

Nottingham City Health and Wellbeing Board
27 March 2024

Report Title:	Joint Health and Wellbeing Strategy Delivery Update – Year 2 delivery update
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Executive Summary:	
<p>The Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025 was published in March 2022 with four overarching priorities: severe multiple disadvantage (SMD), eating and moving for good health (EMGH), smoking and tobacco control (STC), and financial wellbeing (FW).</p> <p>A partnership approach to delivery was adopted for the JHWS with delivery oversight discharged to the Nottingham City Place-Based Partnership (PBP) and strategic oversight maintained by the Health and Wellbeing Board (HWB). The PBP provides a delivery update to the HWB three times a year, with an annual delivery report in March each year.</p> <p>As reported in the Year 1 delivery report in March 2023, the first year of the JHWS was primarily focused on establishing the PBP programme approach, aligning existing partnership activity and generating new areas of focus to agree delivery plans for each of the programmes. Time was taken in Year 1 to form partnerships,</p>	

develop relationships and agree delivery plans while progressing initial delivery activity.

The STC, EMGH and SMD programmes are all progressing broadly in line with delivery plan expectations and are on track to deliver against ambitions set in the JHWS. While the FW strategic co-ordination group has not been able to agree a comprehensive delivery plan with aligned resource, progress is still being made. As reported to the Board in November 2023, unless resources can be targeted towards the FW programme there is a risk that the programme will not deliver on the full extent of its ambitions.

All programmes have delivered tangible outputs that are impacting on health and wellbeing outcomes. **Appendix A** includes individual programme delivery reports detailing delivery outputs in year 2, impacts on the population health outcomes and plans for Year 3.

A key focus in Year 2 has been to establish the overarching outcomes framework for the JHWS, building on the outcomes identified in the individual programme / delivery plans. The first full iteration of the JHWS outcomes framework is included in **Appendix B**.

Due to limitations such as reporting periods associated with the different outcome measures, it is not yet possible to provide a comprehensive overview on the extent to which progress is being made in relation to the overarching ambitions of the JHWS. The outcomes framework will become a more useful evaluation tool as more indicators are added and reporting frequency increases. The outcomes framework will continue to evolve and as it is brought into regular use, amendments may be made as the usefulness of metrics is evaluated and possible alternatives identified.

As we move into the final year of delivery of this Strategy, the involvement of Health and Wellbeing Board member organisations and the ownership of key strategic priorities within their organisations is essential in progressing all programmes. The success of these programmes is enhanced by the active championing of the programmes within HWB member organisations.

Recommendation(s): The Board is asked to:

Note the Year 2 programme delivery progress in the update reports (Appendix A).

Note the outcomes framework (Appendix B).

Note the key messages for the Health and Wellbeing Board.

Discuss how the Health and Wellbeing board can best support the delivery of the Joint Health and Wellbeing Strategy programmes in year 3.

The Joint Health and Wellbeing Strategy	
Aims and Priorities	How the recommendation(s) contribute to meeting the Aims and Priorities:
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	<p>All recommendations are generated from the programmes to deliver the aims and priorities of the Joint Health and Wellbeing Strategy.</p> <p>The overarching ambitions for the four programmes that make up the Joint Health and Wellbeing Strategy are:</p>
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	<p>Smoking and Tobacco Control: To see smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City. Further to this, we want to make the harms of smoking a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18th birthday in 2040.</p>
Priority 2: Eating and Moving for Good Health	<p>Eating and Moving for Good Health: For Nottingham to be a city that makes it easier for adults, families, children and young people to eat and move for good health.</p>
Priority 3: Severe Multiple Disadvantage	<p>Severe Multiple Disadvantage: To ensure that people living in Nottingham City who experience SMD receive joined up, flexible, person-centred care from the right services, at the right time and in the right place.</p>
Priority 4: Financial Wellbeing	<p>Financial Wellbeing: That Nottingham is a city where people are able to meet their current needs comfortably and have the financial resilience to maintain this in the future.</p>
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 four JHWS programmes are complemented by a cross-cutting PBP mental health programme. To support meeting the JHWS principle of parity of mental and physical health and wellbeing, the PBP mental health programme has input into each of the JHWS programmes

List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

Delivery plans:

Smoking & Tobacco Control



Smoking&Tobacco Control Vision deliv

Eating & Moving for Good Health



EMGH Delivery Plan 2023.pdf

Severe and Multiple Disadvantage



SMD programme Delivery Plan.pdf

Financial Wellbeing Programme Plan



DRAFT Financial wellbeing programme

Published documents referred to in this report

Joint Health and Wellbeing Strategy Delivery Update – Year 2 Delivery Report

Introduction

1. The Joint Health and Wellbeing Strategy (JHWS) 2022 – 2025 was published in March 2022 with four overarching priorities: severe multiple disadvantage (SMD), eating and moving for good health (EMGH), smoking and tobacco control (STC), and financial wellbeing (FW).
2. A partnership approach to delivery was adopted for the JHWS with delivery oversight discharged to the Nottingham City Place-Based Partnership (PBP) and strategic oversight maintained by the Health and Wellbeing Board (HWB). The PBP provides a delivery update to the HWB three times a year, with an annual delivery report in March each year.
3. As reported in the Year 1 delivery report in March 2023, the first year of the JHWS was primarily focused on establishing the PBP programme approach, aligning existing partnership activity and generating new areas of focus to agree delivery plans for each of the programmes. Time was taken in Year 1 to form partnerships, develop relationships and agree delivery plans while progressing initial delivery activity.

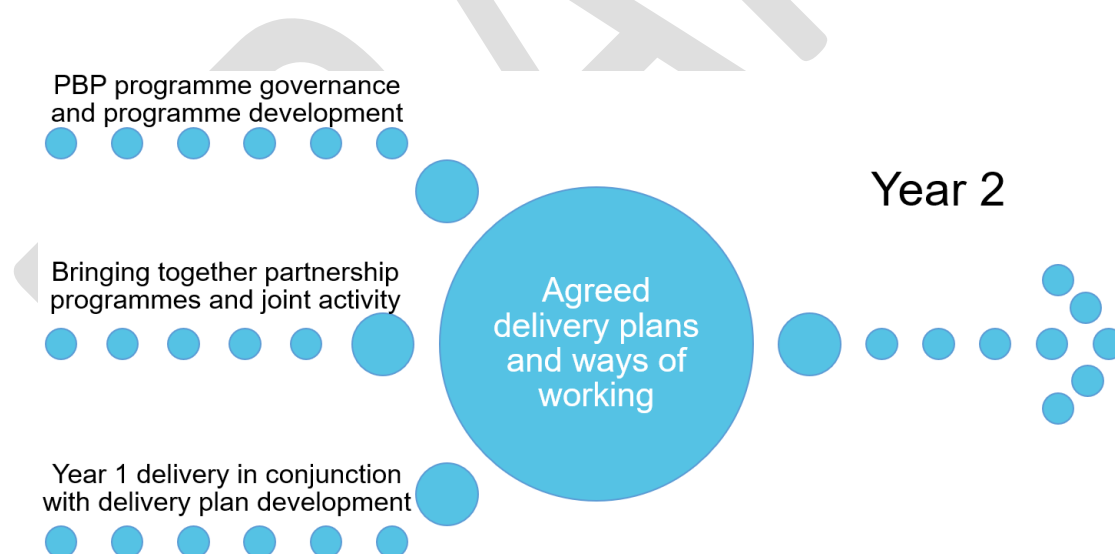


Figure 1: PBP focus in Year 1

4. With foundations set in Year 1, Year 2 has seen good progress with most delivery milestones met across the four programmes. The development of an outcomes framework has supported the association of delivery activity with population health outcomes and in delivering these programmes, the maturity of partnership working at a neighbourhood level has been influenced. Learning has also been fed into the suite of enabler programmes overseen by the PBP Executive Team including work to build trust with – and empower – communities.

