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NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Nottingham City Council

Nottingham City Health and Wellbeing Board

Date: Wednesday, 25 May 2022

Time: 1.30 pm

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

Governance Officer: Adrian Mann, Governance Officer **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.

Agenda		Pages
1	**Appointment of Vice Chair**	
2	**Change in Membership** To note that Mick Sharman has replaced Craig Parkin as nomintated Fire Authority Officer	
3	**Apologies for Absence**	
4	**Declarations of Interests**	
5	**Minutes** Minutes of the meeting held on 30 March 2022, for confirmation	To Follow
6	**Minutes of the Commissioning Sub-Committee** Minutes of the meeting held on 30 March 2022, for noting	To Follow
7	**Public Health - Annual Report** Report of the Director of Public Health	3 - 22
8	**Pharmaceutical Needs Assessment - Consultation** Verbal report from the Director of Public Health	Verbal Report
9	**Children and Young People's Mental Health** Report of the Director of Public Health	23 - 28
10	**Nottingham City Place-Based Partnership Update** Update by the Nottingham City Place-Based Partnership	29 - 56
11	**Health Protection Board Update, including Coronavirus** Update by the Director of Public Health, Nottingham City Council	Verbal Report

12 **Board Member Updates** 57 - 58
Updates by Board Members

13 **Work Plan** 59 - 60

14 **Future Meeting Dates**
To agree to meet on the following Wednesdays at 1.30pm at Loxley House, Station Street, Nottingham

27 July 2022
28 September 2022
30 November 2022
25 January 2023
29 March 2023

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

Citizens attending the meeting should arrive at least 15 minutes before it starts, to be issued with visitor badges. Citizens are advised that this meeting may be recorded by members of the public. Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at: https://www.nottinghamcity.gov.uk/your-council/about-the-council/council-meetings-decisions/recording-reporting-on-public-meetings. Any person intending to record the meeting is requested to notify the Governance Officer shown above in advance.

Health and Wellbeing Board
25 May 2022

	Report for Information
Title:	Annual Public Health Report (2022)
Lead Board Member:	Lucy Hubber, Director of Public Health, Nottingham City Council
Author and contact details for further information:	Nancy Cordy – Nancy.cordy@nottinghamcity.gov.uk
Brief summary:	Directors of Public Health in England have a statutory duty to write an Annual Public Health Report (APHR) to demonstrate the state of health within their communities. This years APHR for Nottingham focusses on highlighting some examples of the ways in which local communities supported and shaped the response to COVID-19, with reflection on what can be learnt from this to improve health and wellbeing moving forward. The APHR is presented to the Board for information and consideration.
Does this report contain any information that is exempt from publication? No	

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- Note the contents of the Annual Public Health Report (2022) for Nottingham
- Reflect on the lessons learnt and consider opportunities for building on these community-based approaches to further improve health and wellbeing in Nottingham

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and priorities	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	The title of the APHR is “How our communities supported and shaped the COVID-19 response”. This topic was chosen as the topic of focus in order to pay tribute to the work of communities in Nottingham to look after each other during COVID-19 but also to ensure that positive gains made in working differently with
Aim: To reduce health inequalities by having a proportionately greater focus where change is most needed	

	communities to improve health and wellbeing outcomes are not lost. Learning from the examples included within the APHR and others has been used to inform the principles underpinning the Joint Health and Wellbeing Strategy and will similarly inform the delivery of the Strategy. The examples in the report particularly show us that in order to reduce inequalities (for example in vaccination uptake) we need to understand the specific issues and barriers for different groups of people and tailor approaches and interventions very carefully to these particular needs. This will be crucial to achieving the Strategy's overarching aim of reducing health inequalities through delivery of each of the four priorities.
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe multiple disadvantage (SMD)	
Priority 4: Financial wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
The APHR recognises that COVID-19 impacted on both the mental and physical health and wellbeing of Nottingham's communities. The case studies which are showcased highlight just some of the positive work undertaken in communities to mitigate and respond to this impact, including social isolation. The ongoing application of learning from the approaches taken is likely to have benefits across a wide range of mental and physical health outcomes.

Background papers:	None

How our communities supported and shaped the COVID-19 response

The annual report of the Director of Public Health 2022

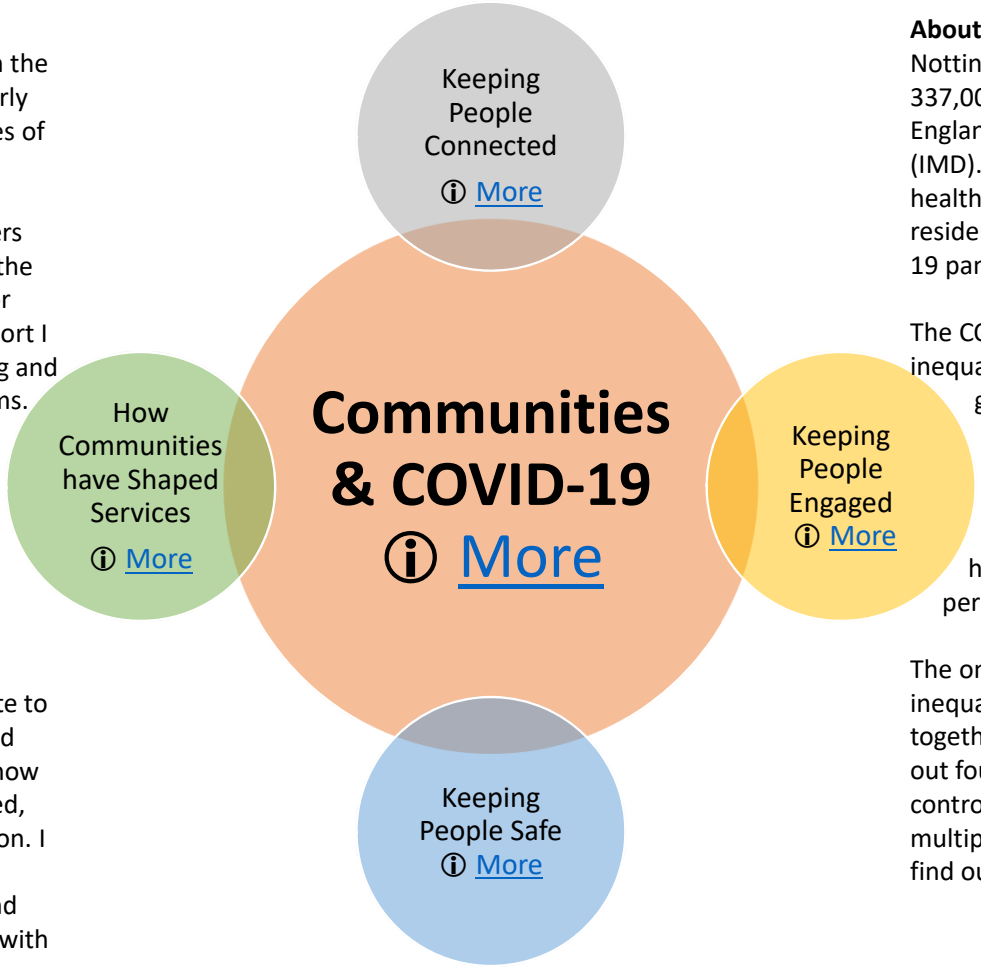
Foreword

The COVID-19 pandemic has had a huge impact on the people of Nottingham. At the time of writing, nearly 1000 people have died from COVID-19 and the lives of many more people have significantly changed.

We have seen amazing work from front-line workers including teachers, NHS staff, social care workers, the people who collect our rubbish, pay our benefits or keep our houses safe. Of course, in my annual report I also want to pay tribute to the diligent, unrelenting and challenging work undertaken by public health teams. We thank our colleagues in UKHSA and OHID for their guidance and leadership at all hours, seven days a week. My public health team stepped into new roles, learned new skills and worked tirelessly to keep the population safe. I am proud of all they achieved and the strong legacy for future working that they have created.

However, in this annual report, I want to pay tribute to the amazing ways in which our communities looked after each other. There are so many examples of how our residents made sure that other people were fed, kept safe, given company at a time of huge isolation. I wouldn't capture all the examples, so this report highlights examples across a number of themes and considers important lessons for how we can work with communities in the future.

Lucy Hubber, Director of Public Health



ⓘClick on a circle to find out more

About Nottingham

Nottingham, with its population of approximately 337,000, is ranked 11th most deprived district in England in the 2019 Indices of Multiple Deprivation (IMD). In the UK, it is one of only two cities with a healthy life expectancy less than 60 years. Many of its residents were therefore vulnerable prior to the COVID-19 pandemic.

The COVID-19 pandemic has exposed and exacerbated inequalities in our communities. Following the guidance and regulations was more difficult for some people, perhaps because of their job, home environment, access to computers or worries about money. Some people were at greater risk because of other health conditions and this meant extended periods of isolation and shielding.

The only way that we can challenge and change the inequalities in health within Nottingham is by working together. The Joint Health and Wellbeing Strategy sets out four priorities for change: Smoking & Tobacco control; Eating and moving for good health; Severe multiple disadvantage; and Financial wellbeing. You can find out move information here.

Nottingham City Council

Keeping People Connected

Case study - Good companions

- **Launched an outreach service in March 2020 as an immediate response when government guidelines meant that all group gatherings had to cease**
- **Set up a managers group which met monthly to support the management committee during the pandemic**
- **Continue to recruit volunteers mainly by zoom and teams platforms during the lockdown.**

Challenges

2020 was a very unusual year and good companions services were affected by the global pandemic of COVID-19. This altered the services and support offered to both service users and volunteers. Lockdown was a really lonely and isolated period for elderly people and those who were shielding. Maintaining effective communication between the management committee and recruiting volunteers for the body to be challenging task due to lockdown.

Keeping People Connected

Case study - Good companions (continued)

Next slide | Home

Approach

Good companions was established in December 2001 in response to a survey carried out within Clifton, Wilford and Silverdale areas of Nottingham in 1999 by social action research project. The Survey identified many older people living alone and socially isolated due to lack of available support from family, friends, statutory or voluntary services. Initially started at the home visiting scheme supplemented by a weekly friendship group. In 2018 with companions were successful in applying for funds, using the money to set up additional friendship groups. When the government introduced the lockdown in March 2020 due to COVID-19 pandemic, all Friendship groups and home visiting ceased and an outreach support scheme was implemented which continue to the end of 2020 and beyond.

