure facilities.

The campaign aims to dispel myths and misconceptions around accessibility, suitability and affordability, of the Councils eight leisure centres.

To find out more about the campaign, find out about accessible free and low cost activities and read inspirational real life stories visit the [Active Nottingham website](#).

8. Public Health Forum - Dementia

To mark Dementia Awareness Week (20th-26th May 2019) the May Public Health Forum shall be focussed on dementia.

Wednesday 15th May – 1.45pm to 3.15pm – Committee Room, Loxley House

To find out more, be added to the mailing list or book your place please contact:

healthandwellbeing@nottinghamcity.gov.uk

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 January 2019 from 2.00 pm - 3.53 pm

Membership

Voting Members

Present

Councillor Sam Webster (Chair)
Hugh Porter (Vice Chair)
Councillor Cheryl Barnard
Dr Marcus Bicknell
Hazel Buchanan
Alison Challenger
Councillor David Mellen
Catherine Underwood

Absent

Sarah Collis
Councillor Carole McCulloch
Alison Michalska
Samantha Travis

Non-Voting Members

Present

Ian Curryer
Hazel Johnson
Leslie McDonald
Gill Moy
Jane Todd
Andy Winter

Absent

Ted Antill
Lyn Bacon
Tim Brown
Craig Parkin
Tracy Taylor

Cathy Gillet (as substitute)
Andy Macy (as substitute)

Colleagues, partners and others in attendance:

Tracey Ball	- Public Health England
Jane Bethea	- Public Health Consultant, Nottingham City Council
Micha Bradshaw	- Time to Change Champion
Theresa Brennan	- Nottingham Citizens
Sara-Jane Brighouse	- Programme Manager, Nottingham City Council
Jeffrey Colen	- Nottingham Citizens
Rita Figueiras	- Nottingham Citizens
Elayne Forster	- Child and Adolescent Mental Health Services
Phillippa Geden	- Nottingham Citizens
Rhiannon Gray	- Children's Development Consultant
Sean Meehan	- Public Health England
Pete Rogers	- Nottingham Citizens
Donna Stenton-Groves	- Multi-Systemic Therapy Manager, Nottingham City Council
Steve Thorne	- Communications, Nottingham City Council

59 MEMBERSHIP CHANGE

RESOLVED to note that Tracy Taylor has replaced Caroline Shaw as the Nottingham University Hospitals NHS Trust representative on the Health and Wellbeing Board.

60 APOLOGIES FOR ABSENCE

Lyn Bacon (Cathy Gillet attending as substitute)
Sarah Collis
Alison Michalska
Councillor Carole McCulloch
Craig Parkin (Andy Macy attending as substitute)

61 DECLARATIONS OF INTERESTS

None

62 MINUTES

The minutes of the meeting held on 28 November 2018 were confirmed as an accurate record and signed by the Chair.

63 ACTION LOG

The action log was noted.

64 PREVENTING MENTAL ILL HEALTH IN NOTTINGHAM CITY

Marcus Bicknell, lead for mental health at Nottingham City Clinical Commissioning Group, introduced the item on preventing mental ill health.

Pete Rogers, representing Nottingham Citizens, informed the Board that mental health was the number one priority for people who participated in the listening activities that Nottingham Citizens organised in late 2018; and that Nottingham Citizens is keen to work with the Board and its partners to improve mental health and wellbeing in the City. Other representatives of Nottingham Citizens spoke about the importance of mental health to them.

Jane Bethea, Public Health Consultant Mental Health Lead, gave a presentation about mental health in the City. She highlighted the following information:

- (a) One in four adults experience a diagnosable mental health problem in any given year. In Nottingham this would be 64,539 adults. This is likely to be a conservative estimate given the features of the population.
- (b) Approximately one in a hundred people have a serious mental health condition. In Nottingham this would be 3,253 people.

- (c) 10% of children aged 5-16 years have significant mental health difficulties. In Nottingham this would be 4,243 young people.
- (d) A fifth of women under 24 years of age report 'ever' having self-harmed. In Nottingham this would be 12,407 women. In addition to the direct impact of self-harm, it is also a risk factor for suicide.
- (e) People with a serious mental illness die at least 15-20 years earlier than the general population. This lower life expectancy is due to factors such as lifestyle and diagnostic overshadowing.
- (f) Multifaceted issues affect mental health and wellbeing, for example traumatic and stressful life events. A good learning environment is also important for children and young people. Education experiences, for example starting university can often be important times of transition in a person's life and this can be a factor that affects mental health and wellbeing.
- (g) Stigma and discrimination are significant issues. Effective primary prevention needs people to be as comfortable having conversations about mental health as they are about physical health.
- (h) Time to Change is a national programme to change public attitudes about mental health. It aims to empower people to challenge stigma and speak openly about their own mental health and change attitudes and behaviours towards those with mental health problems. In March 2018 Nottingham was successful in bidding for £25,000 to set up hubs for 18 months, with £10,000 reserved for small grants to support community champions.
- (i) In Nottingham Time to Change is focusing men, African and Caribbean communities and local employers. Targets for recruiting community champions and engaging employers have already been surpassed.

Micha Bradshaw, a Time to Change Champion, spoke about her experiences of mental health and highlighted that most people will be affected by mental health issues either directly or indirectly during their lifetime.

Andy Winter, Director of Campus Life University of Nottingham, spoke about issues affecting the mental health of students and the support available to them. He highlighted the following information:

- (j) Mental health and wellbeing issues are some of the key issues facing students. This is not surprising given that, for many people, moving to university represents a massive change in their lives.
- (k) The most common issues dealt with by the counselling service are support with family difficulties and relationship breakdown.
- (l) Preventative work is carried out by the University's Health Promotions Co-ordinator through the 'HealthyU' campaign. This includes a wellbeing support resource provided to students on arrival, a Welcome Week Health and Wellbeing

Fair, mental health first aid training and mental health workshops for staff and students, an exam stress-busting campaign, and a campaign to promote physical activity as a way of managing stress and balancing mood.

- (m) The University's ongoing ambition is for one in ten staff across the University to have received mental health first aid training, with coverage of 100% in some areas such as security.

Donna Stenton-Groves, Multi-Systemic Therapy Manager Nottingham City Council gave a presentation about trauma informed practice and taking into account past trauma when attempting to understand behaviours. She highlighted the following information:

- (n) A pilot has been undertaken to explore how Nottingham City Council's Children's Team could become trauma-informed. The pilot was carried out with Youth Justice Service and included established baseline and post measures, training, a manager's briefing, trauma reflective practice sessions and development of screening tools and referral pathways.
- (o) It is important to recognise that trauma is in the eye of the beholder and that for non-clinical work, professionals do not decide what is trauma for a particular person.
- (p) Not all childhood trauma leads to lasting damage, it depends on individual circumstances and the availability of support is crucial.
- (q) Being trauma-informed includes thinking about what professionals do that is retraumatising and could be stopped; screening for trauma to ensure that individuals are safe before therapy starts; shifting approaches from 'what is wrong with you?' to 'what has happened to you?' and 'how might we support you?'; and viewing behaviours through a trauma informed lens.
- (r) A significant part of the pilot involved focusing on staff, including the risks of staff becoming traumatised themselves and/ or getting 'burnt out'.
- (s) The pilot started in Children's Work and ideally there would be a complementary approach by partner agencies because families often come into contact with several different agencies.

