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# Nottingham City Health and Wellbeing Board

**Date:** Wednesday 30 September 2020

**Time:** 1:30pm

**Place:** To be held remotely via Zoom and streamed to: https://www.youtube.com/user/NottCityCouncil

**Governance Officer:** Adrian Mann **Direct Dial:** 0115 8764468

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

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

**Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at: https://www.nottinghamcity.gov.uk/your-council/about-the-council/council-meetings-decisions/recording-reporting-on-public-meetings.**

# Health and Wellbeing Board
# Membership

| | |
|---|---|
| **Voting Members** | |
| Nottingham City Council's Portfolio Holder with a remit covering Health | Councillor Eunice Campbell-Clark (Chair)<br>Portfolio Holder for Health, HR and Equalities |
| Nottingham City Council's Portfolio Holder with a remit covering Children's Services | Councillor Cheryl Barnard<br>Portfolio Holder for Children and Young People |
| Two further Nottingham City Councillors | Councillor Adele Williams<br>Portfolio Holder for Adult Care and Local Transport |
| | *Vacant* |
| City Locality Director, NHS Nottingham and Nottinghamshire Clinical Commissioning Group | Michelle Tilling |
| Three representatives of the NHS Nottingham and Nottinghamshire Clinical Commissioning Group's Governing Body | Dr Hugh Porter (Vice Chair) |
| | Dr Manik Arora |
| | *Vacant* |
| Corporate Director for People (Children and Adults), Nottingham City Council | Catherine Underwood |
| Director of Adult Social Care, Nottingham City Council | *Vacant* |
| Director of Public Health, Nottingham City Council | Alison Challenger |
| Representative of the Healthwatch Nottingham and Nottinghamshire Board | Sarah Collis<br>Chair |
| Representative of NHS England | Samantha Travis<br>Clinical Leadership Advisor and Controlled Drugs Accountable Officer |
| **Non-Voting Members** | |
| Representative of the Nottingham University Hospitals NHS Trust | Alison Wynne<br>Director of Strategy and Transformation |
| Representative of the Nottinghamshire Healthcare NHS Foundation Trust | Julie Hankin<br>Executive Medical Director |
| Representative of the Nottingham CityCare Partnership | Lyn Bacon<br>Chief Executive |
| Representative of Nottingham City Homes | Richard Holland<br>Assistant Director of Housing Operations |
| Representative of Nottinghamshire Police | Superintendent Matthew Healey<br>Area Command for the City |

| | |
|---|---|
| Representative of the Department for Work and Pensions | Viki Dyer<br>District Operations Leader |
| Representative of Nottingham Universities | Andy Winter<br>Director of Campus Life, University of Nottingham |
| Representative of Nottinghamshire Fire and Rescue Service | Craig Parkin<br>Deputy Chief Fire Officer |
| Up to two individuals representing the interests of the Third Sector | Leslie McDonald<br>Executive Director, Nottingham Counselling Centre |
| | Jane Todd<br>Chief Executive, Nottingham Community Voluntary Services |
| Chief Executive, Nottingham City Council | Mel Barrett |

# Nottingham City Health and Wellbeing Board

**Minutes of the meeting held in the Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 29 January 2020 from 1:31pm to 3:49pm**

**Membership**

**Voting Members**

| Present | Absent |
|---|---|
| Councillor Eunice Campbell-Clark (Chair, items 60-67, 69-72) | Samantha Travis |
| Dr Hugh Porter (Chair, item 68) | Catherine Underwood |
| Councillor Cheryl Barnard | |
| Dr Marcus Bicknell | |
| Alison Challenger | |
| Sarah Collis | |
| Michelle Tilling | |
| Councillor Adele Williams | |

**Non-Voting Members**

| Present | Absent |
|---|---|
| Viki Dyer | Lyn Bacon |
| Superintendent Matthew Healey | Ian Curryer |
| Leslie McDonald | Julie Hankin |
| Tim Guyler (Substitute for Alison Wynne) | Richard Holland |
| Jules Sebelin (Substitute for Jane Todd) | Craig Parkin |
| | Jane Todd |
| | Andy Winter |
| | Alison Wynne |

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

| | | |
|---|---|---|
| Paul Crookendale | - | Community Partnerships and Projects Manager, NCC |
| Grant Everitt | - | Opportunity Nottingham |
| Sharan Jones | - | Health and Wellbeing Partnership Manager, NCC |
| Adrian Mann | - | Governance Officer, NCC |

## 60 Changes to Membership

The Board noted that Michelle Tilling has replaced Sarah Fleming as a representative of the Greater Nottingham Clinical Commissioning Partnership.

## 61 Apologies for Absence

Lyn Bacon
Ian Curryer
Jane Todd
Catherine Underwood
Andy Winter
Alison Wynne

## 62 Declarations of Interests

None.

## 63 Minutes

The Board confirmed the minutes of the meeting held on 27 November 2019 as a correct record and they were signed by the Chair.

## 64 Minutes of the Commissioning Sub-Committee

The Board noted the minutes of the meeting held on 27 November 2019.

## 65 Inclusive Employment and Health

Viki Dyer, District Operations Leader at the Department for Work and Pensions (DWP), and Sharan Jones, Health and Wellbeing Partnership Manager at Nottingham City Council, presented a report on how improved cross-sector partnership action can help individuals with health and complex social issues gain and maintain employment, improving their health and wellbeing. The following points were discussed:

(a) many citizens in Nottingham are struggling to maintain employment while living with disability, managing long-term conditions (especially relating to mental health), or claiming health-related benefits. The further development of cross-sector partnerships has the potential to improve the lives of these individuals through helping them to gain and maintain employment. This should result in better outcomes for Nottingham citizens and communities, and greater productivity for employers;

(b) there are approximately 55,400 people in Nottingham of working age who have a long-term disability that limits substantially their day-to-day activities or affects the kind or amount of work they might do. Employment for those with a disability in Nottingham is estimated at 47%. It is a primary aim to develop ambitious and inclusive initiatives to help these people move into work and support them going forward, to improve their health and wellbeing;

(c) currently, only 70 employers in the city are signed up to the inclusivity model, which is a relatively small number. Many employers are not confident in being able to support the specific needs of workers with disabilities and long-term health conditions, so more work needs to be done to change the culture, perceptions and practices of employers and help them to be more disability-confident. To increase engagement, a stakeholder event is being planned for the Spring on how to grow inclusion in the workforce;

(d) Nottingham Community Voluntary Services has run jobs events where the DWP and proactive employers have spoken to explain what disability confidence means for employers. Employers need to have the skills and be able to hold the conversations to support the requirements of disabled employees at work. Mentoring, internships, apprenticeships, role-models and community champions

can all be used to help people gain experience and link them to others who have been through the same process, before;

(e) small businesses can feel that it is difficult for them to engage with mainstream inclusion programmes, which may seem prescriptive in their requirements and ask for a high level of administration that only large organisations have the capacity to process. It is important to assess what the particular barriers to a person working are – such as difficulty with writing – and enable all employers to find effective means to solve these issues as easily as possible with the resources that they have available;

(f) the last of the funding available from the European Social Fund for the D2N2 Local Enterprise Partnership will be released shortly. This could be used to improve employment support in health and care settings, such as through the provision of employment support advisers in specific areas, who would work alongside healthcare providers in helping people with disabilities into employment. There is now a short window to allocate and spend the funding. D2N2 has a strong record to securing grants to deliver projects, but 50% match-funding is needed for every bid. The Council often provides this through staff time to projects, but strong partnerships are required with other organisations in the health and employment sector to achieve success;

(g) a new Health and Wellbeing Strategy is being produced, which will have a focus on taking a consistent and evidence-based approach to exploring the benefit and the return on investment of projects. The new Strategy will also seek to achieve joined-up working with the Nottingham City Integrated Care Partnership (ICP) on the delivery of shared objectives, and it will be helpful for the DWP to work with the Primary Care Networks and the new Social Prescribing Link Workers at the community level. An evidence-based project has taken place in Lincolnshire and its outcomes may help in informing the development of the Strategy;

(h) the membership of the Board represents a number of large employers. Currently, the NHS is carrying out a great deal of recruitment at entry level to ensure an effective workforce and mentoring is in place to upskill employees. It is important for large employers to identify what they can do to increase inclusion and target the people that need to be connected with most. The Council is continuing to develop jobs for local people and is reviewing how various demographics (including both young and older people seeking training and jobs) can be recruited and included, and how and where their skills can be best used. It is also important to engage effectively with the voluntary sector (such as through integrated partnership working), the Council's Portfolio Holder for Early Years, Education and Employment and the Economic Development Team, the DWP and the ICP.

**Resolved to hold a meeting of the Health and Employment Steering Group to discuss potential projects for submission to the D2N2 Local Enterprise Partnership, for an application to the European Social Fund Reserve Fund.**

## 66 Health and Wellbeing Board: New Ways of Working

Alison Challenger, Director of Public Health at Nottingham City Council, presented a report on proposed amendments to the Nottingham City Joint Health and Wellbeing Board's ways of working in collaboration to deliver its statutory functions in improving the health and wellbeing of citizens, and how it can engage closely with the Nottingham City Integrated Care Partnership (ICP) to deliver against the shared priorities. The following points were discussed:

(a) the Board has been operating as a statutory body since April 2013 with an inclusive membership of statutory officers and key partners from a wide range of sectors and organisations across Nottingham. During this period, both the health and care systems and the Board's membership have changed significantly. As such, it is important to reflect on and review the work undertaken to date, and to consider how the Board can contribute to the health and wellbeing agenda going forwards;

(b) the Board's core, statutory functions are to work collaboratively across the membership to determine the public health needs of the local population and produce a Joint Strategic Needs Assessment (JSNA); produce a Joint Health and Wellbeing Strategy (JHWS) that will advance the health and wellbeing of people in the area; encourage the integrated commissioning and delivery of health and social care; reduce health inequalities; have oversight of the local Clinical Commissioning Group's commissioning plans; and to oversee planning against the Better Care Fund;

(c) the current JHWS ('Happier, Healthier Lives') is due to conclude later this year and an evaluation of its impact is underway to inform the refresh of the Strategy, along with work to determine the key priorities of the newly-established Nottingham City Integrated Care Partnership (ICP). Both the Board and the ICP have the same ambitions and serve the same population, so it is important to ensure that plans are developed together and linked to the overarching Integrated Care System's (ICS) response to the NHS Long-Term Plan;

(d) the JSNA is a detailed and extensive assessment of local need and is under review continuously, with a rolling programme to update information. In addition, the ICS has a Population Health Management (PHM) programme that provides detailed insight into the needs of the population and uses data to identify the impact of health and care requirements, as well as the wider determinants that impact on the health and wellbeing of the population. It is important that the information available through the JSNA and PHM is used to inform both the work of the Board and the ICP to better address integration and health inequalities across the city;

(e) ultimately, the Board needs to ensure that its time is spent effectively with a focus on achieving the strategic outcomes, and that it adds value to the overall health agenda and the delivery of proactive prevention measures for ill health. The Board needs to use its strong membership to ensure that its discussions lead to the influencing of commissioning, the improvement of delivery and the driving of change, while avoiding duplication of work – so it will be helpful to engage with the upcoming ICP Partnership Forum;

(f) as the discharge of the Board's functions fall within the remit of the Council's Health Scrutiny Committee, it should also review how it interfaces with this body and discuss future ways of working with its Chair. There may also be an opportunity to meet with the Chair of Nottinghamshire's Health and Wellbeing Board, to consider the potential for any crossover work and discuss how the healthcare needs of citizens from the County are addressed within the City, under the ICS. Once a new roadmap has been produced, an internal review of the Board's ways of working will be carried out as a follow-on to the review conducted a few years ago;

(g) care should be taken to ensure that working links are maintained with other stakeholders in the voluntary sector who are not part of the ICP, with consideration given to what the Board is seeking to achieve through engaging with the voluntary sector, what the sector can bring to strategic discussions at this level, how this engagement can be developed and improved, and how the sector can be best represented on the Board;

(h) the Board's statutory members need to be clear on their required role, who Board members represent in organisational terms and what their mandate is. The Board needs to have a broad platform to engage successfully with the ICP, though it also needs to be clear on what role its individual members have in making decisions within the forum and then disseminating those actions within their own organisations, to meet the objectives of the Board, the ICP and the ICS. In terms of strong decision-making, the Board should always seek to achieve consensus rather than through voting, which has only been used once in the Board's lifetime;

(i) currently, the Board has no dedicated administrative support and relies on staff time being resourced from the Public Health team. It is unlikely that the Council will be able to supply a dedicated support officer to the Board in the near future, so members should consider what administrative resourcing they may be able to put into the Board on a collective basis, and whether some resources can be shared with the ICP;

(j) the ongoing JHWS refresh will come back to the March meeting of the Board and the new ways of working proposals will be updated in light of the Board's discussions. There will be further information on the new JHWS and ICP priorities, with consideration of governance and inter-relationship arrangements, the JSNA and creative resource-sharing.

The Board noted the report.

## 67 Integrated Care Partnership Update

Dr Hugh Porter, member of the Nottingham City Integrated Care Partnership (ICP) Board, presented an update on the ICP activities and initiatives between November 2019 and January 2020. The following points were discussed:

(a) the ICP is developing its high-level programme plan, with a focus on five priorities: establishing a financial and performance view of Nottingham as a whole, creating leadership for the city's health and care development activities, setting up robust

governance at the city and local Primary Care Network (PCN) level, focusing on change management very clearly, and identifying a roadmap for full population management;

(b) the ICP is also establishing sensible and achievable priorities for 2021 and beyond, which will link closely with the Integrated Care System's (ICS) response to the current NHS Long-Term Plan so that work is not duplicated and any gaps in service provision are filled. In terms of governance, the upcoming Partnership Forum meeting will be reviewing the executive management of the ICP, and how the ICP's development can be nest supported;

(c) recently, the ICP has been working to provide targeted support GP practices that have struggled to deliver the needed flu jabs, and this has had positive results. Further work will be carried out to review how the flu inoculation programme can be delivered differently and more effectively. The ICP is also starting to develop and improve the end-of-life planning arrangements in place for people suffering from terminal diseases other than cancer. The ICP has commissioning elements that will review the resources available to providers and how they can be used most effectively;

(d) it is vital that different ways of operating to work in partnership and to achieve wider health benefits for everyone is embraced at all levels. Means of ensuring that people requiring services have access to the most direct point of contact should be put in place, and effective information sharing between services is vital for ensuring good population health management. There is a great deal of learning to be carried out at PCN, ICP and ICS level, and this all needs to be brought together in the same space to take population health and wellbeing forward effectively.

The Board noted the update.

- **Chair**

As Councillor Eunice Campbell-Clark (Chair of the Board) was absent, Dr Hugh Porter (the Vice Chair) chaired the meeting.