- Various adaptations to the services included phone befriending scheme, shopping for those who were shielding, collection and delivery of medicines, social media for fortnightly coffee chats with service users, a WhatsApp group for service users who attended Friendship groups to enable them to keep in touch with each other. Service users frequently mentioned the feelings of support an assistance they felt from receiving regular phone calls from either the volunteers or a coordinator. They felt that this offset some of their feelings of loneliness, isolation and of feeling down. Response from a service user.
  ***'I have missed the Friendship Groups so much during lockdown. I can't thank you enough for the phone calls. I think it's brilliant what you do. I can't wait for this to be over and get back to the groups. It's helped me so much hearing from [Co-ordinator]. I wish there was a lot more caring people around. You are all so nice and kind, you give me the motivation to carry on**.'

Keeping People Connected

Case study - Good companions (continued)

Home

Approach (continued)

- Newsletter parcel delivered to all service users and volunteers from March 2020 onwards by volunteers who were not isolating, it was very well received. A theme was planned for each month focussing on activities held within the Friendship Groups, including Easter, spring, afternoon tea, exercise and relaxation, Harvest Festival, Bonfire Night and Christmas. Feedbacks from the service users have been really positive e.g
  'The services that Good Companions have given has been a real lifeline for me. The treats and puzzles make a lovely break in the lonely times of lockdown. It is nice to know we haven't been forgotten about'.
- Pre-pandemic the management committee met once during the year. During 2020, in order to support the management committee during the pandemic a managers group was set up which met monthly. Communication between this group was facilitated via Zoom and WhatsApp platforms.
  Good companions continued to advertise for new volunteers through variety of medium including Facebook page and NCVS database. Various online platforms were used to conduct interviews, introduction discussions and volunteer meetings. A training programme was assembled for volunteers in 2020 including first aid, dementia awareness, food hygiene and adult safeguarding.

Keeping People Engaged

Case study - Smoking Cessation in Pregnancy

- Smoking in pregnancy is an important public health issue and is a significant cause of low birth weight and associated health issues. Quitting at any stage of pregnancy confers benefits for both mother and baby. However, this population is recognised to be a challenging one to engage. In Nottingham, rates in pregnancy remain amongst the highest in the UK.
- The Smoking in Pregnancy (SIP) service in Nottingham has typically been a face-to-face service involving carbon monoxide monitoring, and attendance rates have been poor, with drop off in adherence throughout the course of pregnancy.
- The pandemic led to a shift in this service to virtual appointments and pregnant smokers were provided with carbon monoxide meters at home.

Keeping People Engaged

Case study - Smoking Cessation in Pregnancy (continued)

Next slide | Home

- The virtual appointments meant that there was more flexibility with appointment times and women did not need to travel or make arrangements for childcare or with work to attend. As a result of this, virtual clinics achieved greater attendance rates and cessation rates amongst pregnant women in Nottingham improved.
- The general smoking cessation service 'Stub it', which worked independently of the pregnancy service prior to the pandemic, started to work together with the service to see family/household members making the approach more holistic.
- This was a fantastic success story of the pandemic and feedback from service users has been overwhelmingly positive.
- Going forward, the SIP is offering a hybrid model for smoking cessation services where patients have the choice to attend in person or virtually. Additionally, they continue to work with the general cessation team, referring household women and women at 6 weeks postnatally. It is hoped that the cessation rates continue to improve with this adapted model.

Keeping People Engaged

Case study - The Secret Garden Project

Next slide | Home

- A most magical community-led project that has brought those of all ages and generations together.
- What was an unused green space in Heathfield Park has been transformed by the community, for the community, into a flower and vegetable garden.
- Sessions are several times a week and are an opportunity for those without their own gardens or outdoor space to be involved in planting and looking after the garden as well as to come together as a community to enrich the outdoor space. It has been a way for neighbours to meet, friendships to form and during the pandemic and the lockdowns, a treasured outdoor activity that was able to continue and provide for the community that created it.

Keeping People Engaged

Case study - The Secret Garden Project (continued)

Home

- As a tribe, The Secret Garden Project spread the message of the importance of sustainability and promote the healing nature of gardening. They also cook outdoors, do crafts for children and adults and other wellbeing activities. They also arrange large scale community litter-picks!
- The pandemic only served to highlight its importance to the community and following on from the fantastic work that they have done, they have started to branch out, developing other local green spaces across Nottingham, one being Silverdale Park in Basford.
- More information can be found on their Instagram @secretgardenspace

Keeping People Safe

Case study - NCVS

Next slide | Home

- **Quickly set up an active digital presence via zoom and teams' platforms to keep in touch with each other internally and the sector who relied on it for information.**
- **Launched a new CRM system and a website doing the first week of lockdown. The online platform hosted a volunteering portal and within six weeks of lockdown over 1000 people registered to volunteer.**
- **Partnered with Nottingham city council to run Nottingham star campaign to recognise the incredible given spirit of Nottingham citizens through formal and informal volunteering.**

Challenges
The main challenges were to ensure NCVS didn't drop any services while adjusting to complete remote working. They owned a building at the time and had to keep open safely due to needs of their tenants who employ key worker staff looking after vulnerable people. Government guidelines were followed to ensure everyone working in the building was as safe as possible.

NCVS trained everyone quickly to use zoom and teams and within a short time were able to move all training sessions and network meetings online which proved quite successful.

Keeping People Safe

Case study – NCVS (continued)

Next slide | Home

Approach:

- NCVS very quickly realised that the outpouring need of volunteering could not be processed manually under their old system. So, they quickly launched a new CRM system and a website during the first week of lockdown which enabled them to communicate much better with the sector and help register of 1000 people within the first six weeks. This also brought forth new volunteer roles as the need for food delivery, dog walking and prescription pickups became vital to shielding vulnerable residents. Throughout the rest of first year of pandemic the volunteer numbers swelled to over 2000 and to date and NCVS has registered over 3000 volunteers many of them are still active.

- NCVS also supported the sector by providing a page on the website that organisations used to put information about the changes to the services due to the pandemic restrictions.
  SPICE foundation and Nottingham Women's centre is one of many projects that were facilitated by NCVS to provide the changes to the services due to the pandemic.

Keeping People Safe

Case study – NCVS (continued)

Next slide | Home

Examples:

- **Spice Foundation** is a small charity based in Nottingham delivering a range of projects to help vulnerable adults mitigating the effects of food poverty. NCVS helped SPICE foundation recruit a lot of volunteers to help with meals preparation, packing and delivery. They also had a wellbeing and support helpline mainly focussed on addressing loneliness. The helpline provided a shoulder to lean on and signposted the vulnerable individuals.

- **Nottingham Women's centre:** Before COVID they collected surplus food and was available at the centre. Due to COVID Some women have had to self-isolate for various reasons and could not go shopping. These issues were addressed by setting up a regular food delivery service to help women who were struggling across the city. An amazing volunteer team was called out who could drive and do food delivery service. These volunteer drivers collected the food from a member of staff's home, where it has already been split into parcels and then leave them on the women's doorsteps every Tuesday. Some really positive feedback were received from the women with one saying **"We received it and are so happy for it, we're having sandwiches in the garden this afternoon"**.

- For more information https://www.nottinghamcvs.co.uk/news-and-events/news-articles/changes-to-services

- NCVS celebrated volunteer week 2020, to celebrate and recognise efforts of Nottingham volunteers, charities and volunteer groups in response to COVID-19 by teaming up in Nottingham city council to set up a Nottingham star campaign. As part of the campaign 40,000 postcards were distributed by NCVS and Nottingham city council to community groups across the city.

Keeping People Safe

Case study – NCVS (continued)

Home

Approach (continued)

- Alongside this NCVS ran a three-week campaign of Community Action Stories. Particularly touching is Dear Friend scheme in partnership with Nottinghamshire Healthcare to help patients feel less isolated and alone at Lings Bar Hospital, West Bridgford. The scheme involved cards and letters to be sent by volunteers to patients in the hospital, who because of the coronavirus and shielding restrictions were unable to receive visitors. Since the scheme was launched, approximately 600 letters have been received from volunteers across the county, much to the delight of the patients and staff at the hospital. All have been really touched by the effort made by the letter writers.
- The letters and cards have enabled the staff to sit with patients and read a letter together have a chat about the contents and provide a chance to share a conversation that isn't about illness or anxiety.
- Here you will find some video of the amazing work of the voluntary sector https://www.nottinghamcvs.co.uk/volunteering/community-action-stories.

How Communities have Shaped Services

Case study – The Nottingham Vaccination Programme

Next slide | Home

- 1/3 of Nottingham's population are from BAME (black, Asian and minority ethnic) background groups, groups that are known to be disproportionately impacted by covid-19.
- During the pandemic, communities in Nottingham rallied to address discrepancies in vaccination rates amongst BME groups.
- Many faith groups to include local mosques and the Majority Black Led Churches of Nottingham understood the barriers facing their communities and provided practical solutions.
- Stories shared by communities include the recruitment of ethnically sensitive vaccinators & those that spoke the local languages in areas where many of the local community did not speak English as a first language. Anecdotally this was key in encouraging those who were hesitant to be vaccinated and in making the process clearer and easier for them.
- Setting choice was also of importance and pop-up Covid vaccine centres were set up in Nottingham mosques to encourage more people to have the jab in places they were familiar with.

Case study – The Nottingham Vaccination Programme (continued)

Home

- There was also a separate booking system with a link that could be shared amongst community & religious WhatsApp groups which meant that not only did they not have to navigate the national booking portal but that there was good availability local to them if they did not have means or ability to travel and that there was ability for families and neighbours to attend as a group, with support of the younger generations for older.
- Radio segments with opportunity for Q&A with local GPs and public health consultants on a local radio station KEMET FM, well listened to by local black communities were well received.
- The use of social media by those respected by the communities was also very helpful in engaging them in the vaccination programme. For example a video of a local imam being vaccinated shared on social media in Nottingham led to a significant increase in uptake of the vaccination locally amongst older generations who had previously been resistant.
- During Ramadan, there was a lot of unwillingness to get vaccinated and local Muslim GPs played a role in encouraging vaccination and spreading the word that having the vaccine did not invalidate the fast and rates did pick up over the course of Ramadan.

Learning

What have we learned?

