

Health and Wellbeing Board

Wednesday, 24 November 2021 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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|---|--|-----------|
| 1 | Minutes of the last meeting held on 1 September 2021 | 1 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Chair's Report | 9 - 28 |
| 5 | Approach for Approval of the Better Care Fund Plan 2021 - 2022 | 29 - 32 |
| 6 | Suicide Prevention in Nottinghamshire | 33 - 48 |
| 7 | Improving Outcomes for Survivors of Domestic Abuse | 49 - 92 |
| 8 | Local Transformation Plan for Children and Young People's Emotional and Mental Health | 93 - 102 |
| 9 | Work Programme | 103 - 108 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 1 September 2021 (commencing at 2:00 pm)

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

John Doddy (Chair)
David Martin
Sheila Place
Tom Smith
A Nigel Turner
Matt Barney

DISTRICT COUNCILLORS

	David Walters	-	Ashfield District Council
A	Susan Shaw	-	Bassetlaw District Council
	Colin Tideswell	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
A	Abby Brennan	-	Rushcliffe Borough Council
	Neill Mison	-	Newark and Sherwood District Council
A	Marion Bradshaw	-	Mansfield District Council

OFFICERS

Melanie Brooks	-	Corporate Director, Adult Social Care and Health
Colin Pettigrew	-	Corporate Director, Children and Families Services
Jonathan Gribbin	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

A	David Ainsworth	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
A	Lucy Dadge	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
	Idris Griffiths	-	NHS Bassetlaw Clinical Commissioning Group
	Dr Thilan Bartolemeuz	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
A	Fiona Callaghan	-	NHS Nottingham & Nottinghamshire Clinical Commissioning Group
	Dr Jeremy Griffiths	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group (Vice-Chair)
	Leanne Monger	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
	Hazel Lynaghan	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group

LOCAL HEALTHWATCH

Sarah Collis - Healthwatch Nottingham & Nottinghamshire

OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Kevin Dennis - Office of the Nottinghamshire Police and Crime Commissioner

OTHER ATTENDEES

Caroline Henry - Police and Crime Commissioner
Dan Howitt - Office of the Police and Crime Commissioner

OFFICERS IN ATTENDANCE

Briony Jones - Public Health and Commissioning Manager
Martin Gately - Democratic Services Officer

MINUTES

The minutes of the last meeting held on 9 June 2021 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

- Cllr Susan Shaw (Bassetlaw District Council)
- Fiona Callaghan (Nottingham and Nottinghamshire CCG) with Hazel Lynaghan deputising on her behalf.
- David Ainsworth (Nottingham and Nottinghamshire CCG) with Leanne Monger deputising on his behalf.
- Lucy Dadge (Nottingham and Nottinghamshire CCG)
- Cllr Marion Bradshaw, Mansfield District Council, with Mayor Andy Abrahams deputising on her behalf.
- Cllr Abby Brennan, Rushcliffe Borough Council

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIR'S REPORT

The Chairman introduced the report and highlighted that Bassetlaw will move from being part of the South Yorkshire and Bassetlaw ICS to being within the Nottingham and Nottinghamshire ICS. There will be no change noticed day to day in relation to this and the alteration is based on co-terminosity rather than a requirement for savings.

In response to concerns raised regarding the overnight closure of Bassetlaw Children's ward to admissions and the necessity to transfer children to Yorkshire, Idris Griffiths indicated that there was to be significant capital investment for observation and very few children would need to be transferred. Sheffield is one of the few specialist children's hospitals in the country, for those who do require it.

The Chairman observed that we were doing remarkably well with COVID vaccination uptake and that 1.2 million vaccinations has been delivered across Nottingham and Nottinghamshire. Councillor Henry Wheeler confirmed the testing arrangements in the school where he worked, which were that Year 7s were receiving two lateral flow tests per week.

Jonathan Gribbin confirmed that convenience was an important factor in driving vaccine take-up. NHS colleagues have been ensuring that people can walk in without appointments, and we want to continue with that.

The Chairman raised the issue of substance misuse interventions. Liver disease is one of the biggest killers of middle-aged men and deaths from drug abuse are at an all time high. Mr Gribbin stated that the ICS has a whole partnership alcohol strategy and that Scotland indicates the positive impact of a minimum unit price.

Councillor Place raised concerns about the prevalence of drug use – particularly cannabis.

RESOLVED: 2021/018

That:

- 1) No further actions were required in relation to the issues outlined in the report.

STAKEHOLDER ENGAGEMENT AND THE POLICE AND CRIME PLAN FOR NOTTINGHAMSHIRE FOR 2021-2025

The Chairman welcomed Caroline Henry, the Police and Crime Commissioner for Nottingham and Nottinghamshire, who was elected in May 2021. Caroline Henry emphasised the importance of partnership working and her intention to be a listening commissioner. Ms Henry explained that a series of engagement events was already taking place – these included thematic events, such as, violence against women and girls with a focus on preventative work, responding and supporting. The Commissioner was very proud of the work of the Nottinghamshire Violence Reduction Unit, but indicated its work may have been overly concentrated in the city centre. Further to receiving £600,000 in funding from the Home Office a youth work programme would be launched.

In response to a question from Cllr Henry Wheeler regarding commitment to youth intervention work locally, the commissioner indicated frustration with the short-term nature of funding and said she would be pushing for three-year funding.

Jonathan Gribbin added that the Domestic Violence Bill represents an enormous opportunity and was looking forward to strengthening arrangements for survivors.

Councillor David Martin observed that resources allowing engagement with youths over the age of fifteen had diminished over time, and there were offenders in Jacksdale due to a low police presence.

RESOLVED: 2021/019

That:

- 1) A presentation on the proposals for the new Police and Crime Plan be received and any comments or considerations to help inform the objectives for Nottinghamshire 2021-2025 be provided.

STAKEHOLDER ENGAGEMENT AND NOTTINGHAMSHIRE COUNTY COUNCIL'S PLAN FOR 2021 - 2025

Derek Higon, Service Director – Transformation and Change, presented the report, the purpose of which was to provide a presentation on proposals for Nottinghamshire County Council's developing Council Plan, and its vision and priorities for Nottinghamshire.

Mr Higon stated that the engagement would set out how we organise ourselves as a council whilst ensuring we properly understand the socio-economic impact of COVID-19. The engagement will also ask residents about their experience of COVID, as well as their aspirations. A mailshot has gone out to every home in the county. The Big Notts Survey is a significant piece of public engagement.

The Chairman described the engagement as wide-ranging and ambitious. Dr Griffiths stated that you could not have a thriving society without good public health. There was also a requirement for good local jobs and for people to have sufficient education to enable them to make good life choices. Our universities are rife with drugs and this is becoming culturally normal.

Sarah Collis, Healthwatch, stated that in disasters some people suffer more than others – particularly marginalised communities – and queried how we would hear from the hardest hit. Mr Higon explained that a 1000 face to face interviews would be taking place and also a number of focus groups, as well as engagement via elected member networks.

RESOLVED 2021/020

That:

- 1) a presentation on the proposals for the new council plan be received and any comment or consideration provided to help inform the vision and priorities for Nottinghamshire for 2021-2025.

THE REFRESH OF THE NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY FOR 2022 - 2026

Sue Foley, Public Health Consultant, introduced the report, the purpose of which was to outline the approach to refreshing the Nottinghamshire Joint Health and Wellbeing Strategy for 2022 – 2026. Development of the strategy will commence at a Health and Wellbeing Board in-person workshop, the invitations for which have already gone out.

The Chairman stated that the development of the strategy represented a monumental challenge and reminded the Board that healthy life expectancy was declining even before the pandemic. Jonathan Gribbin commented that this was not merely an opportunity to get back to where we were but to do something above and beyond. As well as working with partners, monitoring and evaluation would be key; something proportionate and reasonable that holds us all to account is what is required.

Melanie Brooks, Corporate Director for Adult Social Care stated that the strategy was the key vehicle for driving communication of the needs of our population and would inform NHS commissioning. The strategy will need to have a sense of agility, as well as good support from board members.

Caroline Henry, Police and Crime Commissioner, considered that the both the Health and Wellbeing and Police and Crime Strategies should be aligned where they can be.

Councillor David Martin saw the need for an educational policy for adults as well as children – particularly arounds drugs messaging.

Jonathan Gribbin explained that there was a substantial gap in healthy life expectancy between the most and least deprived communities. In Rushcliffe, the average woman will be healthy until 70 years of age, while in Mansfield it is 12 years earlier.

RESOLVED 2021/021

That:

- 1) the proposed approach to the refresh of the Nottinghamshire Joint Health and Wellbeing Board Strategy for 2022 – 2026 be approved and consider whether there are any actions they require in relation to the issues within this report.
- 2) a Health and Wellbeing Board Workshop on the Health and Wellbeing Strategy be received on Wednesday 13th October 2021.

JOINT COMMISSIONING FOR INTEGRATED CARE AND BETTER CARE FUND UPDATE

Kashif Ahmed, Service Director, Strategic Commissioning & Integration, ASCH, Nottinghamshire County Council introduced the report, the purpose of which was to update the Board on the approach to Joint Commissioning for Integrated Care in the Nottingham and Nottinghamshire Integrated Care System.

Mr Ahmed reported that there was a good appetite to continue with joint working as 'business as usual' and that further agreement with partners was required. Assistance had also been requested from the LGA and the Institute of Public Care. An update will be brought back to the Board in due course.

RESOLVED 2021/022

That:

- 1) no further actions were required in relation to the issues contained within this report.
- 2) the role of the Health and Wellbeing Board in delivering Joint Commissioning and Integrated Care be considered, including the recommendation that the previously proposed Nottinghamshire Integration Board is not established at this time.

AN APPROACH TO PUBLIC MENTAL HEALTH PROMOTION TO IMPROVE AND MAINTAIN MENTAL WELLBEING IN NOTTINGHAMSHIRE

Cath Pritchard, Public Health Consultant, introduced the report, the purpose of which was to seek to confirm actions for the Board to take on mental health promotion to improve and maintain mental wellbeing, reduce the incidence of poor mental health across all ages in Nottinghamshire, and ensure all people are supported to achieve good mental health throughout their lives.

RESOLVED 2021/023

That:

- 1) the actions proposed within this report on mental health promotion, aiming to reduce the incidence of mental health problems across all ages in Nottinghamshire be considered and undertaken. Proposed actions include;
 - a. Supporting a consistent approach to mental health promotion messages and communication campaigns, including suicide prevention and

awareness, reducing stigma and sign posting to support and services available for communities in Nottinghamshire.

- b. Committing to further improving the knowledge, competencies and skills of the workforce in relation to mental health promotion and suicide prevention.
 - c. Signing up to the Prevention Concordat and further develop a place based approach to mental health promotion.
 - d. Endorsing mental health as a key priority for the next Joint Health and Wellbeing Strategy.
- 2) updates on progress on this agenda be provided every 6 months within the Chair's Report, and a report be received on the work undertaken by the Suicide Prevention Steering Group in the autumn

WORK PROGRAMME

Board members were reminded that 12th October meeting would be a workshop on the Joint Health and Wellbeing Strategy.

RESOLVED: 2021/24

That:

- 1) The work programme be noted and consideration be given to any changes.

The meeting closed at 16:12

CHAIR



REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. The report provides an update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.

Information

Vaccinations

1.4 million vaccines delivered in Nottinghamshire

2. 1,442,457 first and second vaccines have been delivered across Nottingham and Nottinghamshire, with latest figures showing that 81.9% of the population aged 18 and over have now received 2 doses.
3. Booster jabs are now being offered to over 50s, people over 16 with a health condition that puts them at high risk of getting seriously ill from Covid-19, and health and social care workers. These groups can have their booster once six months has passed since their second dose and those eligible for a booster vaccination are being contacted by the NHS inviting them to book in for their jabs in the coming weeks. They can book an appointment on the [NHS website](#) or walk into selected sites to receive a jab without an appointment. Children aged 12-15 are also being offered one dose of the Covid-19 vaccine. These are being carried out in schools, but clinics are being held at Covid-19 vaccination centres too.
4. For information, please visit www.nhs.uk/grab-a-jab.

2021 Flu Campaign

5. Nottinghamshire County Council is working with partners to increase the uptake of the flu vaccination amongst frontline staff and vulnerable residents. It is offering on-site vaccinations and pharmacy vouchers to make it as easy as possible for Nottinghamshire County Council's frontline staff who work with vulnerable service users to get a free flu vaccination.
6. Arrangements are also in place with partner organisations to support the uptake of the NHS flu vaccination, particularly in key groups such as young children, people over 50, pregnant women, carers and people with underlying health conditions like heart disease and diabetes.

7. For more information, please visit <https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/>

HPV Vaccinations cut cases of cervical cancer by 90%

8. Research published by the Lancet shows the human papillomavirus, or HPV, vaccine is cutting cases of cervical cancer by nearly 90%. The study looked at what happened after the vaccine was introduced for girls in England in 2008 and shows a reduction in both pre-cancerous growths and an 87% reduction in cervical cancer - It estimated that the HPV programme has prevented about 450 cancers and 17,200 pre-cancers.

Updates on Public Health

Public Health System Transformation

9. The UK Health Security Agency (UKHSA) became fully operational on the 1st October bringing together the health protection functions of Public Health England and NHS Test and Trace, including the Joint Biosecurity Centre. The new agency will be responsible for planning, preventing and responding to external health threats, including infectious diseases and chemical, radiological, environmental and other hazards, as well as providing scientific and operational leadership at a global, national, regional and local level in partnership with our stakeholders.
10. Please read [this letter](#) addressed to the health and care system on the transformation.

Proposals for a Deputy Director of Public Health for Nottinghamshire

11. The Director of Public Health is responsible for the local authority contribution to health protection matters, including the authority's role in planning for and responding to incidents which present a threat to the health of the population.
12. The proposal to establish a Deputy Director of Public Health role was approved at Adult Social Care and Public Health Committee in September 2021, and arose from the need to strengthen the resilience of the public health team in delivering these statutory duties and the delivery of other public health agendas and outcomes for people in Nottinghamshire.
13. For further information, please contact William.leather@nottscc.gov.uk

Updates on Safety & Safeguarding

A joint effort to address spiking across the City and County

14. Nottinghamshire Police have teamed up with partner agencies to help tackle and reassure the local community that any reports of spiking are being robustly investigated and taken seriously.
15. There has been a number of spiking incidents since early October with most targeting women, many of whom are students. The force are monitoring spiking by something sharp, as well as the traditional method of contaminated alcoholic drinks. There is an ongoing plea for anyone who believes they may have been spiked to come forward and report it immediately by

speaking to Police officers patrolling, employees at venues across the city or county, calling 101 or using the Police forces' online reporting system.