## 68 Joint Strategic Needs Assessment: Severe Multiple Disadvantage

Alison Challenger, Director of Public Health at Nottingham City Council, presented the latest chapter of the Joint Strategic Needs Assessment (JSNA), on Severe Multiple Disadvantage (SMD). The following points were discussed:

(a) the new JSNA chapter considers people who experience two or more of the following issues simultaneously: mental health issues, homelessness, offending and substance misuse. Other disadvantage may include poor physical health, community isolation and domestic or sexual abuse. Nottingham has the eighth highest incidence of SMD in England, with over 5,000 people experiencing it in the city – which is twice the national average. The average life expectancy of a person suffering from SMD is 45 years, though their period of healthy life is much shorter. There has only been one major study into SMD, so the in-depth data

informing the JSNA chapter has been gathered and collated from a very wide range of sources, including the Police and healthcare services;

(b) SMD often originates from adverse childhood experiences, but services are usually set up to deal with a single issue only, meaning that they can struggle to meet the needs of people experiencing SMD. The consequences of this can include excess demand on emergency and mental health inpatient services, costing on average of £25,000 for public services per person per year, at an overall cost of £136million per year. A more joined-up approach is required, to include more effective data sharing, and people experiencing SMD need to be involved in developing their own solutions;

(c) further training is required to ensure that the workforce is equipped with the skills and empathy to identify and support individuals with SMD, and a new staff development unit has been established. Staff need to be supported in how they can help people with SMD and to what services they should be directed. Joining-up data-sharing across the services and the Integrated Care System (ICS) is needed to offer seamless support and avoid individuals being directed from service to service, with assistance at the community level provided by the new Social Prescribing Link Workers;

(d) in terms of prevention, SMDs needs a lifetime approach that addresses the root causes of the various complex issues, and dedicated work needs to be carried out to ensure early intervention reduces the occurrence of childhood trauma. Population health management plans are being developed to identify where childhood risks can arise and how they can be addressed as early as possible through early intervention family work and multi-systemic therapy, and locality profiles are being drawn up for the deployment of violence reduction units;

(e) significant partnership work is needed to ensure that each individual community is engaged with in the right way, particularly in the context of Black, Asian and Minority Ethnic communities, to ensure that everybody has fair and equal access to the services that they need. A wide range of organisations are working to address various elements of SMD, including the community and voluntary sector, so it is vital that all of this information and learning is brought together to ensure that the required services are being provided. These services must be visible and accessible to the people that need them, who may never visit a GP, and commissioning decisions must take any gaps in service provision into account;

(f) SMD affects the work areas of all Board member organisations in some way, so the JSNA chapters must be helpful in informing this work, and they should be disseminated by members within their organisations to ensure that the wide range of evidence gathered is deployed to improve services and reduce health inequalities. Strategic planning at the Integrated Care Partnership (ICP) and ICS level should take the JSNA chapters into account when looking at scaling and complex persons plans. The clinical system for the ICP and ICS should be designed within the context of embracing population health management, with focused attention on systems response;

(g) funding for services is often on a fixed-term basis, so effective continuity planning is vital. The JSNA is intended to assist the understanding of core issues, to inform

the provision that needs to be commissioned in the long-term. This process must keep ahead of the funding position to ensure that important programmes do not stop at the end of one commissioning period, to then be re-established (with the associated costs of re-starting a project) at another point in the future.

**Resolved to explore the systems response to Severe Multiple Disadvantage further with the Integrated Care Partnership and other key partners in the context of population health management, partnership and prevention.**

- **Chair**

Councillor Eunice Campbell-Clark (Chair of the Board) returned to the meeting prior to the discussion of this item and chaired the rest of the meeting.

## 69 The Safeguarding Adults Board

The Board noted the Annual Report of the Safeguarding Adults Board (SAB). Any members who have specific queries on the report can contact the SAB directly at safeguarding.partnerships@nottinghamcity.gov.uk.

## 70 Board Member Updates

The Board noted the written update of Nottingham City Council's Director of Public Health.

## 71 Forward Planner

The Board noted that a set of standard items will now arise on each agenda. The wider work programme is under review so, if members have any comments or suggestions regarding future business items to be considered by the Board, these should be forwarded to Nottingham City Council's Director for Public Health. Issues that can be presented by multiple Board members are particularly welcome.

## 72 Future Meeting Dates

- **Wednesday 25 March 2020 at 1:30pm**

# Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

**Minutes of the meeting held in the Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 29 January 2020 from 4:03pm to 4:06pm**

**Membership**

| **Present** | **Absent** |
|---|---|
| Christine Oliver (Chair) | Katy Ball |
| Sarah Fleming (Vice Chair) | Helen Blackman |
| Councillor Eunice Campbell-Clark | Alison Challenger |
| Councillor Adele Williams | Catherine Underwood |
| Sarah Collis | |
| Dr Hugh Porter | |
| Ceri Walters | |

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

| | | |
|---|---|---|
| Bobby Lowen | - | Commissioning Lead, Nottingham City Council |
| Adrian Mann | - | Governance Officer, Nottingham City Council |
| Naomi Robinson | - | Senior Joint Commissioning Manager, Greater Nottingham Clinical Commissioning Partnership |

**Call-in**

Unless stated otherwise, all executive decisions made by the Commissioning Sub-Committee are subject to call-in. The last date for call-in is **Thursday 6 February 2020**. Decisions cannot be implemented until the next working day following this date.

## 13 Apologies for Absence

| | | |
|---|---|---|
| Katy Ball | - | on leave |
| Alison Challenger | - | work commitments |
| Catherine Underwood | - | work commitments |

## 14 Declarations of Interests

None.

## 15 Minutes

The Committee confirmed the minutes of the meeting held on 27 November 2019 as a correct record and they were signed by the Chair.

## 16 Better Care Fund National Reporting Template (Quarter 3)

Bobby Lowen, Commissioning Lead at Nottingham City Council, and Naomi Robinson, Senior Joint Commissioning Manager at the Greater Nottingham Clinical Commissioning Partnership, presented a report on the Better Care Fund (BCF) Quarter 3 Reporting Template 2019/20. The following points were discussed:

(a) the report template confirms the continued compliance against the requirements of the BCF and provides information about the challenges, achievements and support needs in progressing the delivery. It includes a narrative on performance against the four national BCF metrics of non-elective admissions, admissions to residential and care homes, the effectiveness of reablement, and delayed transfers of care. The data is collated from the returns from all of the BCF partners. The Quarter 3 report was submitted to NHS England on Friday 24 January 2020, following sign-off by Councillor Eunice Campbell-Clark, Councillor Adele Williams and Dr Hugh Porter;

(b) overall, performance in Quarter 3 was positive. There is room for improvement in relation to delayed transfers of care, and it is important to set stretch targets for performance against the metrics. Close monitoring is in place to ensure that partners and providers achieve their established objectives.

**Resolved to:**

**(1) approve the Better Care Fund Quarter 3 Reporting Template 2019/20;**

**(2) delegate the authorisation of the Better Care Fund quarterly returns to NHS England to:**

**(i) the Nottingham City Council Portfolio Holder with responsibility for health;**

**(ii) the Nottingham City Council Portfolio Holder with responsibility for adult social care; and**

**(iii) the Chair of the NHS Nottingham City Clinical Commissioning Group;**

**on an ongoing basis.**

- **Reasons for the decision**

To confirm continued compliance against the requirements of the BCF and establish the challenges, achievements and support needs in progressing delivery. This will inform the BCF Plan, which will build on the achievements to date to ensure joint prioritisation of resources, avoidance of duplication, flexibility across organisational boundaries and targeting investment to meet shared priorities by taking a whole-system perspective.

- **Other options considered**

To do nothing: This option is rejected because it is a national requirement for the Local Authority and Clinical Commissioning Group to review the BCF quarterly reporting templates and make a signed-off return to NHS England.

## 17 Future Meeting Dates

- **Wednesday 25 March 2020 at 4:00pm**

# Health and Wellbeing Board
# 21 September 2020

| | **Report for Action** |
|---|---|
| **Title:** | Health and Wellbeing Strategy Refresh 2020 |
| **Lead Board Member(s):** | Alison Challenger, Director of Public Health |
| **Author and contact details for further information:** | Uzmah Bhatti, Public Health Insight Manager, Nottingham City Council |
| **Brief summary:** | This report provides the board with the background and update on progress of refresh of the Nottingham City Joint Health and Wellbeing Strategy. |

**Recommendation to the Health and Wellbeing Board:**

Board is asked to:
1. Note contents of this report;
2. Agree the proposed approach to refreshing the Health and Wellbeing Strategy 2020-24

| **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 provides the Board with information on the refresh of the Nottingham City Joint Health and Wellbeing Strategy itself. |
| 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 |
| --- |
| |

| Background papers: | None |
| --- | --- |

# Health & Wellbeing Strategy (HWS) Refresh 2020

## Introduction

The Health and Wellbeing Board has a duty to prepare a Joint Health and Wellbeing Strategy for meeting needs identified in the Joint Strategic Needs Assessment (JSNA). The JSNA is a local view of current and future health and social care needs that could be met by the City Council, Clinical Commissioning Group or NHS England.

The 2016-2020 strategy – *Happier, Healthier Lives* – was agreed by the Board in July 2016 and now requires a refresh. The aim of the Strategy was to increase healthy life expectancy in Nottingham and make it one of the healthiest big cities, as well as reducing inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.

## 2016-2020 Strategy Evaluation

An evaluation of the previous HWS and subsequent recommendations are summarised below.

What went well:

- co-creation of the strategy with the contribution of local voices
- an ambitious strategy with numerous indicators
- some achievements e.g. air quality

Learning points:

- accountability for outcomes not always clear
- varied engagement with action plan delivery
- hasn't facilitated integration/joint commissioning

The evaluation resulted in the following recommendations for the new HWB strategy:

- **Maintain ambition and breadth –** The existing strategy is recognised for ambitiousness, with a focus on healthy life expectancy (HLE). Remit should remain the health and wellbeing of the wider population. The strategy must add value to system, with focus on wider determinants and primary prevention.
- **Review the timeliness of strategic planning/action plans** – The overarching strategy should be outcome focussed, with emphasis on an evolving and flexible strategic plan underpinning this.
- **Improve visibility** so the HWS is recognised as the key multi-agency strategy for improving and maintain health and wellbeing across the Nottingham city population. Communications are key: addressing confusion, raising profile, public-facing resources.

## Health and Wellbeing Strategy Refresh Steering Group

A steering group was convened to develop a refreshed HWS for four years from July 2020. The group considered various factors including the following:

- Retaining a focus on Healthy Life Expectancy but recognising the need for other complementary measures to assess progresses in the shorter term.
- The need for time bound delivery plans instead of broad thematic ones.

- Consideration of the strategic and delivery roles of both the Health and Wellbeing Board and the Integrated Care Partnership (ICP), and the relationship between the two groups.
- How to structure the delivery of the plan to ensure cross-system working.
- Early consideration of what will happen at the end of the 4 year plan.

The Steering group also set an ambition to align the Strategy to the ICP plan going forward. In March, a public facing Primary Care Network engagement event was held with the aim of leading to an ICP plan/Framework for Action that will link to the HWS.

ICP priorities have now been agreed as:

- Supporting people who face severe multiple disadvantage (SMD) to live longer and healthier lives.
- Preparing children and young people to leave care into independence
- Supporting people who smoke or who are at risk of smoking.
- Increase the number of people receiving flu vaccinations
- Reducing inequalities in BAME communities.

**Coronavirus Pandemic**

From March 2019, refresh of the HWS has been paused. This period has however, placed an increased focus on health inequalities and the disproportionate effect the pandemic has had on already disadvantaged population groups. The Coronavirus pandemic has exacerbated existing health inequalities and accelerated the emergence of new ones. Nottingham City Council has developed a Framework for Action on BAME health inequalities as a response. This, led by the Third Phase of NHS Response to COVID-19 strengthens the need for a HWS with a particular focus on health inequalities.

**Proposal**

It is proposed that the refreshed HWS:

- Has more of a focus on health inequalities and enables the HWB Board, as a partnership, to dissect topics and identify gaps in the system via a 'place based model' considering; how we integrate health within our wider **policy**; how are **services** meet, respond and listen to the needs of our local population; and how we support **communities** to work together and maximise their potential to impact population health.
- And is underpinned with core principles such as; alignment with ICP priorities, adopts a life course approach and is supported by time bound delivery plans.

**Recommendation**

It is recommended that the Health and Wellbeing Board;

1) Agree in principle to the proposal outlined above

2) Discuss and provide comment on the future direction of travel, to further define the proposed approach.

# Health and Wellbeing Board
# 30 September 2020

| | **Report for Information** |
|---|---|
| **Title:** | Housing, Excess Winter Deaths and Cold Related Harm |
| **Lead Board Member(s):** | Alison Challenger, Director of Public Health |
| **Author and contact details for further information:** | Ceri Davies, Housing Strategy Specialist<br>ceri.davies@nottinghamcity.gov.uk<br>Robert Stephens, Insight Specialist – Public Health<br>robert.stephens@nottinghamcity.gov.uk |
| **Brief summary:** | This new Joint Strategic Needs Assessment (JSNA) chapter considers the impact of housing on health, in particular physical housing conditions and the relationship between cold homes and cold-related mortality and illness amongst vulnerable people.<br><br>This JSNA identifies the strategic, policy and commissioning needs that will reduce the impact of poor quality homes on negative health outcomes, including excess winter deaths (EWDs) and cold-related harms in Nottingham.<br><br>Evidence for the link between poor housing and poor health is still lacking to justify the funding and promotion of housing interventions based on health outcomes. Housing-led or based projects have minimal monitoring of health outcomes and clinical recording and recognition of housing as a source of ill health is majority absent.<br><br>It is estimated that fuel poverty causes nearly half of EWDs. Nottingham has a higher than national average rate of EWDs. Between 2014 and 2018, there were over 750 excess winter deaths in Nottingham.<br><br>Fuel poverty can increase the occurrence of certain conditions predicated by low temperatures. The current recommended healthy household temperature is 18°C to 21°C for the living room. |

**Recommendation to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to:

(1) Note the recommendations for commissioning included in the JSNA chapter.

(2) Reflect on the need identified and consider how we embed conversations and links between health, social care and the services available to vulnerable householders.

(3) Acknowledge the important link between health and housing and identify ways to use data collaboratively to measure the impact of policies and interventions.

(4) Provide details of data your organisation holds that you feel would be relevant to evidence the impact of housing and health for future iterations of this chapter.

| **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 | The JSNA directly informs Health and Wellbeing Strategy formulation and commissioning. Its contribution cuts across the strategic aims and outcomes in the Health and Wellbeing Strategy. |
| 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** |
|---|
| Housing is a key determinant of health and poor quality or unsuitable homes can directly affect people's physical and mental wellbeing, creating or exacerbating health issues. Parity of esteem is applied when developing interventions or outcomes for mental and physical health |

| | |
|---|---|
| **Background papers:** | JSNA – Housing with Excess Winter Deaths and Cold-Related Harm |

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# JSNA Chapter
# Housing, Excess Winter Deaths and Cold-Related Harm

| Topic information | |
|---|---|
| **Topic title** | Housing with Excess Winter Deaths and Cold-Related Harm |
| **Topic owner** | David Johns |
| **Topic author(s)** | Ceri Davies<br>Robert Stephens |
| **Topic endorsed by** | Healthy Environment Group<br>Health and Housing Partnership Group |
| **Current version** | January 2020 |
| **Replaces version** | Housing (2013)<br>Excess winter deaths (2015) |
| **Linked JSNA topics** | Air quality (2019)<br>Adults with physical and sensory impairments (2016)<br>Falls and bone health (2015)<br>Homelessness (2017)<br>Severe multiple disadvantage (2019)<br>Asylum Seekers, Refugee and Migrant Health (2018) |

## Executive summary

### Introduction

This chapter considers the impact of housing on health, in particular physical housing conditions and the relationship between cold homes and cold related mortality and illness among vulnerable people. This joint strategic needs assessment (JSNA) identifies the strategic, policy and commissioning needs that will reduce the impact of poor quality homes on negative health outcomes including excess winter deaths (EWDs) and cold-related harms in Nottingham. Homelessness is considered as a separate topic in the Homelessness JSNA chapter.

Housing is a key determinant of health and poor quality or unsuitable homes can directly affect people's physical and mental wellbeing, creating or exacerbating health issues. Those who are already vulnerable through disability, existing/chronic ill-health, age and/or low income, are most at risk of deprivation including poor quality homes and neighbourhood environments. There is clear evidence that links

poor health with poor housing, for example: increased risk of high blood pressure or circulatory problems in elderly occupiers in poorly heated accommodation; raised levels of asthma and other respiratory conditions in children living in damp housing with high levels of mould growth.