Next slide | Home

The amazing community response to the pandemic has shown us the importance of working together and demonstrated some key learning that should influence how we work in the future.

- What is clear is that our communities are in many cases acting for themselves, based on needs that they identify and experience first hand. They often do not require direction, ***we need to enable and support what is happening at neighbourhood level.***
- By working even more closely with our communities during the pandemic, strong relationships with community leaders and groups have been formed and existing relationships strengthened. ***It is key going forward that these bonds are maintained and cultivated and that collaboration continues***. Collaboration with religious leaders has been integral to local vaccination programmes where rates were low and this can be harnessed for other public health areas that affect some of these groups disproportionately such as obesity and type 2 diabetes.

Learning

What have we learned?

Next slide | Home

- Experience from the COVID-19 vaccination programme is shaping the childhood vaccination programme in Nottingham. Initiatives are planned in more deprived areas and areas where English is not spoken as a first language. This includes provision of education in locally spoken languages and ongoing engagement of the local BAME community in the hope to improve childhood vaccination rates. Through the COVID- 19 vaccination programme, we have seen success when we physically take the services to the community. ***We need to continue to cater for these more vulnerable groups through adaptation and mobilisation of services***.
- During the pandemic, NCVS found that their most critical unmet need was lack of easily available and understandable information for those who did not speak English as a first language. They are now more conscious of this and funding has been allocated for provision of resources for these groups. ***We need to be conscious of how information is presented and that it is accessible. For example through the use of graphics instead of words where possible.***
- ***We must ensure services are tailored to communities and shifting the model to what works for the population on a local level***. For example, in the case of the Smoking Cessation in Pregnancy, the service has been adapted to suit the womens' needs in the hope that smoking rates in pregnancy continue to fall.

Learning

Final word

Home

The pandemic was a challenging time for us all. So much uncertainty. So much change. So much heartache and loss. But looking back on that period of time, we can feel proud. We achieved so much. As a city and as a community, we rallied. We came together. We worked to make the changes we could see were needed to provide for our vulnerable neighbours.

The networking and support from so many in the local community, particularly by volunteers, was overwhelming. It enabled local volunteer services to continue to support those who were even more lonely and isolated in the pandemic.

This series of case studies highlights some of the fantastic work that took place during the pandemic but is only a snapshot.

If you would like to get involved in volunteering in Nottingham, please visit https://www.nottinghamcvs.co.uk or if you are interested in becoming a community champion please visit Community Champions – Health & Wellbeing Board (healthynottingham.co.uk)

Thank you to Ghomaissa Rosie and Eisha Zahid for their work in preparing the report.

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Health and Wellbeing Board
25 May 2022

	Report for Information
Title:	Children & Young People's Mental Health in Nottingham City
Lead Board Member(s):	Lucy Hubber, Director of Public Health
Author and contact details for further information:	Helen Johnston, Consultant in Public Health Helen.johnston@nottinghamcity.gov.uk
Brief summary:	The purpose of this report is provide an overview of key updates in children and young peoples' mental health including a refreshed JSNA chapter, the Local Transformation Plan and the service model for the City.
Does this report contain any information that is exempt from publication? No	

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked:

1) To endorse the JSNA chapter on Emotional and Mental Health of Children and Young People, and support the implementation of the identified recommendations;

2) To note the transformation ambitions, progress to date, and service updates.

Contribution to Joint Health and Wellbeing Strategy:	
Health and Wellbeing Strategy aims and priorities	**Summary of contribution to the Strategy**
Aim: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	The emotional and mental health of children and young people is foundational to the health and wellbeing of children, young people, families and the wider community, and is enabler across all of the strategic priorities.
Aim: To reduce health inequalities by having a proportionately greater focus where change is most needed	

Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe multiple disadvantage (SMD)	
Priority 4: Financial wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
This item is being brought to enable the Board to have a timely discussion on mental health and emotional wellbeing for children and young people.

Background papers:	Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People's Emotional and Mental Health 2016-2022 https://healthandcarenotts.co.uk/joint-local-transformation-plan FORTHCOMING: Nottingham City Joint Strategic Needs Assessment: Emotional and Mental Health of Children and Young People https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/

CHILDREN & YOUNG PEOPLES' MENTAL HEALTH IN NOTTINGHAM CITY
Update for the Health and Wellbeing Board May 2022

Purpose of the Report

The purpose of this report is provide an overview of key updates in children and young peoples' mental health including a refreshed JSNA chapter, the Local Transformation Plan and the service model for the City.

Recommendations

The Health and Wellbeing Board are asked:

1) To endorse the JSNA chapter on Emotional and Mental Health of Children and Young People, and support the implementation of the identified recommendations;

2) To note the transformation ambitions, progress to date, and service updates.

Information

Background

1. The impact of COVID-19 on children and young people's mental health is still emerging. Local mental health services responded quickly to the COVID-19 crisis and adapted their service offers to include both telephone and online support, following NHS England guidance. During the recovery period, services have moved to providing a blended service model offer of face to face and digital support. The forthcoming JSNA chapter on COVID-19 impacts highlights some of the innovation, good practice and learning from mental health services for children and young people.

2. Local and national providers continue to report an increase in referrals to mental health services and children and young people presenting with more serious and complex needs.

3. The NHS Long Term Plan sets out key deliverables for children and young people's mental health including access to services, crisis provision and continued service improvments.

Joint Strategic Needs Assessment (JSNA) Chapter

4. The JSNA chapter on Emotional and Mental Health of Children and Young People has been developed for the city in parallel with a JSNA chapter for Nottinghamshire. The work on this started in June 2019, but was halted in March 2020, and then finalised over recent months. As noted at the outset, the data and information primarily refers to the pre-pandemic picture, and provides a reference point on 'what was then'.

5. The JSNA quantifies need: it is estimated that 8718 children in Nottingham City have a diagnosable mental health disorder at any one time. In 2018/19 there were 1763 children and young people referred to CAMHS Single Point of Access (SPA), 1014 referrals to Specialist CAMHS, 308 referrals to CAMHS Crisis Resolution and Home Treatment service (CRHT) and 141 referrals to CAMHS for Children in Care. Many more children and young people will seek support through informal networks and charity/voluntary services, and as is the case across the UK, it is likely that others will not seek help and will not be identified as needing help

6. The JSNA highlights unmet needs and gaps such as:

    - Many services in the public sector are still commissioned in isolation.
    - Reductions in funding to early intervention services have resulted in a reduction of universal provision and of parenting support.
    - Transition to adult care is still cited by young people as needing improvement,
    - More action is needed to reduce inequalities in mental health and wellbeing
    - Social media is both a risk and an opportunity
    - Local CAMHS are only commissioned to work with children and young people with neurodevelopmental issues where mental health is the primary presenting issue.
    - There is a gap in formal psychology input where children have adverse childhood experiences, or are below CAMHS threshold for emotional health difficulties
    - There is a gap in mental health support for Children in Care from other local authorities and for Nottingham children in care placed in other local authorities
    - There is a lack of high intensity long-term mental health support for children and young people with the highest level of mental health need alongside unsafe or challenging home environments.
    - Training for professionals to support for young people with autism spectrum disorder (ASD) is not yet in place.

7. Recommendations within the JSNA are identified for consideration by the CCG and ICS, the Local Authority, schools and colleagues, Nottinghamshire Healthcare Trust, and third sector providers and primary care networks. Implementation of the JSNA will be led by the Nottingham and Nottinghamshire Children & Young People's Mental Health Executive Group.

Transformation

8. Local areas are required to have a system-wide local transformation plan (LTP) for children and young people's emotional and mental health. A LTP has been approved by the Nottingham and Nottinghamshire Integrated Care System Health and Social Care Board, and NHS England and NHS Improvement have reviewed and assured the Plan. The Childrens Integrated Commissioning Hub based in Nottinghamshire County Council Public Health co-ordinate the implementation of the system plan. The plan was refreshed in September 2021 and provides a comprehensive overview of achievements, future commitments to improve provision and outcomes for children and young people's mental health. It also reflects on the impact of COVID-19, recovery and restoration plans, and updates on milestones to deliver the ambitions set out in the NHS Long Term Plan (2019), and also those identified locally.

9. The Children and Young People's Mental Health Executive comprises of representatives from CCGs, Local Authority Children's Services, Public Health, local providers, NHS England and Improvement and Elected Members from Nottinghamshire County Council and Nottingham

City Council. The Executive are responsible for delivering a comprehensive action plan which is aligned to the Local Transformation Plan.

10. There is local commitment to the THRIVE model for mental health services for children and young people and their families, which replaces the traditional 'tier' system. The THRIVE approach requires integrated and person-centered services across five needs based groupings: getting advice and signposting; getting help; getting more help; and getting risk support; thriving[1]. The reviews of services and the wider pathway as part of system transformation across Nottingham and Nottinghamshire over the coming months will be structured in relation to the THRIVE model.

Service updates

11. The NottAlone website (https://nottalone.org.uk/) was launched in 2021 to provide local mental health advice and help for young people across Nottingham and Nottinghamshire. NottAlone was co-produced with children, young people, parents and carers as part of the Wellbeing in Education Recovery steering group, and is intended to facilitate self-help, as well as timely access to support.

12. Mental Health Support Teams (MHSTs) are a key element of the transformation plan, purposed to provide additional support through schools and colleges, offering early intervention for mild to moderate mental health and emotional wellbeing issues such as anxiety, behavioural difficulties or friendship issues. They support the development of a 'whole school approach' to mental health, and act as a bridge between education and mental health services. The first two MHSTs in Nottingham started in January 2020, and the aim is to have provision across 50% of schools by 2024: By January 2024 Nottingham City will have 5 fully operational MHSTs, working within approximately 100 educational settings. The expansion will target vulnerable pupils such as those with SEND, Looked after Children and home educated pupils. A consortium bid from Wellbeing for Education Recovery has been successful in delivering Senior Mental Health Lead training for schools.

13. The CCG has recently commissioned a new ICS-wide Emotional Wellbeing Early Support, training and consultation service for Nottingham and Nottinghamshire. ABL Health are the lead provider for this service, and have subcontracted some elements of the previous offer in the City such as Kooth, though SHARP are not included in the model. The Be U Notts service has been operational since April 2022, with an ongoing Single Point of Access.