Hazel Johnson, Assistant Medical Director Nottinghamshire Healthcare NHS Trust, gave a presentation about the mental health services provided by the Trust. She highlighted the following information:

- (t) The Trust provides primary care based services including Improving Access to Psychological Therapies (IAPT) services; community based and inpatient services for all age groups; and specialist tertiary services. There are specific services for children, adults of working age and older people.
- (u) Anyone can develop a mental health problem. Vulnerability factors include adverse childhood experiences, trauma, early substance misuse issues and precipitants can trigger it.

- (v) Psychosis can develop insidiously and can be hard to diagnose in early stages. However the longer the duration of untreated psychosis the worse the outcome, therefore there is a strong economic case for Early Intervention in Psychosis services.
- (w) Psychosis can be helped by reduction of stigma and shame; interventions such as medication; cognitive behaviour therapy; social inclusion, connectedness and support of family, friends and colleagues; getting back to work/ education; a healthy lifestyle.

During discussion the following points were raised:

- (x) The 'Ask Twice' campaign is based on research and encourages people to ask people 'how are you?' and then 'how are you really?', which often elicits a completely different response.
- (y) It would be good to see more workforce training, for example on mental health first aid and suicide prevention, but there are challenges around funding and staff being released for training.
- (z) It is important to have a consistent, good quality offer for young people on mental health, including preventative work in schools.
- (aa) Employment is a major factor for health and wellbeing, however there are gaps in the opportunities for people.
- (bb) Nottingham City Council is looking at offering mental health first aid training for staff.
- (cc) It is important for people to have a platform to talk about their experiences and act as role models.
- (dd) Discussions are taking place at an Integrated Care System level about improving mental health.
- (ee) It is important that people know what services are available and how to access them.
- (ff) There is a tension between access to short term interventions (which are funded) and availability of longer term support for those who have long term mental health issues. This needs to be addressed to prevent a 'revolving door' of people accessing successive short term interventions when longer term support might be more appropriate for their needs.
- (gg) Access to, and waiting times for some mental health services can be an issue and there is a lack of information about what to do in the interim period.
- (hh) Time limited interventions put people under pressure to 'get better' quickly.

- (ii) Nottingham City Homes (NCH) has seen a link between debt and mental health issues amongst its tenants, and there has been an increase in suicide which has an impact on other tenants and staff. Suicide awareness training has been provided for staff and NCH is planning to roll out mental health first aid training for managers. It will also launch mental health champions in the organisation.
- (jj) There is a high level of demand for mental health services. Mental health issues can sometimes form 50% of clinic time at the Cripps Practice on the University of Nottingham campus. The recently published NHS Long Term Plan had a focus on mental health and more money is attached to this. However it is unlikely to ever be sufficient to meet the level of need.
- (kk) The BAME Community of Practice Group want the Board to be aware of their concerns about a lack of training on cultural competence, which could have an impact on access to services; and would like the Board and Board Members to engage with the Community of Practice on mental health issues.

The Chair thanked Nottingham Citizens for their presentation of a cake and card in recognition of the Board's focus on preventing mental ill health and improving mental health and wellbeing.

RESOLVED to

(1) ask Board Members to consider:

- i. signing the Time to Change Employer Pledge to demonstrate their commitment to changing how people think and act about mental health in the workplace and ensuring employees with mental health problems are supported**
- ii. identifying mental health champions within their organisation**
- iii. ensuring that their workforce has access to mental health training**
- iv. how their organisation could take the impact of past traumatic experiences on mental health into account when reviewing its working practices and supporting its workforce**

(2) request that the Mental Health Sub Group review the issues raised during the discussion and bring back proposals for actions that Board Members can take to make a difference to improving mental health to a future Board meeting.

65 UNIVERSITY OF NOTTINGHAM STUDENT HEALTH AND WELLBEING STRATEGY

Andy Winter, Director of Campus Life University of Nottingham, introduced the report outlining the University of Nottingham's recently approved Student Health and Wellbeing Strategy. He highlighted the following information:

- (a) The Strategy was developed in response to the Universities UK Step Change framework, which highlighted the importance of mental health issues in universities.

- (b) The University has a large and diverse population and it can be difficult to implement change consistently across that population.
- (c) In developing its Health and Wellbeing Strategy the University wanted to identify its strengths and weaknesses and share learning across the organisation.
- (d) There is a variety of work taking place, with differing focuses and scales but the Strategy aims to capture it all. Some areas of work have overlapping benefits.
- (e) Key stakeholders were consulted on the Strategy, including input from Nottingham City Council's Director of Public Health and learning from non-university frameworks, such as the Board's Health and Wellbeing Strategy.
- (f) The Strategy has five thematic areas: Healthy Campus Community; Healthy Environment; Healthy Learning Experience; Healthy Lifestyle; Healthy Mental Wellbeing.
- (g) The Strategy has four underpinning principles: collaboration, cohesion and consistency; education; research; and visible to all. There are three points on the Spectrum of Intervention: preventative promotions; early intervention; and clinical and specialist services.
- (h) One of the current challenges is putting appropriate targets and measures in place, and a dashboard is being developed.
- (i) There is themed reporting on the Strategy to the Education and Student Experience Committee. This allows for senior visibility of progress.
- (j) The University is fortunate to have the Cripps Health Centre on the campus.
- (k) There is a significant demand for counselling services, with 2135 counselling clients seen in 2017/18. This was slightly lower than the previous year due to staff vacancies and the impact of industrial action.

During discussion the following points were made:

- (l) Student wellbeing would be enhanced by engaging with the wider city beyond the university campus.
- (m) It is important for cross-learning to be shared between the two universities in the City.
- (n) There are lots of opportunities for the two universities and their students to add value to the City.

RESOLVED to note the University of Nottingham's Student Health and Wellbeing Strategy.

66 FORWARD PLAN

The Forward Plan was noted.

67 BOARD MEMBER UPDATES

The updates from Board Members were noted.

68 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - SEXUAL HEALTH AND HIV

The new Joint Strategic Needs Assessment Chapter on Sexual Health and HIV was noted.

69 QUESTIONS FROM THE PUBLIC

None

70 NOTTINGHAM CITY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18

The Chair of the Board agreed that this item, although not on the agenda, could be considered as a matter of urgency in accordance with Section 100B(4)(b) of the Local Government Act 1972, because of the need to consider the annual report of the Nottingham City Safeguarding Children Board in a timely way.

The Nottingham City Safeguarding Children Board Annual Report 2017/18 was noted.