The most serious impact of cold or poorly heated homes is, of course, the death of the occupant, with cold and damp homes being a risk factor for vulnerable people and cause of excess winter deaths; most in relation to cardiovascular disease though in rare cases, hypothermia. A higher excess winter mortality rate has been observed in the UK than in many other European countries that experience colder winters, and health problems associated with cold homes are experienced in "normal" winters as well as during extremely or unusually cold weather. An increase in death rates can happen when temperatures drop below about 6°C. (NICE, 2015)

EWDs is a measure that describes the additional number of people who die in winter compared with the spring, summer and autumn months. The Excess Winter Death Index (EWDI) explains EWDs as a proportion of the expected deaths based on the number of non-winter deaths (commonly expressed as a percentage). Out of the total population of 330,734 in Nottingham, an average of 3,000 people died per year between 2007/8 and 2017/18. Of those, an average of 158 were EWDs. (ONS Public Health Mortality Files, 2019)

The greatest overlap of financial vulnerability and poor housing conditions is in the private rented sector, which has seen the largest sector growth over the past decade and now comprises over a third of Nottingham's housing offer. The Building Research Establishment (BRE) estimated that 21%, of private rented homes contained a Category 1 Health and Housing Safety Rating System (HHSRS) hazard - defined as risks of harm to the health, safety or wellbeing of an occupant that arise from deficiencies within a dwelling on which a Local Authority has a duty to take a prescribed form of action. (BRE, 2016)

The Council Plan 2015-19 committed to the delivery of 2,500 new homes that Nottingham people could afford to rent or buy, the implementation of selective licensing for the majority of the city's private rented stock, and to tackling fuel poverty. The Council Plan 2019-23 makes a further commitment to deliver 1,000 new social owned homes and further reduce fuel poverty for older people. As the Local Planning Authority, Nottingham City Council also has a vital role in ensuring that new homes are built to applicable building standards, on sites that protect against environmental pollution and are treated for any prior industrial use.

Improving Health and Care through the home: A National Memorandum of Understanding was established between government departments and main agencies (NHS England, Public Health England and Homes and Community Agencies) and signed by various agencies in 2015, with a new version published in 2018.

Nottingham City signed its Memorandum of Understanding to Support Joint Action in Improving Health through the Home in 2016, with the following long-term objectives:

- Integrating health, social care and housing services
- Maximising the impact from housing as part of the 'wider health workforce'

- Maximising the housing contribution to reducing health inequalities between areas and social and cultural groups
- Further developing the housing sector's role in reducing the demand for health and social care services
- Communities and citizens playing their part in contributing to healthier lives strategies and activities

**Unmet needs and gaps**

- There remains a shortage of quality and affordable housing, as demonstrated by the housing register and a continued lack of security in the private rented sector, as well as sufficient evidence regarding poor quality in the private rented sector for Nottingham being granted approval, by central government, to implement a selective licensing scheme.

- There is insufficient turnover in the housing market to enable or encourage households to move as their needs change. There is a need to optimise existing housing, increase the flexibility and choice in the housing offer as well as deliver increased provision overall.

- The greatest coincidence of poor housing conditions and low income is in the private rented sector, with poorest energy efficiency performance being in the central wards Berridge, and Arboretum and Hyson Green.

- The link between poor housing and poor health, though recognised since Victorian times, is still lacking in robust enough datasets and case studies to justify (the funding and promotion of) housing interventions based on health outcomes. Housing-led or based projects have minimal monitoring of health outcomes and clinical recording and recognition of housing as a source of ill health is majority absent.

- In Nottingham, energy focussed housing interventions are coordinated by the Domestic Energy Efficiency and Fuel Poverty (DEEFP) sub-group of the Health and Wellbeing Board. However, there is a lack of joined up working between organisations and an absence of coordination of other interventions to improve conditions and outcomes in private sector housing.

- EWDs index analysis data showed comparably worse outcomes in two specific Primary Care Network areas in the city - Bulwell and Sherwood, and Bestwood and Top Valley.

- Immunisation rates for influenza for the over-65s and for at-risk individuals are lower in Nottingham City than nationally. Influenza is a key risk factor for EWDs and cold-related harm.

- Smoking-related long-term conditions continue to be a key contributory factor to EWDs, especially when combined with poorly insulated housing.

- There are too few referrals to energy efficiency services of vulnerable householders from frontline health and social care staff and a lack of data to determine whether practitioners are adequately equipped to make every contact count (MECC).

**Recommendations for consideration by commissioners**

| Recommendation | Responsible Party | | |
|---|---|---|---|
| | Local Authority | Service Provider | CCG/CCP |
| For the Health & Wellbeing Strategy to retain a focus on housing as a means of improving health outcomes | X | | X |
| To refresh and reshape the Health and Housing Memorandum of Understanding | X | X | X |
| To introduce more robust monitoring of health impact of direct interventions on housing conditions and of the home as a cause of ill health. Ensure data is utilised effectively to target assistance to the most vulnerable households | X | X | |
| To consider advice or signposting on housing conditions as a form of social prescription for patients | | | X |
| To engage housing-related resources with the making every contact count initiative by equipping all health and social care staff with the skills and knowledge to refer vulnerable householders to services | X | X | X |
| Maximise partnership working within the City Signposting Scheme to establish an effective, single point of contact for health and housing advice, advocacy and referrals | X | | |
| Maximise impact by targeting of resource towards the private rented in communities where multiple deprivation and the most vulnerable households could be addressed via the home | X | | |
| Revise the group structure under the Integrated Care Partnership to include a private sector housing projects group (i.e. interventions other than energy efficiency) | X | | |
| Target areas identified as having high or multiple levels of need with intensive and coordinated actions to reduce fuel poverty, improve energy efficiency and signpost to other services – namely areas of Berridge, Bestwood, Bestwood Park, Bulwell and | X | X | |

| | | | |
|---|---|---|---|
| Sherwood wards | | | |
| Fuel Poverty Strategy to be endorsed by Health and Wellbeing board and to be included as a separate chapter in the JSNA | X | X | |
| Ensure uptake of the influenza vaccine and engage with PHE and NSHE vaccination campaigns | | | X |
| To reinvest in health and safety improvement services that are delivered via the home – e.g. home improvement service | X | X | |

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# Air Quality Strategy for Nottingham and Nottinghamshire

## 2020 -2030

# Contents

**Councillor Steve Vickers (Chair)**
Nottinghamshire Health and Wellbeing Board

**Councillor Eunice Campbell-Clark (Chair)**
Nottingham City Health and Wellbeing Board

# Foreword

## Why do we need an Air Quality Strategy to reduce air pollution?

Clean air is one of the most basic requirements for us all to live and work, and is essential for our good health and wellbeing, and for the natural environment. Although there has been a reduction in air pollution since the 1970s, poor air quality is still the largest environmental risk to public health in the UK. It shortens lives and reduces quality of life, particularly amongst the most vulnerable, the young and old, and those living with health conditions. There are 1000s of cases of respiratory and other diseases and an estimated 630 deaths a year in the Nottingham City and Nottinghamshire County areas together that can be attributed to air pollutants. It is also important to recognise that air pollution also damages ecosystems and wildlife.

We aim to improve air quality further in Nottinghamshire through this strategy as there are no safe levels of air pollution and any reduction will have a positive impact on public health. In fact, our modelling shows that reducing levels of exposure to the main pollutants in the county and city would in time generate significant reductions in related morbidity and mortality and reduction in costs to the local health and care system. Importantly this would also improve the quality of life and wellbeing of 1000s of local people helping them to meet their potential and live fulfilling lives. Reducing air pollution will also contribute to protecting the climate as polluting emissions also often contain greenhouse gases. There are also other significant co-benefits such as health improvement through more active travel economic opportunities related to the development and utilisation of zero and low emission technologies.

Our vision is for all of Nottinghamshire residents and visitors to have clean air that allows them to lead healthy and fulfilling lives. We aim to reduce the average levels of the main pollutants and reduce the proportion of disease and death caused by air pollution. To order to do this it is crucial that we all contribute to tackling air pollution, and local authorities, and partner organisations provide strong leadership so that we improve the quality of the air we all breathe, every minute of every day and establish systems and places for clean air for future generations.


# Strategy Vision and Aims

# Our Vision

**For all of Nottinghamshire residents and visitors to have clean air that allows them to lead healthy and fulfilling lives.**

Modelling shows that the rate of years of life lost attributable to air pollution has decreased in the county and the city since the early 1990s, but the rate of years lost to disability attributable to air pollution remains at a similar level (Appendix 2). However, there is no known safe level of exposure below which there is no risk of health effects [1], and air pollution continues to have a significant impact on health in the city and county.

It is estimated that 5.7% of all adult deaths (equivalent to more than 410 deaths) in Nottinghamshire County (i.e. excluding the City of Nottingham), and 6.3% [2] of all adult deaths (equivalent to 146 deaths) in Nottingham City, were attributable to long term exposure to human-made particulate air pollution based on 2016 figures. When the effects of $NO_2$ are included the number of attributable deaths is estimated to increase to more than 450 in Nottinghamshire County and 181 in Nottingham City.

Deaths attributable to air pollution are higher than those related to alcohol consumption and road traffic accidents combined (Table 1). This demonstrates the need and importance of working towards our strategic vision.

***Table 1 Comparison of deaths attributable to human-made air pollution, smoking and deaths related to alcohol consumption, Nottinghamshire County and Nottingham City.***

| Area | Deaths attributable to human-made air pollution | Deaths attributable to smoking | Deaths related to alcohol consumption | Deaths (deaths including serious injury) caused by road traffic accidents |
|---|---|---|---|---|
| **Nottinghamshire County** | 450 | 3928* | 405¥ | 28α (314) |
| **Nottingham City** | 183 | 1408 | 153¥ | 5α (111) |

*Estimate based on 1/3 of deaths attributable for 2015-2017, PHE Tobacco Control Profiles, **http://www.tobaccoprofiles.info/profile/tobacco-control**

¥ Estimates for 2017, PHE Local Alcohol Profiles for England, 4.01 Alcohol-related mortality (persons) http://fingertips.phe.org.uk/profile/local-alcohol-profile

α Reported casualties by severity, by local authority area, Great Britain, 2017 https://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents#table-ras30008

Our modelling shows that lowering levels of pollution would enable people to live more healthy lives. For example, if areas of the city and county where residents are exposed to higher levels of air pollution, had lower levels of pollution over the next 10 years; there would be significant health benefits and lives saved.

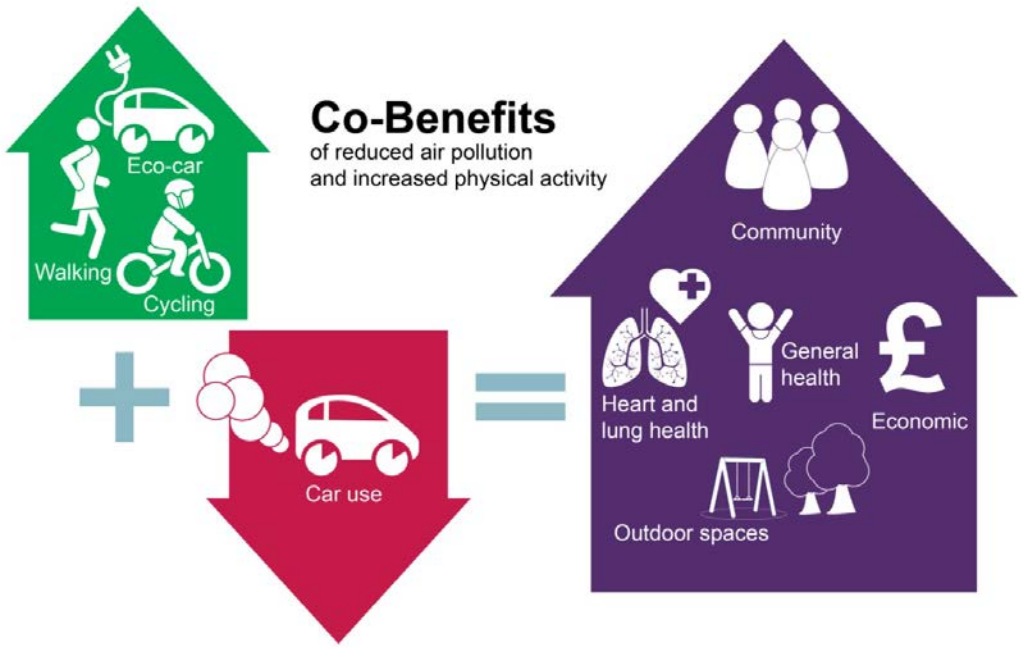
This would include 1000s of fewer cases of asthma, coronary heart disease, chronic obstructive pulmonary disease, diabetes, and lung cancer over the next 10 years and related improvements in quality of life. In addition, there would be over 1500 fewer deaths associated with these conditions, and a reduction in £160M associated with treating and caring for people with these conditions in the local health and care system (Appendix 3).

Our vision for clean air aligns with the ambition in governments national Clean Air Strategy to protect the nation's health and the government's plan [3] and forthcoming strategy for reducing vehicle emissions [4]. Other important national plans such as the NHS Long Term Plan has recognised the action needed on air quality [5].

Implementation of this strategy will also have local system-wide co-benefits (Figure 1). For example, shifting towards local and zero emission transport will enable more physical activity through active travel as part of integrated transport systems and help reduce local congestion. Other co-benefits include connecting people in their communities through better design of place, and improvements in overall environmental quality, noise reduction, greater road safety and carbon-reduction for climate change mitigation [1].

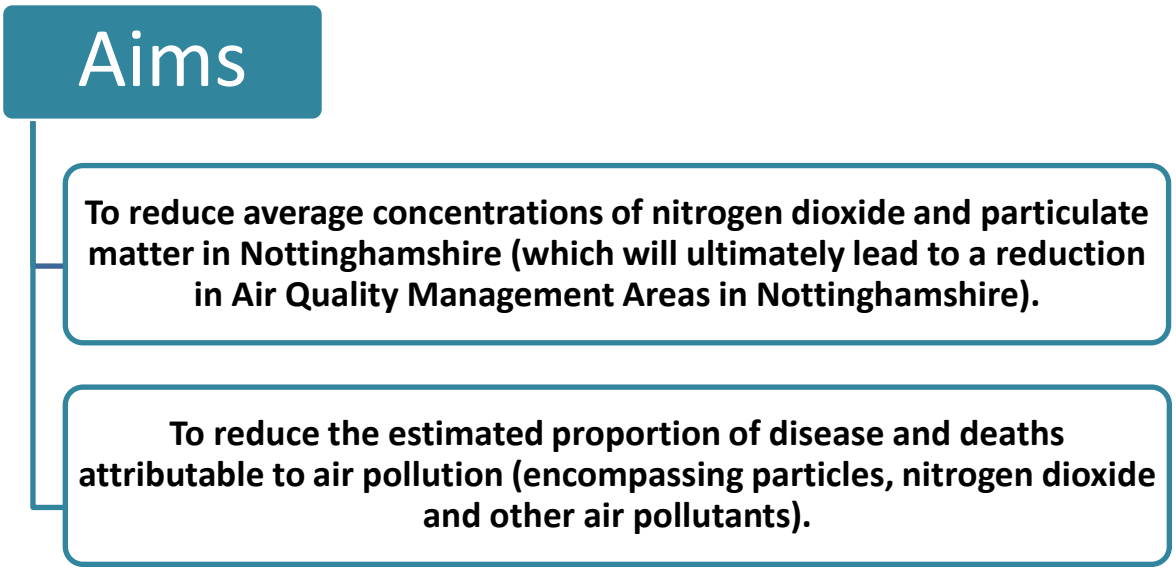
The local economy can also benefit from the action set out in this strategy. People prefer to live, and employers are likely to prefer to establish businesses, in places which are clean and support a healthy workforce. Innovation in clean energy and technologies presents opportunities for the UK economy [6].

**Figure 1 Example Co-Benefits of Improving Air Quality (Public Health England)**



# Aims of the Strategy

This strategy aims to reduce the two key pollutants that are known to impact on human health – nitrogen dioxide and particulate matter. This action will also reduce the impact of these pollutants on the local environment and local ecosystems and reduce the impact of other pollutants which are emitted and produced by the same causes.




Aim 1 is in line with the 2018 legislation to reduce national emissions for particulate matter and nitrogen dioxide (and 3 other pollutants) [7]. It is also aligned with the national Clean Air Strategy 2019 aim to reduce $PM_{2.5}$ concentrations in all areas of the UK over the next decade [4].