14. The Targeted Children and Adolescent Mental Health Service (CAMHS) works with children and young people aged 0-18 who are experiencing emotional and mental health problems, and their families and carers. Specialist staff use evidence-based interventions to support children and young people and to treat mild to severe mental health and emotional health needs. These needs include problems such as depression, anxiety, anger, trauma, self-harm and low mood. Targeted CAMHS in Nottingham is provided by a specialist team within Nottingham City Council. As an interim arrangement the service has joint funding from the Public Health Grant and the CCG through to March 2025. The CCG are leading a system-wide transformation programme, to develop a longer term clinical and service model for implementation. Public health colleagues will work as advisors with the CCG on the transformation of these services.

[1] The THRIVE Framework is described on the Anna Freud National Centre for Children and Families webpage: https://www.annafreud.org/mental-health-professionals/thrive-framework/

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Background Papers

Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People's Emotional and Mental Health 2016-2022 https://healthandcarenotts.co.uk/joint-local-transformation-plan

FORTHCOMING: Nottingham City Joint Strategic Needs Assessment: Emotional and Mental Health of Children and Young People https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/

Health and Wellbeing Board
25 May 2022

	Report for Information
Title:	Update on the Nottingham City Place-Based Partnership (PBP)
Lead Board Member(s):	Dr Hugh Porter, Vice Chair, Nottingham City Health and Wellbeing Board and Clinical Director, Nottingham City Place-Based Partnership Mel Barrett, Chief Executive, Nottingham City Council and Lead, Nottingham City Place-Based Partnership
Author and contact details for further information:	Rich Brady, Programme Director, Nottingham City Place-Based Partnership
Brief summary:	This paper provides an update on the Nottingham City Place-Based Partnership. Included is an update on the governance established to oversee the delivery of the new Joint Health and Wellbeing Strategy and an update on a series of PBP executive development sessions to reaffirm the ambitions of the place-based partnership.

Recommendation to the Health and Wellbeing Board:

Note the update on the work being undertaken by the Nottingham City Place-Based Partnership

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 through addressing the wider determinants of health and enabling people to make healthy decisions	The Nottingham City Place-Based Partnership (PBP) is discharged responsibility for the oversight of the delivery of the Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025.
Aim: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	

Priority 2: Eating and Moving for Good Health	
Priority 3: Severe multiple disadvantage (SMD)	
Priority 4: Financial wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
The Place-Based Partnership has a programme focussed on supporting Nottingham citizens to better access preventative support to improve mental health and wellbeing. This programme is aligned with the programmes being delivered as part of the Joint Health and Wellbeing Strategy 2022 – 2025.

Background papers:	**Appendix 1:** **University of Nottingham report: Health Inequalities in Nottingham: historical trajectories of the wider determinants**

Nottingham City Place-Based Partnership Update

Background

1. This paper provides an update on the Nottingham City Place-Based Partnership (PBP). Included is an update on the governance established to oversee the delivery of the new Joint Health and Wellbeing Strategy (JHWS) and an update on a series of PBP executive development sessions to reaffirm the ambitions of the place-based partnership.

Oversight of the Joint Health and Wellbeing Strategy

2. At the January meeting of the Health and Wellbeing Board it was agreed that the Nottingham City Place-Based Partnership would be discharged responsibility for the oversight of the delivery of the Joint Health and Wellbeing Strategy 2022 – 2025.

3. Following approval of the Joint Health and Wellbeing Strategy 2022 – 2025 at the March meeting of the Health and Wellbeing Board, the PBP has established a Programme Oversight Group to oversee the delivery of the Strategy.

4. The overarching role of the Programme Oversight Group is to oversee the delivery of all PBP programmes. The Programme Oversight Group will monitor the progress of the PBP programmes, providing support and challenge to programme leads in alignment with the desired outcomes, key deliverables and related milestones for each programme.

5. Each programme has an executive sponsor from the PBP Executive. Through the PBP Executive, the PBP will report on the progress and delivery of the JHWS programmes to the Health and Wellbeing Board.

6. Initial delivery plans for each of the four JHWS programmes are due to be submitted to the Health and Wellbeing Board ahead of the meeting in July 2022.

Place-Based Partnership Executive development sessions

7. The Health and Care Bill received Royal Assent and became an Act of Parliament on 28 April 2022. From 1 July 2022 Integrated Care Systems will become statutory with the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs). The new legislation and supporting guidance make it clear that place-based partnerships have a key role to play in supporting and developing effective models for joined-up working at ‘place’.

8. With the expectation that the Nottingham City PBP is to mature to become a key delivery partnership, incrementally taking on greater levels of delegated decision-making it is important that partners consider how the partnership will need to operate going forward compared with its current approach.

9. In the formative years of the PBP, partners have developed the partnership and ways of working through a programme approach. To ensure the effective and sustainable delivery of JHWS and wider PBP programmes it is important that PBP leaders work together to create the conditions and culture that allow staff working in the city to effectively work together and collectively own the improvement of health and wellbeing outcomes of people living in the city.

10. On 10 May, the members of the PBP Executive took part in the first of three scheduled development sessions to consider how PBP leaders will build on the work of the partnership in its formative years to establish a key delivery partnership in the Nottingham and Nottinghamshire Integrated Care System.

11. At the session on 10 May, alongside a review of progress to date, partners discussed the future ambitions of the partnership with particular consideration given to the wider determinants impacting on the health and wellbeing of the Nottingham City population.

12. As part of these discussions, partners considered research undertaken by the University of Nottingham (**appendix 1**). In addition to some of the historical trajectories of the wider determinants which have impacted on the health and wellbeing of people living in Nottingham over several decades, the research highlights the correlation between trust in statutory services and health outcomes.

13. Partners considered the findings of the research in relation to the ambition to reduce health inequalities, discussing the importance of building trust with communities, recognising the power asymmetry in these relationships. Partners will give further consideration to these findings in setting out future plans at the development sessions on 1 June and 22 July.

Recommendations:

The Health and Wellbeing Board is asked to:

14. **Note** the update on the work being undertaken by the Nottingham City Place-based Partnership.

Appendix 1: University of Nottingham report: Health Inequalities in Nottingham: historical trajectories of the wider determinants

Executive summary

Nottingham is subject to significant health inequalities. The typical wider determinants of health inequality are present in the city, though with variable concentration across the city's regions. Factors present in the city also correlate with factors known to correlate with low levels of trust—itself an impediment to improving health outcomes. Interventions to improve financial well-being, diet and physical well-being, and trust are discussed. Plans for future research conclude the report.

1. Introduction

The report considers health inequalities in Nottingham City. Specifically, it explores the historical trajectories of the wider determinants of Health Inequality, recommending a range of possible interventions, and outlining areas for future research.

The first part of the report (section 2) sketches the current general picture of health in Nottingham, alongside known determinants of health inequality and another factor, trust, that may be salient to health outcomes.

The second part of the report (section 3) gives a high-level description of Nottingham's current position with respect to some of the determinants of health inequalities, providing historical context in key areas.

The third part of the report (section 4) draws on the academic literature to suggest particular interventions that may help to reduce health inequalities, also providing relevant historical context where appropriate.

The fourth and final part of the report (section 5) suggests areas for future research.

2. Health Inequalities, wider determinants & other factors

Data from the Office for Health Improvement and Disparities shows that Nottingham remains generally below the national average for health outcomes. Representative data points are listed, below.

Indicator	Period	Nottingham			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
A01a - Healthy life expectancy at birth (Male)	2017 - 19	–	-	56.4	62.2	63.2	53.7		71.5
A01a - Healthy life expectancy at birth (Female)	2017 - 19	–	-	55.6	61.9	63.5	55.3		71.4
A01b - Life expectancy at birth (Male, 3 year range) New data	2018 - 20	–	-	76.6	79.2	79.4	74.1		84.7
A01b - Life expectancy at birth (Female, 3 year range) New data	2018 - 20	–	-	81.0	82.7	83.1	79.0		87.9
A01b - Life expectancy at birth (Male, 1 year range) New data	2020	–	-	75.6	78.5	78.7	73.6		83.3
A01b - Life expectancy at birth (Female, 1 year range) New data	2020	–	-	80.7	82.3	82.6	78.0		87.8
A01c - Disability-free life expectancy at birth (Male)	2017 - 19	–	-	58.3	61.7	62.7	53.4		69.6
A01c - Disability-free life expectancy at birth (Female)	2017 - 19	–	-	55.1	60.2	61.2	49.9		70.3
A02a - Inequality in life expectancy at birth (Male) New data	2018 - 20	–	-	8.4	9.2	9.7	17.0		2.6
A02a - Inequality in life expectancy at birth (Female) New data	2018 - 20	–	-	7.6	7.6	7.9	13.9		1.2

Notably, health relative to the national picture has improved since 2004, with Nottingham dramatically reducing the number of LSOAs that are in the lowest 10% nationally.

Table 12: The Extent of Extreme Health Deprivation and Disability

	2019	*2015*	*2010*	*2007*	*2004*
City LSOAs in worst 10% nationally	55	*63*	*55*	*70*	*85*
City LSOAs in worst 20% nationally	115	*119*	*111*	*122*	*130*

Table 13: LSOAs Most Affected by Health Deprivation and Disability

City rank	Ref	Location	Ward	National Rank 2019	*National Rank 2015*
1	E01013861	Bilborough East	Bilborough	33	*72*
2	E01013814	The Arboretum W	Hyson Green & Arboretum	329	*1107*
3	E01013859	Beechdale Estate	Bilborough	335	*348*
4	E01013948	Radford Flats	Radford	420	*531*
5	E01033411	St Anns Plantagenet Street	St Ann's	503	*689*

Alongside data on health inequality, the wider determinants of health inequality require discussion.

The wider determinants of health inequalities are widely known. They include factors such as the built and natural environment; education; income, work and the labour market; Crime and social capital (Public Health England, 2018: chapter 6).

In addition to these well-known factors, research has demonstrated that there is a correlation between trust and health outcomes (Birkhauer, et al. 2017). It has also been shown that, in some contexts, (for instance, in the US) there is a correlation between low income and low trust in physicians (Blendon et al, 2014). It has also been demonstrated that low levels of trust within an ethnic group create barriers to taking up social and financial opportunities (Smith, 2010). Low levels of trust thus threaten to undermine actions planned to help reduce health inequalities and are, themselves, correlated with less favourable health outcomes.