Health and Wellbeing Board Action Log

Meeting and Issue	Agreed Actions	Updates received on progress
28 November 2018 Reducing Alcohol Harm	All Board Members were asked to: <ul style="list-style-type: none"> • Sign the Alcohol Declaration • Identify alcohol champions within their organisation • Consider how to embed Identification and Brief Advice (IBA) in their organisation 	
28 November 2018 Autism Page 37	All Board Members were asked to: <ul style="list-style-type: none"> • support engagement on the themes within the Autism Strategic Framework within their organisation • identify autism champions within their organisation 	CCG has appointed an autism champion
30 January 2019 Mental Health	All Board Members were asked to consider: <ul style="list-style-type: none"> • signing the Time to Change Employer Pledge to demonstrate their commitment to changing how people think and act about mental health in the workplace and ensuring employees with mental health problems are supported • identifying mental health champions within their organisation • ensuring that their workforce has access to mental health training • how their organisation could take the impact of past traumatic experiences on mental health into account when reviewing its working practices and supporting its workforce 	

Meeting and Issue	Agreed Actions	Updates received on progress
	<p>The Mental Health Sub Group was asked to review the issues raised during the discussion and bring back proposals for actions that Board Members can take to make a difference to improving mental health a future Board meeting.</p>	

Health and Wellbeing Board Forward Plan 2018/19

Submissions for the Forward Plan should be made at the earliest opportunity through Kate Morris, Nottingham City Council Constitutional Services Team
kate.morris2@nottinghamcity.gov.uk

Date of meeting	Agenda Item	Lead
May 2019 (date tbc)	Themed discussion – Obesity	David Johns, Nottingham City Council
	Annual review of Joint Health and Wellbeing Strategy 2016-2020 performance metrics	Uzmah Bhatti, Nottingham City Council
	Impact of Commissioning Reviews 2018/19 and Commissioning Intentions 2019/20	Chris Wallbanks, Nottingham City Council
July 2019 (date tbc)	Themed discussion – Sexual health and teenage pregnancy	
	Mental Health Strategy	Jane Bethea/ Caroline Keenan, Nottingham City Council
September 2019 (date tbc)	Themed discussion – TBC	

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BB: In addition to the items listed above, all ordinary Health and Wellbeing Board meeting agendas will normally include the following items:

- Minutes of the last meeting
- Board Forward Plan
- Board Member Updates
- New Joint Strategic Needs Assessment (JSNA) Chapters
- Minutes of any HWB Commissioning Sub Committee meetings that have taken place since the previous meeting
- Citizen questions

Suggested items to be scheduled:

- Winter preparedness
- Children’s health and wellbeing
- Domestic and sexual violence services
- Social prescribing
- Delayed Transfers of Care

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NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 January 2019 from 4.11 pm - 4.20 pm

Membership

Voting Members

Present

Christine Oliver
Hugh Porter
Councillor Sam Webster

Absent

Katy Ball
Michelle Tilling

Non Voting Members

Present

Christine Oliver

Absent

Helen Blackman
Alison Challenger
Sarah Collis
Catherine Underwood
Ceri Walters

Colleagues, partners and others in attendance:

- | | |
|--------------|---|
| Claire Kent | - Head of Service Improvement and Better Care Fund, Greater Nottingham Clinical Commissioning Partnership |
| Clare Rourke | - Service Improvement Officer, Greater Nottingham Clinical Commissioning Partnership |
| Jane Garrard | - Senior Governance Officer |

Call In

Unless stated otherwise, all decisions are subject to call in. The last date for call in is Monday 11 February 2019. Decisions cannot be implemented until the working day after this date.

147 APOLOGIES FOR ABSENCE

Katy Ball – Christine Oliver attending as substitute
Alison Challenger
Sarah Collis
Michelle Tilling
Catherine Underwood

148 DECLARATIONS OF INTERESTS

None

149 MINUTES

The minutes of the meeting held on 26 September 2018 were agreed as accurate record and signed by the Chair.

**150 BETTER CARE FUND AND IMPROVED BETTER CARE FUND
QUARTERLY PERFORMANCE REPORTS**

Clare Kent, Head of Service Improvement and Better Care Fund Greater Nottingham Clinical Commissioning Partnership, introduced the report providing information about the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) performance metrics for quarter 2 2018/19. She highlighted the following information:

- (a) All of the BCF national conditions were met for quarter 2.
- (b) The key performance metrics of residential admissions, reablement and delayed transfers of care were scored as 'green' for quarter 2.
- (c) At quarter 2, performance on non-elective admissions was scored as 'amber' for the year to date.
- (d) Performance on the High Impact Change Model was good, with 6 of the 8 mandated elements scored as 'established'. The Model should impact on performance metrics. Learning from changes implemented elsewhere is taking place but models from elsewhere can't just be replicated without taking into account the local context.
- (e) The success story detailed in the narrative focused on carer support services and the outcomes of the model so far.
- (f) Reporting on the iBCF focused on project spends and no detailed narrative or case studies were required.

During discussion the following points were made:

- (g) Nationally, a report on system capacity and flow has been commissioned from Newton Europe to support systems not achieving required performance on delayed transfers of care and non-elective admissions. It will be useful in terms of national learning and case studies but is still not yet available. It is understood that the delay is with the national team rather than Newton Europe and colleagues will continue to chase its availability through the BCF lead.
- (h) The Newton Europe report on local activity has been useful for adult social care.
- (i) Nottingham University Hospitals NHS Trust still considers that there are issues in discharge from hospital and continual development and learning is taking place.

RESOLVED to:

- (1) note the performance in relation to the Better Care Fund and Improved Better Care performance metrics for quarter 2 2018/19; and**

- (2) note the quarterly returns that were submitted to NHS England on 18 October 2018, authorised by the Chair of the Health and Wellbeing Board.**

151 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

152 EXEMPT MINUTES

The exempt minutes of the meeting held on 26 September were agreed as an accurate record and signed by the Chair.

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JSNA Chapter – Evidence Summary

Topic information	
Topic title	Evidence Summary
Topic owner	Shade Agboola, Consultant in Public Health
Topic author(s)	Amy Pellow, Assistant Strategic Insight Researcher
Topic endorsed by	JSNA Steering Group
Current version	March 2019
Replaces version	March 2018
Linked JSNA topics	Demography (2018) Asylum Seeker, Refugee and Migrant Health (2018) Dementia – Working Age and 55+ (2018) Domestic and Sexual Violence and Abuse (2018) Suicide (2018) Sexual Health and HIV (2018)

Executive summary

Introduction

This Evidence Summary presents an overview of the health and wellbeing needs in Nottingham City using the key findings from Nottingham City's Joint Strategic Needs Assessment (JSNA).

JSNAs are local assessments of current and future health and social care needs. The aim of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need. It is used to help determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

Nottingham City's JSNA chapters each consider a particular health and social care issue or the health and social care needs of specific groups. The full JSNA can be accessed at www.nottinghaminsight.org.uk. It is only possible to present a brief overview of this information in this Evidence Summary and so it should be used in conjunction with the full JSNA.