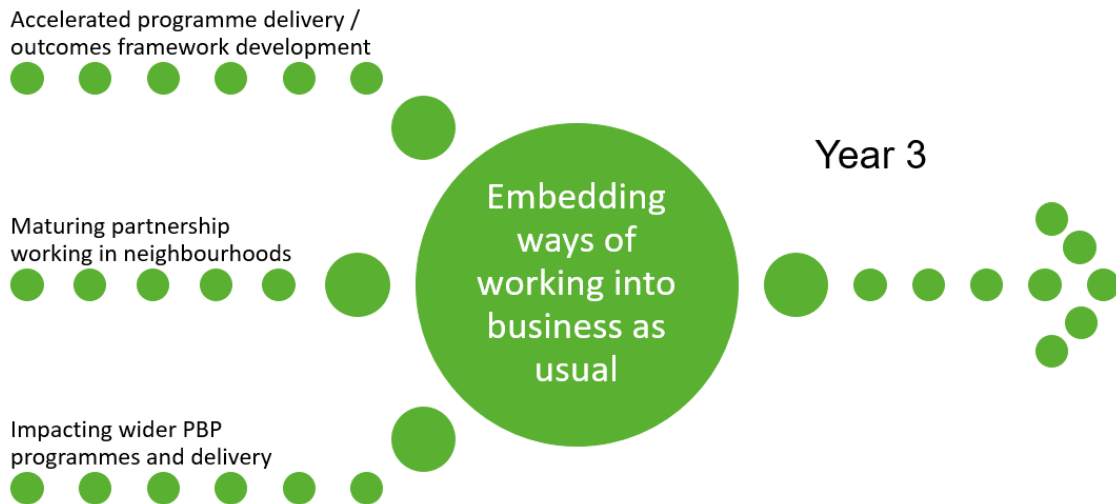


Figure 2: PBP focus in Year 2

Year 2 delivery context

5. In year 2, the constituent partners of the Nottingham City PBP have collectively faced substantial operational and financial pressures. In March 2024, the Nottingham and Nottinghamshire ICB reported an aggregate forecast deficit position of £118.4m for the local NHS. Following the decision taken in November 2023 by Nottingham City Council's (NCC) Section 151 Officer to issue a Section 114 notice, in March 2024, NCC approved budget cuts to meet a forecasted deficit position of £53 million in 2024/25.
6. Voluntary sector partners are also facing substantial financial challenge. In addition to already reducing resources, a significant reduction in area-based grants is set to impact voluntary sector partners further. An example of this impact is demonstrated in the FW programme through the consequential financial vulnerability funding for the work of Advice Nottingham, alongside proposed cuts to the internal welfare service within NCC. This decrease in provision is pertinent as 'ensuring access to money help' is one of the four priorities in the financial wellbeing programme plan.
7. Financial implications are not exclusive to one programme, delivery activity across all programmes has been impacted. These constraints mean partners are more regularly needing to prioritise organisational responsibilities, impacting the ability of partners to engage and invest resources into programme delivery. However, despite the significant challenges facing all partners, commitment remains strong, evidenced by the progress made in the four programme areas.

Delivery oversight

8. The Programme Oversight Group (POG), which has been overseeing the development and delivery of the programmes since April 2022, is now meeting at a reduced frequency. To support the development of the programmes, during the first year of the JHWS the POG met monthly, now that all programmes are in a delivery phase, the decision was taken to reduce the frequency to bi-monthly to enable the programmes to focus on delivery.
9. The POG has met six times in the last year. Programme leads have continued to submit highlight reports, outlining progress between meetings. Good attendance from members has allowed strong support and challenge to programme leads as well as integrated discussions between programmes where there are interdependencies and opportunities for joint delivery.

Delivery plans

10. Successful delivery through a PBP approach is reliant on all partners committing and contributing to the delivery of the programmes, maximising the collective resource of the partnership to maximise impact on the population. To achieve this, it was important that programme leads were given the support to develop their programmes at the appropriate pace so that they could be developed and agreed in partnership, with shared commitment to deliver on the ambitions.
11. Delivery plans for SMD and STC were agreed in Year 1, with a delivery plan for EMGH agreed early in Year 2. While a programme plan has been produced for the FW programme, it has not yet evolved into a delivery plan as partners have not been able to assign the collective resource and actions that will deliver the impacts needed to achieve the overarching ambition for the programme.

Year 2 programme delivery overview

12. The STC, EMGH and SMD programmes are all progressing broadly in line with delivery plan expectations and are on track to deliver against ambitions set in the JHWS. While the FW strategic co-ordination group has not been able to agree a comprehensive delivery plan with aligned resource, progress is still being made. The FW strategic co-ordination group has overseen a plethora of activity being undertaken by individual partners that is contributing to the delivery of the programme. As reported to the Board in November 2023, unless resources can be targeted towards the FW programme there is a risk that the programme will not deliver on the full extent of its ambitions.
13. All programmes have delivered tangible outputs that are impacting on health and wellbeing outcomes. **Appendix A** includes individual programme delivery reports

detailing delivery outputs in year 2, impacts on the population health outcomes and plans for Year 3.

14. Delivery highlights for each programme in year 2 include:

- a. A key delivery achievement for the **SMD programme** has been achieving sustainable funding for specialist support services beyond the funding currently received by the Department for Levelling Up, Housing and Communities and the National Lottery Community Fund. In addition to securing sustainable funding, the programme has successfully delivered a range of other key actions across the programme's seven workstreams, including providing direct and indirect support to over 250 people, the expansion of the training and development hub, expanding support into Nottinghamshire County through the development of a corresponding SMD programme and taking action to improve outcomes for people from minority ethnic communities who experience SMD.
- b. In addition to establishing the FW strategic co-ordination group, through the **FW programme**, in the last year 178 people benefitted from financial advice and support from a Financial Advisor Social Prescribing Link Worker. Hundreds of people have also benefited from a range of financial advice and support programmes that have been delivered in the city. A gambling awareness campaign which ran between September and December 2023 had over 1500 direct interactions. Plans are now in place to train children and young peoples' practitioners to embed a systematic approach to identifying harm across services and develop a recovery support programme.
- c. A key delivery achievement in the **STC programme** has been the delivery of the Targeted Lung Health check programme. The programme has seen an average uptake of 74% of targeted group, the highest in the country. As part of this programme, the stop smoking service, StubIT! supported people to receive smoking cessation support, including the roll out of an e-cigarette pilot programme to support people who are seeking to quit. In 2023, the Trading standards team seized more than 4,000 cigarettes with an estimated street value of £14,409, and over 4,930 vapes. Behavioural Insight research was carried out exploring the smoking and vaping behaviours of Nottingham residents with a focus on young people/parents. This included a survey (1034 responses) and two focus groups (8 Parents and 12 CYP) which will inform the Alliance's work in Year 3.
- d. A key delivery achievement in the **EMGH programme** has been the commissioning of the new Integrated Wellbeing Service to be delivered by Thrive Tribe, representing a significant opportunity to empower and enable

people to eat and move for good health. Strengthening engagement with schools has been a priority for the programme in Year 2, supported by establishing a Healthy Schools Team. The Healthy Schools Team has been established and have begun engaging schools to create a Healthy School Award/Charter (launch March 2024). Schools are also being provided with data to support them to better understand the actions that can be taken to support healthy diet and weight management.

Outcomes Framework

15. A key focus in Year 2 has been to establish the overarching outcomes framework for the JHWS, building on the outcomes identified in the individual programme / delivery plans. The first full iteration of the JHWS outcomes framework is included in **Appendix B**.
16. The outcomes framework provides an overview of the individual population health measures. While the outcomes framework gives an indication for the impact that the programmes are having on population health outcomes there are a series of limitations that should be noted.
 - a. **Limited data availability.** Some indicators have only one data point available, and no new data has been collected since the baseline. This scarcity of data makes it challenging to track changes over time and assess the effectiveness of our strategies. There is an issue with the SMD outcomes, as most established datasets are currently unable to directly identify people experiencing SMD. There is therefore a reliance on local dataset development, which is a primary focus for the SMD programme in Year 3.
 - b. **Infrequent updates.** Indicators are updated at varying frequencies. While some are updated annually, others have not been updated for several years. An example of this is shown in the EMGH outcomes, where obesity related hospital admission data has not been updated since 2018/19. This provides limitations to reporting and impacts on the ability to adapt approaches in real time.
 - c. **Demonstrating impact, and reliance on secondary data.** Impact on health outcomes at a population level may not be immediately observed, and the impacts of public health interventions can take a long time to reflect in data. An example of this can be shown in the STC outcomes. National data on smoking prevalence rates has not been updated since 2022, the year this JHWS was published. Similarly, in the EMGH programme, the percentage of adults living with being overweight or obesity has also not been updated since 2022. It is therefore not possible to analyse any impact of these programme against these primary indicators.
 - d. **Limited context.** Caution should be applied to drawing conclusions from outcomes framework data in isolation. For example, FW outcomes include

claims of housing benefit and universal credit. Housing benefit is now claimed as part of universal credit, therefore the declining number of households claiming housing benefit does not necessarily mean fewer people are receiving financial support for housing. In addition, a declining number of households claiming council tax reductions does not translate to fewer people being eligible, as there are households who do not claim council tax reductions despite being eligible to do so.