With this in hand, we then need to know understand Nottingham's current position with regards the wider determinants of health, as well as their historic context.

3. Current and historical position

The wider determinants of health inequality are divided into two, in this section, and are its main focal points. These two tranches of determinants are the economic (and directly economically related) factors and wider demographic issues. The section begins by charting some of the historic context for both.

3.1 Historic Context

Nottingham's recent historical context is a part of wider social and industrial changes across the UK.

In older industrial Britain there has been job growth in the wake of industrial decline but all too often it has been in low-productivity, low-wage activities. In the former coalfields, for example, two of the prime sources of new jobs have been call centres and warehouses. The Yorkshire, Derbyshire and Nottinghamshire coalfields, for instance, have a central location and ready access to the motorway network and have become prime destinations for national distribution depots. A well-publicized example, on the site of the former Shirebrook Colliery in Derbyshire, is the national warehouse of Sports Direct, where most of the workforce is employed on zero-hours contracts and low wages (see, e.g., The Guardian, 2015). Beyond the call centres and warehouses, growth in consumer spending has fuelled job growth in shops, hotels, pubs, restaurants and takeaways. Few of these new jobs are well paid, and many are part-time. It is the weakness of labour demand in older industrial Britain, stripped of its once dominant employers, that has enabled the new employers to get away with paying low wages. The ex-miners and ex-steelworkers may have baulked at the prospect of work in a call centre or warehouse and opted out of the labour market instead, cushioned by redundancy pay, early entitlement to pensions and disability benefits, but their sons and daughters have never faced the same choices (Alcock, Beatty, Fothergill, Macmillan, & Yeandle, 2003; Beatty, Fothergill, Houston, Powell, & Sissons, 2009a). With little possibility of remaining on JSA for long periods they have had to accept whatever work they can find, particularly as some employers have been quick to turn to migrant workers from Eastern Europe as an alternative supply of low-wage labour (Dench, Hurstfield, Hill, & Akroyd, 2006). Women's growing involvement in the labour market adds a further twist (Beatty et al., 2009b). In the places once dominated by heavy industry the tradition used to be that male wages supported whole families. Relatively few women with children held paid employment, especially on a fulltime basis. That more women in these places now look for paid employment should be welcome progress but they do so in some of the most problematic labour markets in the country. Local economies have to grow very fast indeed if they are to not only replace the jobs that have been lost but also keep up with new labour supply. In practice, the growth has been insufficient and the result has been worklessness, part-time employment and low wages. (Beatty, C. and Fothergill, S. 2017)

These themes are played out in Nottingham.

Up until the early 20th century, textiles dominated Nottingham's economy, at which point there is evidence of diversification, with brewing, tobacco and coal becoming more significant (see Rossiter and Smith, 2017). Later, declines in textiles and coal were offset by the rise of Boots, Imperial Tobacco and Raleigh. This group, 'was to sustain the local economy through the difficult years of decline in traditional industries' (Chapman, 2006: 480). By the 1960s, each of these companies had around 10,000 employees.

Recent reporting highlights the shift away from light industry and manufacturing, with the following given as the top 10 largest employers in Nottinghamshire (estimated figures of employed staff members included)

1. Nottingham University Hospitals Trust - 13,600
2. Nottingham City Council - 8,928
3. Nottinghamshire County Council - 8,155
4. Nottinghamshire Health Care Trust - 7,500
5. Boots UK Limited - 6,000
6. University of Nottingham - 5,000
7. E.On - 5,000
8. Sherwood Forest Hospitals Trust - 4,558
9. Nottingham Trent University - 3,309
10. Nottinghamshire Police - 3,200 (Nottingham Post, 2018)

These changes to the economy flow from the cease of major manufacturing operations (including by both Raleigh and Players prior to the start of the millennium. Boots prospered for a little longer, but as the figures reveal employment now is significantly lower than it once was).

The turn of the millennium is an interesting point to review. Redundancies in Boots around 2001 followed closely the closure of the last Raleigh manufacturing plant in Nottingham; another major manufacturing plant in the city, Royal Ordnance, owned by British Aerospace, had also recently closed. This significant industrial decline is indicative of a very particular trajectory within the City.

This shift in industrial focus in the city is highly significant. During the middle of the 20th Century, Economists (Wells, 1966: 405) were able to describe Nottingham as an outstanding example of an economy with 'a well-balanced employment structure'. By 2005, this picture had changed significantly, not just away from manufacturing, but towards Business Administration and Support Services.

Nottingham's specific blend of commerce and industry left it vulnerable to the effects of the 2008 recession. In 2019, Lawton et al. reported that,

> Although employment in both the UK and the East Midlands region has recovered from the recession that started in 2008 – and is now at or close to record high levels – this does not apply to Nottingham. In 2017, Nottingham was the only one of the eight English large and medium-sized 'Core Cities' which had an employment rate below the pre-recession level. Nottingham had the lowest employment rate out of the eight cities in 2017.

They further noted that

> [t]he structure of employment by industry reveals a very significant over-representation of employment in "Business Administration and Support Services", which accounts for almost a quarter of Nottingham's employment.

This shift, to a lack of balance in employment structure, and relatively low employment, is accompanied by high levels of economic inactivity and low levels of productivity within the city. In Nottingham, the average earnings of people working in the city (but potentially living elsewhere) significantly exceeds the earnings of those living in the city. Further, the economic structure of Nottingham means that the available jobs are less likely to be 'good jobs'; with (relatively) low levels of educational attainment in the city the preponderance of good jobs, requiring higher skill levels, are more likely to be held by skilled commuters travelling into the city and into the minority, more productive workplaces (see, Lawton et al, 2019).

As a part of this change, and as indicated by the identity of the major employers, given above, Nottingham has become home to a significant body of employment in health and bioscience. The opening of QMC in 1977 constituted a significant addition to the city's science—and healthcare—base. One of the largest teaching hospitals in England, QMC has helped stimulate demand for health-related bioscience services and expertise (Rossiter, 2017). These industries bring with them a combination of highly skilled and well remunerated roles, that attract talent nationally, as well as lower skilled and less well remunerated roles, that tend to recruit more locally. This narrative is well supported by the data, which has a higher % of the city's population in elementary occupations than one would expect, given the county and national picture (see, Lawton et al, 2019).

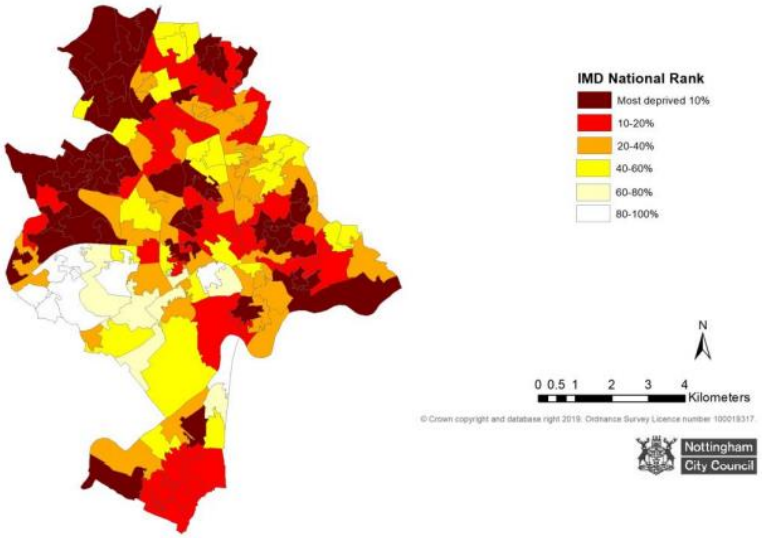
3.2 Current Economic Position

With that context in mind, the current economic picture for residents is unsurprising.

Nottingham is ranked at the 11th most deprived area in England in 2019 (also as the 8th in 2015 and 20th in 2010), but there is a clear difference across the city (see map below).

There has also been a change since 2004, as fewer areas of the city now rank with the most deprived areas of the country – only four areas are in the most deprived 10% compared to 13 areas in the past.

Map 1: National Ranking of City Super Output Areas, 2019



Interactive map for seven domains of deprivation by postcode: https://fryford.github.io/imdmap/

The remainder of this section (3.2) of the report focuses exclusively on the economic factors of income and employment. Other dimensions of deprivation are described in the section (3.3) that follows.

3.2.1 Income

We can chart some of the issues around income, both by region and impact on specific age profiles within the city.

To illustrate some of the changes at a region-level, in 2019, Aspley dropped to the 91st most deprived areas for income, out of 32,844 areas in the country, from 13th in 2015, and the area is in the lowest 10% for income deprivation.

Table 7: LSOAs Most Affected by Income Deprivation

City rank	Ref	Location	Ward	National Rank 2019	*National Rank 2015*
1	E01013818	Broxtowe Estate NW	Aspley	91	*13*
2	E01013948	Radford Flats	Radford	100	*268*
3	E01013861	Bilborough East	Bilborough	124	*223*
4	E01013877	Bulwell Centre S	Bulwell	142	*125*
5	E01013817	Broxtowe Estate NE	Aspley	366	*124*

The impacts of low-income on specific age profiles can be illustrated by considering the position of children living in the City. At present, more than 40,700 children in Nottingham, more than half of the child population) live in families where one or more adults have no work. Within this figure, over 18,800 (27% of children in the City) live in workless families, and 21,900 (31.5% of children) live in families receiving tax credits. Nonetheless, the data across the locale vary hugely

Table 1 Children in workless and 'low income' families, 2017-18

	Children					
	Workless No.	'Low Income' No.	Total No.	Workless %	'Low Income' %	Total %
Nottingham City	**18,800**	**21,900**	**40,700**	**27.0**	**31.5**	**58.5**
Broxtowe	2,700	3,500	6,200	13.0	16.9	29.9
Gedling	3,200	4,600	7,800	13.9	19.9	33.8
Rushcliffe	1,600	2,700	4,300	7.5	12.6	20.0
Greater Nottingham*	**26,300**	**32,700**	**59,000**	**19.5**	**24.3**	**43.8**
% In City	*71.5*	*67.0*	*69.0*			
East Midlands	153,100	213,300	366,400	15.6	21.7	37.2
England	1,802,800	2,513,500	4,316,300	15.6	21.8	37.4

*Source: HMRC Child and Working Tax Credit Statistics, Finalised Awards 2017/18. * Excludes Hucknall.*

In the data available from 2012, ethnicity is a significant factor, as nationally children from black and minority backgrounds are twice more likely to live in relative poverty. Severe poverty is likely for 30-35% of children from Pakistan, Bangladesh and Black African households and only 11% for white British children. We did not locate local data that provides a break-down of the above by ethnicity.