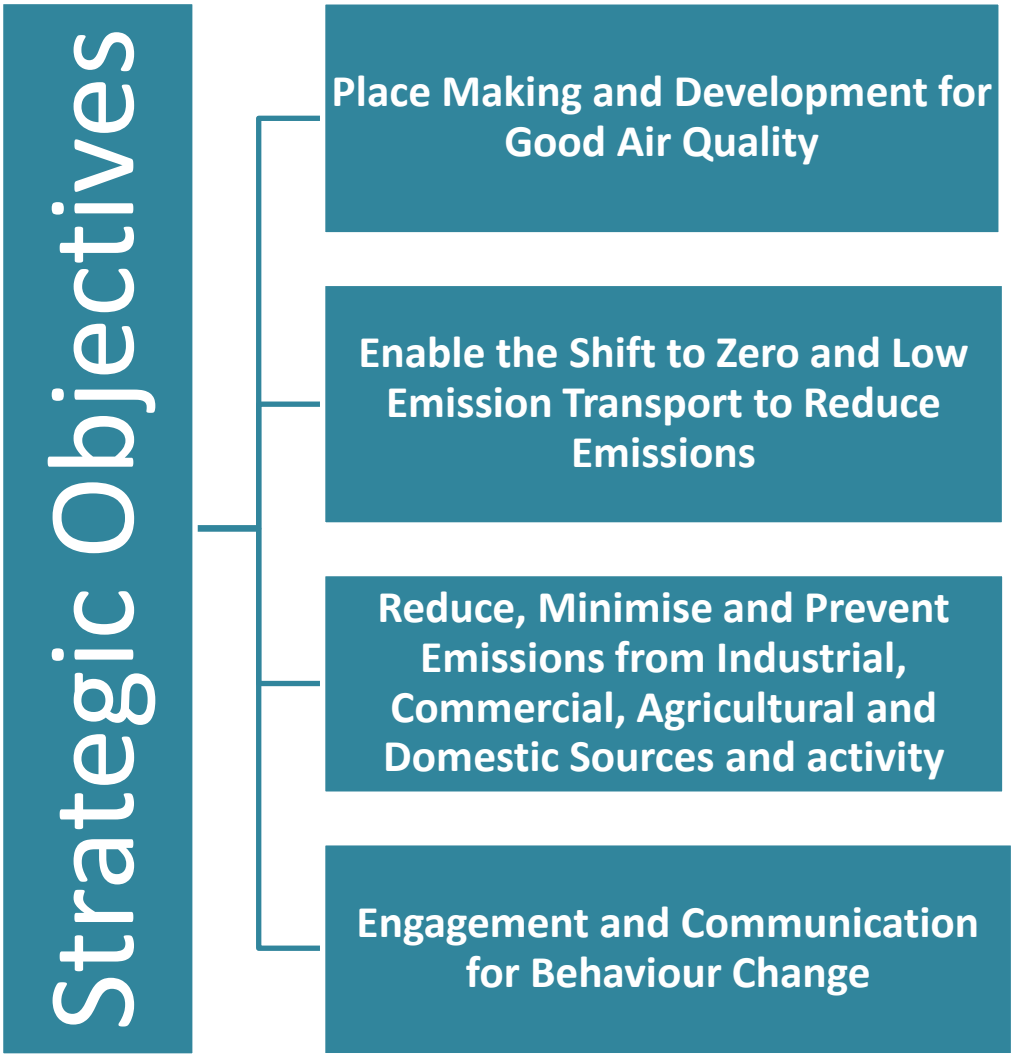
As described in Appendix 5, Air Quality Management Areas (AQMAs) are designated when levels of pollutants in local area are above the UK limits. Reducing the average concentrations of these key pollutants will subsequently lead to less areas requiring an AQMA and reduce the number of AQMA in the city and county area.

The Local Air Quality Action Plans for these AQMA in Nottingham and Nottinghamshire are therefore a key component in the delivery of this strategy in terms of reducing health risk and impact in the most polluted areas. The role of AQMA will evolve and develop as the government makes changes to modernise the local air quality management (LAQM) system as intended in the Clean Air Strategy.

# Strategy Objectives and Principles

# Strategic Objectives

The strategic vision and aims will be delivered through action under the following strategic objectives. These strategic objectives are aligned with the evidence base for action to improve air quality set out by the National Institute of Health and Care Excellence (NICE) [8] and the action set out in the national strategic documents:



## Objective 1: Place Making and Development for Good Air Quality

The local planning system has the potential to positively impact on air quality as part of its aim to contribute to sustainable development. This can be through the system's role in promoting healthy and safe communities, sustainable transport, achieving well-designed places and facilitating the sustainable use of minerals as set out in the 2018 National Planning Policy Framework (NPPF) [9].

The NPPF states that planning policies and decisions should contribute to national air quality objectives and local air quality plans. Planners should consider air quality at the plan making stage to ensure a strategic approach and limit the need for issues to be reconsidered when determining individual applications. It is envisaged that by securing reasonable emission mitigation on schemes, where appropriate, cumulative impact effects, arising from overall development can be minimised.

The new approach provides greater clarity and consistency for developers, which should help to speed up the planning process. Guidance has been developed through the East Midlands Air Quality Network which can aid this process [10] and several authorities are progressing Supplementary Planning Documents covering the issue. The Nottinghamshire Spatial Planning and Health Framework 2019-2022 [11] is also useful in this regard and sets out the rationale for the role of spatial planning and place making in the health of the population, and a protocol for incorporating health considerations into planning policy and development control.

Public Health England's guidance on air quality interventions states that planning should aim to improve air quality and other health outcomes through the co-implementation of a mix of various measures that provide/improve green and active travel infrastructure, prioritise road safety, provide public transport and discourage travel in private cars. This should be done together with policies focusing on reducing the emissions of vehicles that have the highest potential to be effective at reducing emissions [6]. We will achieve Strategic Objective 1 by:

1. Developing Local Plan policies and or/or Supplementary Planning Documents to minimise or offset emissions related to new developments, including emissions from resultant road transport.
2. Screening developments for potential impact on air quality and conducting air quality assessments when a development is classed as major in line with the East Midlands Air Quality and Emissions guidance.
3. Working with developers to minimise or offset identified impacts on local air quality in residential, commercial minerals and waste developments.
4. Implementing identified mitigations which may include the provision of electric vehicle charging infrastructure, and/or active travel (walking and cycling) infrastructure and promotional activities (for residents and businesses) in line with Strategic Objective 2.

## Objective 2: Enable the Shift to Zero and Low Emission Transport to Reduce Emissions

As described in Appendix 1, a significant proportion of emission of nitrogen oxides and particulate matter in Nottinghamshire comes from road transport, and this has a significant impact on local air quality. Reducing emissions from these sources is a key part of the government's air quality strategy and local transport strategies [3] [4] [12] [13]. It is therefore essential that we work to reduce emissions from vehicles through local action. Transport teams within both Nottingham City Council and Nottinghamshire County Council will lead on this by ensuring air quality is a material consideration within the development of Local Transport Plans. Other parts of the public sector also have a significant role in this objective. The local Integrated Care Systems should lead on action within the NHS to reduce emissions from all related vehicles as set out in the NHS long term plan [5].

We will seek to encourage local residents, businesses and organisations (including public sector organisations) to move to zero and low emission transport options by making people more aware of their travel choices (particularly low-emission options) and providing infrastructure and training to enable people to make such journeys and reduce emissions from transport.

We will achieve strategic objective 2 by:

1. Developing and delivering coordinated integrated programmes of measures to address journey time delay including:
   - Infrastructure improvements to encourage more people to walk, cycle or use public transport more often.
   - Encouraging and enabling people to make more sustainable travel choices (e.g. through travel planning and training) as part of Strategic Objective 4.
   - Targeted capacity improvements to address journey time delay (e.g. traffic signal improvements).
2. Encouraging transfer to lower emission vehicles through the provision of electric vehicle charging infrastructure including in new developments in line with Strategic Objective 1, and promotional activities (for residents, businesses, and public transport operators).
3. Effective management of the highways networks, including planned and unplanned disruption on the highways network caused by street works, incidents and other activities.
4. Working with operators to provide appropriate public transport services.
5. Ensuring the regular exchange of information between transport planners, health and air quality colleagues relating to both air quality information and traffic information.
6. Working with freight operators and organisations, passenger transport operators (e.g. bus, rail and taxi), and public sector transport operators and fleet commissioners to hasten the transition to the operation of zero and low emission vehicles and establish appropriate routes, delivery routines and driver practices to minimise congestion and pollution.

## Objective 3: Reduce, Minimise and Prevent Emissions from Industrial, Commercial, Agricultural and Domestic Sources and Activity

Industrial (including commercial) and domestic burning/combustion including commercial waste and domestic nuisance fires cause most of the particulate matter pollution and a significant amount of the emissions of nitrogen oxides as described in Appendix 1. Agricultural sources are the predominant sources of ammonia and all these sources contribute to emission of volatile organic compounds which react with other pollutants to form secondary pollutants such as ozone and particles [4].

This strategic objective will be partly delivered by the regulatory activity of the Environment Agency and local authority Environmental Health teams to reduce, minimise and prevent emissions from these sources to reduce their impact on local air quality. This work will evolve as the new local air quality framework emerges as proposed in the Clean Air Strategy [4].

We will achieve strategic objective 3 by:

1. Ensuring through regulation, inspection and enforcement action that industrial, commercial and agricultural activities comply with Environmental Permits applicable to emissions to air from their industry.
2. Enforcing existing (e.g. smoke control orders) and any new legislation that minimises emissions from commercial and domestic solid fuel combustion.
3. Encouraging and facilitating increased energy efficiency and use of renewable/sustainable energy sources and supplies across sectors.
4. Identifying and implementing strategies and measures that reduce or prevent emissions that adversely affect health and ecosystems.

## Objective 4: Engagement and Communication for Behaviour Change

It is important that people have access to the correct information about local air pollution and related risks to health in their area in the short and longer term. We will seek to raise awareness amongst local residents, households, businesses and organisations of local air pollution and the ways in which they can reduce their exposure.

We will put particular emphasis on protecting those at higher risk, including children, pregnant women, the elderly, and people with long term conditions as recommended by NICE [14]. We will utilise the tools that have been proposed in Public Health England 'Improving people's health' strategy 2018 [15] and the Clean Air Strategy 2019. There is a role for local Public Health teams and the Integrated Care Systems to lead on this to ensure it is implemented locally.

Importantly we want to help people understand what they can do to improve their health and local air quality. Examples of some of the things that can be done are set out in Appendix 3.

We will achieve strategic objective 4 by:

1. Raising awareness amongst higher risk groups on how to reduce the exposure and the impact of air pollution on their health.
2. Ensuring that health and care workers that come into regular contact with high-risk groups are aware of the advice they should give and what to do when air quality is poor, and that this is actioned.
3. Providing clear coordinated messages on the risk of air pollution and what individuals and organisations can do to reduce their contribution to local air pollution.
4. Aligning air quality messaging and behaviour change with other programmes which have mutual benefits such as promoting walking and cycling for physical activity and/or to address localised congestion.
5. Promoting involvement in local, national and international awareness raising campaigns at an individual and organisational level.

# Cross Cutting Principles of the Strategy

The following cross cutting principles will be followed to enable the effective delivery of the strategy.

## Ensure our approaches reduce health inequalities.

People living in the most deprived, particularly urban areas of England have significantly higher air pollution levels ($PM_{10}$ and $NO_2$) than those living in the least deprived neighbourhoods [16]. The related research found that the 20% most deprived areas of the East Midlands which includes parts of Nottingham City and the county districts (Appendix 4). It is therefore important that our planned actions do not exacerbate these inequalities and those related to air pollution and higher risk groups. For example, by shifting pollution from one area to another, or reducing in less polluted areas more than in areas with a greater need [17]. But our actions should in fact strive to reduce inequalities related to air pollution.

## Use PHE's air pollution hierarchy in prioritizing intervention.

This approach set out in Public Health England's 2019 review of interventions set's out how a system or department/service area should first prioritise prevention to reduce or eliminate emissions, over mitigation to reduce concentrations of pollutants, over avoidance to avoid individual being exposed without addressing the cause of the pollution [6].

## Take a health in all policies approach.

Health in All Policies (HiAP) is an approach to public sector policies that systematically and explicitly takes into account the health implications of the policy decisions local authorities and other organisations take. It targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity [18].

This is therefore important in relation to air quality. For example in organisational transport or energy policy there should be a consideration of the impact on air quality and not just economic or operational efficiency.

## Base our approaches on evidence and learn through evaluation.

There is a growing evidence base for modelling air pollution risk, and modelling intervention effectiveness and impact. We will use the available tools and those that are available in the future to ensure that our approaches are as effective and cost effective as possible. We will learn from approaches in other areas of the country and learn from our local interventions through undertaking effective evaluation.

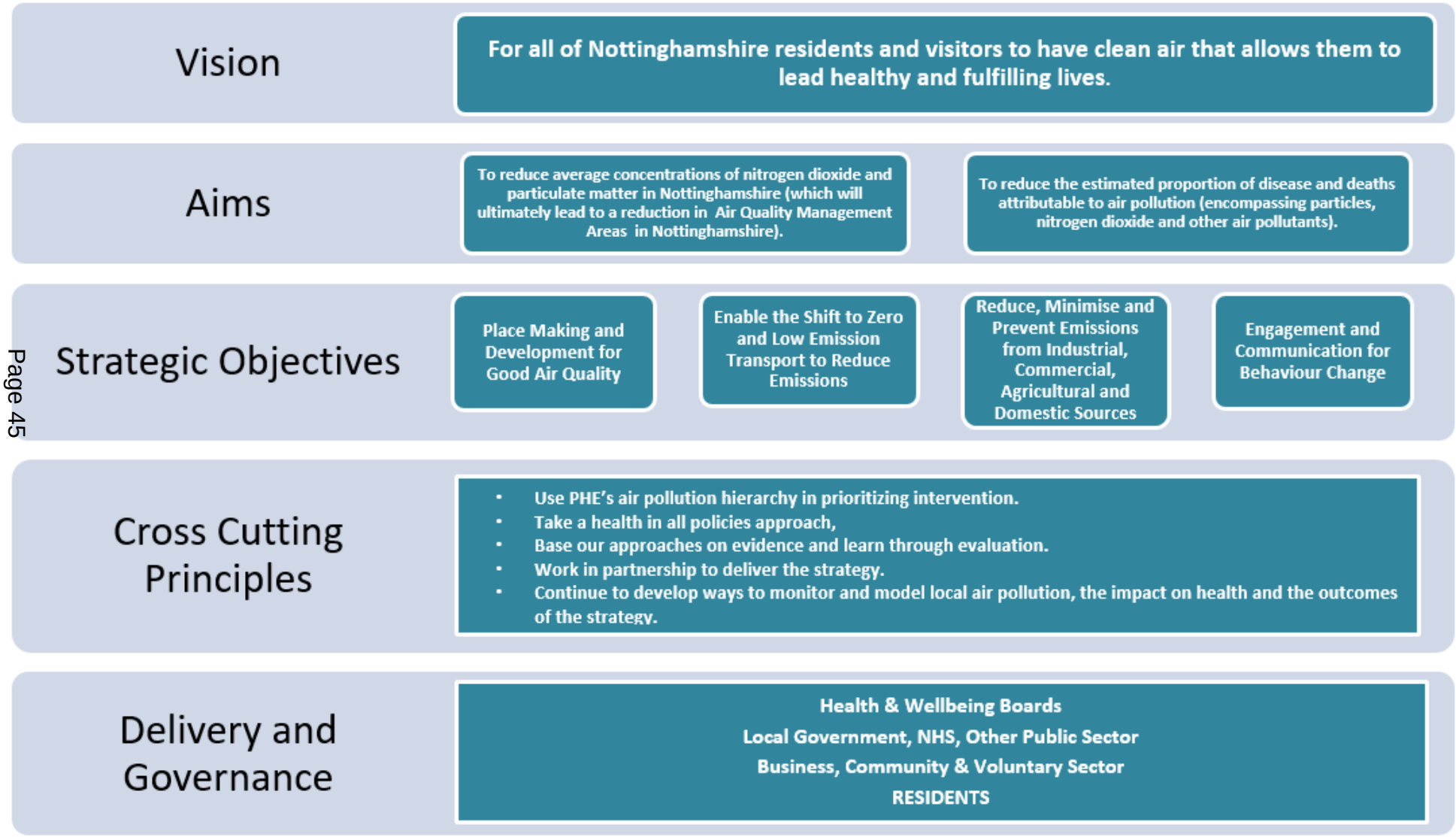
## Work in partnership to deliver the strategy.