17. Despite its limitations, where recent data is available it provides useful indications on population health outcomes. In some areas, such as the proportion of primary school aged children who are living with being overweight or with obesity there is cautious cause for optimism, however time is needed to understand the impact of interventions. In order to give a richer picture of the impact of our work, there is a need to complement national datasets with local datasets, such as the schools survey in the EMGH programme and service data from the SMD programme.
18. The outcomes framework will become a more useful evaluation tool as more indicators are added and reporting frequency increases. The outcomes framework will continue to evolve and as it is brought into regular use, amendments may be made as the usefulness of metrics is evaluated and possible alternatives identified.

PBP focus for Year 3

19. To support delivery in year 3 the PBP will:
 - e. Continue to provide support and constructive challenge to programme leads and their delivery teams to ensure that the programmes are delivering at an appropriate pace to the deliver on the ambitions of the JHWS.
 - f. Continue to evolve the outcomes framework, building in additional outputs and outcomes that illustrate the impact of the programmes on the health and wellbeing outcomes of the Nottingham City population. In addition to evidencing the impact of the programmes and provide assurance to the HWB, that the programmes are contributing to the overall delivery of the JHWS this will also illustrate the contributions of the JHWS programmes on the delivery of the Nottingham and Nottinghamshire Integrated Care Strategy
 - g. Continue to increase the visibility of the programmes and the delivery outputs across the Integrated Care System through partnership communications and reporting lines.
 - h. Support the development of the new JHWS to be published in March 2025.

Messages for the Health and Wellbeing Board

20. The STC, EMGH and SMD programmes are all progressing broadly in line with delivery plan expectations and are on track to deliver against ambitions set in the JHWS. While the FW strategic co-ordination group has not been able to agree a comprehensive delivery plan with aligned resource, progress is still being made. As reported to the Board in November 2023, unless resources can be targeted towards the FW programme there is a risk that the programme will not deliver on the full extent of its ambitions.
21. The extent to which population health outcomes (e.g., smoking prevalence, people living with being overweight or obesity, premature mortality of adults experiencing SMD) can be measured in the short-medium term is limited. HWB members should be cautious around expectations on the impact on population health outcomes in the life of this Strategy. The Board should, however, take assurance from the PBP that the programmes are taking the right steps.
22. The inclusion of a small, defined number of priorities in the JHWS and delivery through the PBP has enabled the development of the effective delivery partnerships that have brought together partners' overlapping interests. This has helped to build engagement from most partners by recognising common interests and challenges held by partner agencies and how these can be advanced through collaboration at both an operational and strategic level, rather than by following a traditional model of individual partners seeking to attract other agencies to standalone agendas.
23. The PBP has helped to improve awareness and connections across partners (significant to a 'whole person approach' effective for people with multiple needs), the creation and operation of partnership infrastructure, and the ability to access a range of different resources (including funding) to support delivery.
24. Establishing strategic alliances such as the EMGH Alliance and SMD partnership have had a positive impact on delivery. Strategies and delivery plans feel as though they are owned across the city, rather than a single organisation, with intelligence and commitment to delivery across a range of strategic partners. Partnership forums are generally well attended across the programmes however productivity can be impacted when there is a variety of representation between meetings, partnership discussions are found to be more productive when there is consistent attendance from the same colleagues.
25. The involvement of Health and Wellbeing Board member organisations and the ownership of key strategic priorities within their organisations is essential in progressing all programmes. The success of these programmes is enhanced by the active championing of the programmes within HWB member organisations.

Appendix A: Year 2 Programme Delivery Reports

Severe Multiple Disadvantage

Programme Summary

Severe and multiple disadvantage (SMD) is when people experience multiple complex issues at the same time, including homelessness, mental ill-health, offending, substance misuse and experience of domestic abuse or sexual violence. The SMD programme builds on a significant level of partnership activity in the city over many years. The SMD partnership initially formed to provide a coordinated response to 'Everyone In', during the early stages of the Covid-19 pandemic but has grown to a partnership of over 150 members which meets fortnightly to discuss strategic and operational responses to meet the needs of people who experience SMD. The SMD partnership is the delivery partnership for the SMD programme and in year 2 of the JHWS has made significant progress in line with its delivery plan. The SMD programme has seven workstreams which are led by different partners.

A key objective for the programme in Year 2 was to sustain service provision for people experiencing SMD funded through the Changing Futures programme. The programme has achieved a significant milestone in being awarded an additional year of funding from the Department for Levelling Up, Housing and Communities and the National Lottery Community Fund to extend current provision until March 2025 (previously March 2024). The Nottingham and Nottinghamshire ICB has also approved recurrent funding inequalities and innovation fund. The recurrency of the funding is subject to successful evaluation in March 2025.

In addition to securing sustainable funding, the programme has successfully delivered a range of other key actions across the programme's seven workstreams, including providing direct and indirect support to over 250 people, the expansion of the training and development hub, expanding support into Nottinghamshire County through the development of a corresponding SMD programme and taking action to improve outcomes for people from minority ethnic communities who experience SMD.

The programme has delivered beyond the objectives set in Year 2 and has already delivered on objectives for Year 3. As a result, strategic ambitions for the SMD programme and the programme's delivery plan are being reviewed, including a review of the delivery model and associated governance in partnership with the Changing Futures Programme Delivery Board.

Despite the success of the programme, there remains a considerable proportion of the population who experience SMD in Nottingham who do not receive the support they need. In line with the review of strategic objectives and delivery plan, the focus for year 3 will be to secure further resources to enable more people to receive holistic support from across the partnership, while also exploring opportunities for targeting support to cohorts who are at risk of experiencing SMD (e.g., care leavers).

What was the programme seeking to achieve in Year 2?

Building on the foundations set in Year 1 the objectives for the programme in year 2 were to:

- Secure financial sustainability for the continued delivery of specialist support to people experiencing SMD currently delivered through the government funded Changing Futures programme. This is inclusive of the arrangements and resources needed to facilitate partnership infrastructure such as leadership capacity, embedded practitioners, multi-disciplinary team co-ordination and learning & development.
- Expand access to learning and training resources to improve the wider workforce response people experiencing SMD across the Integrated Care System.
- Increase involvement of people with their own lived experience of SMD in shaping the future provision of services (co-production / co-delivery).
- Improve collaboration between partners in the planning and delivery of services across the system that help to meet the needs of people who experience SMD.
- Improve understanding of diverse experiences of SMD and intersection with other health inequalities (including those relating to ethnicity and gender) and greater equity in access and outcomes.
- Develop a greater understanding of the impact of arrangements in place to respond to SMD (through data capture, analysis, and evaluation) including in relation to partners' individual (i.e., organisational) and shared responsibilities.

What has the programme delivered in Year 2?