All supporting data and information for this Evidence Summary, including references, can be found in individual chapters.

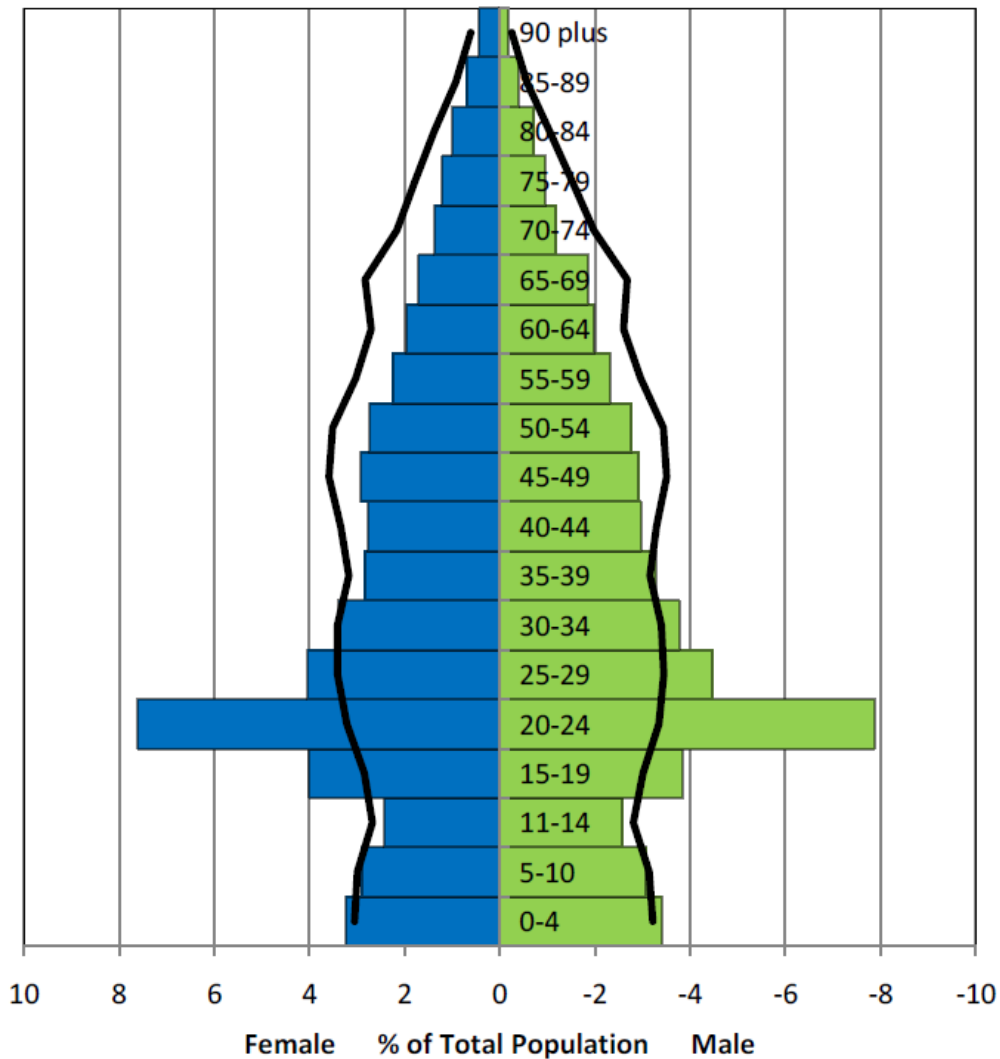
GENERAL RESOURCES

Demography: Demographic context

The latest estimate of the City’s resident population is 324,800, having risen by 5,800 since 2015. The population is projected to rise to 342,000 in 2026 and to 363,700 in 2041. International migration (recently from Eastern Europe) and natural change (the excess of births over deaths) are the main reasons for the population growth recently. The number of births has remained static in the past few years, but is higher than the start of the 2000s.

29% of the population are aged 18 to 29. Full-time university students comprise about 1 in 8 of the population. The percentages in other age-groups are lower than the average for England, with the proportions of those between 65 and 79 being particularly low. Compared to some other Local Authority areas, Nottingham is unlikely to show much ageing or population growth in the short term to 2026.

Figure 1: Age structure of Nottingham (bars) and England (lines), 2016



Source: ONS Mid-Year Estimates, 2016

The City gains young adults due to migration, both international and within Britain, whilst losing all other age groups - this includes losing families with children as they move to the

surrounding districts. There is a high turnover of population - 21% of people living in the City changed their address in the year before the 2011 Census.

The 2011 Census shows 35% of the population as being from Black and Minority Ethnic (BME) groups. This is an increase from 19% in 2001.

The Asian/Asian British group is the largest BME group in Nottingham, making up 13% of the total population; Black/African/Caribbean/Black British, mixed or multiple ethnicity and White (not White British) groups each account for 6 – 7% of the total population.

Despite its young age structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability.

White ethnic groups have higher rates of long term health problems or disability overall, although this varies with age, with some BME groups having higher rates in the older age groups.

Demography: Social and Environment Context

Nottingham is ranked 8th most deprived out of 326 districts in England in the 2015 Index of Multiple Deprivation (IMD), a relative decline on 20th in the 2010 IMD. About a third of the super output areas in the City are in the worst 10% nationally. 34% of children and 25% of people aged 60 and over live in areas affected by income deprivation. There are high levels of child poverty in the City. In 2015/16, 42,100 children and young people lived in workless or low income households.

13% of people aged 16-64 have no qualifications, higher than the national average of 8%. The difference is most evident in the 50-64 age group where some 20% have no qualifications, compared to 11% nationally. 30% of 16 to 64-year-olds have qualifications at NVQ4 level – degree level or above – compared with 38% in England.

The employment rate for the City was 57% in 2017, compared with 75% for England. This figure is deflated by the presence of so many university students, but even if they are excluded the rate is still low (69% compared with 78% nationally). 8% of the population aged 16-64 were claiming Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance in November 2017, compared with 6% nationally. 3.% were unemployed (claiming Job Seekers Allowance or Universal Credit claimants not in employment) in March 2018, compared with 2% nationally.

[Full JSNA for Demography](#)

ADULTS

Asylum Seeker, Refugee and Migrant Health

Asylum seekers, refugees and migrants are distinct groups of people with the common factor being that they have all migrated from their country of origin. An asylum seeker is a person who has asked the Government for refugee status and is waiting to hear the outcome of their application. A refugee is a person who has fled his or her country due to persecution, war or violence. A migrant is a person who has chosen when to leave and where to go, rather than being forced from his or her home.

In 2017 there were between 900 and 1,000 asylum seekers living in Nottingham who received financial and/or housing support from United Kingdom Visa and Immigration

(UKVI). The number of failed asylum seekers is unknown and many continue to live in destitution rather than return to their country of origin.