It is clear that air quality cannot be addressed by one organisation or sector alone. In order to utilise all local levers it is essential that all organisations consider their impact upon air quality. This includes the need to work across organisational boundaries to ensure that policies in one authority do not negatively transfer causes of air pollution or the pollution itself to neighbouring authorities. The need to work collaboratively has been highlighted as a policy objective in the national Clean Air Strategy.

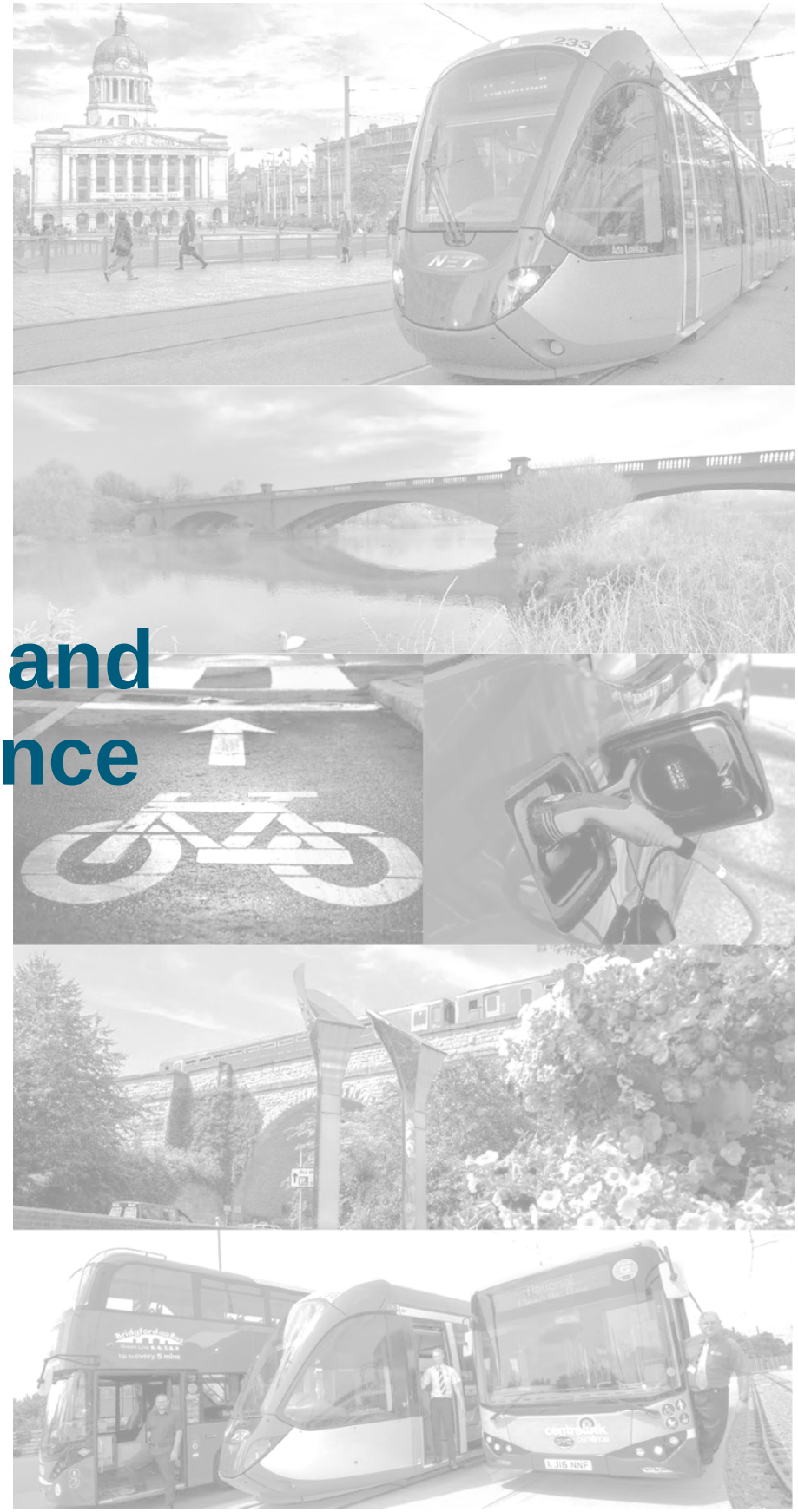
## Continue to develop ways to monitor and model local air pollution, the impact on health and the outcomes of the strategy.

The Clean Air Strategy has set out a new vision of the local air quality management system and improving national monitoring and reporting of air quality issues. We will work collectively in the longer term to adapt our local monitoring to this new regime and develop our local intelligence on air quality and health to better plan and deliver our air quality interventions.

**Figure 2 Air Quality Strategy Summary**



# Strategy Delivery and Governance

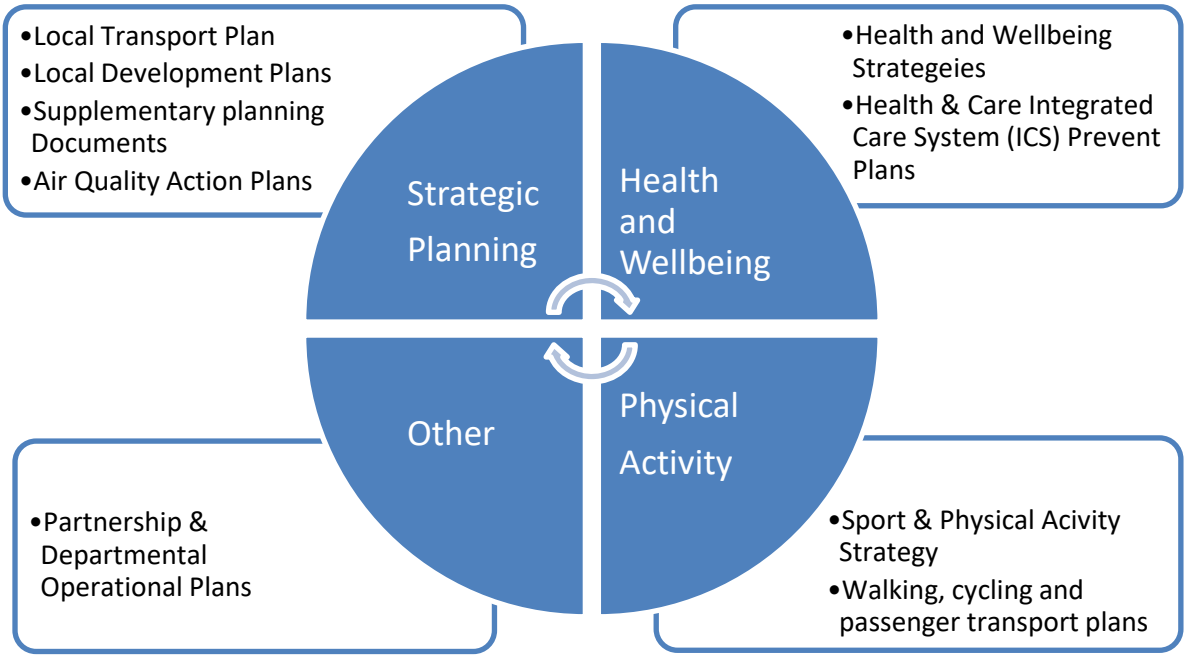


# Delivery and Governance of the Strategy

Delivery of the strategy aims and objectives requires leadership across several organisations and strategies and plans in the health & wellbeing, transport, planning, environmental health, public health and health & care sectors in the Nottinghamshire and Nottingham City areas.

It is proposed that the Health and Wellbeing Boards will provide local system leadership on the air quality agenda.

**Figure 3 Local Strategies and Plans aligned with this Air Quality Strategy**




A strategy oversight group will be formed comprising a core of Environmental Health, NHS, Planning Policy, Public Health, Transport Planning representative of Nottingham City and Nottinghamshire. This group will meet once or twice a year to consider local air quality monitoring and modelling data, progress of any specific air quality delivery work streams and aligned strategy and the evidence base of effective interventions for improving air quality.

This purpose of the group will be to:

- Review progress of the delivery against the strategy aims and objectives.
- Ensure current programmes and projects are joined up in the local system for impact.
- Capitalise on new opportunities for strategic action on air quality.
- Review the partnership impact of implementation of changes to the local air quality management system.
- Coordinate and share local air quality modelling and monitoring at a strategic level.
- Identify and influence other strategic work streams with co-benefits for air quality.
- Oversee the Joint Strategic Needs Assessment for Air Quality for both areas.

Review the strategy on a 5 year cycle to take into account longer term changes in air quality and evidence for the partnership action required to continue to make improvements.

# Appendix 1

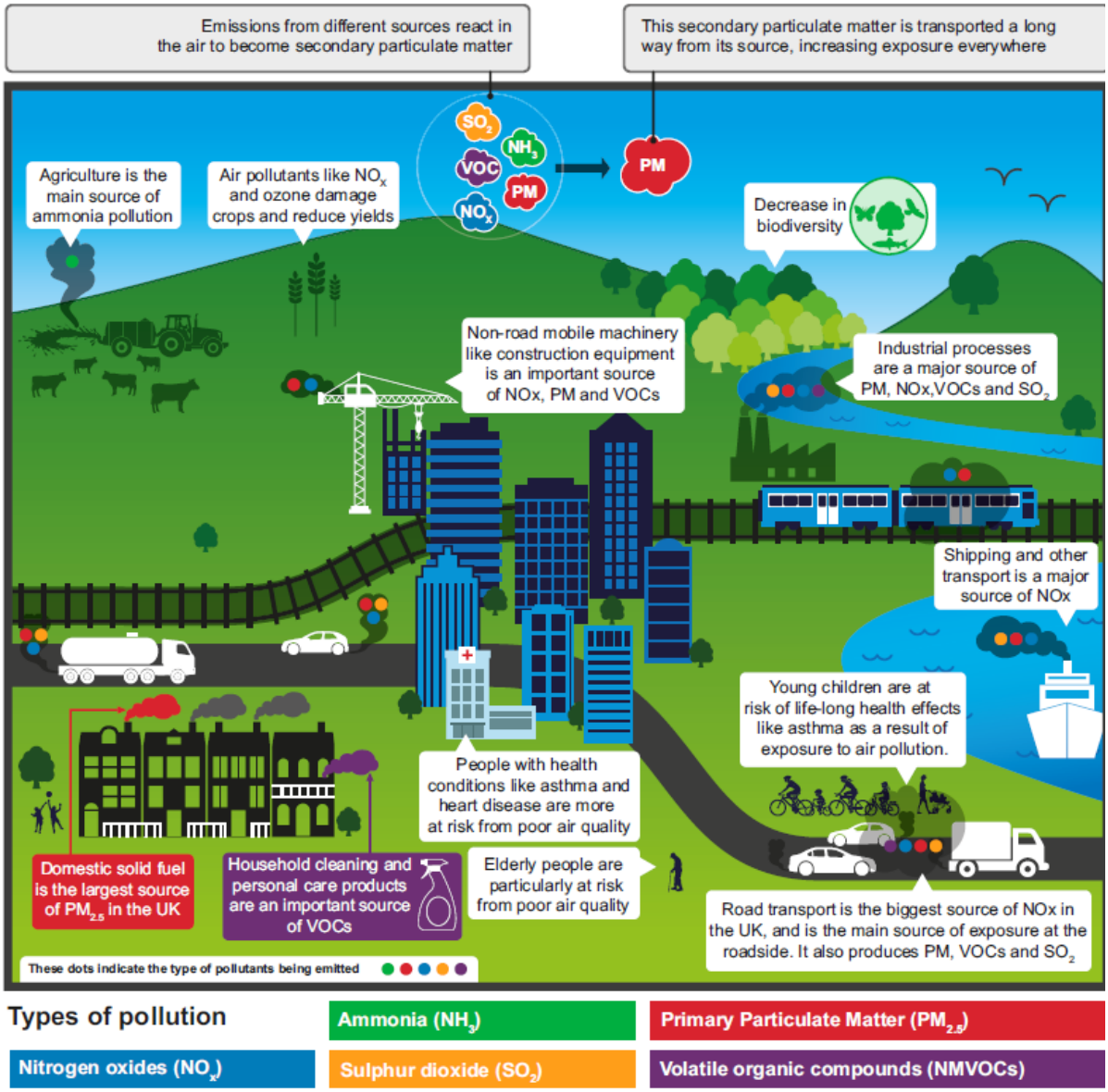
# Appendix 1 - Local Air Pollution

## Sources of air pollution

Air pollution is defined as a mixture of gases and particles that have been emitted into the atmosphere by natural and human-made processes.

There are a range of pollutants as shown in Figure 4. The combustion of fossil and carbon based fuels such as coal, oil, gas, petrol/diesel and wood burning are the most significant sources of the key pollutants of concern to local authorities, and also emit carbon dioxide, a key greenhouse gas.

**Figure 4 the sources of air pollutants and their effects (Source: DEFRA, 2018)**



The pollutants we are most concerned about locally, because of their health effects, are:

- **Nitrogen oxides (Nitrogen dioxide ($NO_2$) and Nitrogen oxide (NO))**
- **Particulate matter (microscopic particles - $PM_{10}$, $PM_{2.5}$ and smaller)**

## Nitrogen Oxides

Nitrogen dioxide ($NO_2$) and nitrogen oxide (NO) (known together as Nitrogen Oxides or $NO_x$) are released into the atmosphere when fuels are burned (for example, petrol or diesel in a car engine or natural gas in a domestic central heating boiler). $NO_x$ emissions from burning fossil fuels are mainly as NO, but some sources can release a lot of $NO_2$.

Road transport produces 34% of the $NO_x$ in the air, and 80% near roadsides in the UK. Diesel vehicles are a particularly significant source of $NO_2$ and contribute 90% of the roadside emissions in the UK [3]. Because of this road transport and particularly diesel vehicles are the main local sources of concern for $NO_x$ pollution locally. Other important sources of NOx emissions in the UK are power stations and refineries that use fossil fuels (22%), domestic and industrial combustion (19%), and other transport such as rail, shipping and aviation (18%) [4].

Nitrogen dioxide pollution[1] is a problem at several locations in Nottingham City and elsewhere in the county and there are currently (March 2019) five declared AQMAs resulting from nitrogen dioxide emissions due predominantly from road transport.

These AQMAs range in size from a few streets adjacent to the localised issues) to the whole of Nottingham City following amendment to the city's previous AQMA2 (although it should be noted that the air quality exceedances are only on specific roads in the City, not the whole of the City).

Each of these AQMAs has an associated Local Air Quality Action Plan and local authorities report on the status of AQMA and changes in local air quality monitoring and factors that affect local air quality in Annual Status reports. Given the breaches of air quality objectives beyond 2020 in Nottingham City predicted by DEFRA, Nottingham City was also required to conduct a detailed assessment and plan to address the air quality issues in the City [19].