The programme has delivered on all objectives set for Year 2 and has also delivered some ambitions for Year 3. In Year 2 the programme has:

- Secured the resources required to sustain the substantial delivery of the Changing Futures programme. Through the Nottingham and Nottinghamshire ICB Health Inequalities and Innovation Fund the programme secured £0.982m in 2024/25 (aligned to an additional £1.47m in transition funding awarded via national Changing Futures programme). Subject to evaluation, ICB funding will increase to £1.47m and be annually recurrent from 2025/26.
- Commitments / pending commitments to continue embedded Severe and Multiple Disadvantage Practitioners by Nottingham City Council Adult Social Care, Nottinghamshire Probation Service, Nottingham City GP Alliance and Nottinghamshire Healthcare NHS Foundation Trust.
- Expansion of the shared learning and training resource via the Practice Development Unit, resulting in an increase in completion of online e-learning (>439 completions in 2023, up 330% from 2021) and subscribers to the e-bulletin (1236 unique recipients in 2023)

- Worked with people with lived experience in shape how the Changing Futures services work for them, as well supporting the development of other service areas across the PBP (e.g., primary care, substance use treatment, etc). Read the “I have lived through it” report [here](#). Good practice from the SMD programme has influenced commissioning in other areas, specifically the alcohol and drugs community treatment and recovery services with experts by experience in a decision-making role.
- Increased access to specialised support for women and people of minority ethnicity who experience SMD, including through the provision of Specialist Navigators (provided through partnerships with community organisations) and introduction of the Ethnic Minority Community Outreach Service (in partnership with NCVS)
- Improved the understanding of the issues that impact people who experience SMD who are from minority ethnic communities through a partnership conference, [Building Bridges](#) and research by University of Nottingham and Al-Hurraya on prevalence and experiences of SMD within ethnic minority communities in Nottingham.
- Expanded use and development of the Multi-Disciplinary Team and systemic benefits of collaboration between partners / benefits for people experiencing SMD. Read the Wraparound MDT Evaluation Report [here](#)

In addition to the delivery activity, the SMD programme has influenced:

- Nottinghamshire County Council’s [Director of Public Health’s Annual Report](#) and the development of the Nottinghamshire SMD programme in the County
- The development of Nottingham City GP Alliance SMD Centre of Excellence in Primary Care.

The SMD programme has also received national recognition:

- Showcased programme at NHS Confederation Expo 2023.
- Learning from Nottingham has influenced national policy development led by Department for Levelling Up Housing and Communities’ Policy Lab team.
- Positive feedback from NHS England Chief Delivery Officer following focus on SMD as part of visit to Nottingham to explore place-based working.

What impact has the programme had on the local population?

- Assessing progress at a population level is challenging where most established datasets are currently unable to directly identify people experiencing SMD as recognised in NHS England’s national framework for action on inclusion health.
- Work is underway within the programme to improve the identification of people experiencing SMD across partners’ services for operational interactions and service / system level analysis. These developments (requiring ongoing commitments from partners) have been prioritised for delivery in 2024/25 to produce additional, focused metrics to add to existing measures.
- In the absence of SMD specific datasets and while work is undertaken at a local level, outcomes data from the Changing Futures service is being used to evidence impact on the population currently.

- In Year 2, 218 received specialist support from the programme and the average percentage change in improved outcomes for beneficiaries increased when measure against drug and alcohol use, offending, and managing a tenancy, the later showing an average 61.8% increase in positive outcomes from commencement of support to review at 7+ months.
- The programme works to shape population outcomes through direct support through specialist provision for people experiencing SMD and through wider, system level collaboration and infrastructure (e.g., SMD Practitioners embedded in partners' services, the Wraparound MDT and other partnership forums, shared learning and development, and shared planning / governance). In addition to the 218 people who receive specialist support, a further 37 were benefitted from support from partner services coordinated through the MDT.
- Access to shared learning and training resources (and engagement from a greater number of service areas and organisations) has increased over year 2, widening awareness of SMD and understanding of approaches that work to meet people's needs.
- These developments support more widespread improvements to benefit a wider population of people experiencing SMD (and those who are SMD adjacent) beyond those in receipt of direct, specialised support provided by Navigators and other SMD services.
- While the specialist service and partner services are positively impacting the outcomes of beneficiaries, it is estimated that there are approximately 6,600 people living in Nottingham who experience SMD, therefore despite the good work of partners there is still a significant level of unmet need in Nottingham.

What are the main areas of focus for Year 3?

Secure further sustainable funding.

While securing sustainable funding for the programme has been a significant achievement, based on current commitments, following the end of national funding, the substantive funding for the programme is projected to reduce in 2025/26. In addition to the recurrent funding secured from the ICB, an ambition for the programme for Year 3 is to secure further longer-term sustainable funding from other sources meet the level of unmet need of the SMD population in Nottingham. To achieve this, steps will be taken to:

- Work with partner organisations to clarify priorities and how these can be met through focus on SMD.
- Engage in plans for commissioning and alignment of complementary areas of provision and programmes relating to SMD.
- Further develop the case / evidence for investment in activity to reduce demand associated with repeated and long-term interaction with reactive interventions across the system.

Enhance operational delivery.

- Increase access to the Wraparound MDT and use the opportunity to use learning from operational delivery (e.g., recurrent gaps or challenges, and identified solutions / best practice) to support wider system developments.
- Strengthen alignment of WAMDT with wider infrastructure of MDT approaches (e.g., the Rough Sleeping Taskforce).
- Secure the delivery of the existing Embedded SMD Practitioner model and introduce new links with system partners (including through roles in Nottinghamshire Police and Nottingham University Hospitals).

Expand support across the Integrated Care System and beyond.

- Further develop collaboration with the County programme and the ICS to extend the learning from the city as a means of both disseminating good practice and enabling wider engagement with and resourcing of infrastructure and activity focused on SMD.
- Work with criminal justice partners in Nottingham and Nottinghamshire to improve access to preventative interventions and support to address underlying challenges and difficulties relating to SMD (e.g., substance and/or alcohol use, and mental ill-health).
- Continue to support the development of national policy and longer-term plans to promote collaboration between government departments and within local systems.

Improve data SMD data collection.

- Advance plans for SMD data capture necessary to identify people experiencing SMD, interactions and outcomes across the system requires prioritisation to target further operational coordination and system planning decisions.

Explore preventative approaches.

- Work with PBP partners to explore opportunities for targeting support to cohort who are at risk of experiencing SMD (e.g., care leavers).

Financial Wellbeing

Programme Summary

Financial insecurity is a key driver of poor health and wellbeing outcomes in Nottingham. Nottingham has historically high levels of deprivation, currently ranked 11th out of 137 authorities in England in the Indices of Multiple Deprivation. This programme builds on the work of the pre-existing Nottingham Financial Resilience Partnership (NFRP) supported by PBP partners to take forward strategic actions to build financial resilience in households and to reduce financial disadvantage.

The overarching ambition of this programme is that Nottingham is a city where people are able to meet their current needs comfortably and have the financial resilience to maintain this in the future. This is a ten-year ambition, and it is set in the context that there are longstanding economic and structural drivers of financial insecurity and poverty locally, with the exacerbations of COVID-19 related financial hardship and substantial cost of living increases.

In the context of a ten-year ambition and the difficult economic climate, the programme plan sets the short-medium term priorities for this programme and is seeking to achieve:

1. Increased incomes for those on low incomes.
2. Ensuring access to money help across the population.
3. Help with daily living costs.
4. Promote financial capability.

In Year 2, the assembly of the financial wellbeing strategic coordination group has aided the programme in bringing together senior representatives from PBP partner organisations to develop the programme plan. While a programme plan has been produced, pressures that partners are experiencing has meant that it has not evolved into a delivery plan as partners have not been able to assign the collective resource and actions that will have the impacts needed to meet the overarching ambition for the programme. Despite this positive progress is being made. In the last year 178 people benefitted from financial advice and support from a Financial Advisor Social Prescribing Link Worker. Hundreds of people have also benefited from a range of financial advice and support programmes that have been delivered in the city. The gambling awareness campaign has had over 1500 direct interactions with further plans in place to train children and young peoples' practitioners, embed a systematic approach to identifying harm across services, and develop a recovery support programme.

The FW programme has broad ambitions for Year 3 across each of the four delivery themes however the successful implementation of plans is reliant on the consistent commitment of partners. Unless resources can be targeted towards this programme there is a risk that the FW programme will not deliver on the full ambitions set in the JHWS.

What was the programme seeking to achieve in Year 2?

In developing the FW partnership and bringing together the plethora of activity being undertaken by different partners in Year 1, the preliminary aim for Year 2 was to agree and promote a shared delivery plan with a shared outcomes framework, underpinned by concomitant partnership working to support this.