Safer Streets Fund Bid

16. The Police and Crime Commissioner led two successful bids to the Home Office's Safer Streets Fund bringing £1.1m additional funding to the county. The projects aim to make the streets safer for all with a particular focus on reducing the crimes and violence against women and girls in the wake of the Sarah Everard case. The bids were submitted by the PCC supported by the local Community Safety Partnerships and developed in partnership with the police, fire service, women's sector and Nottinghamshire County Council.
17. The Bassetlaw funding will be used to improve the safety of women and girls in the Worksop South area, which includes the Town Centre and Manton. Proposed projects include new CCTV and Street Lighting improvements, training within schools and the continuation of the "Stand by her" training programme delivered by Notts Women's Aid.
18. The Ashfield funding will be used to tackle ongoing problems in the New Cross area, as well as the wider area of Sutton. Proposed projects include new CCTV cameras, improved street lighting, a school's programme, investment in number plate recognition and a new community cohesion lead. Gating orders will also be put in place to close off walkways and alleyways that are prone to anti-social behaviour, and safe spaces will be developed for young people to socialise safely within the area.

Vulnerable Adults Support Scheme in Ashfield

19. Ashfield District Council and Nottinghamshire Police have launched a joint programme to tackle serious violence, abuse and exploitation across the District. The Vulnerable Adult Support Scheme (VASS) is an inter-disciplinary team comprising of vulnerability, domestic abuse, substance misuse, crime, and anti-social behaviour experts. Up to 15 adults, many with complex needs, will be supported at any one time by the scheme. They will be assisted through a package of support, with officers providing interventions, and exploring deep rooted issues such as mental health, substance misuse, and housing issues to divert them away from criminality and exploitation.

Nottinghamshire Safeguarding Children's Partnership Annual Report 2020/2021

20. Under statutory guidance, Working Together to Safeguard Children 2018, the safeguarding partners (local authority, police and clinical commissioning groups) have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area. The safeguarding partners must publish a report at least once in every 12-month period, setting out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.
21. Nottinghamshire Safeguarding Children's Partnership [Annual Report for 2020/2021](#) is now available.

Children and Young People

[Education, schooling and health summary](#)

22. This briefing paper from the Department of Health and Social Care and Public Health England, aims to summarise the existing evidence of the health and wellbeing benefits of school-age education, including the wider impacts on mental and physical health and wellbeing of being in school and the observed impacts of the loss of education in the past 18 months.

[The Good Childhood Report 2021](#)

23. The Children's Society has recently published this report, which reveals the latest trends in children's wellbeing. It seeks to understand how young people feel about different aspects of their lives. This year it finds that school, friendships and appearance continue to cause the greatest dissatisfaction in adolescence.

[Completion of Speech and Language Communication Needs \(SLCN\) Theme Page for Nottinghamshire](#)

24. Due to the impact of COVID-19 pandemic on Public Health capacity, the JSNA work programme for 2020-2021 was reviewed and four JSNA products, including Speech and Language Communication Needs (SLCN), were prioritised for the work programme for 2021-2022.

25. Whilst it is accepted by all partners that an integrated system approach is required for SLCN for children 0-18 (and in some cases up to 25), this work is currently being driven by NHS England and NHS Improvement (NHSE/I), as part of the national Children and Young Peoples Transformation Plan, with an expectation that there will be a SLCN strategy at an ICS level, which will now include Bassetlaw from 2022.

26. Therefore, the current focus is on improving the SLCN pathways across the system as part of the Best Start Strategy, with an emphasis on first 1001 days (from conception to 2 years). The needs of the early years population have been reviewed and an integrated care pathway has been implemented. This was facilitated through a collaborative commissioning approach between Nottinghamshire County Council and Nottingham and Nottinghamshire Clinical Commissioning Group (NNCCG).

27. According to [The Early Years Healthy Development Review Report](#), the importance of identifying SLCN early is a critical part of the national Best Start agenda. Early language acquisition and the development of speech, language and communication skills is both an essential building block for a range of cognitive and social and emotional skills and predictive of a range of later-life issues. It is a primary indicator of child well-being and social mobility and strongly linked to health inequalities; the UK prevalence rate for early language difficulties being 5-8% for all children and 20 % for those growing up in low income families, in 2019.

28. The JSNA product theme page on Speech, Language and Communication Needs of early years, with the inclusion of 1001 days, has now been completed and is provided in **Appendix 1** and published on the Nottinghamshire Insight Website (available [here](#)).

29. For further information, please contact Mina Fatemi at Mina.fatemi@nottscg.gov.uk

[Launch of NottAlone Website](#)

30. [NottAlone](#) is a new website sharing local mental health advice and help for young people in Nottingham and Nottinghamshire, all in one place. If you are a young person, a parent or carer or a professional who supports young people's mental health, NottAlone can provide you with information, advice and where to go to get help locally; in person, online or by phone.
31. Funded by the Department for Education Wellbeing for Education Return Project, NottAlone was developed by young people, parents, carers and professionals from Nottinghamshire County and Nottingham City councils and NHS trusts, as well as local charities and organisations.

Local Health and Wellbeing Updates

Rushcliffe

32. **Active Rushcliffe Health Partnership 2021 – 2025:** The Active Rushcliffe Health Partnership is the boroughs approach to reducing health inequality and to improve the health and wellbeing of Rushcliffe residents, made up of a team of partner organisations. The updated 2021 – 2025 action plan is due to go live, following consultation over the summer with partners, with 5 key areas of focus identified including physical activity, obesity and the food environment, mental health and dementia and smoking and substance misuse.
33. **Cycling UK and Rushcliffe Borough Council Partnership Working:** Rushcliffe Borough council (RBC) have partnered with [Cycling UK](#) and [C&L Mobile Bicycle Repairs](#) to provide free minor bike repairs to residents through a series of pop up events in Rushcliffe. RBC are committed to promoting active travel and as a council are working towards becoming carbon neutral by 2030.
34. **Reach Rushcliffe:** Following successful applications from 12 projects, the 2021/2022 £15,000 Reach Rushcliffe allocation has now been awarded, helping to tackle isolation and loneliness in and around Rushcliffe.
35. **Gresham Sports Park Development Opening Event:** During October, residents and visitors were invited to view the new Gresham Sports Park facilities as part of a free sport and health activities day at the West Bridgford venue following a £1.2m of investment. Representatives from ABL Health carried out health checks and promoted their health and wellbeing services alongside Cardiac Risk in the Young (CRY) who ran a stall raising awareness of the importance of cardiac screening. The Smokefree Sidelines campaign was also promoted, aimed at encouraging sports clubs and leagues to refrain from smoking or vaping on the sidelines and in sight of children at fixtures and during training. This comes as part of the population health management scheme's October focus on smoking cessation, in partnership with the Rushcliffe Primary Care Network.

Mansfield

36. **Community Alcohol Partnership (CAP):** A Community Alcohol Partnership (CAP) has been launched in Warsop to highlight the risks of underage drinking and improve the health and wellbeing of local young people. The CAP, led by Mansfield District Council, will work with youth services and local organisations to provide leisure and sports activities for young people in Warsop, Church Warsop, Meden Vale, Warsop Vale and Spion Kop. It will also work with local

schools in these areas to take a proactive approach to alcohol education and ensure that young people are equipped to make the right decisions about issues including alcohol and drugs and anti-social and criminal behaviour. Working with local retailers, the CAP aims to help them avoid making underage sales and reduce proxy sales where adults buy alcohol for under-18s.

37. CAPs are made up of partnerships between local authorities, police, schools, retailers, neighbourhood groups and health providers, working together to prevent alcohol-related harm to young people and improve the quality of life for residents. More than 200 schemes have now been launched across England, Scotland and Wales.
38. **Homeless Charter:** Executive Mayor of Mansfield Andy Abrahams has officially launched a voluntary code of practice to help local organisations take a united approach to supporting homeless people in the district. The Mansfield Homeless Charter has been drawn up by Mansfield Homeless Network, a body of interested organisations and agencies, led by Mansfield District Council, that works together to support the area's street community in an effective and caring way. The Charter sets out how groups can work together to achieve positive outcomes for rough sleepers and other homeless people.
39. **Mansfield Holiday and Activity and Food Programme (HAF):** Mansfield District Council working with a wide range of partners engaged with 1,450 children during the summer as part of the Holiday Activity and Food Programme, providing 2,300 holiday activity places and lunches across the district.
40. **Mansfield Fuel Bank:** In both September and October Mansfield District Council have issued three times as many vouchers than in both July and August. Since April 66 Fuel Vouchers have been provided and have supported 121 vulnerable residents, 71 adults and 41 children through the Fuel Bank.

Gedling

41. **Review of Gedling Health and Wellbeing Partnership:** The new terms of reference for the Gedling Health and Wellbeing Partnership has both a Strategic Group and an operation Co-production partnership. Its purpose is to adopt a coordinated community centred wellbeing approach to integrated health and wellbeing programmes and provides a local forum that responds to the Nottinghamshire Joint Health and Wellbeing Strategy, South Nottinghamshire Integrated Care Partnership (ICP) Implementation Plan, the Gedling Plan and Gedling Health and Wellbeing Delivery Plan.
42. **Summer 2021 Events Programme:** In Gedling a new co-production approach to family events is being developed to bring about greater opportunities to work collaboratively in community led settings, to reach the communities and individuals who would most benefit from participation, foster positive behaviour and engage much stronger investment from health and wellbeing commissioned and community partners. This summer's programme has also integrated local delivery of the Holiday Activity and Food (HAF) programme with family events located across targeted neighbourhoods in the Borough. In total over 725 individuals participated in the summer HAF activities, engaging with activity providers and also local community food groups and venues.
43. **Launch of Gedling Covid -19 VCS Recovery Grant Scheme:** Gedling Borough Council has launched its own Gedling Covid -19 Voluntary and Community Sector (VCS) Recovery Grant

Scheme in August 2021. To date approximately £42,695 in awards have been made. Each award is subject to a comprehensive grant agreement, which requires periodic outcomes monitoring reports to be submitted to the Council, which will in turn form part of quarterly performance reporting.

44. **Gedling community money advice meeting:** Community money advice services from St Wilfreds Church Mapperley, The Kings Church Arnold, The Ark, Carlton Food Bank hub, Gedling Borough Council Customer Services outreach and Citizen Advice (CA) Nottingham and District collaborated in September to identify and share challenges and opportunities to address gaps in money and welfare rights provision as we emerge from Covid. The group will look at models including potential peripatetic Debt Advice Workers employed by CA to add value to the less resource heavy welfare rights offer. An immediate outcome has been applications to the Gedling VCS recovery fund and Countywide Social Recovery Fund by the Ark and Hope Nottingham, and an application from The Kings Church to the Gedling Fund for their money advice service and community café, thereby significantly enhancing debt and money advice provision for Gedling residents as we go into winter.
45. **Family FOOD Clubs in Gedling Borough:** Netherfield food club has now been in operation since July and is almost at capacity with an average of 30+ food boxes being made up each week. Conversations are still in place around the alterations needed to ensure that Killisick Community Centre can support the equipment needed to host the food club.
46. **Carlton Le Willows – Improver running sessions:** Gedling Borough Council supported this summer programme which aimed to get local residents exercising through running in a social environment. There were a total of 436 attendances at the Gedling Running Community improver running sessions this summer with over 56 individuals that attended at least one session.
47. **Lambley Lane Changing Pavilion Project:** Gedling Borough Council has been awarded £91,279.00 from the Football Foundation towards the improvements of Lambley Lane Recreation Ground Changing Pavilion. This funding will enable local football clubs to deliver grassroots football in a positive environment.
48. **Ward by Ward Gedling community services database:** Gedling Borough Council's Communities Team maintain a ward by ward database of community led and commissioned services available across the Borough. Updates to this resource are shared on a bi-monthly basis with commissioned and community partners. In quarter 2 of 2021/22, this update included 52 community venues offering 142 different services/activities. Feedback from commissioned partners has been very positive, resulting in several partners adding their own services to the register, and has also resulted a series of engagement meetings with NCC Adult Social Care leads to integrate their upcoming Local Area Coordinator and ASC Care Team staff resource into the Borough.
49. **Launch of "Good Boost":** The water based programme Good Boost started at Carlton Forum Leisure Centre. The sessions provide an opportunity for people suffering from musculoskeletal conditions such as arthritis and joint pain to get moving with gentle water based exercise in a fun and social environment.