[1] See appendix 1 for a description of pollutants and their impacts

**Table 2 Local Air Quality Management Areas in Nottinghamshire**

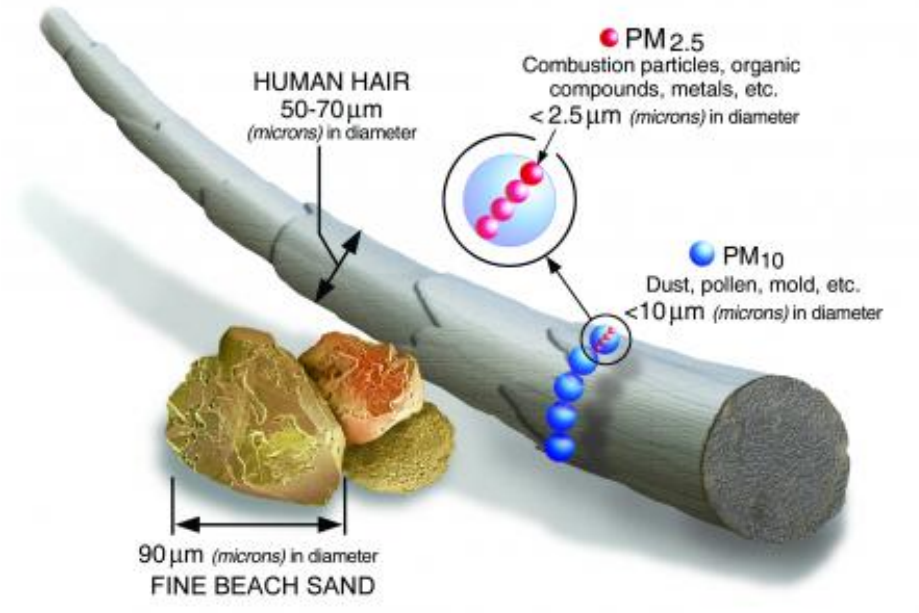
| AQMA | Description | Date Declared | Pollutants of concern |
|---|---|---|---|
| **Broxtowe** | Next to the M1 motorway in Trowell. | 01/02/2006 | Nitrogen dioxide $NO_2$ |
| **Gedling** | Land adjacent to a stretch of the A60 Mansfield Road | 01/04/2011 | Nitrogen dioxide $NO_2$ |
| **Nottingham City (AQMA 2)** | The whole of the city's administrative area | 09/01/2019 | Nitrogen dioxide $NO_2$ |
| **Rushcliffe*** | An area encompassing the vicinity between the A60/Wilford Lane junction to Lady Bay Bridge (including land south of Trent Bridge) in West Bridgford. | 01/09/2005 | Nitrogen dioxide $NO_2$ |
| **Rushcliffe*** | Land adjacent to the A52 at Stragglethorpe | 01/10/2011 | Nitrogen dioxide $NO_2$ |

* Rushcliffe AQMAs are under review in 2019 as NOx levels are below the threshold

## Particulate matter

Particulate matter is the term for a mixture of solid particles and liquid droplets found in the air. Some particles, such as dust, dirt, soot, and smoke, are large or dark enough to be seen with the naked eye. Others are so small they can only be detected using an electron microscope. They are classified by size such as $PM_{10}$ or $PM_{2.5}$ or smaller.[2]

**Figure 5 Size of Particulate Matter**




(Source: US Health Protection Agency)

[2] $PM_{10}$ (particles of ≤ 10µm (micrometres) diameter) or $PM_{2.5}$ (particles of ≤ 2.5µm diameter)

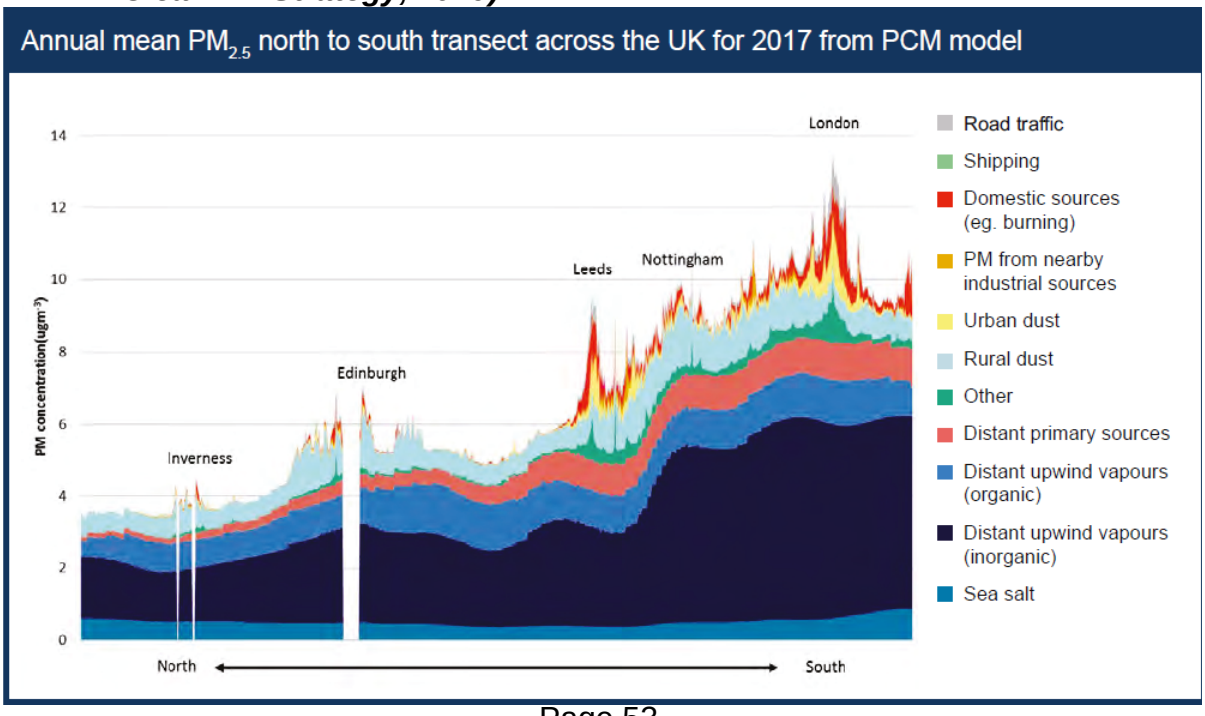
Particulate matter consists of a wide range of chemical compounds and materials from natural sources such as pollen, sea spray and desert dust; and human made sources such as from fires, engine vehicle exhausts (particularly diesel engines) soot from vehicle exhausts, dust from tyres and brakes, as well as emissions from industry. It is also formed by reactions between other pollutants and in the air e.g. ammonia from agriculture.

In the UK 38% comes from burning wood and coal in domestic open fires and stoves, 16% from industrial combustion, 12% from road transport and 13% from solvents and industrial processes, with the remainder comprising mainly 'secondary' particles. Natural and human made particulate matter can travel long distances such as from other parts of the UK and Europe [4].

Monitoring and modelling indicates there are locations in Nottingham City and Nottinghamshire where concentrations of small particulate matter$^3$ ($PM_{2.5}$) exceed, or potentially exceed, the WHO annual mean guideline of 10 ug/m$^3$ [20]. On the ground these levels are particularly clustered around urban and residential areas due to the role of domestic and industrial burning. Also around the main road networks across the county, particularly where roads are busy or congested.

As well as explicit local emissions from roads and households etc.; it should be recognised that pollution is brought into the local area by the wind from further away. This background pollution is from a variety of sources as shown in figure 4 and combines with local sources in areas with a pollution challenge [4]. This shows the important role that national policy and actions or inaction of other local authorities and agencies can influence our local air quality. It is therefore vital that there is multi-agency strategic response across Nottinghamshire.

***Figure 6 Background sources of PM2.5 particulate matter pollution (Source: DEFRA Clean Air Strategy, 2019)***



### Other pollutants

Other pollutants such as ammonia and sulphur dioxide are also of concern in terms of their impact on the environment and human health. The main source of sulphur dioxide is the combustion of fuels containing sulphur e.g. oil and coal. There is already national regulation to control and minimise its emission. Ammonia is more problematic as it is generated by a wide range of essential agricultural activity and is a precursor to the formation of secondary particle formation, and can be significant contributor to overall particle concentrations.

## Health impact and cost of air pollution

It is known that harm to human health can occur at very low levels of pollution, and that there is currently no known safe level of exposure below which there is no risk of health effects [1]. Air pollution is associated with a number of short and long-term adverse health impacts which can contribute to reduced life expectancy (see Figure 7).

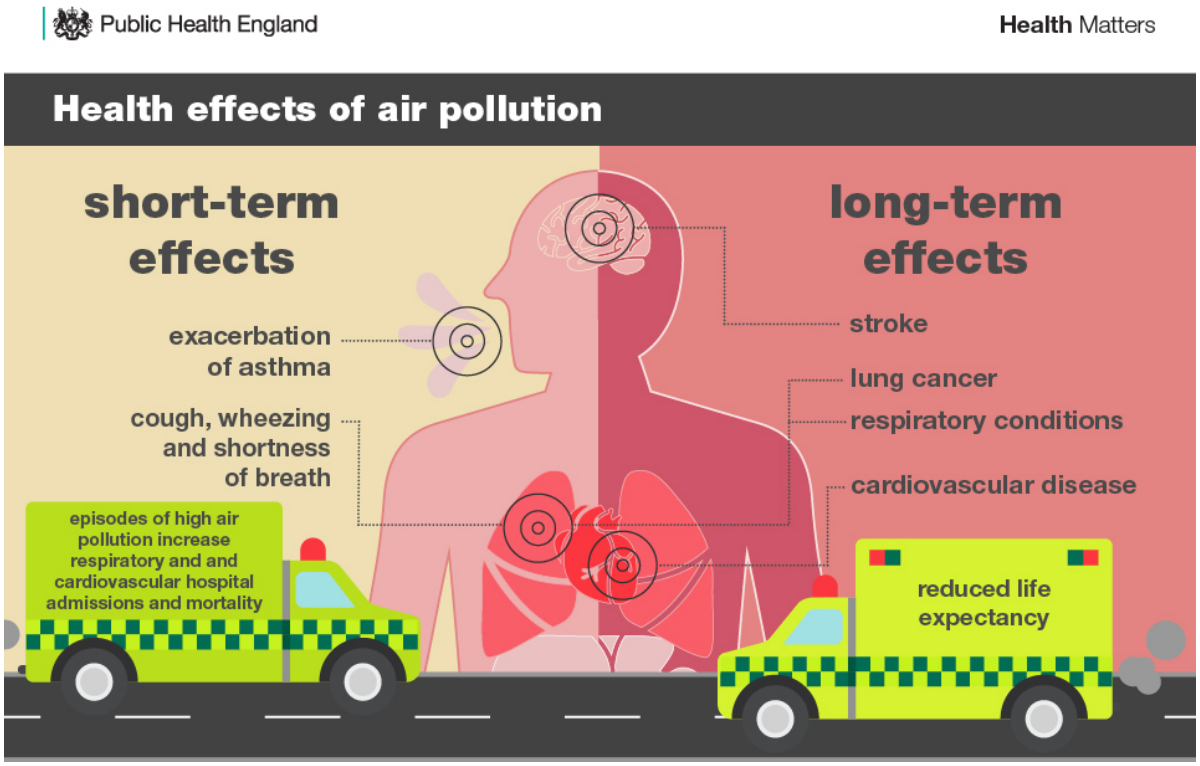
It can negatively affect the development of babies during pregnancy and normal lung function growth of children and contributes towards asthma and other breathing and lung conditions. It is recognized as a contributing factor in the onset of cardiovascular disease and lung cancer, and there is growing evidence for its associations with dementia, low birthweight and type 2 diabetes [1].

Fine ($PM_{2.5}$) and ultrafine ($PM_{0.1}$)[3] particulates can cause these problems because they are so small that they can be drawn into the lungs and can pass into the bloodstream. Once there it is transport around the body and can be deposited in body issues and interfere and affect the body's metabolic processes. As particulate matter is made up of a range of different chemical compounds and materials it can affect the body's processes in different ways.

Every year, it is estimated that long term exposure to man-made air pollution in the UK has an annual effect equivalent to 28,000 to 36,000 deaths [21].

[3] $PM_{0.1}$; particles that are less than 0.1 µm in diameter

**Figure 7 Health effects of air pollution (source: Public Health England a, 2018)**




Air pollution can be harmful to all people, but some people are more affected because they live in more polluted areas or are more susceptible to the harmful effects of air pollution. Groups that are more vulnerable include children and older people, pregnant women, and those with heart and lung conditions. People living in the most deprived, particularly urban areas of England have significantly higher air pollution levels ($PM_{10}$ and $NO_2$) than those living in least deprived neighbourhoods [16]. People that are from these groups and live in more polluted places such as near busy roads are particularly affected.

The care and treatment costs associated with these diseases place a significant burden on national and local health and care systems. The total NHS and social care cost due to $PM_{2.5}$ and $NO_2$ combined in 2017 was estimated to be £42.88 million, increasing to £157 million when diseases are included where there is currently less robust or emerging evidence for an association. Between 2017 and 2025, the total cost to the NHS and social care of air pollution for where there is more robust evidence for an association, is estimated to be £1.60 billion for $PM_{2.5}$ and $NO_2$ combined increasing to £5.56 billion when other diseases for which there is currently less robust evidence for an association are included [22]. The broader costs to the UK economy of death and disability associated with air pollution are estimated to be £20 billion per year [23].

In addition to care and treatment costs, air pollution impacts on productivity in people of working age. It has been estimated using 2012 pollution levels that poor air quality cost the economy £2.7 billion though its impact on productivity [24].

# Air quality guidelines, objectives & management

There are international guidelines for a range of air pollutants including particulate matter and nitrogen dioxide set by the World Health Organization (WHO) which are based on scientific evidence [25]. In the UK there are air quality objectives which have been in line with EU air quality limits (Table 3). The 2019 UK Clean Air Strategy set an ambition to meet the WHO annual mean limit guideline for particulate matter of 10 µg/m$^3$. The Secretary of State for Environment, Food and Rural Affairs has responsibility for meeting the limit values in England and the Department for Environment, Food and Rural Affairs (Defra) co-ordinates assessment and air quality plans for the UK as a whole.

It is the responsibility of local authorities to monitor and review air quality in their areas as part of the current Local Air Quality Management framework (LAQM). This is led by local environmental health teams in the District, Borough and the City Councils. If local air quality assessments identify a location where the UK objectives are not likely to be achieved, it must declare an Air Quality Management Area (AQMA) which is managed through a plan. (For more information on the LAQM see Appendix 2).

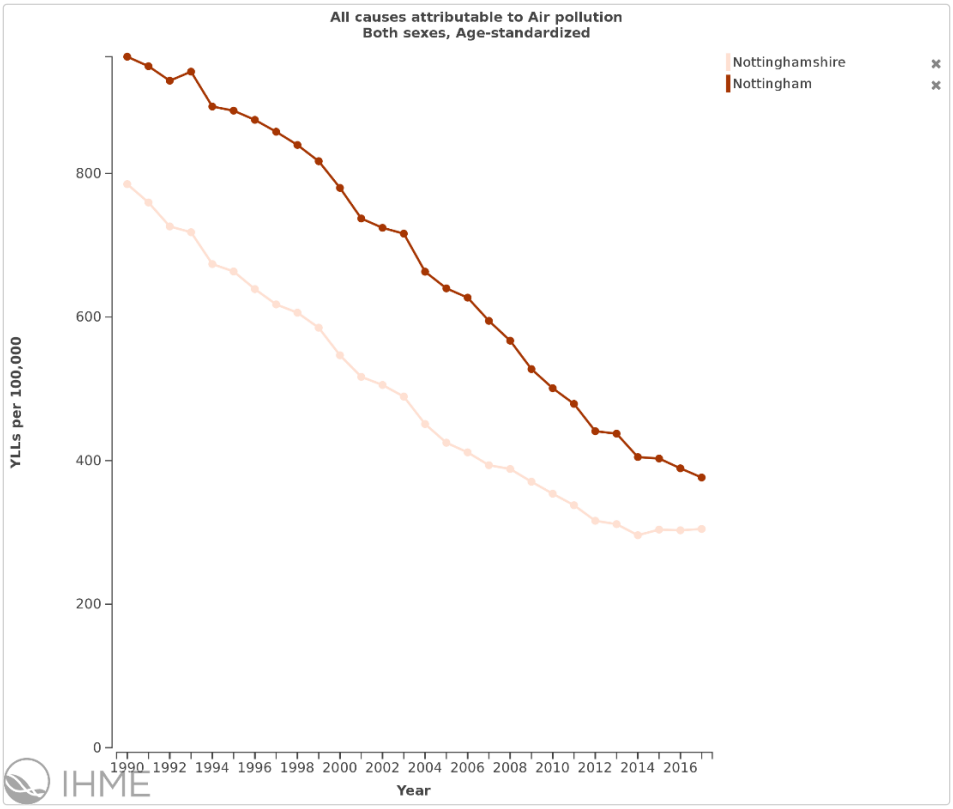
**Table 3 UK Air Quality Objectives for Particulate matter and Nitrogen Dioxide**