With the cost-of-living crisis, there was an expectation that in Year 2 there would continue to be a significant focus on co-ordinating support in response.

Specific ambitions for year 2 included:

- The development of a coordinated approach to food insecurity – with evidence-informed activity across the pathway from crisis to resilience (Note: the focus on food insecurity moved across to the EMGH priority during year 2).
- The development of a city-wide strategy to reduce gambling related harm, with priorities across themes such as: licensing, advertising and structure prevention; addressing stigma and early identification; harm reduction, treatment and support.
- Work to ensure that money help and advice support across the city is sufficient to meet needs and the development of jointly resourced solutions where further provision is required.

What has the programme delivered in year 2?

A strategic coordination group was established with membership from across PBP organisations. This has been a valuable addition bringing together colleagues monthly with a focus on this programme. A mapping exercise was completed with partners in summer 2023, to understand current delivery and opportunities, providing an opportunity to spotlight good practice.

The strategic coordination group have overseen important programme development work during 23/24, agreeing the:

- Logic model
- Refined programme plan
- Outcomes framework

Increase in financial advice offered to citizens.

In Year 1, 2 Financial Advisor Social Prescribing Advice Link Workers (FASPLW) were recruited into 2 Primary Care Networks (PCN) with an additional SPLW recruited to another PCN in Year 2. Last year, 178 people benefitted from financial advice and support. An evaluation of the impact of the FASPLWs is being carried out by the University of Nottingham, with the final report expected imminently. Early findings have drawn out the perceived value by service users, and an essential ingredient being the personal qualities and skills of the Link Workers. There is also descriptive data indicating improved primary wellbeing metrics through the intervention, and financial gains data is going to be collated.

Financial resilience training delivered to staff and citizens.

There continues to be a range of financial resilience awareness training delivered in and across Nottingham primarily by Nottingham Financial Resilience Partnership. The training approach includes a train the trainer model for delivery by the Healthy Communities team in Public Health (shortly to be strengthened with training for new Public Health practitioners). A training/competency framework being drafted with the strategic coordination group will enable further coordination and strengthening of the delivery of training for staff within and across health and care settings.

Gambling related harm strategy and campaign

The gambling related harm strategy was launched summer 2023, with implementation supported by regular partnership meetings. The key delivery element for 2023/24 has been an awareness-raising campaign co-produced with people with lived experience of gambling harm. It ran 25 October 2023 to 28 February 2024. A mixture of promotional channels on public transport and city information points were used to share the key campaign messages, supported by social media, printed materials, and a digital partner toolkit. A more detailed evaluation is currently underway, but early analysis indicates a 30-fold increase in visits to the [ASKLiON](#) support page with the majority of visits as click-throughs from social media campaign adverts. This translates to 1526 views in January 2024 compared with 49 views in September 2023, prior to the beginning of the campaign.

Money and Mental Health Conference

A 'Money and Mental Health' conference, run jointly with the NFRP and the PBP mental health programme was held in November 2023 and attended by 75 people. A set of recommendations were generated, with key priorities that align well with ambitions within both the PBP Mental Health programme as well as the financial wellbeing programme – the strategic coordination group are owning and progressing these.

What impact has the programme had on the local population?

The relative health of a person's FW is multifaceted, it is therefore difficult to attribute programme activity to the improved / worsened financial wellbeing of citizens.

The development of a FW outcomes framework has been a key areas of focus for the FW strategic co-ordination group. A combination of national indicators such as average weekly earnings and universal credit claims have been combined with local data such as Council tax reduction claims and people in social housing who are in rent arrears of more than £1,500. Taken in isolation or combined, these indicators do not show the impact of the FW programme on the FW of citizens however they are able to give an indication on the financial wellbeing of citizens generally.

Caution should be applied in drawing conclusions from the FW outcomes. For example, housing benefit is now included within universal credit, therefore the declining number of households claiming housing benefit will not necessarily translate to fewer people claiming housing benefit. In addition, a declining number of households claiming council tax reductions will not necessarily translate to few people being eligible as there are many households who do not claim council tax reductions despite being eligible to do so.

The FW outcomes framework published with this report is an initial set out of outcomes and will be further developed to give a more comprehensive picture of the financial wellbeing of citizens and better illustrate the impact of the FW programme.

What are the main areas of focus for Year 3?

1. **Promote financial capability** through the development of a training framework and the roll out of financial awareness training for health and social care staff, with supporting local information. We have a training framework that will support this and intend to use the national All our Health resource for universal awareness, complemented by more detailed training (delivered through NFRP) for staff whose

roles include an element of financial wellbeing such as social prescribers. Within the strategic coordination group, we are working in alignment with the Practice Development Unit and can explore how we build on the 'financial resilience' material in that. This is also a key workstream to take forward actions from the money and mental health conference.

2. **Ensure access to money help.** Public health will have a direct funding relationship with the Advice Nottingham consortium for grant funding in 24/25 for money advice to reduce financial vulnerability and improve health and wellbeing outcomes. This provides several opportunities, including continuing to evidence the links between financial hardship and health locally, as well as to ensure a smooth pathway between the new Integrated Wellbeing Service and the Advice Nottingham offer.
3. **Ongoing delivery of the gambling related harm strategy.** This includes the procurement and implementation of additional provision focussed on the training of children and young peoples' practitioners, the embedding of a systematic approach to identifying harm across services, and the development of recovery support. An evaluation plan will be developed and hopefully underway (several bids for academic support have been submitted).
4. **Improve incomes.** The Nottingham economic development strategy clearly highlights the links between health and wealth and sets the overarching strategic context for development within the city. Alongside this, there are opportunities with and through the various employment support and health schemes, including the IPS in Primary Care offer, which is getting established and the universal support offer, which is expected, as well as the potential for Work Well resource (bid response not yet received). This work can and will bridge across with the PBP's social value workstream, maximising the potential of the resource across organisations to promote wellbeing in Nottingham.
5. **Build on learning from the Financial Advisor Social Prescribing Advice Link Workers and strengthen the offer in GP practices,** exploring opportunities for reach and engagement in PCNs that have not been served by the project to date.
6. **Support the implementation of key preventative approaches including financial capability programmes** within schools, the numeracy champions and midlife MOTs (particularly in health and care settings), linking through NFRP, and the work of the community champions and healthy communities team.
7. There are some developmental ambitions to better characterise and address the cost barriers in accessing health and care services (such as a research project to specifically quantify the household cost impacts within some of the 'was not brought' focussed work). Whilst extending awareness and training for staff we will also want to think about providing money advice and help at key transition points such as discharge from hospital, working to mitigate the adverse impacts of poor health on financial wellbeing.

It is important to note that even the combined effect of these actions may not be at sufficient scale for a discernible change in population outcomes (and there is a time lag on these). However, that is why we would like to strengthen the reporting of programme outputs and more proximal outcomes consistent with the logic model to evidence progress in the right direction. A vital enabler for progress during year 3 will be consistent and senior participation through the strategic coordination group to oversee the outputs and implementation of key actions.

Smoking & Tobacco Control

Programme Summary

Smoking is one of the largest causes of ill-health and early death in Nottingham. Smoking is a significant contributor to health inequalities as the harms of smoking and tobacco use do not equally impact everyone in society. The programme is aligned to the Nottinghamshire County JHWS priority with a shared strategic vision and plan owned by a joint Smoking and Tobacco Alliance. The members of the Nottingham and Nottinghamshire Smoking and Tobacco Control Alliance share the ambition to see:

Smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City. Further to this, we want to make the harms of smoking a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18th birthday in 2040.

This is a significant, long-term ambition and will require us achieving change across a broad spectrum of areas. The period of this strategy will only be the beginning of our journey. It will set us on the correct path.

The first year of the Strategy has involved establishing a new Smoking and Tobacco Control Alliance, made up of a large number of organisations across a range of sectors. The forming of the Alliance has facilitated new opportunities and improved relationships to ensure smoking and tobacco control become the work of a wide range of organisations, as well as generating a more honest and open challenge between partners to drive forward areas of service development and change.