Mid Nottinghamshire Integrated Care Partnership

50. The six Primary Care Networks (PCN) in Mid Nottinghamshire, supported by the Mid Nottinghamshire Locality Team in the CCG and the Mid Nott's Place Based Partnership (PBP) would like to share the following updates on some really positive partnership work that is successfully contributing towards the delivery of the Joint Health & Wellbeing Strategy for Nottinghamshire:
51. **Care Homes** - 126 care homes are aligned to practices/PCNs in Mid Notts with designated clinical care home leads and effective multidisciplinary teams (MDT) in place. The Mid Nott's Care Home Operational Group continues to meet monthly to provide oversight, share intelligence, co-ordinate action and learning. The MN PBP, in conjunction with system partners, primary care and clinical leads, has developed a proposal for a single integrated model for support to care homes, that will respond to the Enhanced Health in Care Homes and the Ageing Well agenda. The Business case is due for completion in November 21 with a plan to share with system leaders in December 21.
52. **Social Prescribing** - 25 Social Prescribing Link Workers (SPLW) are now embedded into primary care in Mid Notts and colleagues are also excited to be working alongside 6 new Health and Wellbeing Coaches that have just been appointed.
53. **Covid Vaccinations** – PCNs are continuing to support the Covid vaccination programme, delivering phase 3 booster vaccinations through PCN/GP led vaccination clinics and they are vaccinating care home residents and housebound patients supported by the roving service in addition to supporting activity in areas of low uptake through utilisation of the vaccination bus service.
54. **Health Inequalities** – the Mid Nott's Health Inequalities Oversight Group continues to meet fortnightly and has been heavily focussed on covid vaccination equity, mobilising coordinated action and community champions in addition to taking a Task and Finish approach to support the delivery of enhanced services in primary care around diabetes, frailty, mental health and health promotion. The PBP also responded with the South and City PBPs to a bid for NHSE/I funding to support giving our communities a voice and were successful in achieving the funding which will see the use of health funding to tackle the wider determinants of health in our priority areas.
55. **Delivery at PLACE and Neighbourhood level** – The MN Partnership continues to meet monthly to help build healthy communities through a healthy and connected system workforce. The MN PBP continue to work with the ICS and colleagues from local authorities to understand the role of Place from April 22 and to what extent PBPs can take on delegated responsibilities and both influence and support deliverables within the Health and Wellbeing Strategy. A description of the arrangements for Place have been developed and the PBPs through the Place work stream are working with system partners to agree where the initial areas of focus will be in April 22 to provide a safe landing strip for phase 1 that will generate real change.
56. **Identifying our Priorities** – MN PBP have identified a set of priorities for 2021/22 that will focus on Population Health Management, PCNs and Community Assets, End of Life Services, MSK Services, a care home model for the future, community mental health transformation, and discharge to assess. The PBP will continue to focus on their priorities for 21/22 with a real aim on what can be achieved to effect real change from April 22. The PBP with system partners are looking at specific deliverables such as a programme budget approach to our End of Life Services and MSK Services to enable those services to be developed based on population

need but more importantly to understand how the PBP can influence the change based on population need and local intelligence.

57. For further information please contact David Ainsworth (Locality Director) at david.ainsworth@nhs.net, Lorraine Palmer (Interim Programme Director) at lorraine.palmer2@nhs.net, Leanne Monger, (Deputy Locality Director) at leanne.monger1@nhs.net

Day Opportunities Strategy 2021 – 2026

58. Nottinghamshire County Council are currently reviewing the provision of day opportunities for people with care and support needs. As part of this review, they are exploring the merits of delivering more support in communities to help people to integrate with their local area, build natural support networks and live the lives they want to lead.
59. Over the past year, engagement activity has been carried out with people who use services and their carers as well as with organisations that provide these services and their staff. The findings from this engagement have led to the development of a [Draft Day Opportunities Strategy](#) and in order to help with the implementation of this residents are invited to provide feedback on this strategy by filling in this [online survey \(closing 31st December\)](#).

Update to the Nottinghamshire Pharmaceutical Needs Assessment 2018 - 21

60. The PNA describes available pharmaceutical services across Nottinghamshire County and assesses whether these services meet the needs of the population. The PNA is a statutory responsibility of the Health and Wellbeing Board, governed by Regulations issued by the Department of Health. These Regulations require that periodic Supplementary Statements are prepared and published where there are changes to pharmaceutical services which do not warrant a complete review of the PNA.
61. As approved by the Health and Wellbeing Board on 6 January 2021, supplementary statements produced quarterly, are shared with the Health and Wellbeing Board in the form of an update in the Chairs Report and published on Nottinghamshire insight. The Supplementary Statement for the last quarter, summarising changes to pharmaceutical services from July 2021 to September 2021, is provided in **Appendix 2**.
62. The main changes reported during this quarter were regarding the reduction in core and supplementary hours of two pharmacies. The PNA does not identify any significant gaps in pharmaceutical services for the Nottinghamshire County population.
63. For further information please contact Mina Fatemi at: Mina.fatemi@nottscg.gov.uk

Disability

National Disability Strategy

64. The National Disability Strategy sets out the government's vision to improve the everyday lives of disabled people. They want to ensure that disability is not a barrier to people living full, independent lives where they can reach their full potential. The strategy has been developed with the input of more than 14,000 disabled people, as well as disability organisations,

businesses, policy experts and many others. In this publication, departments and agencies in every corner of government set out how they will help bring about practical and lasting change to disabled people's lives.

Dementia

[Global status report on the public health response to dementia](#)

65. The World Health Organisation has published this report which finds that only a quarter of countries have a national policy strategy or plan for supporting people with Dementia and their families. Half of these countries are in WHO's European Region, with the remainder split between the other Regions. Yet even in Europe, many plans are expiring or have already expired, indicating a need for renewed commitment from governments. At the same time, the number of people living with dementia is growing according to the report: WHO estimates that more than 55 million people (8.1 per cent of women and 5.4 per cent of men over 65 years) are living with dementia. This number is estimated to rise to 78 million by 2030 and to 139 million by 2050.

Physical Activity & Healthy Weight

[Everybody active everyday: 5 years on](#)

66. This document published by Public Health England, reviews progress made in the last 5 years as a consequence of the national physical activity framework, Everybody active, every day (EAED). It also outlines future actions and recommendations for the next five years.

[Keep on moving: understanding physical activity between 50 -75 year olds](#)

67. Physical inactivity is one of the leading risk factors for poor health and disability in later life, and yet nearly a quarter of people aged 50 to 70 do less than 30 minutes of physical activity a week. This report, published by The Centre for Ageing Better, examines the motivators and barriers to physical activity for those in mid to later life. It emphasises that national and local government must prioritise physical activity as part of the pandemic recovery.

[Turning the tide: a ten year healthy weight strategy](#)

68. This report, by the Obesity Health Alliance, finds that levels of obesity have increased significantly across the UK over the past 30 years. It sets out a long-term agenda of evidence informed policies with 30 recommendations, covering food and drink marketing, early years and treatment as well as the infrastructure needed to ensure policies are robustly implemented and evaluated.

Housing and Homelessness

[The Kerslake Commission on homelessness and rough sleeping](#)

69. This report entitled: A new way of working: Ending rough sleeping together has been published by The Kerslake Commission. It calls on the government to learn from the success of the Covid-19 response and continue the increased investment in homelessness services to avoid a post-pandemic surge in rough sleeping. In total the report makes 22 recommendations around

increased funding for homeless services; changes to the welfare system; partnership working across agencies involved in supporting those rough sleeping or at risk of homelessness; the increased involvement of health services in solutions for people experiencing homelessness; and a tailored approach for women, young people and those with no recourse to public funds.

[Good Homes for all: a proposal to fix England's housing](#)

70. The final report from The Good Home Inquiry examines the problem of unsuitable and low-quality housing in England's existing housing stock. The Centre for Ageing Better have published this report which outlines how poor quality housing has a negative impact on individuals and can disrupt whole communities. It finds a strong link between our homes and our health, with two million houses (1 in 10) posing a serious risk to residents' health or safety. On a purely economic basis, the annual cost to the NHS attributed to low-quality housing is estimated at £1.4 billion for first year treatment costs.

Health Impacts & Behaviours

[Gambling related harms evidence review](#)

71. This evidence review published by Public Health England, aims to improve the understanding of the prevalence, determinants and harms associated with gambling, the social and economic burden of gambling-related harms. The review consists of six technical reports and a summary document that provides an overview of the reports main findings.

[Up in smoke: the impact of smoking on health and economic activity](#)

72. This report published by the International Longevity Centre (ILC) argues that anti-smoking measures could save billions across the UK economy. It highlights the costs of smoking not just to individuals' health, but to the sustainability of the broader health care system and to the public purse as the government aims to 'build back better' from the pandemic.

[Sexually Transmitted Infections \(STIs\): annual data tables](#)

73. Data from Public Health England reveals that diagnoses of sexually transmitted infections (STIs) decreased in 2020 by 32 per cent compared with 2019. The decline reflects a combination of reduced STI testing as a result of disruption to sexual health services leading to fewer diagnoses, and changes in behaviour during the coronavirus pandemic that may have reduced STI transmission. Despite the fall in diagnoses, the data highlights that STI diagnoses overall remain high.

Health Inequalities

[Health Profile for England: 2021](#)

74. This is the fourth annual profile, published by Public Health England, combines data and knowledge with information from other sources to give a broad picture of the health of people in England 2021. It provides a comprehensive overview of the health of people in England and updates indicators presented in previous reports. It also contains a summary of the wider impact of the COVID-19 pandemic on many aspects of health and health inequalities. In

addition, the report makes comparisons with health in a selection of other countries (US, Canada, Japan, France, Italy, Germany, Spain, Poland) where possible.

[Making ends meet: why pensioner poverty is still an issue](#)

75. Whilst the UK has made progress in tackling pensioner poverty over the past few decades progress has stalled and rates are now rising again. This report published by Age UK outlines why pensioner poverty is still an issue in society today and why more must be done to tackle it.

[Severe mental illness: inequalities in cancer screening uptake](#)

76. This report published by Public Health England compares the uptake of breast, bowel and cervical cancer screening services between people with and without severe mental illness. Based on a large sample of primary care data, the report is part 1 of an assessment of SMI and cancer screening. It is also part of a larger ongoing exploration into the causes of high premature mortality among adults with SMI.

[The health of people from ethnic minority groups in England](#)

77. This updated long read was first published by the King's Fund in February 2021 and updated in September 2021. It examines ethnic differences in health outcomes, highlighting the variation across ethnic groups and health conditions, and considers what's needed to reduce health inequalities.

Papers to other local committees

78. [Nottinghamshire Special Educational Needs & Disabilities Place Planning Strategy 2021 - 2026](#)
Policy Committee
2 September 2021

79. [Progress on developing Covid Partnership Recovery Fund and Community Hub Food Plan Fund.](#)
Communities Committee
15 September

80. [Update on Adults and Health Recovery from Covid](#)
Adult Social Care and Public Health Committee
20 September 2021

81. [Investing into the Healthy Families Programme](#)
Adult Social Care and Public Health Committee
20 September 2021

82. [Nottinghamshire Youth Justice Service Strategy Review 2021 - 2022](#)
Full Council
23 September

83. [Child Poverty and the Impact of Covid-19](#)
Children and Young People's Committee

1st November 2021

84. [Childhood Obesity Trailblazer Update – Tackling Food Insecurity](#)
Children and Young People's Committee
1st November 2021

Integrated Care Systems / Integrated Care Partnerships

85. [Board papers](#)
Nottingham & Nottinghamshire Integrated Care System
2 September 2021

Other Options Considered

86. None

Reasons for Recommendation

87. To identify potential opportunities to improve health and wellbeing in Nottinghamshire.

Statutory and Policy Implications

88. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

89. There are no financial implications arising from this report.

RECOMMENDATION

The Health and Wellbeing Board is asked-

- 1) To consider the update, determine implications for Board matters and consider whether there are any actions required by the Health & Wellbeing Board in relation to various the issues outlined.

Councillor Dr John Doddy
Chairman of the Health & Wellbeing Board
Nottinghamshire County Council

For any enquiries about this report please contact:

Briony Jones
Public Health & Commissioning Manager
T: 0115 8042766
E: Briony.Jones@nottsccl.gov.uk

Constitutional Comments (AK 08/11/2021)

90. This report falls within the remit of Health and Wellbeing Board under its terms of reference.

Financial Comments (DG 05/12/2021)

91. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

JSNA Theme Page: Best Start Speech Language and Communication Needs

“The term speech, language and communication needs (SLCN) encompasses a wide range of difficulties related to all aspects of communication in children and young people. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say, and using language socially.”¹

“The first years of life are vital in giving every child the best start, with speech, language and communication skills an important indicator of child wellbeing. These skills shape a child’s ability to learn, develop friendships and their future life chances.

Every child, regardless of circumstance should be able to develop and thrive. There is increasing concern about the numbers of children starting school with poor speech, language and communication skills, with unacceptable differences in outcomes in different areas of the country. Inequalities in early language development are recognisable in the second year of life and have an impact by the time children enter school.”²

Because of the impact of the Covid-19 pandemic on children, young people, families, schools, services and wider society, speech, language and communication needs (SLCN) are likely to increase in the UK. Two-thirds of primary school teachers and half of secondary school teachers report they have at least one pupil who now has SLCNs because of the impact of Covid-19.³

In Nottinghamshire, our aim is to develop a system wide approach to identify and meet the needs of children with speech, language and communication needs and reduce inequalities.

Joint commissioning

In 2020, the commissioning of Early Intervention and Specialist SLCN services was brought into a joint commissioning arrangement. Previously, both services were provided as separate contracts by Nottinghamshire Healthcare NHS Trust; Home Talk commissioned by the Local Authority as part of Children’s Centre Services and specialist Speech and Language Therapy by the Nottingham and Nottinghamshire Clinical Commissioning Group (NNCCG). The two services were combined to establish one single pathway for children aged 2-19 years, with the Early Intervention Service being incorporated into the overall NNCCG contract. This agreement was finalised contractually with an aligned budget in April 2021. A joint triage process has been established ensuring that children receive the right support at the right time, thereby streamlining processes and ensuring the effective use of resources, as illustrated in the pathway.

¹ The Berrow Report. A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs. Department for Children, Schools and Families.: DCSF-00632-2008. 2008. available at: [basw_102721-9_0.pdf](#).

² Public Health England. Best start in speech, language and communication: Guidance to support local commissioners and service leads. 2020. available at: [Best start in speech, language and communication \(SLC\) - GOV.UK \(www.gov.uk\)](#).

³ CAN Charity. Speaking up for the Covid generation. (ICAN, 2021). Available at: [speaking-up-for-the-covid-generation-i-can-report.pdf \(ican.org.uk\)](#)

The joint commissioning arrangement does not incorporate Bassetlaw, where specialist speech and language therapy services are provided by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

Best Start SLCN group

A Best Start SLCN group has been established, attended by commissioners and providers, to support the continued development and embedding of clear and aligned pathways across the County.

The group is a sub group of the Best Start Partnership delivering the [Nottinghamshire Best Start Strategy 2021-2025](#)

Key areas of focus will be:

- Encouraging and empowering parents and carers in their children's speech, language and communication development and providing language rich environments.
- Further developing and embedding a system wide pathway for children with SLCN in Nottinghamshire, at universal, targeted and specialist levels.
- Enabling children and families to access the right support at the right time in the right place.
- Supporting a system wide approach to workforce development at universal, targeted and specialist levels, for all practitioners involved with children under five and their families.