The data below shows the wards that contain the highest number of children of workless families in 2017.

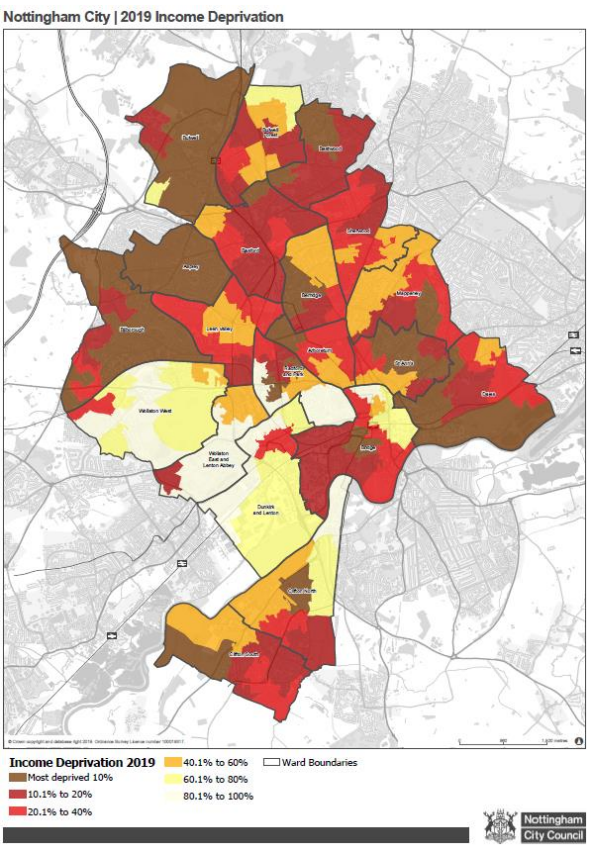
Table 5 Wards with the highest rates of children in workless or low income families, August 2017

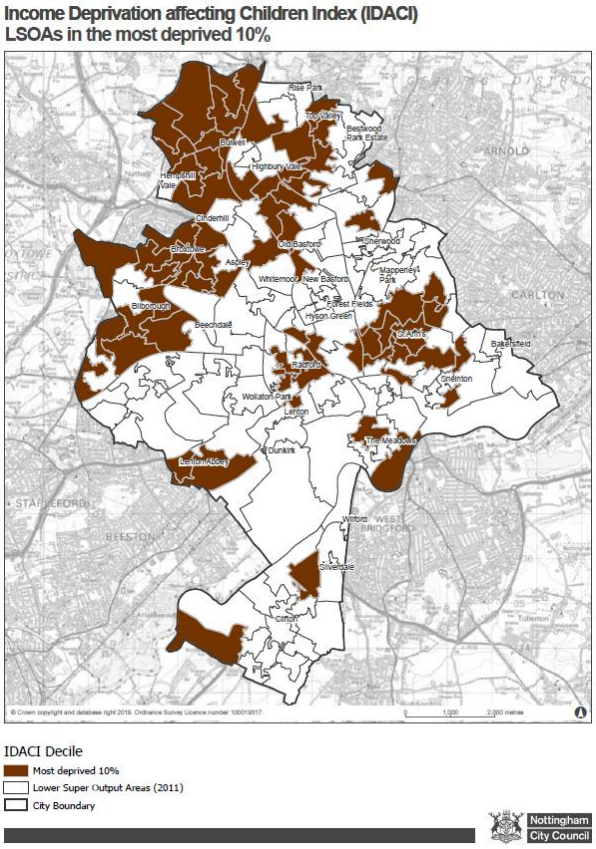
Rank by rate	Ward	Rate %	Children No.
1	Hyson Green & Arboretum	74.5	3355
2	Radford	73.5	1265
3	Aspley	72.5	4990
4	St Ann's	70.0	2810
5	Bulwell	65.9	3030

Source: HMRC Child and Working Tax Credit Statistics, Small Area Analysis.

The picture is highly uneven across the City.

A clearer view of the geographical patterns of child poverty can be seen in the maps below. On the left is the Income Deprivation data of the general population in Nottingham City, and on the right is the areas that contain families of the worst 10% of income deprivation who have children.





3.2.2 Employment

For employment, 31% of the city's areas are in the lowest 10% nationally, and over 50% of the areas are in the lowest 20% nationally.

Table 10: LSOAs Most Affected by Employment Deprivation

City rank	Ref	Location	Ward	National Rank 2019	*National Rank 2015*
1	E01013861	Bilborough East	Bilborough	23	*37*
2	E01013948	Radford Flats	Radford	64	*187*
3	E01013877	Bulwell Centre S	Bulwell	208	*146*
4	E01013818	Broxtowe Estate NW	Aspley	378	*179*
5	E01013960	St Ann's Wells Road N	St Ann's	577	*558*

Out of 182 LSOAs, 56 areas are among the lowest 10% nationally (40 in 2004) and 94 areas are among the lowest 20% nationally (90 in 2004), showing a fluctuating picture. The fluctuations are also evident in the measures of Extreme Employment Deprivation, where Nottingham City has an increasing number of LSOAs in the lowest 10%.

Table 9: The Extent of Extreme Employment Deprivation

	2019	2015	2010	2007	2004
City LSOAs in worst 10% nationally	56	54	34	35	40
City LSOAs in worst 20% nationally	94	92	72	73	90

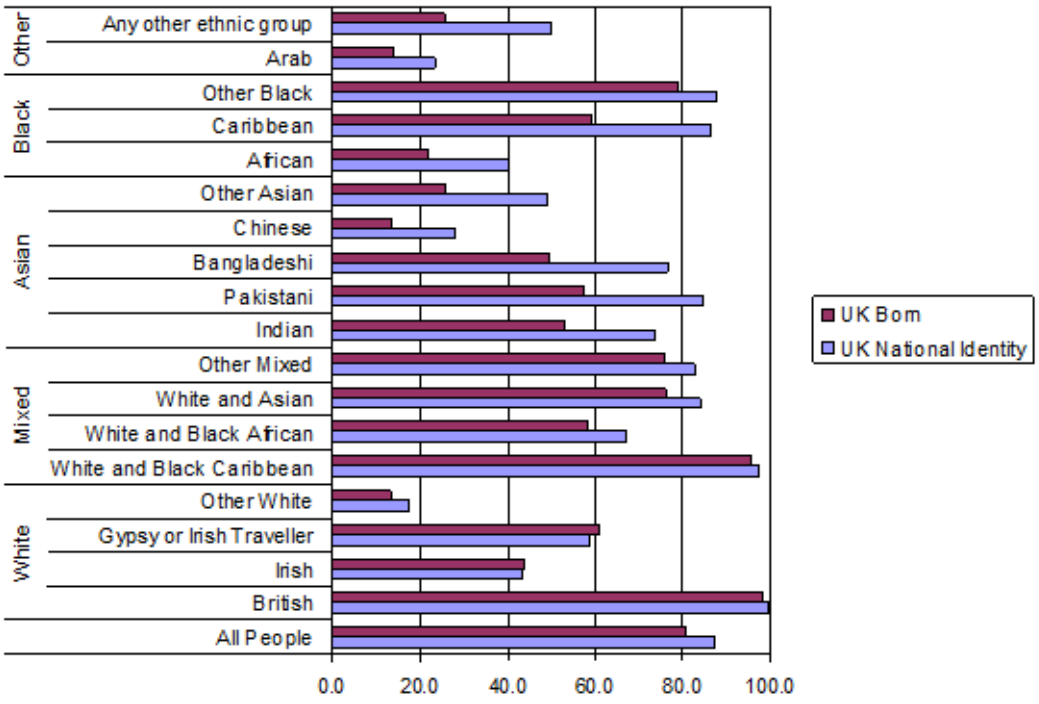
3.3 Wider demographics.

Between the 1990s and the present there have been significant changes to the population of Nottingham that are not directly associated with the economic picture. Between 1991 and 2011 the population of the city increased by around 9%, from 263k to 306k. There have been other noteworthy changes to the population with respect to ethnicity, age, and education.

3.3.1 Ethnicity

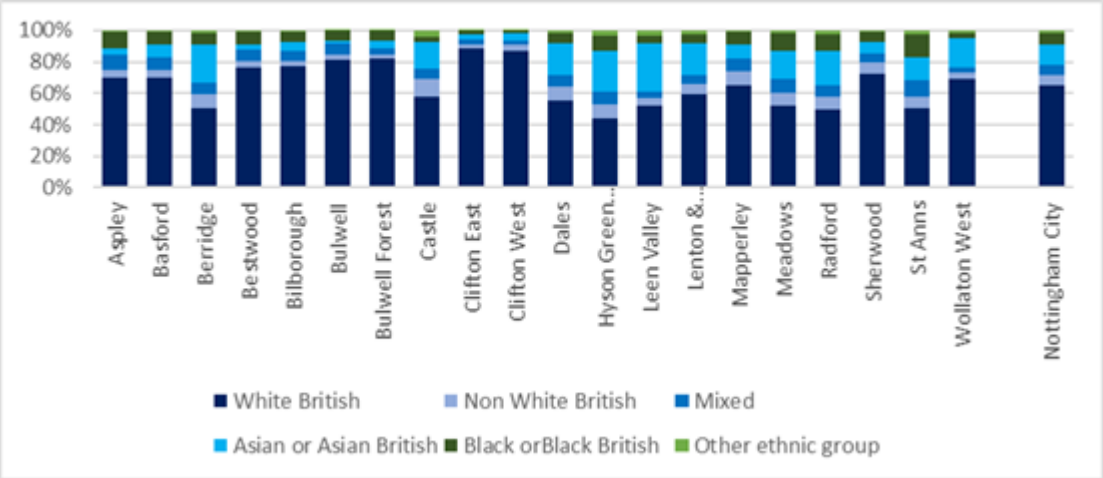
In the 2011 Census, 65.4% of the population were in the 'White British' group, placing the city as the 39th highest percentage of BAME out of 348 regions in England and Wales. Asian Pakistani makes up to 5.5% of the population, and Mixed White and the Black Caribbean takes up to 4% of the population.