In the last year good progress has been made under delivery themes 1 (helping vulnerable groups to quit smoking) and 2 (prevention and engagement with children and young people). The success of the Targeted Lung Health Checks programme has enabled a range of smoking cessation support to people wanting to quit and funding is being sought for the continuation of smoking cessation support in NHS settings. Behavioural insights research has been completed and is informing the approach taken by the Alliance related to smoke free spaces, responding to attitudes to smoking/vaping from children and young people with resources being developed to support primary schools.

While good work is being undertaken by Trading Standards and the police in seizing illegal vapes and tobacco, agreement on a strategic approach to tobacco control has been hindered by delays to recruitment for a dedicated trading standards officer and a

seconded police officer role. Once recruitment is completed it is anticipated that the actions to support delivery theme 2 (effective regulation of tobacco products) will be accelerated.

As part of the national 'Stoptober' campaign the Nottingham and Nottinghamshire Smoking and Tobacco Alliance developed a toolkit to support services to support people to quit.

What was the programme seeking to achieve in Year 2?

Delivery Theme 1: Helping vulnerable groups to quit smoking.

- Strengthen smoking cessation offer to residents including new modes of delivery within communities.
- Increase the uptake of smoking cessation services.
- Establish sustainable plan for NHS tobacco dependency services delivered as part of the NHS Long-Term Plan
- Better co-ordinate communication of the harms of smoking and quit support available.

Delivery Theme 2: Effective regulation of tobacco products

- Promote good practice with retailers and other businesses.
- Increase the awareness of public and local organisations to report suspicious illegal tobacco activities or underage sales.
- Strengthen partnership working and sign up to the tobacco declaration.

Delivery Theme 3: Reducing exposure to second-hand smoke.

- Audit the SmokeFree hospitals approach.
- Build capacity and knowledge on smoke free public spaces.
- Support local partners to develop smoke free strategies and spaces.
- Encourage smoke free homes via a social house policy audit and work with fire services.

Delivery Theme 4: Prevention and engagement with children and young people

- Commission behavioural insight research to help understand vaping behaviours of young people and perceptions on smoke free spaces in Nottingham City
- Build new activities through work with children, young people and families.
- Invest in evidence based smoking prevention programmes

What has the programme delivered in year 2?

Delivery Theme 1: Helping vulnerable groups to quit smoking.

- A partnership between the Integrated Care Board and GP Alliance provided on-site stop smoking support for those taking part in the Lung Health Checks Programme. The Targeted Lung Health Checks (TLHC) service invites people aged 55 to 74 who have ever smoked to a lung health check and CT scan. The aim is to identify lung cancers and other respiratory diseases at an earlier stage when there is more chance of curative treatment. The programme has seen an average uptake of 74% of targeted

group, the highest in the country. As part of this programme, the stop smoking service, StubiT! supported people to receive smoking cessation support, including the roll out of an e-cigarette pilot programme to support people who are seeking to quit.

- The GP Alliance StubiT! service increased the number of smokers setting and achieving a quit date compared to the previous year. Up to the end of Q3 23/24, 1416 smokers set quit dates and 877 completed a 4-week quit which is already an improvement on the figures achieved in 22/23 (785 4-week quits).

Delivery Theme 2: Effective regulation of tobacco products

- In 2023, the Trading standards team seized more than 4,000 cigarettes with an estimated street value of £14,409, and over 4,930 vapes. They also conducted 17 test purchases of illegal tobacco and vapes since April 23 to test for underage sales.
- The Nottingham and Nottinghamshire Smoking & Tobacco declaration and toolkit has been refreshed. New organisations have been supported to sign-up and meet the declaration's requirements.
- A new suite of resources and guidance is now available for professionals who may encounter illegal tobacco or vapes in their day-to-day work. This has ensured consistent public-facing messages about illegal tobacco.

Delivery Theme 3: Reducing exposure to second-hand smoke.

- The newly established Healthy Schools team have supported several schools in Nottingham City to create new vaping policies and plan to share best practice.
- An audit of social housing providers policies has been conducted and will support future action.

Delivery Theme 4: Prevention and engagement with children and young people

- Nottingham City Council has continued to sign-up and train schools to deliver the INTENT programme.
- Behavioural Insight research was carried out exploring the smoking and vaping behaviours of Nottingham residents with a focus on young people/parents. This included a survey (1034 responses) and two focus groups (8 Parents and 12 children and young people).
- Smoking cessation services in Nottingham City have been expanded to support those aged 12 years and older.
- Nottingham and Nottinghamshire Smoking & Tobacco Alliance responded to national consultations on smoke free policies and preventative measures for vaping in CYP.

What impact has the programme had on the local population?

Due to limited data availability and infrequent reporting on available datasets it is not currently possible to determine the impact of the STC programme on the population. The primary indicator: 'smoking prevalence among adults' has not been updated since 2022,

therefore while there is baseline data for the JHWS, we are currently unable to attribute programme delivery to smoking prevalence.

Prior to the publication of the JHWS, smoking prevalence had increase in 2022 following two years of reduced prevalence. The proportion of women smoking at time of giving birth had marginally increased in 2022/23 from 2021/22 following a steady decline since 2016. Although Nottingham still has some of the highest rates in England, the trend is showing an improving picture.

It is anticipated that national datasets will be updated to show current smoking prevalence by the end of the Strategy, however there is also a need to identify local measures that can help to determine impact locally. There is opportunity to do this with the new integrated wellbeing service provider, Thrive Tribe. The current smoking cessation service, StubiT! has reported an encouraging increase in referrals in the last year.

What are the main areas of focus for Year 3?

- The new integrated wellbeing service provider, Thrive Tribe will launch a free health and wellbeing service in April 2024 including stop smoking advice provided either virtually or in-person. It will offer service users the option of using traditional nicotine replacement therapies or e-cigarettes*. There will be a significant focus on ensuring effective referral pathways between partner agencies.

**Nottingham City Council was successful in a bid for e-cigarette starter packs from the 'Swap to Stop' campaign which will support the roll-out of this offer from April 2024*

- In Year 2 there was a large national shift in policy that will see those who turn 15 (or younger) this year from ever legally being sold cigarettes and will potentially see restrictions placed on the sale of disposable vapes, vape flavours and advertising to discourage children and young people from taking up the habit. The Smoking & Tobacco Control Alliance will build on changes to national policy in Year 3.
- 2024/25 will also see the Alliance further steps towards establishing a community focused approach to smoke-free spaces building on the insight gained from the surveys.
- In Year 2, the Alliance's strategic approach to tobacco control was hindered by delays to recruitment for a dedicated trading standards officer and a seconded police officer role. Once recruitment is completed it is anticipated that the actions to support delivery theme 2 (effective regulation of tobacco products) will be accelerated.
- The Smoking and Tobacco Alliance represents a strong partnership approach. It will enable change and constructively challenge the progress of operational groups set up to further the themes of the delivery plan. The group will self-asses itself using a 'Diagnostic checklist for systems leadership teams' to ensure it is well positioned to provide sustainable leadership of this agenda beyond the end of the Health and Wellbeing Strategy.

Eating & Moving for Good Health

Programme Summary

There is a clear gap between the lifestyle habits of citizens in Nottingham and much of the rest of the country that impact on life expectancy, healthy life expectancy and long-term health conditions, with a disproportionate impact on people who already experience inequality. Put bluntly, Nottingham City residents live shorter lives that are more impacted by poor health than their counterparts in other areas of the country, largely for reasons that are either directly or indirectly attributed to how we move and eat.

An 'unhealthy' diet and physical inactivity contribute significantly to poor health. Nottingham has one of the highest rates of hospital admissions in the country where obesity is a factor. Nottingham has a long history of partnership work in the city to decrease rates of obesity which provided a foundation for a partnership approach to this programme. However, the ambitious scope of the EMGH programme has meant that time was needed to involve the broad range of necessary stakeholders to agree objectives and a delivery approach for this programme. A comprehensive level of engagement with multiple stakeholders from across the partnership has resulted in a 10-year strategy and delivery plan, with five delivery themes setting out clear actions, output and outcomes to be achieved in the term of this JHWS. The foundations set in Year 1 has enabled this programme to accelerate delivery in Year 2.