Current provision

There is a range of SLCN support and provision for children and families in Nottinghamshire including:

[Children's Centre Service](#)- The Children's Centre Service at Nottinghamshire County Council works to ensure young children get the best start in life and that their families are supported to help them achieve this. Children Centre Service provides a range of services for parents-to-be and families with children under five years old who live in Nottinghamshire.

The staff have expertise in family support, developing parenting skills, promoting health and wellbeing, early years development, communication and language, working with volunteers, and supporting parents to get back to work. This service works with partner agencies to ensure families are supported in whatever area they need.

[Early Intervention and Specialist Speech and Language Therapy](#)- This service- provided by Nottinghamshire Healthcare NHS Foundation Trust- provides a wide range of activities to support children with their communication potential. Home Talk Workers work in partnership with parents/ carers to deliver a fun, home-based programme for children aged 22 months-two and a half year with spoken language difficulties. Language Lead Networks provide support and Continuing Professional Development to local childcare settings and schools. This service also offers a 'traded service' to schools and early years settings.

The Children and Young People's specialist Speech and Language Therapy element of the service provides specialist support for children/young people with speech, language and communication needs (SLCN) and/ or swallowing and feeding difficulties (Dysphagia). Interventions are based on assessment of an individual's need in conjunction with

environmental factors and requirements associated with the most appropriate agent of change e.g. parent, support worker, school staff, to improve or maintain speech, language and communication skills and facilitate safe swallowing.

[Children's Speech and Language Therapy Service](#)- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides life-improving treatment, support and care for children and adults who have difficulties with communication, eating, drinking or swallowing.

[The Early Childhood Services](#)- Nottinghamshire County Council provides and commissions a range of services for all families and targeted services for families with children aged 0-4 years who are in need of extra support. Early education is a key factor in preparing young children to be ready to start school.

[Healthy Family Teams](#)- This service, provided by Nottinghamshire Healthcare NHS Foundation Trust, is part of the Healthy Child Programme and has a critical role in identifying children that require support with SLCN. What happens in the home, in children's earliest years before they start school, has an important influence on later outcomes. All interventions are founded on the principle of involving and supporting parents and carers in their children's learning and development.

Key documents

[Best Start in speech, language, and communication \(SLC\)](#)- Public Health England 2020.

[The Best Start for Life-A vision for the 1,001 critical days](#)- HM Government 2021.

[Bercow 10 years on](#)- March 2018.

[SEND code of practice: 0 to 25 years](#)- Department for Education and Department for Health and Social Care, April 2020.

[Early Years Foundation Stage \(EYFS\) Statutory Framework](#)- Department for Education, September 2021.

[Healthy Child Programme: Pregnancy and the First 5 Years of Life](#)- Department of Health and Social Care, October 2009.

JSNA chapters

[1001 days: From conception to age 2 \(2019\)](#)

[Early Years and School Readiness \(2019\)](#)

[Child Poverty \(2016\)](#)

Local strategies

[Nottinghamshire Best Start Strategy 2021-2025](#)

[Nottinghamshire Integrated SEND Commissioning Strategy 2021-2023](#)

Nottinghamshire Pharmaceutical Needs Assessment 2018 - 2021 Supplementary Statement for July-September 2021 (Q2)

The information contained in this supplementary statement supersedes some of the information provided in the original [pharmaceutical-needs-assessment 2018-2021](#) and should be read in conjunction with that document.

No.	Date of effect	Pharmacy name and address	Details of change	Other details
1	9 th August 2021	Well Pharmacy 113 Clipstone Road West, Forest Town, Nottinghamshire, NG19 0BT	Change of Core Hours From: Mon to Fri 09:00 – 13:00 & 14:00 – 17:30 Sat 09:00 – 11:30 To: Mon - Fri 09:00 – 13:30 & 14:00 – 17:30 Sat Nil Change of Supplementary Hours From: Mon to Fri 13:00 – 14:00 & 17:30 – 18:00 Sat 11:30 – 13:00 To: Mon - Fri 13:30 - 14:00 & 17:30 – 18:00 Sat Nil	Reduction in core and supplementary hours on weekdays
2	1 st September 2021	Boots Pharmacy Midlands Street, Long Eaton, Nottinghamshire NG10 1RY	Change of Supplementary Hours From: Mon – Fri 08:00 – 08:30, 13:20 – 13:40, 17:00 – 20:00 Sat 08:30 – 17:00 Sun 10:00 – 16:00 To: Mon – Fri 08:00 – 08:30, 13:20 – 13:40, 17:00 – 20:00 Sat 08:30-17:00 Sun Nil	No supplementary hours on Sundays

Note: The Nottinghamshire Pharmaceutical Needs Assessment is undergoing an update. The new Pharmaceutical Needs Assessment (PNA 2022-2025) will be published on [Nottinghamshire Insight](#) in 2022.

24 November 2021**Agenda Item: 5****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE &
HEALTH****APPROACH FOR APPROVAL OF THE 2021-22 BETTER CARE FUND PLAN****Purpose of the Report**

1. To approve the approach for assurance and sign-off of the Nottinghamshire Better Care Fund plan for 2021-22, that is due to be submitted to NHS England & Improvement (NHSEI) on 16 November 2021.

Information**The Better Care Fund Plan 2021-22**

2. Local areas were not required to submit Better Care Fund (BCF) plans in 2020-21 due to the exceptional pressure on systems due to the COVID-19 pandemic. The requirement to agree to use the mandatory funding streams, and pool them into a joint agreement under section 75 of the NHS Act 2006 was met.
3. The policy framework for the 2021-22 BCF plan was released on 30th September 2021. The focus is on continuity of existing plans, and planning for integrated care to support recovery from the pandemic, building on the close working developed to respond to the pandemic.
4. BCF plans must be submitted to NHSEI by 16th November 2021.

BCF 2021-22 Planning Requirements

5. The BCF plan will consist of:
 - An optional narrative plan.
 - BCF planning template including:
 - Planned expenditure from all BCF funding sources
 - Confirmation that national conditions are met
 - Ambitions and plans against the BCF national metrics
 - Any additional contributions to BCF section 75 agreements.
6. The national conditions that must be met are:
 - A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
 - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.

- Invest in NHS commissioned out of hospital services.
- Plan for improving outcomes for people being discharged from hospital.

Agreement of local plans

7. National condition one requires that plans for use of all mandatory pooled funds are agreed by local authority chief executives and CCG accountable officers and are signed off by Health and Wellbeing Boards.
8. It has been proposed that the Chief Executive of Nottinghamshire County Council and the Accountable Officers for Bassetlaw and Nottingham and Nottinghamshire CCGs agree the plan prior to submission on 16th November, with retrospective approval to be sought from the Health and Wellbeing Board at its next meeting on 6th January 2022.

Other options considered

9. None.

Reasons for Recommendation

10. To ensure the Health & Wellbeing Board has oversight of the Better Care Fund and can discharge its national obligations.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

12. The 2021-22 Better Care Fund pooled budget has been agreed as £99,267,060 after inflation.

Legal Implications

13. The Care Act facilitates the establishment of the Better Care Fund by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

Constitutional comments (ELP15/11/21)

14. The recommendations fall within the delegation to Health & Wellbeing Board by virtue of its frame of reference.

Financial comments (OC 09/11/21)

15. The 2021-22 Better Care Fund pooled budget has been agreed as £99,267,060 after inflation.

Table below

**2021/22 Better Care Fund
Contribution**

Contributing partner	Annual Contribution £	Protecting Social Services £	Support for Carers £	Care Act Implementation £	Annual Payment to NCC £
NHS Bassetlaw CCG	£9,052,942	£2,828,127	£280,236	£363,582	£3,471,945
NHS Nottingham and Nottinghamshire CCG	£52,316,256	£17,094,593	£1,202,271	£2,045,368	£20,342,232
Nottinghamshire County Council - DFG	£7,886,632				
Nottinghamshire County Council- IBCF	£30,011,229				
Total	£99,267,060	£19,922,720	£1,482,507	£2,408,950	£23,814,177

RECOMMENDATIONS

That the Health & Wellbeing Board:

- 1) Approve the approach for assurance and sign-off of the Nottinghamshire Better Care Fund plan for 2021-22, that is due to be submitted to NHS England & Improvement (NHSEI) on 16 November 2021 and to the Health and Wellbeing Board on 6 January 2022 for retrospective approval.

Melanie Brooks

**Corporate Director: Adult Social Care & Health
Nottinghamshire County Council**

For any enquiries about this report please contact:

Kash Ahmed

Service Director: Strategic Commissioning & Integration
Adult Social Care & Health
Nottinghamshire County Council
Email: Kashif.Ahmed@nottscc.gov.uk

Sarah Fleming

Head of Joint Commissioning
Nottingham & Nottinghamshire Clinical Commissioning Group
Email: sarah.fleming1@nhs.net

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 2018-19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019-20 – report to Health & Wellbeing Board on 6 March 2019
- 2019-20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019

- Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return – 18 April 2019
- 2018-19 Better Care Fund Performance – report to Health & Wellbeing Board on 5 June 2019
- Better Care Fund Planning Requirements for 2019-20, Department of Health & Social Care, Ministry of Housing, Communities & Local Government, and NHS England, 18 July 2019
- 2019-20 First Quarter Better Care Fund Performance and Programme Update – report to Health & Wellbeing Board on 4 September 2019
- Nottinghamshire 2019-20 Better Care Fund Planning Template
- Retrospective approval of the 2019-20 Better Care Fund Planning Template submission

Electoral Division(s) and Member(s) Affected

- All

24 November 2021**Agenda Item: 6**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

SUICIDE PREVENTION IN NOTTINGHAMSHIRE

Purpose of the Report

1. The purpose of this report is to update on progress made on the approach to suicide prevention in Nottinghamshire, and seek support for suicide prevention activities and approval for the suicide prevention action plan refresh 2021.

Information

Background

2. Suicide has a significant, lasting and often devastating impact - economically, psychologically and emotionally - on individuals, families, communities, and the wider society. Suicide is preventable and suicide prevention remains a national and local priority.
3. Therefore, our aim is to reduce the rate of suicide and self-harm in Nottinghamshire County by proactively improving the population mental health and wellbeing, and by responding to known risk for suicide.
4. Suicide rates are reported as 3 year rolling averages as annual rates for suicide can fluctuate widely from year to year. The England average rate for suicide increased from 10.1 to 10.4 per 100,000 people between 2018 and 2020¹.
5. Certain groups of people are known to be at a higher risk of suicide than the general population including²:
 - Men aged 35-59 years
 - People in the care of mental health services
 - People with a history of self-harm, untreated depression, alcohol misuse, facing economic difficulties, going through divorce or separation or have long-term physical illnesses
 - People in contact with the criminal justice system
 - Children and young people who have experience of abuse and/or neglect
 - Specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers

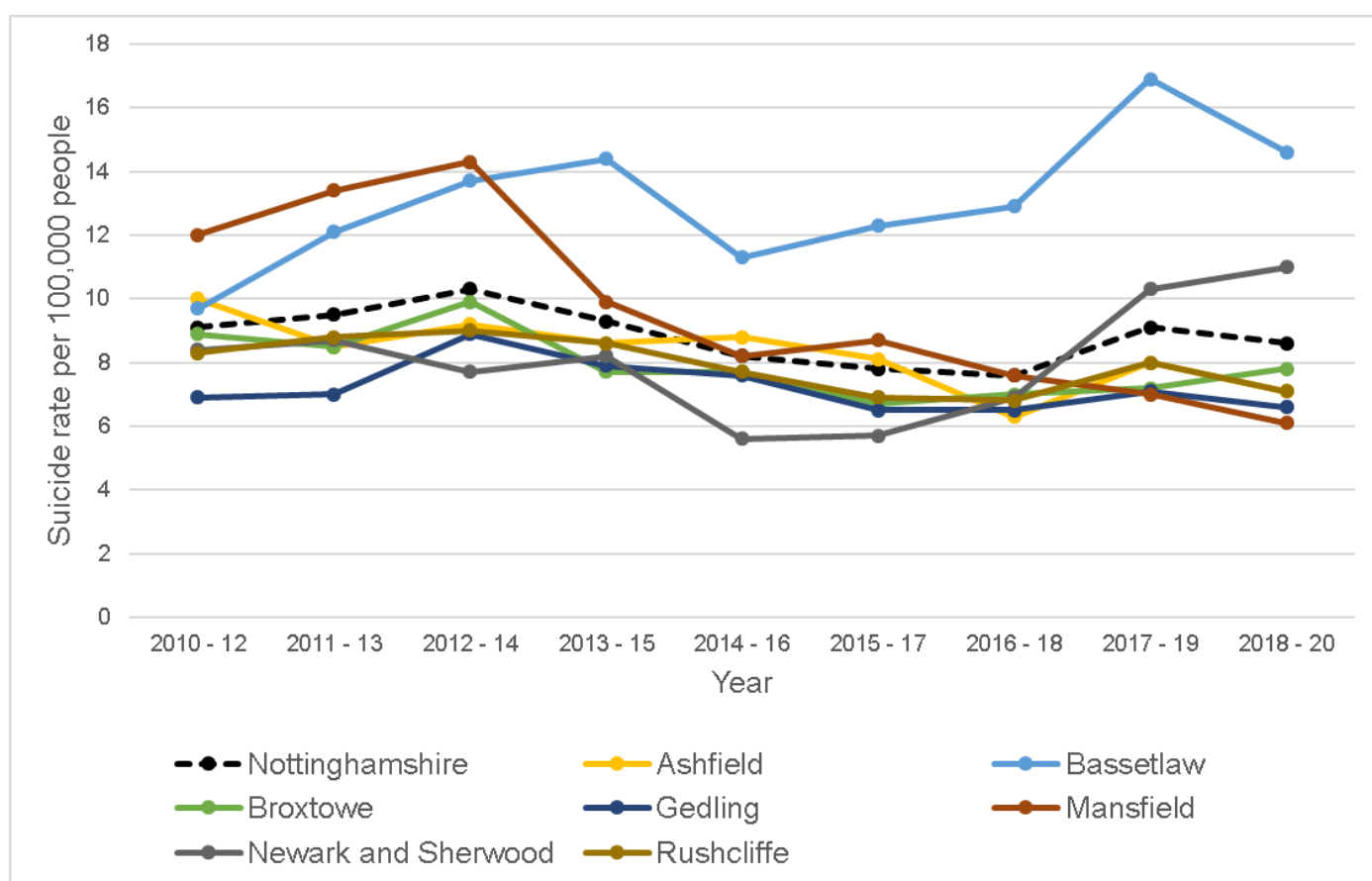
¹ Public Health Profiles: Suicide Prevention Profile, Public Health England. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

² Nottinghamshire County Council. Suicide Prevention Joint Strategic Needs Assessment. 2016.