Using national estimates applied to Nottingham, it is estimated that there are around 500 destitute asylum seekers and around 7,000 refugees living in the City.

Asylum seekers in Nottingham are predominantly young, with 75% of principal applicants being aged 18-39. 45% of principal applicants are male and more than half of these are single. In contrast, 85% of female principal applicants have arrived as part of a family group.

Radford, Arboretum and Leen Valley has the greatest number of asylum seekers, followed by Bridge and Dales and then by Mapperley and St Ann's.

Table 1: Where asylum seekers are housed in Nottingham City

Area/Postcode	Number of properties	Percentage of people housed
NG1 (City Centre)	Less than 5	1.2
NG2 (Bridge and Dales)	39	5.7
NG3 (Mapperley and St Ann's)	37	2.8
NG5 (Berridge, Sherwood, Bestwood)	17	1.4
NG7 (Radford, Arboretum, Leen Valley)	99	6.8
NG8 (Aspley, Wollaton, Bilborough)	22	1.5
NG9 (Wollaton East)	7	1.0
NG11 (Clifton)	Less than 5	0.8

Source: Nottingham City Council/G4S, June 2018

National Insurance numbers (NINo) issued to migrants show the number of new migrants applying for work when they enter the UK. In 2017, 5,469 people registered for a NINo in Nottingham, a 17.7% reduction from 2016. Countries with the biggest numbers of registrations were Romania (956), Poland (644) and Italy (413).

At the time of the 2011 census, 59,234 (19.4%) of City residents were born outside the UK.

The lack of data around the number of asylum seekers, failed asylum seekers and deportees makes it difficult to determine the needs of this group and to commission appropriate services. It is known that some groups of migrants face a number of barriers to accessing healthcare services, including language and a poor understanding of the system and healthcare entitlements. There are challenges around GP registration due to a lack of necessary documentation and also around accessing dental services due to the associated costs for those with no recourse to public funds. Mental health provision is not tailored to meet the needs of asylum seekers, who commonly experience anxiety, depression, post-traumatic stress disorder and sleep problems as a result of the trauma that they have experienced. Pregnant women who are recent migrants, asylum seekers or refugees are the least likely to access maternity services within the recommended timescales. Other issues affecting physical and mental health include delays in accessing employment and benefits leading to poverty and destitution and being exploited by being made to work long hours for low pay.

It is recommended that more sophisticated data-gathering techniques are developed in order to better understand the demographics of asylum seekers, refugees and migrants in Nottingham and to help plan and develop appropriate services. Health care services should also engage more with this group in order to better understand its needs. Partnership working between public services, community groups and the private sector is essential in improving physical and mental health. Accessing services should be made easier, including improving interpreting services, which are currently not meeting the needs of asylum seekers, refugees and migrants. It is recommended that targeted mental health work with asylum seeker and refugee communities is considered, with a view to encouraging access to mainstream mental health services. Capacity building is also important, with more specialist workers and support services needed, as well as better training for staff in relation to the social and health needs of migrant communities and the support services available.

[Full JSNA for Asylum Seeker, Refugee and Migrant Health](#)

Dementia – Working Age and 65+

Dementia encompasses a range of brain disorders resulting in a progressive and severe loss of brain function. It affects 5% of people over the age of 65. Dementia has superseded cardiovascular disease (CVD) as the leading cause of death.

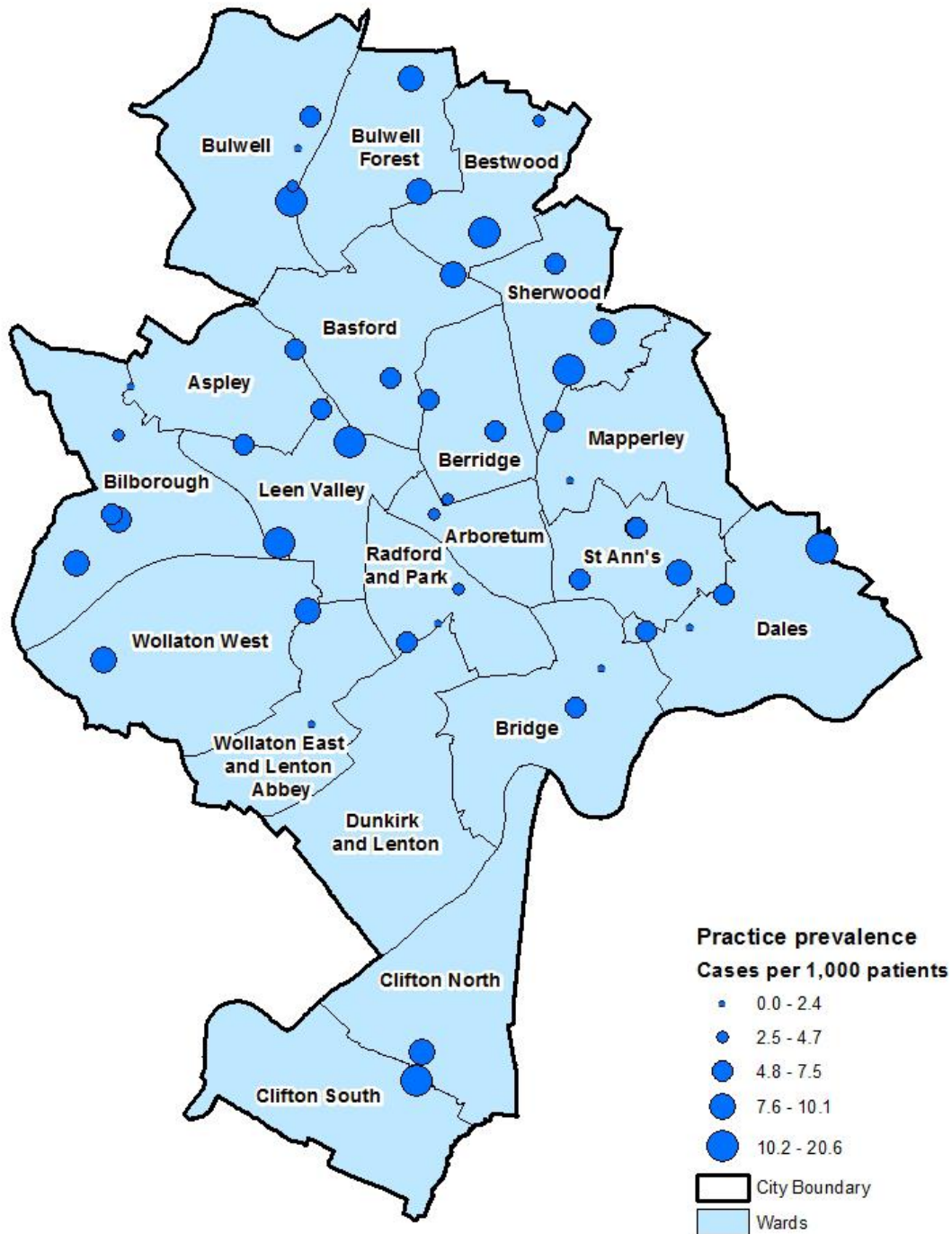
The prevalence of dementia in Nottingham is 5.4%, significantly higher than the East Midlands region (4.4%) and England overall (4.3%). Although this is a decrease from 6.5% in 2013, the aging population means that the number of people living with dementia in Nottingham will continue to rise, reaching over 4,000 by 2035, almost doubling from 2017.