Country of Birth and National Identity by Ethnic group in Census 2011



This compares with the 1991 census, at which the around 89% of the City's population were in the 'White British' group, with other ethnic groups present in correspondingly smaller numbers. This is a rapid change to the ethnic profile of the city. For context, in the same time period Leicester saw a change from around 70% of the population in the 'White British' group to around 45%.

Ethnicity also varies significantly across parts of Nottingham, as indicated below.



3.3.2 Age Profile

The city of Nottingham is home to an increasingly ageing population, projected to increase by 15% by 2025, and 50% by 2035.

Coupled to this high-level picture of the age-profile of the city it can be noted that the age profile of the city is uneven. The City can broadly be categorized into three area types:

- Those with a concentration of younger adults, including students – primarily the city centre, Lenton, Dunkirk, Radford, The Arboretum and Hyson Green.
- Those with a concentration of older people, many of whom have lived in their houses since they were built – primarily Bilborough, Beechdale, Clifton and parts of Wollaton.
- Other, more mixed areas, including Aspley, which has notably more children.

3.3.3 Education

The educational situation in Nottingham city has been improving from a low base. As shown in the data below, the number of regions in the lowest 10% nationally has dropped steadily since 2004.

Table 15: The Extent of Extreme Education, Skills and Training Deprivation

	2019	*2015*	*2010*	*2007*	*2004*
City LSOAs in worst 10% nationally	57	*62*	*60*	*72*	*77*
City LSOAs in worst 20% nationally	100	*102*	*92*	*102*	*105*

However, the data below shows that children are much less prepared to achieve the expected level of communication, language and literacy at the end of their Reception year, which poses risks to the future educational level of the city.

B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	2018/19	↑	3,035	81.2%	81.1%	82.2%	71.8%		94.6%
B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of	2018/19	↑	2,511	67.2%	71.1%	72.6%	63.3%		82.2%

3.4 Summary

As should be predicted in a region with relatively poor health outcomes, the wider determinants of health inequalities that predict such an outcome are present across the city. However, the picture is highly uneven across the city's different regions.

4. Interventions.

Typical recommendations to try and overcome the correlates/determinants of health inequalities are easy to list, if harder to action: e.g.

Reducing poverty
Increasing employment in ‘good jobs’
Improving education
Ensuring the availability of good local services
Training healthcare providers
Specialist outreach
Ensuring that services are provided in appropriate locations
(see NHS, Health Scotland).

Because these recommendations are known and understood, the report explores three other specific spheres of possible intervention, over and above these high-level approaches. The areas concerned are: financial well-being; diet and physical activity, and building trust.

4.1 Financial Well-being.

Approaches to financial well-being are primarily investigated in relation to people in employment because of the effect that financial distress has on levels of absenteeism (for example Kim et al 2006), on levels of presenteeism / productivity (for example, Sabri and Aw, 2020) and on health, especially mental health (for example, Bridges and Disney, 2010)). That being so, their application to a city population is difficult and any recommendations can only be tentative.

The policies most investigated and widespread are financial education, credit counselling and debt management, and employee financial wellness programmes (CIDP, 2021). Financial education, or financial literacy, provides information to better manage individual or family finances, offering information about budgeting, saving, bank accounts for example. Credit counselling and debt management can be considered examples of emergency financial assistance (Glenn et al., 2020) and is more targeted to particular cases. Employee financial wellness programs can include the previous two initiatives plus, for example, pay advances or short term loans (Despard et al., 2020). Other programmes to improve financial wellbeing can include the provision of information about local services and benefits; employment and educational support; support for transportation and housing (Glenn et al, 2021). These services can be considered “community intervention programs” when they are provided in healthcare settings or by non profit organisations and they can include other emergency interventions for example to tackle food or housing insecurity (McGrath, 2021).

A key issue in this literature is a lack of robust studies that could assess the effectiveness of the programmes. Existing studies are considered not to be sufficiently robust, either because of: methodological limitations (for example small sample size, generalisation etc.), not reporting the mechanisms leading to the outcomes, and the evaluation of long-term impacts (Glenn et al, 2021; CIDP, 2021; McGrath et al. 2021).

Nonetheless, a systematic review of the studies is done by CIDP (2021), the professional body for HR and people development. Literature was screened according to the measurement used. Two kinds of study were included in the systematic review.

> (1) studies in which the effect of financial distress on workplace performance was measured or
> (2) studies in which the effect of moderators and/or mediators on financial distress was measured

The primary reported findings are that

> **Financial education** has a small positive effect on financial behaviours (Kim and Garman 200; 2004; Prawitz and Cohart,2014; Postmus et al, 2015; Fernandes et al.,2014). And although some results suggest that the effect does not last over time, there are studies with a control group that support the positive effect of financial education programs (Postmus et al, 2015; Prawitz and Cohart, 2014) on financial behaviour and more in general on financial distress.
>
> Studies on **credit counselling and debt management programmes** report a positive effect on financial wellbeing and health, reducing the incidence of negative financial events (Kim et al ,2003; O'Neill et al.,2005; 2006; Mende and Van Doorn, 2015)
>
> **Employee financial wellness programmes (EFWP)** can have a positive effect on financial wellbeing, according to literature, but the effectiveness of the programs is difficult to evaluate, even if in most of the studies, participants report a reduction in high financial stress and high cash flow stress (Drake et al 2019). An important feature of these programs is that the services offered by the employer can be more targeted to the personal situation.

Thus financial education, credit counselling and debt management programs, and employee financial wellness programs are methods that have been deployed in an attempt to improve financial well-being. However, to this point the efficacy of these programs is unclear. There may be value in pursing these approaches further, but the data does not strongly vindicate such an approach even in employment settings (though nor does it tell against it). More research may be needed to test and understand this kind of intervention as a potential solution in Nottingham City.

Currently, in Nottingham, a number of charities, non-profit organisations and some major employers, like the NHS, offer help to individuals experiencing financial distress. Charities and advice centres offer debt advice and referrals to other services in situations of emergencies.

4.2 Diet and Physical Activity

In the existing literature, the successful strategies, interventions, policies and theories around healthy eating and physical activity take different routes for different groups of the population.

The main approach to categorisation is guided by age and into three age groups:

1) adolescent and school-going population
2) adults
3) older population.

Each age group has different typical lifestyle patterns and hence each age group may require different types of interventions to support improved physical health. However, strategies that can enable 'self-regulation' and 'self-monitoring' appear in the literature repeatedly and appear to increase the efficiency of any intervention (Greaves et al., 2011 & Rose et al., 2017).

Sociologists have suggested that the network structures of human beings impact their behaviour in health, which means the most useful interventions may follow four pathways: social support, social influence, social engagement and attachment as well as access to resources and material goods (Berkman et al., 2000).

For adolescents, interventions studied are mostly targeted to prevent or stop the development of noncommunicable diseases (NCD). As Rose et al. (2017) demonstrated, digital intervention with educational, goal-setting and parental-involvement are more likely to be an effective approach.

For older adults, scholars suggest using behavioural and cognitive interventions to tackle chronic diseases. Behavioural intervention refers to regular physical activity exercise sessions (e.g. 40 minutes exercise over a period of 10 weeks), while cognitive intervention is about maintaining the motivation for the elderly, which might include personal interviews and face to face counselling (Chase, 2013).

For female populations, customised weight-loss interventions are reported to be effective for obese, low-income communities.

Running successful intervention strategies is thought to require a community effort, communicating with stakeholders and employing ethnically, culturally and linguistically

matched staff and tracking the progress of the participants (Caroll et al, 2011). The determinants or 'correlates' of physical activity should concern the demographic, behavioural, cognitive (emotional), cultural, environmental factors in interventions (Trost et al., 2002).

Nonetheless, and despite this considerable variability of impact of most of the above, drawing on an extensive analysis of existing research, Horodyska et al. (2015) devised a checklist of 83 items for successful implementation in improving diet, physical activity and reducing sedentary behaviour.

Given the literature, any interventions in this space should be targeted at and supported by distinct demographic groups, ensuring good levels of community support and engagement and should be sensitive to the 83 items listed in Horodyska et al. (2015)'s meta-analysis that describes implementation conditions for successful approaches to improving diet, physical activity and reducing sedentary behaviour. This is included as an Appendix to the report. Approaches should also focus on promoting and supporting 'self-regulation' and 'self-monitoring'.

4.3 Trust

As described in section 3, Nottingham houses an ethnically diverse population, with low educational outcomes, and high deprivation. Correspondingly, research has shown that, generally, high degrees of ethnic diversity (initially) correlate with low levels of trust (Dinesen *et al*, 2020); low levels of education correlate with low trust (Wu, 2021), and that poverty and deprivation correlate with low levels of trust (Jachimowicz, et al, 2017). Other findings have reinforced the intuitive notion that trust in social 'outgroups' is low (Gundelach, 2014).

Research also shows that there is a correlation between trust and health outcomes (Birkhauer, et al. 2017), that (in the US) there is a correlation between low income and low trust in physicians (Blendon et al, 2014) and that low levels of trust within an ethnic group create barriers to taking up social and financial opportunities (Smith, 2010). In sum, low levels of trust correlate with poor health outcomes and low levels of trust correlate with poverty, low educational attainment and ethnic diversity. This leaves Nottingham facing a significant challenge.

These specific issues should be viewed against a backdrop of generally declining trust in institutions, especially government. The UK has consistently experienced lower levels of trust in government than other liberal democracies. Though there was an uptick in trust during the COVID-19 pandemic, this has now returned to pre-pandemic levels (IPPR, 2021: 15). Despite the national outlook, Adams and Lalot (2021) report higher than expected levels of trust in local government, with this trust proving more resilient than trust in national government.

Contextual factors suggest a number of possible interventions.

Christopher et al (2008) successfully used an approach that looked to build trust by following each of the following steps: Acknowledge Personal and Institutional Histories; Understand the Historical Context of the Research; Be Present in the Community and Listen to Community Members; Acknowledge Expertise of All Partners; Be Upfront About Expectations and Intentions; Create Ongoing Awareness of Project History; Match Words With Actions.