- Lesbian, gay, bisexual or transgender people
- Older people aged 65+ experiencing social isolation and loneliness

6. There is a strong relationship between suicide and socio-economic deprivation. Those in the poorest socio-economic group are 10 times more at risk of suicide than those in the most affluent group².
7. In Nottingham and Nottinghamshire, the latest data demonstrates average suicide rates³ between 2018 and 2020 have reduced compared to the time period 2017 and 2019. The average suicide rate has reduced to 8.6 from 9.1 in Nottinghamshire, and reduced to 11.5 from 12.7 in Nottingham per 100,000 population as shown in Figure 1. In Nottinghamshire, the number of suicide deaths has decreased to 188 between 2018 and 2020, compared to 199 between 2017 and 2019.

Figure 1: Suicide rate per 100,000 people in Nottinghamshire and Nottinghamshire districts. Source: Public Health England. Suicide Prevention Profile (2021)



8. **Figure 1** shows the suicide rate per 100,000 people between 2010 and 2020 for Nottinghamshire and districts and boroughs. It shows variation in suicide rates between districts with higher rates of suicide in Bassetlaw and Newark and Sherwood. **Table 1** shows the number of suicide deaths in Nottinghamshire and districts between 2018 and 2020.

³ Public Health Profiles: Suicide Prevention Profile, Public Health England. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

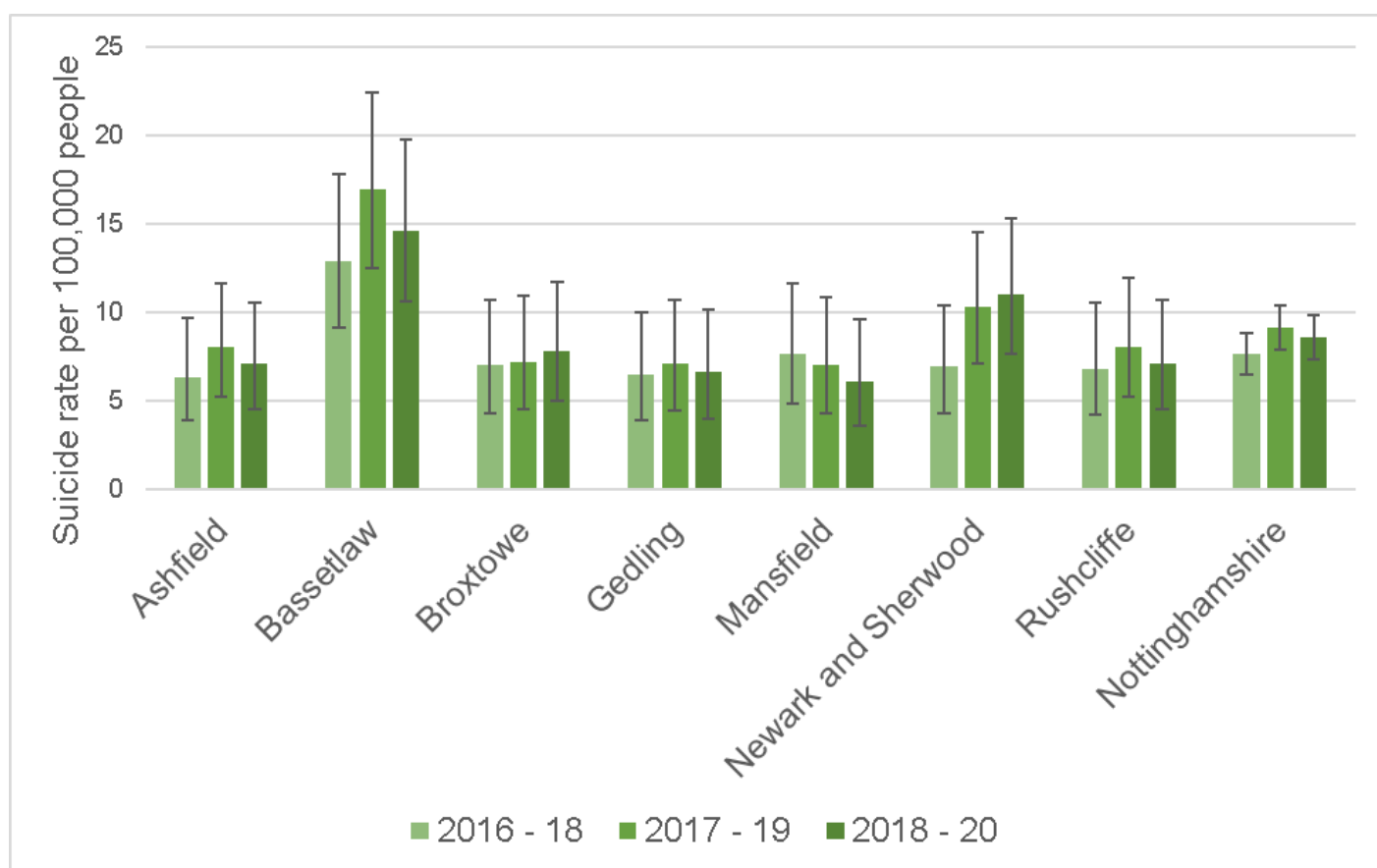
9. **Figure 2** shows the suicide rate per 100,000 people between 2016 and 2020 for Nottinghamshire and districts and boroughs.

10. Understanding trends in suicide rates both locally and nationally allows targeting of support and services. In addition to nationally collected data, Nottinghamshire has a Real Time Surveillance system which allows real time monitoring of suspected suicides, allowing rapid targeted responses to prevent further suicides and clusters.

Table 1: Number of suicide deaths in Nottinghamshire and Nottinghamshire districts between 2018 and 2020. Source: Public Health England. Suicide Prevention Profile (2021)

District	Number of suicide deaths
Ashfield	24
Bassetlaw	44
Broxtowe	24
Gedling	20
Mansfield	18
Newark and Sherwood	35
Rushcliffe	23
Nottinghamshire (total)	188

Figure 2: Suicide rate per 100,000 people with 95% confidence intervals in Nottinghamshire and Nottinghamshire districts 2016 - 2020. Source: Public Health England. Suicide Prevention Profile (2021)



Suicide Prevention Strategic Steering Group (SPSSG)

11. The Suicide Prevention Strategic Steering Group (SPSSG) has been constituted by the Nottingham City and Nottinghamshire County Integrated Care System (ICS) Mental Health Board and Health and Wellbeing Boards (Nottinghamshire County and Nottingham City). The SPSSG is responsible for the development and implementation of a suicide prevention strategy and plans across Nottinghamshire and Nottingham City.
12. The Terms of Reference for the SPSSG have recently been reviewed and the revised Terms of Reference signed off by the ICS Mental Health Board. The revised Terms of Reference ensure the SPSSG has a clear strategic and governance focus, and will be supported by a new Suicide Prevention Stakeholder Network. Further information on this network is set out in paragraphs 16 – 19 of this report.
13. The SPSSG develops an understanding of local patterns and trends around suicide and self-harm to inform local suicide prevention strategy and action, and monitors delivery of system wide suicide prevention activity.
14. The SPSSG manages the Wave 4 Suicide Prevention Programme (2021-2024), as described in paragraph 20 – 22, and works with other programmes to ensure alignment and reduce duplication within the suicide and self-harm prevention agenda. In addition, the SPSSG will bid for external funding to support strategy and plans.
15. The SPSSG oversees the work of the Real Time Surveillance Group (as set out in paragraph 10 and 39) and, where appropriate, will establish time-limited Task and Finish Groups to undertake specific work identified within the Suicide Prevention Action Plan.
16. Suicide prevention is everyone's business and effective delivery of the Suicide Prevention Action Plan requires a whole system approach. The SPSSG is developing the new Nottinghamshire and Nottingham City Suicide Prevention Stakeholder Network to provide a forum to engage, work with and support a wide range of stakeholders to implement the Nottingham and Nottinghamshire Suicide Prevention Action Plan and to deliver the required outcomes.
17. Stakeholders include a broad range of NHS and non-NHS providers of mental health and suicide prevention services and support and a wide range of other non-mental health providers and system partners who have contact with people who may be at risk of suicide.
18. The Suicide Prevention Stakeholder Network will enable sharing of good practice, cross-organisational collaboration and partnership working to improve outcomes for the population and can alert the Steering group to any trends or issues within services and communities.
19. The Network will also contribute expertise to Task and Finish Groups, when submitting any bids for external funding and business cases for internal resources. The Network will also be a key mechanism for promoting suicide prevention campaigns and can disseminate communications within own and partner organisations and to the public.

Wave 4 Suicide Prevention Programme

20. Led by Nottinghamshire County Council Public Health Team, the Suicide Prevention Strategy Group for Nottingham and Nottinghamshire ICS were successful in obtaining funding from NHS England Wave 4 Suicide Prevention Funding in November 2020. The Wave 4 suicide prevention programme is a three year programme utilising new NHSE funding on the Nottingham and Nottinghamshire ICS footprint.
21. A Public Health and Commissioning Manager (Suicide Prevention Programme) started in post in October 2021 to deliver and oversee the programme. The programme will be underpinned by a clear evaluation framework, and co-production and participation of people with lived experience. The Stakeholder Network will further support the roll out and sustainability of the programme across the wider system.
22. The Wave 4 programme is grouped into four themes aligned with the priorities within the Nottingham and Nottinghamshire Suicide Prevention Strategy (2019 – 2023). Work is ongoing throughout all themes which include: competency, compassion, knowledge and skills; communications and public awareness; prevention support for high risk groups; and real time surveillance (RTS).

Competency, compassion, knowledge and skills

23. The Wave 4 Programme will include a clear focus on training for a range of audiences including primary care and other statutory services, non-statutory services, the voluntary and community sector and community champions.
24. Nottinghamshire County Council will be working with local partners to commission a provider to undertake a mental health and suicide awareness training needs assessment across the system. It is anticipated this will take place in quarter 4 of 21/22 and will be used to make recommendations to system partners and providers in relation to training and to inform the commissioning of some training provision.
25. It is anticipated that some training will be commissioned via procurement of a Framework Agreement contract. Training may also be commissioned for the wider community and to support the development of a network of community champions for suicide prevention
26. Nottinghamshire County Council continue to commission suicide prevention and mental health awareness training that is free to access for the community and voluntary sector.

Communications and public awareness

27. New communications and awareness raising materials have been developed which include targeted communications for students and older adults, and a comprehensive suicide prevention document for frontline workers.
28. As part of the Wave 4 programme, there is ongoing work to develop a recognisable brand and campaign with the whole population and targeted approaches to raise awareness and reduce stigma around suicide. Communications will be developed with co-production groups to ensure service users, people with lived experience and service providers work together to produce effective resources and campaigns.

29. World Suicide Prevention Day is 10th September. For 2021, a communications campaign was developed in collaboration with system partners with social media posts running on Nottinghamshire County Council social media channels including Facebook, Twitter, Instagram and LinkedIn. Social media posts promoted this year's international theme of 'creating hope through action' and included links to key support services, training and wider information around suicide prevention. The social media campaign planner was distributed through the SPSSG to allow wider distribution of campaign materials and for individual organisations to use if required.
30. Social media posts ran from 3rd to 10th September 2021. Reach, defined as the extent of the audience who come across the communications campaign content, was 489,900 and 175 links were clicked. The highest engagement was with the social media post promoting Child and Adolescent Mental Health Services.

Prevention support for high risk groups

31. There is ongoing targeted delivery of support to people at risk of suicide including crisis and wider suicide prevention services.
32. The 24/7 Mental Health Crisis Line, offers immediate help to people of all ages experiencing a mental health crisis across Nottingham and Nottinghamshire. The Crisis line is available 24 hours a day, seven days a week and ensures that people get the help they need when they need it most.
33. Nottinghamshire Crisis Sanctuaries provide mental health crisis support to communities across Nottinghamshire. The sanctuaries were developed after extensive consultation and engagement with a wide range of stakeholders, partners and people with lived experience. The Crisis Sanctuaries are delivered through a partnership of Framework, Harmless, Turning Point and Mind. The Crisis Sanctuaries are open to anyone over 18 who are near, or at mental health crisis who need a safe space to talk. Each Crisis Sanctuary has 3 trained Crisis Intervention Workers who provide recovery-focused crisis support in a trusted and consistent space for people who require out of hours mental health support. Support can be provided in person, or if preferred via telephone or through video calling platforms.
34. The local postvention suicide bereavement service continue to work with people who are affected by a suicide. This service was evaluated in July 2021.
35. A Further Education and Higher Education suicide prevention network has been established to share learning and best practice for suicide prevention.
36. A small grants process to support community groups with small scale but high impact projects has been developed and the first wave of bids for community funds will be launched before December 2021.
37. Funding within the Wave 4 programme has been set aside for the provision of specialist and targeted suicide prevention and crisis support and also self-harm. Nottinghamshire County Council Public Health Team are working closely with Nottingham City Council and the CCGs to develop the best model and commissioning approach, and identify any opportunities for joint commissioning. A self-harm pathway mapping exercise and a suicide crisis pathway mapping

exercise are being finalised and will inform the model for support, as will engagement with people with lived experience.

Real time surveillance (RTS)

38. The local Real Time Surveillance System (RTS) was established in February 2019. Potential suicide deaths are reported into the RTS and the system is monitored fortnightly and reviewed to identify any potential clusters or linked cases and to identify changes in trends to inform our local suicide prevention responses. Nottinghamshire County Council Public Health chair a multi-agency RTS working group who meet monthly to review RTS data and feed into other local intelligence. The local RTS data was reviewed over an 18-month period and findings used to inform the suicide prevention plan. The local Suicide Cluster Response Plan Guidance was developed to ensure the system is able to respond swiftly if any potential clusters are identified.
39. There is ongoing preparation to tender for a Real Time Surveillance Information System including market engagement and service specification which will be advertised in October 2021. This is to enable easier production of routine and bespoke reports, reducing reliance on manual data analysis for real-time reporting of potential suicide deaths.