An early objective for year 2 was to establish the EMGH Alliance. Bringing together key partners in the city, the Alliance has met several times and has agreed collective responsibilities in the delivery plan. The EMGH has overseen significant activity under delivery themes 1, 2 and 3. Progress has been limited with delivery themes 4 and 5. A key enabler for delivery theme 4 was to develop a healthy eating advertisement policy, however this was not approved by Nottingham City Council. While progress has been limited in delivery theme 5, the development of the Good Food Plan and corresponding Board will accelerate the delivery of actions to meet the ambitions in the delivery plan.

The launch of the new Integrated Wellbeing Service delivered by Thrive Tribe represents significant opportunity to empower and enable people to eat and move for good health. Building local partnerships will be crucial to their work, therefore the Alliance will focus on support this, as well as to feed in learning from the existing services, such as the weight management providers.

What was the programme seeking to achieve in Year 2?

Delivery theme 1: Ensuring all Early Years Settings, Schools and Academies are enabling eating and moving for good health.

- Establish a healthy schools team to support schools to create healthy whole school environments and recognise and reward progress.
- Commission a schools-based survey to enable schools to identify their health and wellbeing strengths and identify gaps in provision.
- Develop school health profiles for head teachers so that they have the necessary data to drive change.

Delivery theme 2: Supporting healthy choices in pregnancy and helping children and adults achieve and maintain a healthy weight.

- Create and commission an Integrated Wellbeing Service bringing together a range of support to support residents with health behaviour change interventions, including smoking cessation, healthy lifestyles and weight management.
- Offer a portfolio of adult weight management options for those living with being overweight and obesity.
- Extend the offer to provide one pack of healthy start vitamins to all pregnant women at the time of booking.

Delivery theme 3: Promoting physically active lives and building active and green environments.

- Develop a new Sport, Leisure and Physical activity strategy engaging communities to understand their needs and identify opportunities to connect local assets.
- Develop and deliver the next phase of 'This Girl Can' Campaign with a focus on females most likely to be inactive and living with the highest levels of inequality with a focus on South East Asian women.

Delivery theme 4: Creating a local environment that promotes healthy food choices.

- Develop a new Nottingham City Council healthy advertising policy that encompasses both direct council advertising and leased advertising spaces.
- Develop guidelines for Nottingham City vents to encourage healthy food choices e.g., the creation of healthy foods and food outlets that offer healthy options.

Delivery theme 5: Promoting a sustainable food system that tackles food insecurity.

- Commission/Create a Nottingham Good Food Plan
- Create a clear governance structure that brings together local partners to monitor the progress of the aims set out in the good food plan.

What has the programme delivered in year 2?

Delivery theme 1: Ensuring all Early Years Settings, Schools and Academies are enabling eating and moving for good health.

- The Healthy Schools team has been set up with a team manager in position and the other roles soon to be recruited.
- The school health and wellbeing survey was commissioned to a National supplier SHEU, and the first round took place. 2,248 children and young people were involved across 21 primary schools and 5 secondary schools. The survey covered a wide range of health behaviours including eating and moving, smoking and vaping, sexual and mental health. It has been commissioned to run for the next three years.

Delivery theme 2: Supporting healthy choices in pregnancy and helping children and adults achieve and maintain a healthy weight.

- The IWS tender process went ahead as planned and the selected provider, Thrive Tribe, are in place to begin delivery in April 2024. Their offer will include adult weight management, children's weight management both in schools and the community and specialist physical activity support.
- The Healthy Start scheme providing vitamins to pregnant women, was successfully extended to all pregnant women from April 2023. This has been well received and a survey capturing the impact is currently open.
- The uptake of eligible families for healthy start vouchers has risen steadily since last year. Thanks to SSBC we are now at 87%, comfortably above the national average of 78.5% and well on track to achieve our 2026 target of 90%.

- The five weight management providers have seen more than 1,512 citizens between them and have had positive feedback from service users. Further data illustrating the impact of these services is to be collected.

Delivery theme 3: Promoting physically active lives and building active and green environments.

- The Sport, Leisure and Physical Activity Strategy is in progress. Significant resource from strategic leisure has been allocated to community engagement to feed into this.
- 'This Girl Can' are delivering their next phase with an emphasis on engaging women from South Asian backgrounds. There has been a high uptake across badminton and cycling. Instructor/leaders have been trained in exercise to music and as walk leaders.
- The Go Jauntly has successfully launched and there are now 12 accessible walks available based in areas of the city with low levels of physical activity and high levels of deprivation.
- A grant has been awarded to Active Notts for the purpose of extending their work on walking with Derbyshire and Nottinghamshire, to Nottingham City. Recruitment for a strategic walking lead to head this up has been completed.
- Parks and Open Spaces have completed their strategy - Greener, Healthier, Happier Nottingham. This emphasises the importance of shared open spaces for active lives and is strategically aligned with the EMGH strategy.

Delivery theme 4: Creating a local environment that promotes healthy food choices.

- Work is underway to ensure that events in Nottingham maximise their potential to promote health whilst simultaneously achieving their entertainment and financial objectives. Included within this are suggestions for potential interventions that could be implemented to ensure the food environment at events supports healthier choices.

Delivery theme 5: Promoting a sustainable food system that tackles food insecurity.

- Partners from Nottingham City Council, the voluntary sector and the Universities are in the process of establishing a Board that will oversee the development of a good food plan for the City.

What impact has the programme had on the local population?

The ambitions of this programme in changing health outcomes are long-term. There are currently limited population-level impacts or outcomes, and at this stage it is not possible to attribute, with confidence, improvements to the programme. However, there are some positive signs.

In 21/22 Nottingham just over one in four (25.5%) of children entering primary school were living with being overweight or with obesity, increasing to over four in ten (44.8%) children by the time they leave primary school. Almost seven in ten adults (66.8%) were living with being overweight or with obesity.

Latest data (22/23) shows that there has been a reduction of people living with being overweight or with obesity across all age categories: 23.6% of children entering primary school, 43.6% of children leaving primary school and 65.8% of adults. While there are encouraging signs, the proportion of people living with being overweight or with obesity is still comparatively higher than the national average.

Obesity, specifically childhood obesity is complex and multifaceted and is likely to take years to see demonstrable changes in health outcomes, particularly in the face of increasing financial pressures on Nottingham households.

What are the main areas of focus for Year 3?

The launch of the new Integrated Wellbeing Service delivered by Thrive Tribe represents significant opportunity to empower and enable people to eat and move for good health. Building local partnerships will be crucial to their work, therefore the Alliance will focus on support this, as well as to feed in learning from the existing services, such as the weight management providers.

There will be a continued focus on the actions that have been progressed as part of delivery themes 1, 2 and 3. Establishing the Nottingham City Good Food Board will be a key milestone in progressing actions to deliver ambitions under theme 5.