In 2017, Nottingham had nearly double the age-standardised prevalence of early-onset dementia (4.87 per 10,000) compared to England overall (2.94 per 10,000). This could be due to the diverse local population as there is a greater representation of BME individuals in people with early-onset dementia. People from BME communities are less likely to present to diagnostic services and less likely to receive support when they do so.

The proportion of people with dementia in Nottingham using inpatient services fell between 2012 and 2016, but at a slower rate than the national average. Currently, 58% of people diagnosed with dementia in Nottingham use inpatient services, compared with 54% nationally.

Socioeconomic status may indirectly increase the risk of dementia through inequalities in CVD risk. It may also create inequalities in dementia death through life course events such as leaving full time education at an earlier age. In Nottingham dementia is more prevalent in deprived neighbourhoods, with the highest number of dementia patients per GP practice seen in the most deprived districts.

Figure 2: Distribution of dementia patients by GP practice, weighted by practice size.



Source: David Millington, NCC, NHS digital dementia diagnosis workbook, March 2017)

The diagnosis rate for dementia continues to improve. In Nottingham, 83% of people aged over 65 who should receive a diagnosis of dementia are correctly diagnosed. This is higher than the England benchmark of 67% and an improvement from 2014 (57%).

There are a number of unmet needs and service gaps relating to dementia in Nottingham. There is a poor awareness of risk factors for dementia among the general public. NHS

Health Checks present an opportunity for prevention through education and risk-factor modification, but coverage is poor nationally (9%) and worse locally (4%). Although there has been an increase in the number of activities to raise awareness of dementia among BME communities, BME groups continue to experience inequalities in access to diagnostic services and social support and there are few options for support which are sensitive to cultural needs. There is poor awareness that dementia is a terminal illness, both among the general public and health professionals. This results in a lack of advanced care planning and limited access to palliative care services.

It is recommended that GPs and healthcare workers are trained in the risk factors for, and the interventions that can help prevent, dementia. Both the general public and health professionals should be made aware that dementia is a terminal illness. Service provision needs to be mapped to identify gaps and areas of duplication. There needs to be an increased uptake of diagnostic services in BME groups, possibly through community outreach programmes. It is recommended that the percentage of care homes rated as 'Good' or 'Outstanding' by the Care Quality Commission be increased from 45% to 60% by 2019. There should be specialist end of life care for people with dementia through palliative care services integrated in the community. The ageing workforce and rising retirement age will increase the number of people with dementia who continue to work, resulting in a need to develop a dementia-friendly employer framework. If Nottingham is to achieve dementia-friendly community status, it is recommended that the local authority reviews its existing healthy living plans and ensures the built environment, commissioned services and local businesses reflect the needs of people living with dementia.

[Full JSNA for Dementia](#)

Domestic and Sexual Violence and Abuse

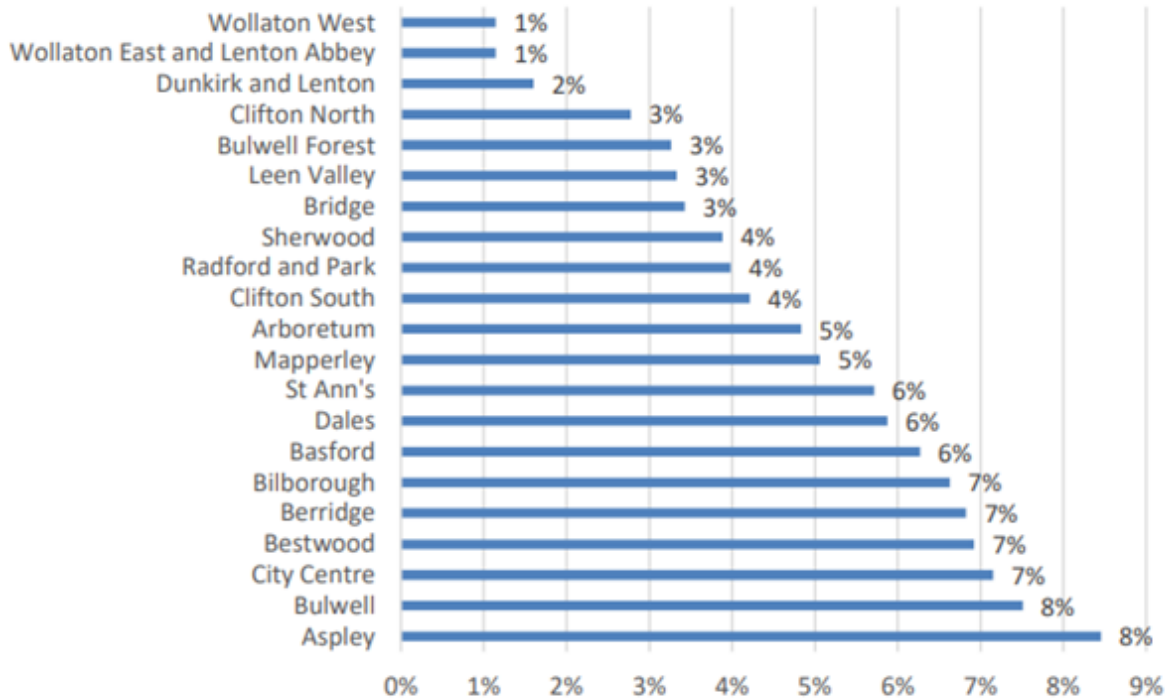
An estimated 1.9 million adults aged 16-59 experienced domestic abuse in the UK last year: 1.2 million women and 713,000 men. This equates to around 5% of the adult population, or 1 in 20.

It is estimated that 3.1% of women (510,000) and 0.8% of men (138,000) aged 16-59 experienced sexual assault in the last year – 1 in 25 adults. Most victims of sexual assault choose not to report it.

Extrapolations based on the Crime Survey for England and Wales indicate that around 15,500 Nottingham City residents aged 16-59 are likely to experience some form of domestic abuse each year, almost 8,000 (62%) of these women and 5,000 (38%) men. This equates to around 7% of the adult population, or 1 in 14. However, local analysis based on the prevalence of risk factors for domestic abuse in the City has estimated the prevalence to be much higher.

Aspley and Bulwell have the highest proportion of domestic violence reports of all wards in the City, at 8% respectively; however Aspley has seen the largest increase in numbers of reported incidences year on year. This may be due to a rise in reporting generally. There has also been some targeted work in some areas of the City, including Aspley, to increase reporting.