Suicide Prevention Action Plan Refresh: 2021

40. The Suicide Prevention Action Plan has been refreshed. The refresh has been informed by a progress review against the current plan, in addition with the review of recently published documents and reports on suicide prevention at both local and national levels.
41. The key updates to the action plan include actions related to governance and equality, Real Time Surveillance, service delivery and populations. The full Suicide Prevention Action Plan refresh is included in **appendix 1**.

Priorities for 2021/22

42. Aligned to the priorities brought forward to the Health and Wellbeing Board in September 2021 our suicide prevention priorities for the partnership are:
- 43. Action 1: Support consistent approach to suicide prevention including endorsing the Suicide Prevention Action Plan refresh as part of the joint Health and Wellbeing strategy.**
- 44. Action 2: To support the continued delivery of the Wave 4 suicide prevention programme and suicide prevention activities.**
- 45. Action 3: Commit to further improving the knowledge, competencies and skills of the workforce in relation to suicide prevention**
46. Nottinghamshire County Council will be working with local partners to commission a provider to undertake a mental health and suicide awareness training needs assessment across the system. It is anticipated this will take place in quarter 4 of 21/22.
47. It is recommended that Board Members support their organisation to engage with the training needs assessment. Recommendations from the training needs assessment will be shared with Board Members to support improvements in training across their organisations.

48. Some mental health and suicide awareness training will be commissioned to address gaps in training across the system where this cannot reasonably be provided by organisations. Information on training will be shared with Board Members who may wish to promote uptake of training where appropriate.

Other Options Considered

49. Alternative options would be not to deliver on the Suicide Prevention Action Plan.

Reason/s for Recommendation/s

50. The recommendations have been chosen to ensure that we continue to reduce suicide rates across Nottinghamshire.

Statutory and Policy Implications

51. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

52. There are no financial implications arising directly from this report.

RECOMMENDATION/S

The Health and Wellbeing Board are asked-

- 1) To identify a named mental health champion within each organisation who can assist with co-ordinating engagement with the Suicide Prevention Stakeholder Network, facilitate participation in the mental health and suicide prevention training needs assessment, and support embedding the suicide prevention activities outlined in this report across the system.
- 2) To endorse the Suicide Prevention Action Plan refresh for 2021.

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Constitutional Comments (EKH 04/11/2021)

53. This report is appropriate to be considered by the Health and Wellbeing Board and the power to make any resolution resultant upon the recommendation.

Financial Comments (DG 05/11/2021)

54. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

NHS Long Term Plan 2019

<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Nottinghamshire County Council. Suicide Prevention Joint Strategic Needs Assessment. 2016.

[Suicide prevention \(2016\) - Nottinghamshire Insight](#)

Public Health Profiles: Suicide Prevention Profile, Public Health England.

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>

Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019 – 2023.

[An approach to public mental health promotion to improve and maintain mental wellbeing in Nottinghamshire](#)

Report to Nottinghamshire Health and Wellbeing Board (September 2021)

[NHS England Wave 4 Suicide Prevention funding](#)

Report to Nottinghamshire Adult Social Care and Public Health Committee (March 2021)

Electoral Division(s) and Member(s) Affected

- All

Appendix 1

2021 revision of Nottingham and Nottinghamshire Suicide Prevention Action Plans - high level actions

Table of abbreviations and terms					
BTP	British Transport Police	LTC	Long term condition	PHE	Public Health England
CCG	Clinical Commissioning Group	NHFT	Nottinghamshire Healthcare NHS Foundation Trust	RTS	Real Time Surveillance
DV	Domestic violence	NHSE/I	NHS England/Improvement	SPSG	Suicide Prevention Steering Group
EIA	Equality Impact Assessment	NICE	National Institute of Health and Care Excellence	ToR	Terms of Reference
FE	Further Education	Op Courage	Op Courage is part of a nine-point NHS plan to support the Armed Forces.		
HE	Higher Education	PH	Public Health		

Ref	Action	Owner	Timescale	Status
Nottingham and Nottinghamshire Suicide Prevention Core Plan				
Governance and Equality				
1	Review and update the governance structure for suicide prevention, including refresh of Suicide Prevention Steering Group (SPSG) Terms of Reference (ToR), establishing a new Suicide Prevention (SP) Stakeholder Network and a Further and Higher Education Network	PH and partners	2021/22	New. In progress
2	Undertake an Equality Impact Assessment (EIA) of the Suicide Prevention Action Plan	PH and partners	2021/22	New
3	Undertake a Health Equity Audit (in relation to protected characteristics, other inequalities and wider determinants, including specific groups e.g. veterans) that can inform future service developments	PH and partners	2021/22	New
Real Time Surveillance				
4	Undertake an evidence review (including learning from other areas) on reducing access to means for the most common methods of suicide identified locally and review recommendations for local action	RTS	2022	New
5	Agree revised minimum data set for RTS in line with PHE minimum dataset (including antecedents such as domestic violence, substance misuse, long term conditions etc) and commence reporting into the national Public Health England Real Time Surveillance System.	RTS	2022	New

Appendix 1

Ref	Action	Owner	Timescale	Status
6	Move to weekly reporting of potential suicide deaths by Nottinghamshire Police reporting and expand data to include mention of potential COVID impact included within narrative, location and some limited identifiable information.	RTS	2021	Carried forward from existing plan. In Progress.
7	Network Rail and British Transport Police establish an alert system when high incidence locations are identified.	RTS	2022	Carried forward from existing plan. In Progress.
8	Develop a 'lessons learnt' process as part of Real Time Surveillance (RTS) to capture and share system wide learning from suicide deaths (to include learning relevant to the wider system such as DV, substance misuse, learning disability and other services)	PH/RTS	2023	Carried forward from existing plan. Not due to start yet.
9	Develop process and data sources for reporting 'near misses' to the RTS Working Group	PH/RTS	2021/22	Carried forward from existing plan. In Progress.
10	Undertake a review of RTS data (every two years)	PH/RTS	2023	Ongoing action. First review undertaken 2021
Service Delivery				
11	Replicate the Nottingham University Hospitals self-harm audit in Sherwood Forest Hospitals	PH	2022	Carried forward from existing plan. Not due to start yet
12	Improve suicide prevention training for Nottinghamshire Healthcare NHS Foundation Trust (NHFT) inpatient services	NHFT	2021	Carried forward from existing plan. In Progress.
13	Gain assurance from system providers that adults are asked about family/carer involvement in line with National Institute of Health and Care Excellence (NICE) Quality Standard	SPSG/Stakeholder Network	2022	New
14	Develop crisis alternatives models to provide a broader package alongside mental health crisis teams and core mental health services: Y1: Sanctuaries, St Triage multi-agency role, integration of crisis and help lines and develop post crisis support	CCG	2021/22	New. In progress

Appendix 1

Ref	Action	Owner	Timescale	Status
15	Undertake an evaluation of postvention suicide bereavement support and pathways, review recommendations and implement agreed actions	PH/CCG	2021/22	Carried forward from existing plan. In progress (evaluation completed).
16	Develop a referral pathway between British Transport Police (BTP) and postvention suicide bereavement support and monitor through RTS and contract review meetings	PH/BTP/ Tomorrow Project/CCG	2021	Carried forward from existing plan. In progress
17	It's safe/okay to talk about suicide/self-harm leaflets available to primary care through F12 function	PH/CCG	2022	Carried forward from existing plan. Not due to start yet
18	Develop a local version of the Derby and Derbyshire Suicide Prevention Support Pack for General Practice	PH/CCG	2022	New
Populations				
19	Economically vulnerable: Identify organisations that support people who are economically vulnerable so that they can be included in the SP Stakeholder Network and linked into the Wave 4 programme. Share information on services and support for people who are economically vulnerable with mental health and crisis services (including promotion of the breathing space scheme)	PH and partners	2022	New
20	Workforce: Identify mechanisms for engaging with private sector workplaces on suicide prevention (focus on at risk occupations and high male workforce)	PH and partners	2022	New
21	Children and Young People: Review the extent to which our local action plan addresses suicide prevention for Children and Young People (CYP) against the National Health Service England (NHSE) Midlands Suicide Prevention Children and Young People Rapid Evidence Review. Identified areas for action to be incorporated into the action plan	PH/CYP Integrated Children's Commissioning Hub	2021/22	New
22	Older adults: Undertake an evidence review relating to suicide prevention and older adults and explore options as part of Crisis Transformation Programme	PH/CCG	2022	New. In progress (evidence review completed).

Appendix 1

Ref	Action	Owner	Timescale	Status
23	<p>Veterans: undertake evidence review on the needs of veterans in relation to mental health and suicide, to inform future developments.</p> <p>Promote and raise awareness of the Op Courage MH Pathway and Armed Forces Health eLearning (commissioned by NHSE/Improvement Armed Forces Health).</p> <p>Ensure an ongoing dialogue with NHSE/Improvement around provision of mental health, suicide prevention and postvention. bereavement support to veterans and engage in any NHSE Midlands masterclass with Integrated Care Boards (ICBs) - date to be agreed.</p> <p>Identify veterans within the local Suicide Cluster Response Plan Guidance in the first annual refresh</p> <p>Review learning from the NHSE/Improvement review/investigation of Serious Incidents within the Op Courage Pathway and implement any relevant learning locally</p>	PH and partners	2023	New
24	<p>Autism and Learning Disability. Establish links between the SPSG and the Autism Strategy Group and the Learning Disability/Autism three year transformation programme</p>	PH/CCG	2022	New
25	<p>Undertake an evidence review in relation to autism/learning disabilities/neurodiversity and suicide prevention and consider recommendations within the SPSG, Autism Strategy Group and Autism transformation programme</p>	PH/SPSG/ Autism Strategy Group/CCG	2022	New. In progress
26	<p>Develop guidance and training relating to autism and suicide prevention with training focussed initially toward urgent care</p>	NHFT	2022 (tbc)	New
27	<p>Domestic Violence. Review learning from Domestic Homicide Reviews relevant to suicide prevention and incorporate actions into future updates of the action plan</p>	tbc	tbc	New
28	<p>Higher Education Students. Review learning from the Improving Mental Health Provision for Students in Higher Education NHS National Learning Event and identify local actions to take forward in a work plan for the FE and HE Suicide Prevention Network</p>	FE & HE SP Network	2022	New
Media				

Appendix 1

Ref	Action	Owner	Timescale	Status
29	Undertake an annual audit of local print media reporting (period of 1 month) to review adherence to best practice (NICE/Samaritans) Incorporate learning from The Tomorrow Project's monitoring of social media	RTS/ Tomorrow Project	2022 (and annually)	New
30	Review learning from the Integrated Care System South Yorkshire and Bassetlaw Media workshop and review what could be implemented locally	PH and partners	2023	Carried forward from existing plan
31	Develop a co-ordinated plan to respond to the media in cases of suicide inappropriate reporting	PH and partners	2022	Carried forward from existing plan
Wave 4 Suicide Prevention Programme				
Co-production/engagement				
32	Develop and agree co-production/engagement structure and process and establish safeguarding support	PH	2021	In progress
33	Establish engagement group and recruit members	PH	2021	In progress
34	Engage with group on key developments within Wave 4 programme	PH	2021 onwards	Not due to start yet
Competency, compassion, knowledge and skills				
35	Procure a provider to undertake analysis of training needs in relation to suicide and mental health across the system and in communities	PH	2021/22	In progress
36	Procure a training and targeted support provider/s Framework	PH	2021/22	In progress
37	Training provider/s develop and deliver training packages in line with findings of the training needs analysis	PH and partners	2022/23 ongoing	Not due to start yet
38	Develop mechanisms for Suicide Prevention Champions across the system and in communities	PH and partners	2022/23 ongoing	Not due to start yet
Communications and public awareness				
39	Develop a brand identity for the suicide prevention programme, with engagement with people with lived experience	PH and partners	2021	In progress
40	Launch and roll out campaign with branded promotional materials	PH and partners	2021/22	Not due to start yet
41	Roll out resources and messages more widely and targeted to specific high need/risk groups	PH and partners	2022	Not due to start yet
42	Engage all partners in targeted suicide prevention campaign	PH and partners	2022	Not due to start yet
Prevention support for high risk groups				

Appendix 1

Ref	Action	Owner	Timescale	Status
43	Self-harm: Map an all-age self-harm pathway, identify gaps and areas for improvement	CCG	2021	In progress
44	Produce and agree self-harm pathway improvement plan, including identifying best use of additional wave 4 resources allocated to self-harm	PH/CCG	2022	Not due to start yet
45	Enhanced delivery of support to people at risk of suicide experiencing challenges that are known risk factors/triggers/antecedents to suicide e.g. relationships, finances/debt, housing, employment and at-risk groups e.g. farming communities Model/s for new ways of working together co-produced with partners, stakeholders and people with lived experience and most appropriate mechanism for procurement identified	PH and partners	2022	Not due to start yet
46	Develop and implement a small grants process to support small scale developments for suicide prevention within communities	PH	2021/22	In progress
Real time Surveillance				
47	Identify and procure a dedicated RTS data system	PH/RTS	2021	In progress
48	Implement the new RTS system	PH/RTS	2021	Not due to start yet

24 November 2021**Agenda Item: 7****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****IMPROVING OUTCOMES FOR SURVIVORS OF DOMESTIC ABUSE****Purpose of the Report**

1. The purpose of this report is to update the Health and Wellbeing Board on the local implementation of the domestic abuse statutory duty in Nottinghamshire, and outline the new governance arrangements for the Domestic Abuse Local Partnership Board.

Information**Local context**

2. Domestic abuse is a complex and multifaceted problem affecting a wide range of people and requires comprehensive services and systems to tackle the issues effectively. Nottinghamshire County Council is driving strategic change through partnership and leadership to make Nottinghamshire a place where survivors of domestic abuse receive the support they need to feel safe and rebuild their lives. Perpetrators are held to account for their actions by the police, criminal justice systems and wider services. Communities recognise and respond to domestic abuse early to prevent abuse from happening and support survivors and their families.
3. The Domestic Abuse Act 2021 gives Nottinghamshire County Council, as a lead authority, statutory duties for commissioning Domestic Abuse support services for adults and children within safe accommodation. The Act has created a statutory definition of domestic abuse, established a Domestic Abuse Commissioner, and enhanced legal processes.