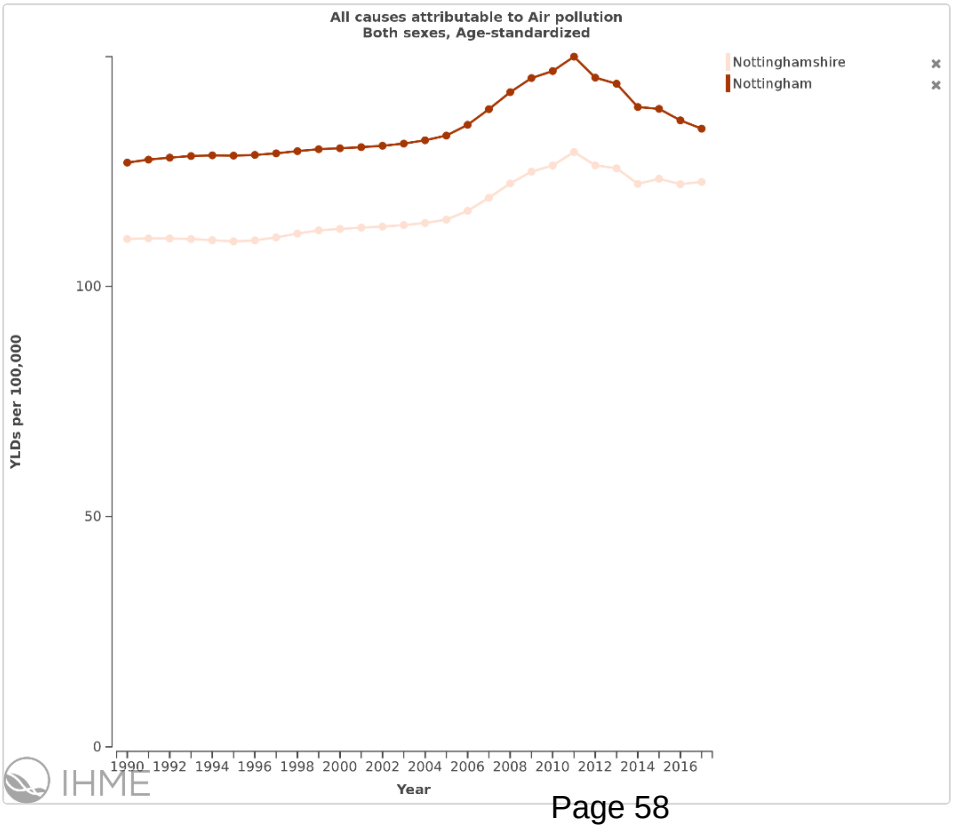
| Pollutant | Region | Objective/ European Obligation |
|---|---|---|
| **Course Particulate matter ($PM_{10}$)** | World Health Organisation Guideline | 24 hour mean - 50 µg/m3<br>Annual mean – 25 µg/m3 |
| | UK Objective/ EU Directive Limit | 24 hour mean - 50 µg/m3<br>Annual mean – 40 µg/m3 |
| **Fine Particulate matter ($PM_{2.5}$)** | World Health Organisation Guideline | 24 hour mean – 25 µg/m$^3$<br>Annual mean – 10 µg/m$^3$ |
| | UK Objective/ EU Directive Limit | Annual mean - 25 µg/m$^3$ |
| | UK Clean Air Strategy 2019 | Annual mean - 10 µg/m$^3$ |
| **Nitrogen dioxide** | World Health Organisation Guideline | 1 hour mean - 200 µg/m$^3$<br>Annual mean - 40 µg/m$^3$ |
| | UK Objective/ EU Directive Limit | 1 hour mean - 200 µg/m$^3$<br>Annual mean - 40 µg/m$^3$ |

# Appendix 2

# Appendix 2 - Modelled trend in Years of Life lost and Years lived with disability in Nottingham & Nottinghamshire

(source: Global burden of Disease)



# Appendix 3

## Appendix 3 - Modelled reductions in morbidity, mortality and health and care costs from reducing population exposure from higher to lower levels of pollution

***Table 4 Estimated reduction in mortality and morbidity in Nottingham & Nottinghamshire over 10 years if residents exposed to high levels (≥12.3 µg/m$^3$) of particulate matter ($PM_{2.5}$) in 2017 were exposed to lower levels (<12.3 µg/m$^3$)$^{\Sigma}$ over the next decade (Source: Local analysis using PHE 2018 air pollution healthcare costs tool)***

| Local authority | Adults (aged 19 or older) | | | | | | Children (age 18 or younger) | |
|---|---|---|---|---|---|---|---|---|
| | **Coronary heart disease $^{\alpha}$** | **COPD** | **Stroke** | **Diabetes** | **Lung cancer** | **Deaths$^{\beta}$** | **Asthma** | **Diabetes** |
| **Ashfield** | 367 | 211 | 94 | 374 | 9 | 115 | 112 | 4 |
| **Bassetlaw** | 406 | 222 | 100 | 437 | 10 | 125 | 97 | 4 |
| **Broxtowe** | 480 | 264 | 124 | 485 | 13 | 151 | 122 | 3 |
| **Gedling** | 475 | 260 | 129 | 433 | 12 | 144 | 132 | 4 |
| **Mansfield** | 309 | 164 | 82 | 316 | 7 | 97 | 78 | 2 |
| **Newark and Sherwood** | 444 | 246 | 126 | 401 | 11 | 123 | 103 | 3 |
| **Rushcliffe** | 419 | 228 | 112 | 426 | 10 | 113 | 116 | 3 |
| **Nottinghamshire** | **2,900** | **1,595** | **768** | **2,871** | **72** | **868** | **759** | **22** |
| **Nottingham** | **1,796** | **1,049** | **480** | **1,938** | **47** | **546** | **433** | **11** |

$^{\alpha}$ For diseases, the numbers represent how many fewer residents would have the disease in 2027 if all residents lived in low PM2.5 pollution areas - as opposed to the situation in 2017.
$^{B}$ The number of deaths is the average, annual number of deaths avoided between 2017 and 2027 if all residents lived in low PM2.5 pollution areas - as opposed to the situation in 2017.
$^{\Sigma}$ High and low levels are set by the model.

**Table 5 Costs avoided in $PM_{2.5}$ scenario- 2017 alone**

| Local Authority | 2027 costs avoided |
|---|---|
| Ashfield | £ 1,817,085 |
| Bassetlaw | £ 1,966,194 |
| Broxtowe | £ 2,288,375 |
| Gedling | £ 2,241,058 |
| Mansfield | £ 1,477,093 |
| Newark and Sherwood | £ 2,111,683 |
| Rushcliffe | £ 2,043,450 |
| **Nottinghamshire** | **£ 13,944,938** |
| **Nottingham** | **£ 8,850,224** |

**Table 6 Cumulative costs avoided in $PM_{2.5}$ scenario- total over all years, 2017 to 2027**

| Local Authority | Cumulative costs avoided, 2017- 2027 |
|---|---|
| Ashfield | £ 11,359,017 |
| Bassetlaw | £ 12,028,504 |
| Broxtowe | £ 13,986,104 |
| Gedling | £ 13,949,322 |
| Mansfield | £ 9,249,141 |
| Newark and Sherwood | £ 12,299,652 |
| Rushcliffe | £ 12,743,424 |
| **Nottinghamshire** | **£ 85,615,165** |
| **Nottingham** | **£ 54,638,311** |

**Table 7 Estimated reduction in mortality[β] and morbidity in Nottingham & Nottinghamshire over 10 years if residents exposed to high levels (≥20.5 µg/m³)[Σ] of nitrogen dioxide ($NO_2$) in 2017 were exposed to lower levels (<20.5 µg/m³)[Σ] over the next decade (Source: Local analysis using PHE 2018 air pollution healthcare costs tool)**

| | Adults (age 19 or older) | | Children (aged 18 or younger) | |
|---|---|---|---|---|
| Local authority | Diabetes[α] | Lung cancer | Asthma | Diabetes |
| Ashfield | 158 | 2 | 19 | |
| Bassetlaw | 114 | 0 | 0 | |
| Broxtowe | 201 | 2 | 15 | |
| Gedling | 221 | 2 | 0 | |
| Mansfield | 137 | 3 | 16 | |
| Newark and Sherwood | 51 | 1 | 17 | |
| Rushcliffe | 115 | 1 | 16 | |
| **Nottinghamshire** | **998** | **11** | **83** | **7** |
| **Nottingham** | **1168** | **12** | **55** | **6** |

[α] The numbers represent how many fewer residents would have the disease in 2027 if all residents lived in low $NO_2$ pollution areas - as opposed to the situation in 2017.
[B] The modelling suggested no quantifiable effect on deaths or other disease groups cause by $NO_2$ pollution

[Σ] High and low levels are set by the model.

**Table 8 Costs avoided in $NO_2$ scenario- 2017 alone**

| Local Authority | 2027 costs avoided |
|---|---|
| Ashfield | £265,245 |
| Bassetlaw | £182,338 |
| Broxtowe | £327,405 |
| Gedling | £ 376,529 |
| Mansfield | £226,568 |
| Newark and Sherwood | £88,828 |
| Rushcliffe | £193,351 |
| **Nottinghamshire** | **£1,660,264** |
| **Nottingham** | **£1,983,298** |

**Table 9 Cumulative costs avoided in $NO_2$ scenario- total over all years, 2017 to 2027**

| Local Authority | Cumulative costs avoided, 2017- 2027 |
|---|---|
| Ashfield | £1,619,635 |
| Bassetlaw | £739,368 |
| Broxtowe | £1,914,146 |
| Gedling | £ 1,787,357 |
| Mansfield | £1,350,475 |
| Newark and Sherwood | £470,483 |
| Rushcliffe | £1,154,999 |
| **Nottinghamshire** | **£ 9,036,464** |
| **Nottingham** | **£11,160,602** |

# Appendix 4

## Appendix 4 - Most deprived electoral wards in Nottingham and Nottingham with estimated higher levels of Pollution

Research by Fecht et al published in 2015 found that the most deprived fifth of areas[4] in the East Midlands had significantly higher mean $PM_{10}$ and $NO_2$ air pollution concentrations ($\mu g/m^3$) than the most affluent fifth. These are the wards in Nottingham and Nottingham that contain areas which fall within this definition.

| Ward Name | Local Authority |
|---|---|
| **Abbey Hill, Carsic, Central & New Cross, Hucknall North, Hucknall South, Hucknall West, Huthwaite & Brierley, Leamington, Skegby, Stanton Hill & Teversal, Summit** | Ashfield |
| **Carlton, East Retford East, East Retford North, Harworth, Worksop East, Worksop North East, Worksop North West** | Bassetlaw |
| **Chilwell West, Eastwood Hilltop, Eastwood St Mary's, Stapleford North** | Broxtowe |
| **Bestwood St Albans, Calverton, Cavendish, Coppice, Ernehale, Netherfield** | Gedling |
| **Brick Kiln, Broomhill, Bull Farm and Pleasley Hill, Carr Bank, Ladybrook, Market Warsop, Newgate, Oak Tree, Penniment, Portland, Racecourse, Ransom Wood, Warsop Carrs, Woodhouse, Woodlands, Yeoman Hill** | Mansfield |
| **Castle, Devon, Edwinstowe & Clipstone, Ollerton, Rainworth South & Blidworth** | Newark and Sherwood |
| **Aspley, Basford, Berridge, Bestwood, Bilborough, Bridge, Bulwell, Bulwell Forest, Clifton North, Clifton South, Dales, Leen Valley, Mapperley, Radford and Park, Sherwood, St Ann's, Wollaton East and Lenton Abbey, Wollaton West** | Nottingham |

[4] For the deprivation the research used LSOA level income domain from the Index of Multiple Deprivation 2004 as the area-level socioeconomic indicator". The wards listed in the table have one or more LSOA in the top 2 deciles of scores for this domain in the East Midlands.

# Appendix 5

## Appendix 5 - Local Air Quality Management Process

Since December 1997 each local authority with responsibility for environmental protection in the UK has had a duty to carry out a review and assessment of air quality within their area. This process involves measuring several key air pollutants and trying to predict if they will change in the next few years.

The aim of this process is to ensure that the national air quality objectives are achieved throughout the UK and by doing so protect of people's health and the environment.

If a local authority determines that the objectives are not likely to be achieved, it must declare an Air Quality Management Area (AQMA).

The decision to declare an AQMA considers:

- the exposure of human populations and/or ecosystems to pollutants through measurement and modelling
- the relative contributions to these exposures from source sectors
- the impact that air pollution will have on human health and the environment

Throughout the UK many local authorities have declared AQMAs, however, many more have not found this necessary. In local authority areas with lower levels of road transportation, industrial emissions and domestic heating emissions and the objective pollutant concentrations have not been breached the local authority need not declare an AQMA. In these local authority areas, the work to monitor and review air quality, as well as improve it, continues. In all areas intervention and monitoring is intended to ensure the air quality levels either remain below the objective values or improve. If the pollutant concentrations start to rise for any reason, then the local authority has a duty to reconsider its position and give proper consideration to the declaration of an AQMA.

Local authorities ensure that air quality remains safe by engaging with local industry; regulating potentially polluting industries; ensuring air quality is a material consideration through the planning process; and by encouraging active travel options, which include walking, cycling and the use of low emission vehicles amongst others.

As there are different air quality issues in Nottingham City and each Nottinghamshire District and Borough, below you will find a link to each council website where you can search for air quality assessments and related plans and policies to reduce air pollution.

**Ashfield District Council**

**Bassetlaw District Council**

**Broxtowe Borough Council**

**Gedling Borough Council**

**Mansfield District Council**

**Newark and Sherwood District Council**

**Nottingham City Council**

**Rushcliffe Borough Council**

# Appendix 6

## Appendix 6 - How to get involved

Residents and businesses living or working in Nottinghamshire can improve the air quality in the area by taking simple measures. One of the most effective changes that can be made is to use more sustainable forms of transport and reduce dependency on the private car.

Below are some of the actions that we could all take.

- Use Public Transport – To use all means of public transport whenever possible e.g. buses, trams and trains. You can find your best journey options at: rail – **http://www.nationalrail.co.uk/**; bus and rail – **https://www.traveline.info/** and **http://www.triptimes.co.uk/**; and the tram timetable at **http://www.thetram.net/**. Within Nottinghamshire, further information to help people and businesses with journey planning and advice can be found at **http://www.nottinghamshire.gov.uk/travelchoice;** and within the Nottingham conurbation further information can be found at **http://www.thebigwheel.org.uk/** .

- Use Park and Ride – There are a number of Park and Ride sites within Nottinghamshire, which serve the tram and bus services. The locations of these can be found at **http://beta.nottinghamcity.gov.uk/transport-parking-and-streets/public-transport/park-and-ride/**

- Reduce the use of your car – Car sharing schemes – The County and City councils fund a car share scheme which can be found at **https://liftshare.com/uk/community/nottinghamshare#join** . The website helps people find others who are undertaking similar journeys so that they can car share. Businesses are also able to produce their own car share database including through the Nottinghamshire website.

- Go electric – The County and City Councils are currently developing a local network of electric vehicle charging infrastructure. Grants are also available to businesses in Nottinghamshire (including the City) for vehicle charging infrastructure. **https://www.goultralow.com/**

- Make sure your car is as efficient as possible by having regular maintenance checks on your vehicle and ensuring that the tyres are properly inflated and aligned. The way you drive your car also has an impact on fuel efficiency and emissions, driving tips to reduce fuel consumption can be found at **http://www.energysavingtrust.org.uk/transport/driving-advice**

- Cycle more – Use the extensive cycle routes that are available throughout the Nottinghamshire. Maps of cycle routes in the county and city are available at **http://www.nottinghamshire.gov.uk/travelchoice**; and maps of cycle routes in the city are available at **http://www.nottinghamcity.gov.uk/cycling**. The national cycling charity Sustrans also provides cycling information at **http://www.sustrans.org.uk/**

- Walk more - Walk short distances rather than drive, this also has the benefit of improving your health. More information can be found at **http://www.nottinghamshire.gov.uk/travelchoice**; and at **http://www.nottinghamcity.gov.uk/transport-parking-and-streets/rights-of-way-walking-and-cycling/walking-in-nottingham/**

- Forget the garden bonfire – do not have bonfires at all. Compost all garden waste and recycle rubbish rather than burn it. Many councils offer a waste collection services (some free of charge).