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Appendix 2 –

Eating & Moving for Good Health Delivery Plan - Outcome Measures

Indicator name	Data source	Baseline month/year	Baseline value	Unit	Current month/year	Current value	Percentage change from baseline	Available data period	Trend	Comment
Reception: Prevalence of overweight (including obesity)	Fingertips	2019/20	25.2	Proportion - %	2022/23	23.6	-6.3	2006/7 - 2022/23		No data available for 2020/21. Each data point shows annual data.
Year 6: Prevalence of overweight (including obesity)	Fingertips	2019/20	40.8	Proportion - %	2022/23	43.6	6.9	2006/7 - 2022/23		No data available for 2020/22. Each data point shows annual data.
Percentage of adults (aged 18 plus) classified as overweight or obese	Fingertips	2019/20	66.8	Proportion - %	2021/22	65.8	-1.5	2015/16 - 2021/22		Each data point shows annual data.
Baby's first feed breastmilk	Fingertips	2018/19	58.7	Proportion - %	2020/21	63.3	7.8	2017/18 - 2020/21		Each data point shows annual data.
Breastfeeding prevalence at 6-8 weeks after birth - current method	Fingertips	2021/22	52.9	Proportion - %	2022/23	No data available	No data available	2015/16 - 2020/21		No data available for 2019/20. Recent data (2022/23) missing for Nottingham. Each data point shows annual data.
obesity related hospital admissions - Admissions where obesity was a factor	Fingertips	2018/19	3205.0	DSR - Per 100,000 population	No data available	No data available	No data available	2013/14 - 2018/19		Only year for the update available. Each data point shows annual data.
obesity related hospital admissions - Admissions directly attributable to obesity	Fingertips	2018/19	13.0	DSR - Per 100,000 population	No data available	No data available	No data available	2013/14 - 2018/19		Only year for the update available. Each data point shows annual data.
Healthy start scheme uptake	NHSBA	Jan-23	65.9	Proportion - %	Dec-23	87.3	32.5	Jan 2023 - Dec 2023		Each data point shows monthly data.
Percentage of pupils eligible for Free School Meal (FSM)	GOV.UK	2019/20	27.9	Proportion - %	2020/21	31.3	12.2	2015/16 - 2020/21		Each data point shows annual data.
Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations (new method)	Fingertips	2020/21	32.0	Proportion - %	2021/22	25.6	-20.0	2020/21 - 2021/22		Each data point shows annual data.
% of primary school children who consume at least 5 fruit and vegetables a day	NCC - PH	2023	9.5	Proportion - %	No data available	No data available	No data available	2023	No data available	No trend can be determined as one data point available.
% of secondary school children who consume at least 5 fruit and vegetables a day	NCC - PH	2023	9.1	Proportion - %	No data available	No data available	No data available	2023	No data available	No trend can be determined as one data point available.
Fast food outlets per 1000 population	Feat tool	Jun-23	1.3	No of outlets per 1,000 population	Feb-24	1.3	-0.7	Jun 2023 - Feb 2024		Feat (food environment assessment), Based on Census 2021 population. Each data point shows monthly data.

Severe and Multiple Disadvantage Initial Delivery Plan - Outcome Measures

Indicator name	Data source	Baseline year	Baseline value	Unit	Current year	Current value	Percentage change from baseline	Available data period	Trend	Comment
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Fingertips	2020/21	44.0	Proportion - %	No data available	No data available	No data available	2011/12 - 2020/21		This data is for the general population in Nottingham.
Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison	Fingertips	2021/22	30.8	Proportion - %	2022/23	34.9	13.3	2015/16 - 2022/23		This data is for the general population in Nottingham.
Reoffending levels: percentage of offenders who reoffend	Fingertips	2018/19	35.7	Proportion - %	2020/21	31.8	-10.9	2016/17 - 2020/21		This data is for the general population in Nottingham.
Number of referrals made to multi disciplinary team (MDT)	Changing Futures	2022/23	62.0	No of individuals	2023/24	68	9.7	2022/23 - 2023/24		The data for the current year extends only until February 2024.
Percentage of referrals to MDT that are discussed at the panel meeting	Changing Futures	2022/23	50.0	Proportion - %	2023/24	56	12.0	2022/23 - 2023/24		The data for the current year extends only until February 2024.
Number of e-modules completed	The Practice Development Unit	2021/22	195.0	No of individuals	2023/24	375	92.3	2021/22 - 2023/24		In 2021/22 the data was only available from Oct-21 to Mar-22. The 2023/24 data spans from Apr-23 to Feb-24. The percentage change from baseline may not be a true increase because baseline value only shows 6 months data.
Number of CoP participants	The Practice Development Unit	2021/22	63.0	No of individuals	2023/24	119	88.9	2021/22 - 2023/24		The data indicates the participation of distinct individuals in attending the Community of Practice (CoP) sessions. Each individual who has attended multiple CoP sessions is counted only once.
Average percentage change in score for outcomes star: Drug and Alcohol*	Changing Futures	2022/23	10.3	Proportion - %	2023/24	34.1	Not applicable	2022/23 - 2023/24		The Outcomes Star is a support planning tool used by Changing Futures Navigators. The beneficiary and their Navigator talk through ten areas together and the Navigator scores the beneficiary out of ten for each (ten = no support need). Together they make an action plan which is reviewed every six months and scores adjusted. Note: Data does not include clients who do not have drug & alcohol as a support need
Average percentage change in score for outcomes star: Offending*	Changing Futures	2022/23	19.7	Proportion - %	2023/24	30.9	Not applicable	2022/23 - 2023/24		Data does not include clients who do not have offending as a support need
Average percentage change in score for outcomes star: Emotional and Mental Health*	Changing Futures	2022/23	8.3	Proportion - %	2023/24	6.3	Not applicable	2022/23 - 2023/24		Data does not include clients who do not have emotional and mental health as a support need
Average percentage change in score for outcomes star: Managing a Tenancy*	Changing Futures	2022/23	-14.8	Proportion - %	2023/24	61.8	Not applicable	2022/23 - 2023/24		Data does not include clients who do not have managing a tenancy as a support need

*Caveats and additional information for Changing Futures outcomes star data points

- In order to record a client change in score, they need to have been engaging with the service for minimum 7 months
- Service began delivery Sept 2022, therefore data is currently limited
- Years run from February-January
- Ten areas include drug and alcohol use, emotional and mental health, managing tenancy and accommodation, offending, meaningful use of time, physical health, self care and living skills, social networks and relationships, motivation and taking responsibility, and managing money and personal admin. The Navigator scores the beneficiary out of ten for each, with ten meaning the individual has no concerns or support needs in that area.
- A higher score is positive
- Caution required as figures are based on low numbers
- Percentage change are the change in score from the earliest outcomes star (when the beneficiary enters services) to the star completed between 7 months and one year on service)
- Year indicates the start date of the beneficiary

Financial Wellbeing Delivery Plan - Outcome Measures

Indicator name	Data source	Baseline month/year	Baseline value	Unit	Current month/year	Current value	Percentage change from baseline	Available data period	Trend	Comment
Average weekly earnings	Fingertips	2021	406.7	£	No data available	No data available	No data available	2011 - 2021		Each data point shows annual data.
Rent arrears: NCC and NCH tenants with arrears over £1,500	NCC - Benefits	2021	2.3	Proportion - %	2023	2.2	-4.3	2019 - 2023		Each data point shows annual data.
Council tax reduction claims	NCC - Benefits	Apr-21	31777	Number of households	Jan-24	29613	-6.8	Apr 2019 - Jan 2024		Each data point shows monthly data.
Housing benefit claims	NCC - Benefits	Apr-21	21069	Number of households	Jan-24	16645	-21.0	Apr 2019 - Jan 2024		Housing benefit claims are declining as the DWP transitions households to Universal Credit over time. Each data point shows monthly data.
Universal credit claims	DWP	Apr-21	32650	Number of households	Nov-23	37208	14.0	Apr 2019 - Nov 2023		Universal Credit's upward trend is partly driven by households gradually shifting to UC by DWP over time. Each data point shows monthly data.

Smoking & Tobacco Control Strategy - Outcome Measures

Source of indicators/data: Fingertips

Indicator name	Baseline year	Baseline value	Unit	Current year	Current value	Percentage change from baseline	Available data period	Trend	Comment
Smoking Prevalence in adults (18+) - current smokers (APS)	2021	16.5	Proportion - %	2022	21.2	28.5	2011 - 2022		
Smoking status at time of delivery	2021/22	13.0	Proportion - %	2022/23	13.4	3.1	2010/11 - 2022/23		
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2020	22.5	Proportion - %	2022	27.8	23.6	2011 - 2022		
Smoking prevalence in adults (18+) with serious mental illness (SMI)	2014/15	46.0	Proportion - %	No data available	No data available	No data available	No data available		No trend can be determined as one data point available.
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2020/21	29.9	Proportion - %	2021/22	32.8	9.7	2013/14 - 2021/22		
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/17	32.8	Proportion - %	No data available	No data available	No data available	2013/14 - 2016/17		
Smoking attributable mortality (new method)	2017 - 19	315.3	DSR - Per 100,000 population	No data available	No data available	No data available	2013-15 - 2017-19		
Smoking attributable hospital admissions (new method)	2019/20	2370.0	DSR - Per 100,000 population	No data available	No data available	No data available	2015/16 - 2019/20		

Notes:
Each data point shows annual data.