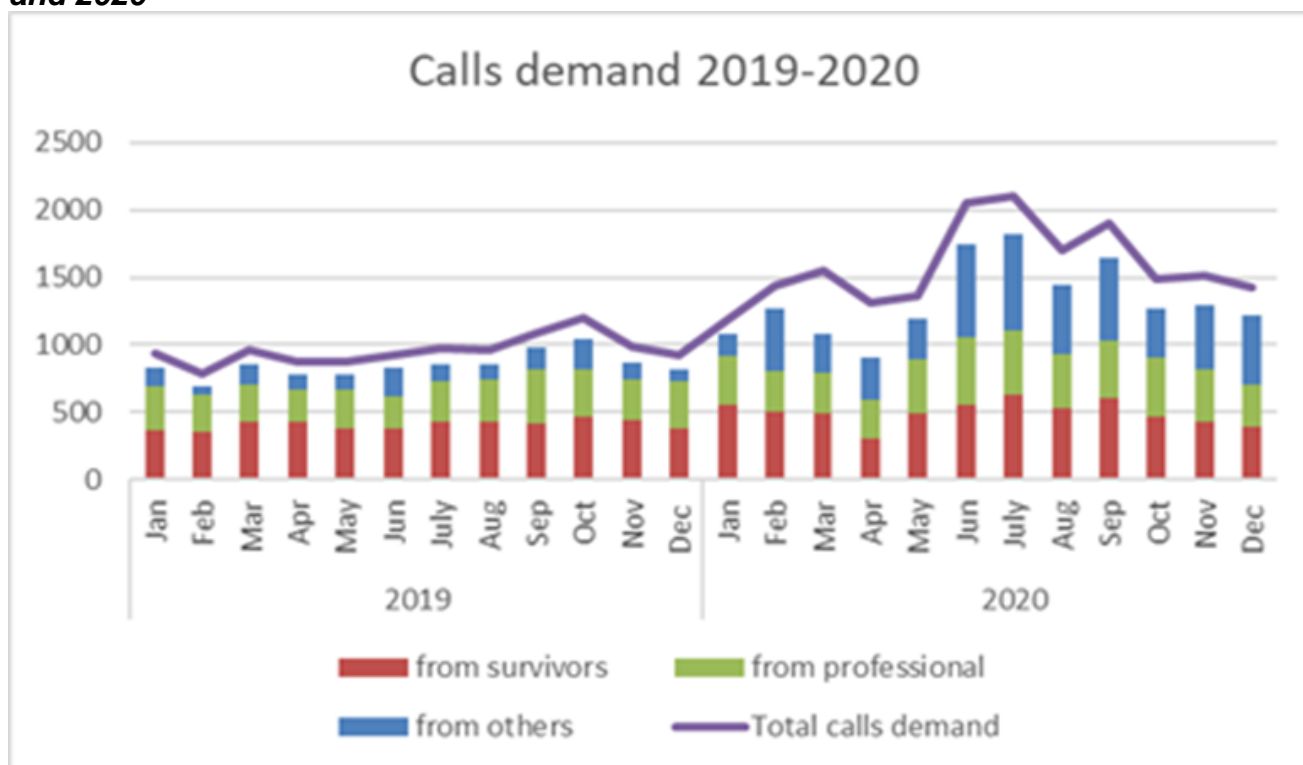
Domestic abuse provision

4. Based on national data (ONS, 2018) the Nottinghamshire County Domestic Abuse Joint strategic needs assessment (2019) reported more than 79,000 people in Nottinghamshire have experienced abuse in their lifetime and 20,362 people in the previous year, resulting in over half of the children on child protection plans citing domestic abuse as an issue. Domestic abuse disproportionately affects women and children. Between April 2020 to the end of December 2020 Nottinghamshire domestic abuse services supported over 1,900 survivors, 99% of these were women.¹ Nearly two thirds (73%) of women living in local refuges have at least one child and over half (53%) have two or more children. Local refuge performance reports have shown that between April 2020 and December 2020, there were an estimated 252 people aged 0-17 living in refuge, with 145 people aged 18 and over.

¹ Domestic Abuse Contract Management Reports 2020

5. The Covid-19 pandemic has had an impact on domestic abuse survivors and their children. A national study on the impact of Covid-19 on domestic abuse conducted by Women's Aid² stated that 53% of survivors said their children had witnessed more abuse and 38% said their abuser had shown increasing abusive behaviour towards their children. The delay in seeking help results in increased levels of trauma being experienced and this means more complex cases presenting to services requiring accommodation and support. Calls to the local helpline have increased during 2020 as illustrated in graph 1.

Graph 1 Juno 24-hour free phone domestic and sexual violence and abuse helpline 2019 and 2020



6. Services for individuals experiencing domestic abuse are currently funded via the Ministry of Housing Communities and Local Government (MHCLG), Nottinghamshire County Council, Police and Crime Commissioner, and Charitable support. These services include prevention work, training programmes, a free 24/7 telephone helpline, one to one and group support services and support within some refuge accommodation.³
7. There are 40 units of refuge accommodation in Nottinghamshire funded through either MHCLG or Nottinghamshire County Council.⁴ Survivors access this accommodation through: self-referral, following contact with helplines, domestic abuse sector, local authority district housing teams, social care and the police. The refuge provision in Nottinghamshire County comprises

² Women's Aid (2020) A Perfect Storm: The impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them <https://www.womensaid.org.uk/a-perfect-storm-the-impact-of-the-covid-19-pandemic-on-domestic-abuse-survivors-and-the-services-supporting-them/>

³ Nottinghamshire County Council, Adult Social Care and Public Health Committee Report (April 2019), [Domestic Abuse Support Services Procurement](#)

⁴ Nottinghamshire County Council, Adult Social Care and Public Health Committee Report (December 2019), [Funding for Support to Survivors of Domestic Abuse within Safe Accommodation](#)

two main cost components - Sustaining suitable arrangements for people fleeing domestic abuse requires both components to be funded.

8. The first is the cost of the accommodation, fully funded by district councils, through Housing Benefits. The second is the cost of the support services provided to survivors (women and their children) in refuges and other safe accommodation settings funded centrally by MHCLG and in the future via the Domestic Abuse duty allocation.

Statutory context and funding allocation

9. The Domestic Abuse Act 2021 has created a statutory definition of domestic abuse, established a Domestic Abuse Commissioner, and enhanced legal processes. The new Act has also placed a duty on local authorities in England to provide support to survivors of domestic abuse and their children in refuges and other safe accommodation.

10. The duties regarding domestic abuse are:

- a) Lead authorities to convene a multi-agency Local Domestic Abuse Partnership Board, to:
 - i. Assess the need and demand for accommodation-based support for all victims and their children, including those who require cross-border support.
 - ii. Develop and publish strategies for the provision of support to cover the locality and diverse groups of victims.
 - iii. Make commissioning / de-commissioning decisions.
 - iv. Meet the support needs of victims and their children.
 - v. Monitor and evaluate local delivery
 - vi. Report back to Central Government
- b) Lead authorities to have regard to statutory guidance in exercising these functions;
- c) The Secretary of State to produce the statutory guidance; and
- d) Tier 2 district, borough and city councils and London Boroughs to co-operate with the Local Domestic Abuse Partnership Boards.

11. Nottinghamshire County Council will be responsible for delivering the first two requirements as the lead authority, working closely with all partners.

12. The MHCLG allocated £1,540,091 in 2021/22 to Nottinghamshire County Council for the delivery of the domestic abuse duty and a further £223,315 to the districts and boroughs.

Domestic Abuse Needs Assessment and Commissioning Plan

13. As required by the Domestic Abuse Act a Needs Assessment was undertaken to inform the local commissioning plan and ensure that Nottinghamshire County Council are meeting all the new statutory duty requirements. The needs assessment has highlighted several key findings and recommendations for the County.

14. Key findings from the needs assessment included; limited refuge capacity, limited safe accommodation provision for survivors with physical disabilities; financial barriers preventing some survivors from seeking help or leaving an abusive relationship; inconsistent delivery of Sanctuary Schemes across the County; a lack of understanding around the needs of male survivors; barriers to access for those with protected characteristics.
15. Recommendations from the needs assessment included:
- a. **The development of survivor centred pathways for accessing safe accommodation and support.** This requires whole system change in the way partners communicate and collaborate in delivering housing provision and access to support. Increasing the number of units of safe accommodation as well as the type of accommodation available to address capacity issues. It has also been recommended that Sanctuary Schemes are refreshed and re-developed to ensure consistency across the County as well as increase capacity, to provide a greater number of survivors with safety measures to prevent homelessness. Sanctuary Schemes should be more widely publicised to increase the number of people who can benefit.
 - b. **Improvements to understanding, accessibility and overcoming barriers faced by protected characteristic groups including languages, no recourse to public funds, LGBT+ and disabilities.** Further in-depth work is required to fully understand the needs of some of these groups and this work must be undertaken before pathways and services can be developed accordingly.
16. The recommendations were discussed with local stakeholders including frontline services, at a workshop held on 18th May 2021. The feedback provided from this session along with the findings and recommendations from the needs assessment have been used to formulate the commissioning plan (**Appendix 1**).
17. The Commissioning plan is a three-year plan to provide stability within the domestic abuse sector, contracts will be awarded following successful commissioning processes for 2 years plus one year to allow for any fluctuations in funding. Funding for 2022/23 is expected at the same level as 2021/22 but will not be confirmed until the Spending Review in Autumn 2021.
18. The commissioning plan has been supported by District and Borough Councils. It identifies that some funding will be passported through to District and Borough Councils to match fund their contributions on the Housing agenda. This is intended to generate ongoing partnership working, helping District and Borough Councils to meet their responsibilities, and secure the financial investment required to improve outcomes across all districts in the County.
19. The Commissioning plan was approved by Nottinghamshire County Council's Adult Social Care and Health Committee on 26th July 2021 and is currently being progressed with a number of procurement projects ongoing.

Development of Domestic Abuse Support Services Strategy in Nottinghamshire

20. The Domestic Abuse Support (Local Authority Strategies and Annual Reports) Regulations 2021⁵ came into effect on 1st October 2021. These regulations state that 'a relevant local

⁵ <https://www.legislation.gov.uk/ukxi/2021/990/regulation/3/made>

authority must ... publish a section 57 [Domestic abuse] strategy before 5th January 2022.' Prior to the publication of the Strategy 'a relevant local authority must publish a draft of the strategy, at least 10 weeks before the date on which the authority intends to publish it.' This regulation therefore requires the publication of a draft domestic abuse safe accommodation strategy by 27th October 2021.

21. The Draft Domestic Abuse Strategy provided in **Appendix 2** outlines plans to improve the systemwide response to domestic abuse. The Strategy will be a live document with individual chapters being developed for each priority area. The strategy will be reviewed at least every three years in line with the regulations and to reflect best practice.
22. The strategic vision is to ensure *"Nottinghamshire is a place where survivors of domestic abuse receive the support they need to feel safe and rebuild their lives. Perpetrators are held to account for their actions by the police, criminal justice systems and wider services and communities recognise and respond to domestic abuse early to prevent abuse from happening and support survivors and their families"*.
23. The Strategy sets out Nottinghamshire County Council's approach to tackling Domestic Abuse. Domestic abuse is a complex and multifaceted problem affecting a wide range of people across the population and requires comprehensive services and systems to tackle the issues effectively. To deliver the vision there are eight priority areas within the Domestic Abuse Strategy and a chapter will be developed for each:
 - a. **Safe Accommodation**
 - b. **Health**
 - c. **Community**
 - d. **Criminal Justice**
 - e. **High risk survivors**
 - f. **Children and Young people**
 - g. **Prevention**
 - h. **Perpetrators**
24. The first chapter of the strategy covers the priority area of 'safe accommodation' as detailed in the Commissioning Plan agreed by Nottinghamshire County Council's Adult Social Care and Public Health Committee on 26th July 2021. Future commissioning decisions for each priority area will follow a similar process to the approach developed for the delivery of the domestic abuse duty and safe accommodation commissioning.

Domestic Abuse Local Partnership Board

25. In order to comply with the duties identified under 4a it is proposed that the Domestic and Sexual Abuse Executive Group, which currently reports into the Safer Nottinghamshire Board, will be replaced by the Domestic Abuse Local Partnership Board. The establishment of the Local Partnership Board was agreed by Adult Social Care and Public Health Committee on 8 November 2021.
26. The purpose of the Domestic Abuse Local Partnership Board will be to advise Nottinghamshire County Council on the delivery of the support for survivors of domestic abuse within Nottinghamshire.

27. The proposed organisational membership, governance and reporting arrangements for the Domestic Abuse Local Partnership Board is included in the draft Terms of Reference provided in **Appendix 3**.
28. Reporting arrangements for this Board will be to Nottinghamshire County Council's Adult Social Care and Public Health Committee to which it will bring recommendations about commissioning and decommissioning decisions.
29. Operational updates and performance management will be reported via the Safer Nottinghamshire Board Performance Sub Committee as detailed in **Appendix 3** (Terms of Reference).
30. As stipulated in the Domestic Abuse Act 2021 (Part 4 [Section 58.2](#)), the Domestic Abuse Local Partnership Board membership must include individuals who are able to represent the interests of local authorities, survivors of domestic abuse and their children, domestic abuse charities or voluntary organisations, health care providers and the police or other criminal justice agencies.
31. Therefore, the proposed membership of the Local Partnership Board in Nottinghamshire is;
- a. **Local Authority:** Officers will provide representation from all district/borough authorities, with Nottinghamshire County Council fulfilling the role of lead authority when administering the duty and associated returns.
 - b. **Representative of the interests of victims of domestic abuse:** The interest of survivors will be the focus for the Board, and responsibility of all members of the board, with at least one organisation representing their interests.
 - c. **Representative of the interests of the children of domestic abuse:** This role will be fulfilled by services and/or organisations that support the needs of children, recognising the new status of children in the Domestic Abuse Act 2021 as survivors in their own right.
 - d. **Domestic Abuse Support Services:** Many commissioned domestic abuse services, local organisations and charities that work with survivors of domestic abuse have been involved in the engagement and production of the Commissioning Plan that was approved by Committee in July 2021. The interests of these parties have been represented by the membership of Equation, Juno Women's Aid and Nottinghamshire Women's Aid Limited. It is proposed that all three services have a place on the Domestic Abuse Local Partnership Board, with other services linked via the third sector group.
 - e. **Health Care Providers:** Nottinghamshire Healthcare Trust will be invited to represent health care providers on the Local Partnership Board. A representative from the Nottinghamshire Integrated Care System will be invited to represent healthcare commissioning.
 - f. **Policing and Criminal Justice:** Nottinghamshire Police and the Office of the Police and Crime Commissioner will be invited.
32. The role of the Chair of the Domestic Abuse Local Partnership Board is to provide strategic oversight and the delivery of the Domestic Abuse Strategy. As an interim arrangement the

Director of Public Health will chair the Local Partnership Board for up to 12 months, during which time the Board will be consulted about suitable permanent arrangements for chairing.