- Burn smokeless fuel – Large parts of Nottinghamshire are 'smoke control areas', therefore you cannot emit smoke from a chimney unless you are burning an authorised fuel or using an exempt appliance. Further information on suitable fuels and exempt appliances can be found at **https://smokecontrol.defra.gov.uk/index.php**. Appliances should be kept in good working order to ensure that they are working efficiently and it is advised that you contact your local council to determine whether or not you are in a smoke control area.

- Maintain boilers - Ensure that boilers are serviced regularly and kept in good working order. If a boiler needs replacing then purchase one that has a low NOx emission rating. Make your house more energy efficient so that you need to use your boiler less to heat your home.

Further information on garden bonfires, smokeless fuel and boilers is available from your local district, borough, or the city council.

## Reducing emissions

Business success depends on many things; including the cost of energy to heat and light buildings and power ICT, manufacturing of goods and provision of services, haulage/fuel to transport and the distribution of goods and services. The health and wellbeing of staff is arguably a business's most valuable asset.

To remain competitive it is vitally important to minimise costs and maximise productivity. To run and grow a successful business at economically challenging times isn't simply a case of cutting back, it's about efficiency and productivity; using less energy to heat and light buildings; power processes; getting more miles per pound; minimising the depreciation costs of assets; and promoting health and well-being in the work force to maximise productivity and minimise absence.

Air pollution affects both workers' own health and that of their family, and time off work from illness or caring for family can have a major impact on productivity, business resilience and the ability to respond to opportunities and risks [24].

Therefore, considering the air pollution impact of your business activities and investing in technology that reduces energy/fuel use and increases efficiency and productivity is obviously good for your business.

## Making a business case for sustainability

'Mounting evidence shows that sustainable companies deliver significant positive financial performance, and investors are beginning to value them more highly.' [26]

A good example of a business's approach to sustainability, and the benefits it brings, is at:

**http://www.energysavingtrust.org.uk/about-us/corporate-social-responsibility**

and how the Energy Savings Trust could help your business:

**http://www.energysavingtrust.org.uk/business**

## References

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# Report for the Health and Wellbeing Board
# Corporate Director of People
# September 2020

## Children's Services Improvement Journey

As you may be aware, in February we had our Focused Visit from Ofsted to look at our children subject to child in need and child protection planning and, in particular:

- The quality of planning and review;
- The response to children at risk of sustained neglect; and
- The quality of management oversight and supervision to progress plans.

Inspectors identified some significant issues for us to address and they also provided us with helpful feedback and identified areas for improvement. There were two key areas for priority action:

- To address the systemic failures in social work practice to ensure that planning and intervention for children improve their experiences, and that new and emerging risks are identified and responded to.
- To stabilise the workforce and address the significant shortfall in capacity to enable social workers and first line managers to respond effectively to children in need of help and protection.

In response to these (and wider recommendations made around the practice improvements), we developed an action plan that we submitted to Ofsted in March. To drive delivery of this action plan and the necessary improvement required, we developed our monthly Children at the Heart Improvement Board. This Board is chaired by the Chief Executive and has partner representation from a variety of agencies including the Police, Citycare, the Local Government Association, Schools and the Clinical Commissioning Group. We are committed to working with our partners to deliver whole system approaches that will ensure we achieve the best possible outcomes for children who need help and protection and to achieving the sustainable improvement which will make a real difference for children, young people and families.

To support us with our programme of improvement, the Department for Education has enabled to us access support from the Partners in Practice programme. As a result, a team of practitioners and leaders from Essex are working alongside our colleagues to support us in improving our system.

It is vital that we still drive this improvement journey forward as this is about ensuring consistent best practice for all our children and the best chances to improve their outcomes – something we are all proud to deliver. Thank you for all that you continue to do for our children and their families, your support and commitment is crucial to this programme of work.

**Adult Social Care**

Throughout the pandemic, adult social care teams have continued to ensure that citizens receive the care and support they need. This has meant rapidly adapting to the changing circumstances. The majority of staff across assessment teams have been working from home. Ways of working have been adjusted to ensure that the care and support needs of citizens have been maintained, including redeploying staff to areas of priority and working closely with care providers around the city. Wherever possible, social care assessments are now completed over the telephone to minimise the risks posed to citizens and staff arising from face to face contact. Face-to-face assessments are still completed where this is not possible. We have continued to meet our duties to assess need under the Care Act and have not needed to enact any Care Act easements.

Some services have had to close in order to keep both citizens and staff as safe as possible. This includes day services, due to social distancing requirements. We are now undertaking a review of day service provision to look at how we can continue to provide services in different ways in the future. A new offer will be developed in co-production with citizens, their families and other key stakeholders. This will focus on enabling to citizens to live independent lives whilst accessing the support they need, in line with the aims of our strategy.

We are involved in a pilot project, Local People for Local People which is proposing to test a neighbourhood approach to delivering care in the community. The pilot will involve a small team of experienced care workers to provide a range of personal and social care services to citizens in their own homes within a particular neighbourhood. The emphasis will be on carers working with a group of the same citizens and their informal carers to deliver personal care, but also to access all the resources available in their social networks and neighbourhoods to support them to be more independent.

**Supporting children to go back to school**

With the start of the new school year, it is easy to forget how long it has been since many children have been inside a regular classroom since lockdown began on 23 March.

Our Education Services, Children's Social Care Services and schools have worked closely together over recent months to support Nottingham's children. Our CAMHS (Child and Adolescent Mental Health Service), Mental Health Support Teams (MHST) and the Educational Psychology Service in Nottingham City have worked together to deliver a campaign of support to parents and children and young people to relieve some of the anxiety they may be experiencing around returning to school.

The #NottinghamYou've BeenMissed campaign offers advice over the phone as well as podcasts and videos. The teams have also spent July and August visiting outdoor summer schools.

This is a fantastic service that shows how well our teams work together to come up with new and innovative solutions in times of crisis. You can read more about the campaign here:
https://www.asklion.co.uk/kb5/nottingham/directory/advice.page?id=tJqH1UfDQDE

**Understanding what Covid-19 has meant for the people we serve**

There has been some important survey work done over the, summer too. Our Educational Psychologists have undertaken a huge survey of children's experience of Covid-19. We have also had an Ofsted inspector seconded to the education team, who has done an in-depth survey with children who have been permanently excluded from school and who are in alternative provision and their families. They paint a picture of such mixed experiences: children who have thrived away from school pressures; children who have fared poorly without the guidance of teachers; parents who have been able to get creative about supporting their children; and parents who have struggled to manage. We know that the impact is far from equal and that we will be supporting people with this over coming weeks and months.

**Imagination Library delivers 250,000 books to children in Nottingham**

The book-gifting charity was introduced in the city in 2009 and now has more than 5,600 children registered to have a free book delivered to their door every month – covering ten of the city's 20 wards. The Imagination Library is proven to improve children's literacy levels so that they are more likely to be ready to start school when they turn five. Age-appropriate books are delivered addressed to the child every month from birth, allowing them to build up a library of 60 books over five years. This is a significant milestone for our city – a quarter of a million books is a fantastic gift to the children of Nottingham over the last ten years. Our children deserve the best possible start in life. We know that reading with children is one of the best ways to set them up for a bright future.

More information about the Imagination Library in Nottingham is available at:
www.dollybooksnottingham.org.

Catherine Underwood
Corporate Director for People
(September 2020)

# Stay safe and stop the spread of coronavirus

**Maintain social distance and keep 2 metres apart where possible**

**Keep left on pavements and pathways**

**Wear a face covering in shops and on public transport**

**Wash hands with soap and water for 20 seconds**

**Self-isolate if you have symptoms, and to get a test, call 119 or visit www.gov.uk/guidance/coronavirus-covid-19-getting-tested**

## If you need help you can still call the Council

From August, the advice to people who are shielding has changed. We know this may cause concern for some extremely vulnerable people. We want you to know, if you still need help, you can still call the Council.

We can put you in touch with the community groups, volunteers and food banks offering support in your neighbourhood.

**0115 915 5555**
**www.nottinghamcity.gov.uk/coronavirus**

This information is being translated into different languages and formats and will be available here: www.nottinghamcity.gov.uk/coronavirus/translations

Nottingham City Council

# Statutory Officer Report for the Nottingham City Health and Wellbeing Board – September 2020

## Director of Public Health

**Mental health**

Mental health and wellbeing promotion and signposting to a wide range of support has been ongoing throughout the year. In addition to the Nottingham Time to Change E-bulletin, which now has a readership of over 1,600 people, dedicated mental health signposting pages for both adults and children have been developed on Ask LiON for use by cross-sector partners and local residents

Nottingham's annual Mental Health Awareness Weeks, which are usually held during the first two weeks of October, have been reduced to one week of activity in 2020. Pam Abbot of Framework has coordinated the event for 29 years and this year has led cross-sector partner action to make sure it can still go ahead. A virtual programme of activity is being arranged for week commencing 5 October 2020. Nottingham Time to Change Champions are actively involved in supporting the week, including sharing their experiences and expertise over Zoom sessions. For more information on the 2020 programme please go to http://www.mhaw.org.uk.

**Age Friendly Nottingham (AFN)**

This year marks the 30th anniversary of the United Nation's International Day of Older Persons and also sees the start of the World Health Organisation's Decade of Healthy Ageing (2020-2030). Nottingham will contribute to the day on 1 October 2020 through the promotion of the message that older people are 'Valuable not vulnerable', in order to change the narrative on ageing and celebrate the contributions that our older population make to society and their local communities.

Encouraging older residents to become or remain physically active has been a priority for AFN and a dedicated section has been set up on Ask Lion In addition, over 7000 hard copies of an A4 booklet 'Active at Home' have been warmly received by individuals isolated at home.

COVID-19 has spurred many more residents to get on line. However inequalities are deepening, particularly for older age groups, as activities, information and services have moved exclusively online without offering offline alternatives. This is particularly affecting our older residents. AFN is working with a range of partners such as Connected Nottinghamshire, Nottingham Libraries, Clicksilver, the Good Things Foundation and the community/voluntary sector to improve digital inclusion – the first partnership meeting was held on 9 September 2020 and all partners are keen to take the agenda forward.

**Sexual health services**

Sexual health services were significantly affected during the lockdown. Demand appeared to decline but access was also limited by a reduction in services such as GP practices and SH clinics. In response to this NCC commissioned an enhanced online service to include contraception and STI treatment. Pathways were developed and communicated to ensure

vulnerable people such as those with complex needs, young people and Men who have Sex with Men were not particularity disadvantaged by lockdown circumstances. Service restoration is now a key area of focus and this will run alongside a commissioning review to ensure services continue to meet local need. Contracts have been extended and aligned to minimise disruption for citizens. The PrEP, NHSE HIV prevention trial ended in July 2020, with commissioning responsibility now lying with local authorities. NCC is working towards having a service in place by 1 October 2020 to ensure PrEP users do not experience any gaps in support or provision.

**Flu vaccinations**

Due to the Coronavirus pandemic, it is more important than ever before that we prioritise protecting our children, families and communities from Influenza this winter. Nottingham City Public Health is coordinating this year's Child Flu Programme, in partnership with stakeholders, as well as supporting the ICP to maximise flu vaccination uptake in pregnant women and adults with long-term conditions cohorts. The team is also supporting the NCC Employee Wellbeing team to deliver a staff flu vaccination programme. This year, the national programme has been expanded to include Year 7 children, household contacts of those on the NHS Shielded Patient List and health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets. There is an aim to further extend the programme in November and December to include the 50-64 age group. All frontline health and social care workers should be provided with a vaccination by their employer this season.

**Whole systems approach to childhood obesity**

Nottingham is committed to supporting children and young people to move and eat for good health by pledging to support citizens to help them become physically active and improve their health with the aim of reducing child obesity by 10%. To enable this, Nottingham City Council are implementing the Public Health England Whole System Approach to Childhood Obesity, and are working with Small Steps Big Changes (SSBC) to create a whole system approach to eating and moving for good health. This has been approved by the Children and Young People's Partnership Board and Health and Wellbeing Board.

To date, approximately 180 people from local community groups, healthcare providers, clinicians, dietitians, commissioners, SSBC family mentors and parents attended two workshops exploring the factors that sit behind families' abilities to eat and move for good health. The workshops were well evaluated and the initial outputs are helping to shape the Nottingham City Childhood Obesity Framework for Action.

**Smoking in pregnancy**

Nottingham City Council worked with Nottingham CityCare Partnership to create a fixed-term smoking in pregnancy post within the Nottingham University Hospital (NUH) SmokeFree team. This post is working within the NUH maternity division and across the Local Maternity Neonatal System (LMNS) Continuity of Care pilot sites in Bulwell and Leen Valley. In response to the COVID-19 pandemic, smoking cessation consultations and appointments have been conducted virtually and have been very well received by pregnant women. Women are now missing fewer appointments and higher quit-rates have been

reported. For example, between May 2020 and August 2020, 26 pregnant women successfully quit smoking; a significant outcome for this population group.

**Nottingham City and Nottinghamshire Violence Reduction Unit (VRU)**

The VRU is working with local communities across the City and County to prevent violence and reduce the impact of violence. The VRU works to build a detailed understanding of the causes of violence so that Nottingham and Nottinghamshire can invest in evidence-based interventions that make a lasting difference.

The strong focus on reducing violence is beginning to have an impact as the city of Nottingham experienced a decrease in knife crime of 18.9 per cent in the 12 months to September 2019. Going forward the work will be further enhanced by the #stopviolence campaign and the recruitment of six passionate and driven residents who will be figureheads for safety in their local areas through a Community Ambassador programme.

Further steps for the VRU include the development of:

- A violence reduction response strategy (defining the problem and approach) and response plan (identifying and managing what specific interventions will be undertaken, when, where and by whom).
- An assets-based community and stakeholder engagement plan.
- An evaluation and review framework, with evaluation training for community groups.

The VRU has been cited as best practice in the Local Government Association July 2020 publication ‘Taking a public health approach to tackling serious violent crime: case studies’.

**Alison Challenger, Director of Public Health**

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# Health and Wellbeing Board
# Work Plan 2020/21

| Meeting Date | Agenda Item | Lead Officer |
|---|---|---|
| **Wednesday 25 November 2020 1:30pm** | Board Terms of Reference Review (including future meeting timetable) | Alison Challenger (NCC) |
| | Commissioning Reviews and Intentions | Christine Oliver (NCC) |

**Items to be timetabled:**

- Identifying and Addressing Health Inequalities
- Working in Partnership with the Health Scrutiny Committee
- Nottingham as a Carbon-Neutral City

**Recurring Agenda Items**

| Agenda Item | Lead Officer |
|---|---|
| Health and Wellbeing Strategy Update | Alison Challenger (NCC) |
| Coronavirus Update | Alison Challenger (NCC) |
| Nottingham City Integrated Care Partnership Update | Dr Hugh Porter (ICP)<br>Rich Brady (ICP) |
| Joint Strategic Needs Assessment: New Chapters | Claire Novak (NCC) |
| Board Member updates | • The Third Sector<br>• Healthwatch Nottingham and Nottinghamshire<br>• NHS Nottingham and Nottinghamshire Clinical Commissioning Group<br>• Nottingham City Council Corporate Director for People<br>• Nottingham City Council Director for Public Health |
| Work Plan | Adrian Mann (NCC) |

**Details and recommendations must be provided to the Board in the form of a written report, headed by a standard cover sheet. Nottingham City Council colleagues must submit their papers through the electronic Reports**

**Management System (http://intranet.nottinghamcity.gov.uk/councillors-and-committees/delegated-decisions-and-reports).**

**Presentations to help illustrate reports must be no more than 10 minutes in length. In certain cases, longer presentations for information purposes may be given in an informal session immediately before the public Board meeting.**

**Report authors MUST discuss their reports and presentations with Alison Challenger (Director of Public Health, Nottingham City Council, alison.challenger@nottinghamcity.gov.uk, 0115 8765105) before drafting their submission to the Board meeting.**

Submissions for the Work Plan should be forwarded to Adrian Mann (Governance Services, Nottingham City Council, adrian.mann@nottinghamcity.gov.uk, 0115 8764468), for agreement by the Chair.