Others (Wilkins, 2018) acknowledge that, strategies that enhance trust require community engagement. Thus: balancing power dynamics, equitable distribution of resources, effective bidirectional communication, shared decision-making, and valuing of different resources and assets (such as the lived experience and knowledge of group norms and perspectives) are all key. This is echoed in the work of Jachimowicz, et al, 2017, where inclusive community-driven governance was used to change the way community-level decisions were made.

> 'This involved representatives from the community working with the local government to make community-level decisions, for example in the distribution of social benefits, the allocation of funds and resources for development projects, and the selection of people to use in publicly funded projects. This led to reduced temporal discounting and greater trust.' (Jachimowicz, et al, 2017)

Delhey and Welzel (2013) have also shown that shared social-movement activity, where individuals come together in common cause around a matter of social import to them, can also help improve trust.

Shifting to the commercial: Deloitte have developed a view according to which there are four signals of trust Reichheld *et al*. Humanity, Transparency, Capability, and Reliability (fused into intent and competence). Their research suggests that *generally*, government institutions should demonstrate *competence* and *intent* to rebuild trust.

Their work on trust, race and health is also interesting and connects to recommendations around diet and exercise. Though drawn from the US, key findings show that: sixty-two percent of participants want their local hospitals to ensure patients have a voice to relay their experiences and take action to address their problems. For Asian (59%) and Hispanic (53%) participants, having a provider who has empathy and is culturally competent is a top priority when choosing a provider. Two out of three participants who identify as Black or African American and half of Asian and Hispanic respondents say it is important to see a health care provider similar to them. Younger participants (aged 18–44 years) are more likely to say that having a health care provider with a similar background is important (this doesn't necessarily mean *doctors*. It's healthcare support generally). This echoes the discussion around intervention that

highlights the importance of matching the cultural, linguistic and ethnic backgrounds of the partners supporting the intervention.

We note, also, that trust is important when considering services aimed at improving individuals' financial wellbeing. For example, Muir et al. (2017) describes how it is important for people experiencing financial distress to trust the people or institutions providing financial advice.

All of these recommended innovations are included because they look appropriate in light of research on the nature of trust, which suggests that to trust someone (or an instiution) to perform an action is to believe that the other party ought to carry out that action and to then rely upon them to carry it out (see,Tallant). This theory both predicts and explains these patterns of behavior.

4.4. Summary of interventions.

Community Intervention Programs, Financial education, credit counselling and debt management programs, and Employee Financial wellness programs are methods that have been deployed in an attempt to improve financial well-being. The efficacy of these approaches is unproven in the literature, but may be worthy of exploration.

Sensitivity to the 83 items listed in Horodyska et al. (2015)'s meta-analysis that describes implementation conditions for successful approaches to improving diet, physical activity and reducing sedentary behaviour is recommended. An approach to intervention that is differentially targeted at different age and cultural and ethnic groups, with support from within those groups, also appears a sensible recommendation.

A blending of behaviour and cognitive interventions may also be advisable and could focus on promoting and supporting 'self-regulation' and 'self-monitoring'.

Community engaged and community led activity might be developed, as could services where users engage with providers and support workers who demonstrate empathy and cultural competence. Ensuring that services are ethnically representative of the community that they serve may also be of benefit.

Engaging community stakeholders in the decision-making processes and valuing their lived experiences and knowledge of norms, will likely also help to build community and improve trust, and may in turn help to improve engagement with efforts to reduce health inequalities

5 Future research

There are a number of avenues for future research that may be valuable, some of which are highlighted here.

First, there are few interviews or surveys available for qualitative thematic analysis that addresses the historical trajectory of health and the overall social development of Nottingham. Moving forward, collecting first-hand data and combining this with the current understanding would vastly improve the knowledge of existing health inequalities and their wider determinants in Nottingham. Simply, qualitative research to help understand the lived experience of residents of the city would be valuable in improving understanding of the barriers to reducing health inequalities.

Second, data generated from the City Council Survey indicates that:

1. Only 58% can easily understand the information provided by the council.
2. Only 63% know where to go for advice.

This indicates an information-flow barrier. Work with the local community on how to improve this flow of information would be valuable, since without the information communities will struggle to engage with efforts to reduce inequalities.

Third, Padellini et al 2022 have argued that it is 'important to continually monitor how different communities are responding [to Covid-19], in order to inform relevant policies aimed at eliminating social inequality in COVID-19 burden'. The data in Nottingham bears this out at the local level. ONS data shows that in the age-group of 9-64 year olds, during the period from 2nd March to 28th July 2020, around 40% of deaths were COVID-19 related among the Non White-British population of Nottingham. This figure is around 14% among the White British population.

Fourth, data suggests a general correlation between the wider determinants of health inequality and trust. However, some questions remain about whether such a relation or correlation exists in Nottingham City. There is no 'trust data' available that focuses on the city itself. Primary research that can test whether this correlation/causation exists and how impacts the health-related behaviour of the population in Nottingham could be both revealing and valuable—especially given the generally reported correlations between health and trust, reported above.

Fifth, any interventions require careful monitoring and study.

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Statutory Officers Report for Health and Wellbeing Board

Corporate Director of People

May 2022

‘Opportunity for All’ – Education White Paper

On 28th March, the Government published its first Schools White Paper in six years.

‘Opportunity for All’ sets out the Government’s long-term vision for a school system that helps every child to fulfil their potential by ensuring that they receive the right support, in the right place, at the right time.

This will be achieved by ensuring:

- an excellent teacher for every child
- high standards of curriculum, behaviour and attendance
- targeted support for every child who needs it
- a stronger and fairer school system

The aim for literacy and numeracy is that by 2030, **90% of primary school children** will achieve the expected standard in reading, writing and maths, and the percentage of children meeting the expected standard in the worst performing areas will have increased by a third.

The aim at secondary is for the national GCSE average grade in both English language and in maths increases from **4.5 in 2019 to 5 by 2030**.

The Education Secretary pledged that any child who falls behind in maths or English will get the support they need to get back on track. Schools will identify children who need help, provide targeted support via a range of proven methods such as small group tuition, and keep parents informed about their child’s progress.

Nottingham has been announced as one of the 24 priority areas, among the 55 disadvantaged ‘education investment areas’ to address particular needs.

The policies will be delivered in close alignment with the findings of the SEND review.

‘Right support, right place, right time’ - SEND Green Paper

On 29 March the Government published the SEND Review: Right support, right place, right time, a consultation on the special educational needs and disabilities (SEND) and alternative provision system in England.

The consultation sets out proposed reforms to the SEND and alternative provision (AP) system that seek to address three key challenges:

- Poor outcomes for children and young people with SEN or in alternative provision
- Navigating the SEND system and alternative provision is not a positive experience for children, young people, and their families and;
- Despite unprecedented investment, the system is not delivering value for money for children, young people and families.

The government commissioned the SEND Review in September 2019 as a response to the widespread recognition that the system was failing to deliver improved outcomes for children and young people, that parental and provider confidence was in decline, and, that despite substantial additional investment, the system had become financially unsustainable. The Review has sought to understand what was creating these challenges and set out a plan to deliver improved outcomes, restore parents' and carers' confidence and secure financial sustainability.

As of 2020/21 in the state-funded education system in England, 15.8% of all school pupils (1.4 million) were identified with Special Educational Needs (SEN).

The consultation closes at 11:45pm on 1 July 2022 and is open to:

- children and young people
- parents and carers
- those who advocate and work with the SEND sector
- local and national system leaders

Adult Social Care

Deputyship Assurance Visit

The Adult Social Care Deputyship Team manage the finances, property and affairs of over 175 Nottingham citizens who are unable to do this themselves and do not have anyone other than the Local Authority to undertake this role for them. They undertake a vital role in safeguarding some of our most vulnerable citizens and ensuring financial wellbeing.

The team have to meet strict requirements and standards required by the Office of the Public Guardian who use assurance visits as a means of supervising public authority deputies and ensuring standards are met. Assurance visits look at specific cases selected for review and also at how a deputy ensures the proper management and administration of their deputyship caseload.

The team were recently audited by the OPG and we have now received out feedback. This emphasised that the Deputy's systems and review documents are extremely well organised. Consistent praise was provided from the Deputyship clients and their placements in regard to communication with the Deputyship Team. The report concluded with 'It is clear that the Deputyship team is dedicated to their Clients and ensuring all their needs are met'.

Catherine Underwood
Corporate Director for People
(May 2022)

Nottingham City Health and Wellbeing Board
Work Plan 2022/23

Recurring Agenda Items	Lead Officer
Joint Strategic Needs Assessment – New Chapters	Brian Johnston (NCC)
Nottingham City Place-Based Partnership Update	Dr Hugh Porter (ICP) Rich Brady (ICP)
Health Protection Board Update, including coronavirus	Lucy Hubber (NCC)
Board Member Updates	All Board Members
Work Plan	Adrian Mann (NCC)

Meeting Date	Agenda Item	Lead Officer
Wednesday 25 May 2022 1:30pm	Public Health – Annual Report	Lucy Hubber (NCC)
	Pharmaceutical Needs Assessment – Consultation	David Johns (NCC)
	Children and Young People's Mental Health	Helen Johnston (NCC)
Wednesday 27 July 2022 1:30pm	Joint Health and Wellbeing Strategy – Implementation Plans	Lucy Hubber (NCC) Rich Brady (ICP)
	Speech, Language and Communication Strategy	Kathryn Bouchlaghem (NCC) Katherine Crossley (NCC)
	Roadmap to a Place Based Collective Commissioning Plan	Katy Ball (NCC) Sarah Fleming (CCG)
Wednesday 28 September 2022 1:30pm	Pharmaceutical Needs Assessment – Approval	David Johns (NCC)
	Joint Strategic Needs Assessments – Annual Report	Brian Johnston (NCC)
Wednesday 30 November 2022		

1:30pm		
Wednesday 25 January 2023 1:30pm	Safeguarding Adults Board – Annual Report	Ross Leather (NCC)
Wednesday 29 March 2023 1:30pm		

Annual Reports	Month of Reporting
Joint Health and Wellbeing Strategy – Annual Performance Review	May
Commissioning Reviews and Commissioning Intentions – Annual Review	May
Joint Strategic Needs Assessment – Annual Report	September
Safeguarding Adults Board – Annual Report	January

Items for the Board's work plan should be forwarded to Adrian Mann (Governance Services, Nottingham City Council, adrian.mann@nottinghamcity.gov.uk).

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