Figure 3: Locality of domestic violence incidences reported



Survivors of domestic violence tend to be a younger age demographic than perpetrators, with 42% of survivors aged 18-29 and 38% of offenders aged 18-29. 42% of survivors were BME in 2016-17 – this is an over-representation when compared to the BME population in Nottingham of 35%. Of survivors who disclosed if they had a disability or not, 49% had a disability. Of those who disclosed what their disability was, mental health was most commonly cited, with 39% citing this. This shows over-representation of disability in the domestic violence survivor population – 18% of Nottingham’s population has a long-term limiting illness.

The biggest age group for survivors of sexual violence is the under-18 category (33% in 2016/17) followed by the 18-24 category (26% in 2016/17). Sexual violence is a gendered crime – 9 out of 10 recorded survivors were female in 2015/16. There is a strong link between sexual violence and the night time economy, with 40% of recorded sexual violence offences occurring in the early hours (00.00 – 05.59).

There are a number of unmet needs and service gaps relating to domestic and sexual violence and abuse in Nottingham. The demand for refuge is at risk of outweighing supply, with the number of households moving out of refuge having decreased by 58%. Not all schools provide healthy relationships education so prevention activity is inconsistent across the City. There is a gap in mental health support for survivors of domestic abuse and a lack of long term specialist therapeutic and psychological support for victims of sexual violence and abuse. There is evidence that survivors do not feel believed when disclosing to health and other professionals. While sexual violence is a gendered crime, men are victims too and this presents challenges for commissioners and providers in ensuring that services are accessible to all that need support. There are several knowledge gaps that warrant further exploration, including the reasons behind the increase in repeat domestic abuse calls, the increase in sexual violence reporting and whether LGBT groups are effectively supported by existing services in the City.

It is recommended that commissioners explore ways in which to move women through refuges in a more timely manner and that housing options are publicised to survivors in refuge.

Schools should be encouraged to engage specialist services to deliver healthy relationship education. It is important that health and social care staff are trained to encourage, and effectively respond to, disclosures. Mental health support should be linked to specialist services and referral pathways established and known. Work with BME groups may be needed to encourage reporting of domestic abuse. It is recommended that pathways are put in place for those experiencing familial (e.g. parent and child) domestic violence and abuse. It is important to consider Trans survivors and ensure services are LGBT friendly. There should be a continuation of the work with the universities to raise awareness around sexual violence and to consider extending this to further education. Working with younger groups will help to prevent attitudes that may facilitate sexual violence and explore consent. Services should be linked with mental health support.

[Full JSNA for Domestic and Sexual Violence and Abuse](#)

Suicide

In England in 2016 there were 4,575 deaths by suicide, a rate of 9.5 per 100,000. The rate in the East Midlands was 8.4 (13.6 for men, 3.6 for women). Men account for around 75% of suicides.

On average, 28 people die by suicide every year in Nottingham. In the most recent three-year period, 67 deaths in the City were recorded as suicide, over 84% (56) of who were men. This is similar to the national picture. The age standardised suicide rate for Nottingham during 2014-16 was 9 per 100,000 overall: 14.9 per 100,000 for men and 3 per 100,000 for women.

Self-harm statistics are based on hospital admissions. Nottingham's rates of self-harm are significantly higher than England, but similar to the majority of its statistical neighbours. England is allocated a figure of 100. Nottingham's figure is 115.7, meaning that its admission rate is more than 15% higher than that of England. Some ward areas have significantly higher rates than the City as a whole, especially Aspley, Bestwood, Bulwell, Clifton South and Dales.

Figure 4: Hospital admissions for self-harm: standardised emergency admission ratio (all ages) 2010/11 - 2014/15

Area	Value	Lower CI	Upper CI
England	100.0	-	-
Nottingham	115.7	112.2	119.2
Arboretum	100.4	87.5	114.6
Aspley	176.6	157.9	197.0
Basford	113.5	98.2	130.6
Berridge	114.9	100.9	129.9
Bestwood	182.5	162.9	203.8
Bilborough	141.5	123.8	160.7
Bridge	113.3	98.9	129.2
Bulwell	179.8	159.7	201.7
Bulwell Forest	118.5	100.6	138.7
Clifton North	104.0	87.7	121.9
Clifton South	160.5	139.9	183.2
Dales	150.5	132.9	169.8
Dunkirk and Lenton	48.6	39.1	59.8
Leen Valley	94.1	76.4	114.2
Mapperley	125.6	109.5	143.4
Radford and Park	73.9	65.1	83.5
Sherwood	134.1	116.7	153.0
St Ann's	128.9	115.2	143.4
Wollaton East and Lento...	39.6	30.9	50.0
Wollaton West	48.0	37.1	61.0

Source: PHE public health profiles based on HES data

Nottingham City has high levels of risk factors for mental health problems. Aspects of the City's profile, such as high levels of deprivation, ethnic diversity, rates of children looked after, rates of contact with the Criminal Justice System, levels of disability and employment benefits, levels of substance and alcohol abuse and increasing homelessness, all contribute to increasing risks of suicide and self-harm.

Those at increased risk of suicide are: men aged 35-59 years; people in the care of mental health services; people with a history of self-harm, untreated depression or alcohol misuse; people facing economic difficulties; people going through divorce or separation; those with a long-term physical illness; people in contact with the Criminal Justice System; children and young people who have experienced abuse or neglect; LBGT people; and older people experiencing social isolation and loneliness.

There are a number of unmet needs and service gaps relating to suicide. It is recommended that there be improved access to mental health crisis intervention services for all ages and improved early identification and treatment of depression for older people and those experiencing long term physical conditions. Establishing targeted health promotion

initiatives towards men in middle age would encourage help-seeking behaviour and reduce stigma around talking about mental health.

There should be targeted suicide prevention programmes to those groups and organisations in contact with people who may be higher risk, and training on self-harm and suicide awareness for frontline staff. There is a need for risk assessment and safety planning as part of routine clinical care provided by frontline staff dealing with high-risk groups, especially in primary care and A&E. The means of self-harm and suicide should be monitored through timely surveillance in order to put in place targeted strategies and interventions. Consideration should be given to design safety with regard to suicide prevention, e.g. on tall buildings and at railway crossings. There should be improved access to support services for those bereaved by suicide.

[Full JSNA for Suicide](#)

BEHAVIOURAL FACTORS AND WIDER DETERMINANTS OF HEALTH

Sexual Health and HIV

In 2017 there were 422,147 new STI diagnoses made at sexual health services in England, the most commonly diagnosed being chlamydia (48%), followed by genital warts (14%) and gonorrhoea (11%).

Nottingham is similar to the rest of the country when considering key sexual health outcomes. The overall rate of STI diagnoses between 2015 and 2017 has seen little change, in line with the national trend. However, there has been a year on year increase in syphilis diagnoses (an 18% increase between 2015 and 2017) and gonorrhoea diagnosis rates have increased by 9%.

Local authorities are ranked according to their chlamydia detection rate, HIV testing coverage, total prescribed Longer Action Reversible Contraception (LARC) rate, under 18s conception rate and STI testing rate. In 2018, Nottingham was ranked 3rd out of its statistical neighbours and 39th out of 152 local authorities (with 1st being the highest).

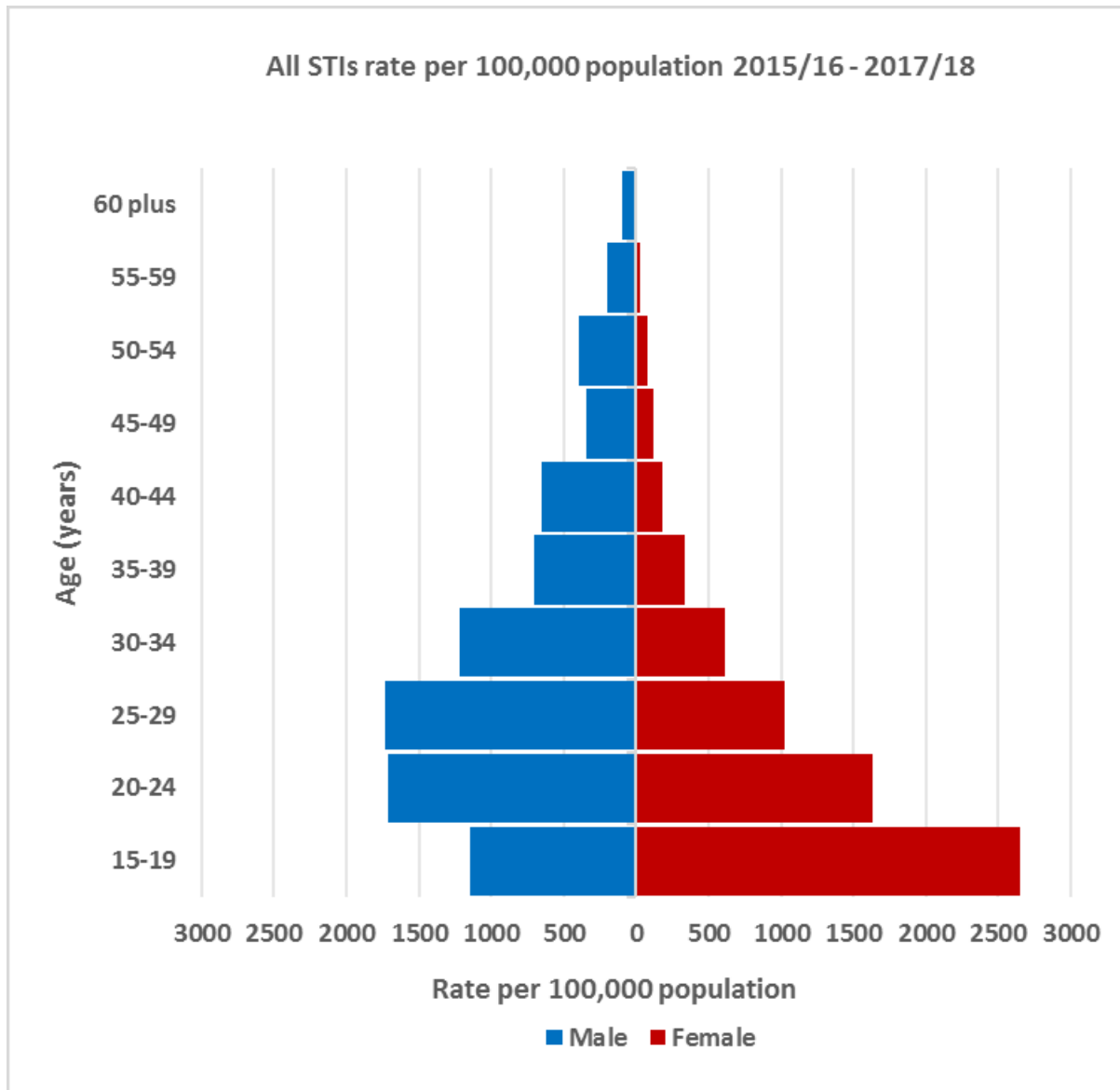
In Nottingham, HIV testing coverage in specialist sexual health services dropped significantly from 77.4% in 2014 to 71.8% in 2016 but increased again to 73.4% in 2017. This was higher than the national average and the 6th highest amongst its 16 statistical neighbours. There was no significant change in diagnosis rates between periods 2014-16 and 2015-17, with around 42% of diagnoses being classed as late. This is similar to both the national picture and that of the statistical neighbours. Prevalence among Nottingham residents aged 15-59 years living with HIV was around 3 per 1,000 in 2016.

In 2017, 181,281 abortions were performed in England. Nottingham City CCG patients accounted for 1,176 of these. The Nottingham rate of 14.5 per 1,000 women was lower than the national rate of 17.2.

Groups at higher risk of poor sexual health are young people aged under 25; people with a mental health problem; people with a learning disability and/or autism; people with non-traditional gender identity; BME communities; LGBT people; people who inject drugs; people who are homeless; people in the Criminal Justice System; people involved in sex work; and people experiencing social inequality.

In Nottingham there is a strong relationship between socio-economic deprivation and rate of new STIs. Females aged 15-29 and males aged 20-34 appear to be more susceptible to STIs.

Figure 5: All STIs rate by age and gender



Source: GUMCAD 3 years pooled, 2015/16 - 2017/18 by ward

There are a number of unmet needs and service gaps relating to sexual health and HIV in Nottingham. National data systems do not always provide an accurate picture of activity as an indication of need, meaning that work often needs to be done at a local level. Emerging threats such as antimicrobial resistance arrive with risks around STIs, increased demand and increased cost. It is challenging to manage demand and pathways across services to ensure effective and efficient delivery of sexual health services. Increasingly, diverse populations and sexual lifestyles increase complexity in understanding need and planning provision that meets the needs of citizens equally. Access to, and effective use of, contraception continues to be a priority in preventing unplanned pregnancy.

There are several recommendations with regards to sexual health and HIV in Nottingham. It is important to understand and plan for issues on the horizon, such as testing for emerging STIs, e.g. Mycoplasma genitalium. Commissioners should work with a range of partners from within the healthcare system to establish clear pathways between primary care and integrated sexual health services so that citizens can continue to receive the right care in the right place at the right time. Further evaluations/audits are needed, including engagement with specific sexual health needs of at-risk groups. Efforts should be made to ensure that men who have sex with men (MSM) are being tested for HIV and STIs regularly, as per current guidance. There needs to be improved recording of ethnicity and of sexual orientation to obtain a better picture of the burden of STIs within different population groups. Commissioners should plan support in preparing for Relationship and Sex Education (RSE) becoming a statutory subject in 2020.

[Full JSNA for Sexual Health and HIV](#)

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