Next Steps

33. The next steps for improving the outcomes for survivors of domestic abuse in Nottinghamshire include;
- a) Nottinghamshire County Council, District Councils and partners in the Domestic Abuse Sector, will support 16 days of action to end violence against women and white ribbon day on 25th November 2021.
 - b) Undertake an equality impact assessment on the Draft Domestic Abuse Strategy.
 - c) Submission to Nottinghamshire County Council's Policy committee of the Domestic Abuse Strategy and publication by 5 January 2022.
 - d) The establishment of the Governance and reporting arrangements outlined in Appendix 3 in this report.
 - e) The continued delivery of the Domestic Abuse Commissioning Plan approved on 26th July 2021.

Other Options Considered

34. There was the option to not provide this information to the Health and Wellbeing Board. This option was not advisable as the Board and its partners will be key for supporting the delivery of the Domestic Abuse Duty in Nottinghamshire.

Reason/s for Recommendation/s

35. To provide an update on the development of the domestic abuse statutory duty requirements.

Statutory and Policy Implications

36. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

37. There are no financial implications arising directly from this report.

Safeguarding of Children and Adults at Risk Implications

38. All domestic abuse survivors' and their children's needs will be aligned with wider safeguarding procedures.

RECOMMENDATION/S

The Health and Wellbeing Board is asked –

- 1) To consider whether there are any actions they require in relation to issues contained within the report, including future working between the Domestic Abuse Local Partnership Board and the Health and Wellbeing Board on improving outcomes for survivors of Domestic Abuse.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

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Constitutional Comments (LPW 12/11/2021)

39. The recommendations fall within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (DG 05/11/2021)

40. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Domestic Abuse Act 2021 [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

[Commissioning Domestic Abuse Support Services](#)
Adult Social Care and Public Health Committee (1 April 2019)

[Funding for support to survivors of Domestic Abuse within safe accommodation](#)
Adult Social Care and Public Health Committee (9 December 2019)

[Consultation response and preparation for the Domestic Abuse duty](#)
Adult Social Care and Public Health Committee (9 November 2020)

[Improving Outcomes for Survivors of Domestic Abuse](#)
Report to Adult Social Care and Public Health Committee (26 July 2021)

Electoral Division(s) and Member(s) Affected

- All

Appendix 1 – Domestic Abuse Commissioning Plan

1.	Strategic leadership, Development and System Change	
1.1	Strategic leadership, partnership maintenance and system change	<ul style="list-style-type: none"> • Public Health Management resource and business support to lead on the Domestic Abuse Statutory Duty, including: <ul style="list-style-type: none"> ○ develop the Local Partnership Board, governance structures and functions ○ Commission services and manage the duty budget ○ Work in partnership with Tier 2 Authorities ○ Responsibility for reporting back to Central Government and the Domestic Abuse Commissioners Office on activity and spend ○ Work towards the development of ‘whole Housing Approach’ model in Nottinghamshire • Recruitment of a Domestic Abuse Duty Team including 0.8 Public Health and Commissioning Manager (Band D) and 0.6 Public Health Support Officer (Band B). • Work with Housing Providers across the County to identify more properties for refuge/move on accommodation • Develop the Terms of Reference and ongoing Local Partnership Board Governance Structures across the County • Administrate the ongoing delivery of the Board. • Delivery and monitoring of Commissioning plan. • Reporting progress and outcomes to Central Government and Domestic Abuse Commissioner • Standardise the safe accommodation offer across Tier 2 Authorities, recognising differences in delivery models.

Appendix 1 – Domestic Abuse Commissioning Plan

		<ul style="list-style-type: none"> • Encourage and support Countywide DAHA membership, including the offer of a 'health check' to highlight good practice and any areas for improvement • Pathways for accessing safe accommodation outlined with Tier 2 Authorities utilising the 'Health check' outcomes to support this work and inform development in future years
1.2	Tier 2 Local Authority Co-ordination and data reporting	<ul style="list-style-type: none"> • Tier 2 Authorities have dedicated officer time allocated to ensure co-ordination of the domestic abuse work in partnership with Tier 1 Authority, including development of Sanctuary Schemes and managing flexible funding allocations. • Tier 2 Authorities to ensure that data on domestic abuse survivors is provided for the Needs Assessment and for ongoing reporting and monitoring of the activity within the Commissioning plan • Provision of a Local co-ordinator model with delivery approach decided on by Tier 2 authorities for optimal use of resources • Facilitate the development of local safe accommodation pathways by working in partnership with tier 1 local authority and providers to include Sanctuary, flexible funding and working towards a 'Whole Housing Approach' in delivering safe accommodation for survivors. • Provision of quality information and timely data for the Local Partnership Board to inform commissioning decisions. • Reporting of required data for the Needs Assessment and monitoring and reporting to Central Government and Domestic Abuse Commissioners Office.
1.3	Co-production of services with survivors (including male survivors) and children	<ul style="list-style-type: none"> • Procure service to work with survivors and their children to gain an understanding of their views and experiences within safe accommodation support services. • Provide additional funding in first year to develop structures and work with all Domestic Abuse Providers and develop the local survivor network.

Appendix 1 – Domestic Abuse Commissioning Plan

		<ul style="list-style-type: none"> • The Service will ensure the findings from the ‘deep dives’ on specific issues are incorporated into this work • Ensure survivors and children’s voices are at the heart of decision making • Development of survivor centred pathways • Provide the voice of Survivors from protected characteristics groups • Manage the survivor network
1.4a	Provide training and communications on the new Domestic Abuse Act and statutory duty	<ul style="list-style-type: none"> • Commission a service to lead on training and communications including the training of social care and housing staff in Tier 2 Authorities and Housing Providers on the new duty and their roles and responsibilities. • Promote the new Domestic Abuse Act and the Duty in year 1. • Develop a training plan for years 2 and 3 as a result of year 1 activity e.g. co-production • Ensure delivery is in partnership with Tier 2 Authorities to allow for localisation of the sessions. • Promotion of Sanctuary schemes following development. • To provide professionals with the skills to support survivors in accessing safe accommodation and support. • To communicate to local communities the services available and points of access to reduce duplication, promote services and dispel myths.
1.4b	Training across the domestic abuse sector workforce on trauma informed service delivery	<ul style="list-style-type: none"> • Utilise the REACH (Routine Enquiry about Adversity in Childhood) programme to provide training to services across the domestic abuse support sector on Adverse Childhood Experiences and the impact of trauma. • To fund additional REACH programme training sessions for domestic abuse support services and housing teams in District and Borough Councils • Ensure support for survivors and their children is trauma informed
2.	Service Provision	

Appendix 1 – Domestic Abuse Commissioning Plan

2.1a	Domestic abuse refuge provision throughout 2021/22	<ul style="list-style-type: none"> • Fund wellbeing and support for women and their children living within the existing 40 refuge units across the County • Practical and emotional support provided to women and children • The development and delivery of consistent Data management and recording systems across the sector
2.1b	Re -commission domestic abuse refuge provision in Year 2 to include support in move on provision	<ul style="list-style-type: none"> • Increase the number of units available by up to 10 additional units. • Provision of 'Move on' properties attached to each refuge for a phased approach to exiting refuge. • Move on Accommodation support provision • Provision of accessible safe accommodation options for survivors with physical disabilities. • Comprehensive support for children and young people within safe accommodation • Provision of pathways for safe accommodation for male survivors in line with the findings of the 'deep dive' on male survivor needs.
2.2	Domestic abuse Support Workers embedded with Tier 2 Authorities to improve the offer to survivors and their children in their own homes and/or when seeking safe accommodation	<ul style="list-style-type: none"> • Domestic abuse commissioned services staff to embed* their support offer within tier 2 authorities housing teams to provide support to survivors and their children at the earliest opportunity • Provide support to survivors accessing safe accommodation, including the provision for beneficiaries of Sanctuary Schemes • Provide support to professionals within tier 2 authorities to ensure appropriate support is provided for survivors <p>*Tier 2 Authorities can decide locally with Provider if this will be co-located staff</p>
2.3	Trauma informed therapeutic support pathways	<ul style="list-style-type: none"> • Commission additional support of a fulltime therapist for survivors who require intensive trauma informed support • Additional support provided in year 1 for Covid recovery and waiting list management

Appendix 1 – Domestic Abuse Commissioning Plan

		<ul style="list-style-type: none"> • Support refuge providers in working with survivors and children with complex mental health problems as a result of trauma.
2.4	Development of Sanctuary schemes to deliver a quality and consistent service along with improved support	<ul style="list-style-type: none"> • Develop sanctuary scheme pathways and quality standards that provide consistency across the County • Match funding for Tier 2 Local Authorities to increase the implementation of the practical elements of the sanctuary scheme: fitting safety measures • Provide survivors with swift and effective safety measures to keep them safe in their existing home. • Ensure ongoing support is provided to survivors and children remaining in their own homes to help them stay safe.
2.5	Removing barriers: Flexible funding to be made available to improve pathway efficiency	<ul style="list-style-type: none"> • Tier 2 Authorities to hold budgets to provide grants to survivors to enable them to move on into safe accommodation. • Domestic Abuse Providers to hold a fund for survivors to move on and to meet individual needs e.g. language line • Temporary accommodation for pets of domestic abuse survivors in local kennels by extension of the existing PoPPFA (Protection of Property, Pets and Funeral Arrangements) scheme - Establish clear pathways in Year 1 and fund services from Sept 2021 Filling the gaps of Pet Fostering Programme – Juno Women’s Aid. This will remove a barrier faced by many survivors fleeing abuse. • Removing financial barriers for survivors who need to access safe accommodation such as transport to refuge, storage costs for belongings etc. • Removing financial barriers for survivors ready to move on from refuge into independent, permanent accommodation. • Clear governance process to be developed for flexible funding with full auditable spend at the end of each year.

Appendix 1 – Domestic Abuse Commissioning Plan

2.6a	Deep dive on groups with protected characteristics	<ul style="list-style-type: none">• Deep dive on women with protected characteristics accommodation requirements to understand how to overcome barriers and challenges in accessing services• As a result of the findings from the deep dives in year 1 develop evidence based services to be delivered in years 2 and 3.• To ensure the findings are used in co-production and incorporated into the ongoing survivor voice.
2.6b	Deep dive on male survivors of domestic abuse	<ul style="list-style-type: none">• Deep dive on male survivor's accommodation needs and the best ways to support men in accessing safe accommodation• To understand the support services required to meet the needs of male survivors of Domestic Abuse. Inform pathway development and commissioning decisions for years 2 and 3.• To ensure the findings are used in co-production and incorporated into the ongoing survivor voice.
2.6c	Deep dive on mental health provision for domestic abuse survivors	<ul style="list-style-type: none">• To provide an in depth understanding of the mental health provision for domestic abuse survivors• To assist in the development of effective survivor centred pathways for accessing mental health provision for domestic abuse survivors

Nottinghamshire Domestic Abuse Strategy 2021-2024

Contents

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Chapter 1. Safe Accommodation *(September 2021)*

Chapter 2. High Risk Survivors *(March 2022)*

Chapter 3. Children and Young People *(March 2022)*

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Chapter 5. Health Services *(September 2022)*

Chapter 6. Community Services *(December 2022)*

Chapter 7. Criminal Justice and the Courts *(March 2023)*

Chapter 8. Perpetrators *(March 2023)*

Introduction

Foreword

Welcome to the Nottinghamshire Domestic Abuse Strategy and thank you to everyone who has helped with its development. This Strategy sets out Nottinghamshire County Council's approach to tackling Domestic Abuse. Domestic abuse is a complex and multifaceted problem affecting a wide range of people and requires comprehensive services and systems to tackle the issues effectively.

The Joint Strategic Needs Assessment on Domestic Abuse (2019) highlighted the need and impact of domestic abuse on our population. In 2021 two major milestones have taken place with the enactment of the Domestic Abuse Act 2021 and the development of the Violence against Women and Girls Strategy in July 2021. The new legislation and strategy are pivotal in the securing improved outcomes for the survivors of domestic abuse and their children. Local Authorities now have a statutory duty to provide safe accommodation for survivors of domestic abuse, along with new tools and powers for criminal justice agencies.

There is a huge amount of work already underway in Nottinghamshire on Domestic Abuse and we have a well-established partnership approach.

This strategy sets out Nottinghamshire's vision and approach to the prevention of domestic abuse and support for the survivors of domestic abuse.

Our Vision

Nottinghamshire is a place where survivors of domestic abuse receive the support they need to feel safe and rebuild their lives. Perpetrators are held to account for their actions by the police, criminal justice systems and wider services. Communities recognise and respond to domestic abuse early to prevent abuse from happening and support survivors and their families.

We look forward for your help and support in delivering this vision and strategy.

Councillor Boyd Elliott

Chair of the Adult Social Care and
Public Health Committee

Councillor Scott Carlton

Deputy Chair of the Adult Social Care
and Public Health Committee

Public Health lead

1.What is Domestic Abuse?

The Domestic Abuse Act 2021 sets out a new definition of domestic abuse which will be used throughout this strategy. The definition states that behaviour will be classed as domestic abuse if:

- Both individuals involved are aged 16 or over and are personally connected to each other, and
- The behaviour is abusive

Behaviour is 'abusive' if it consists of any of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional, or other abuse.

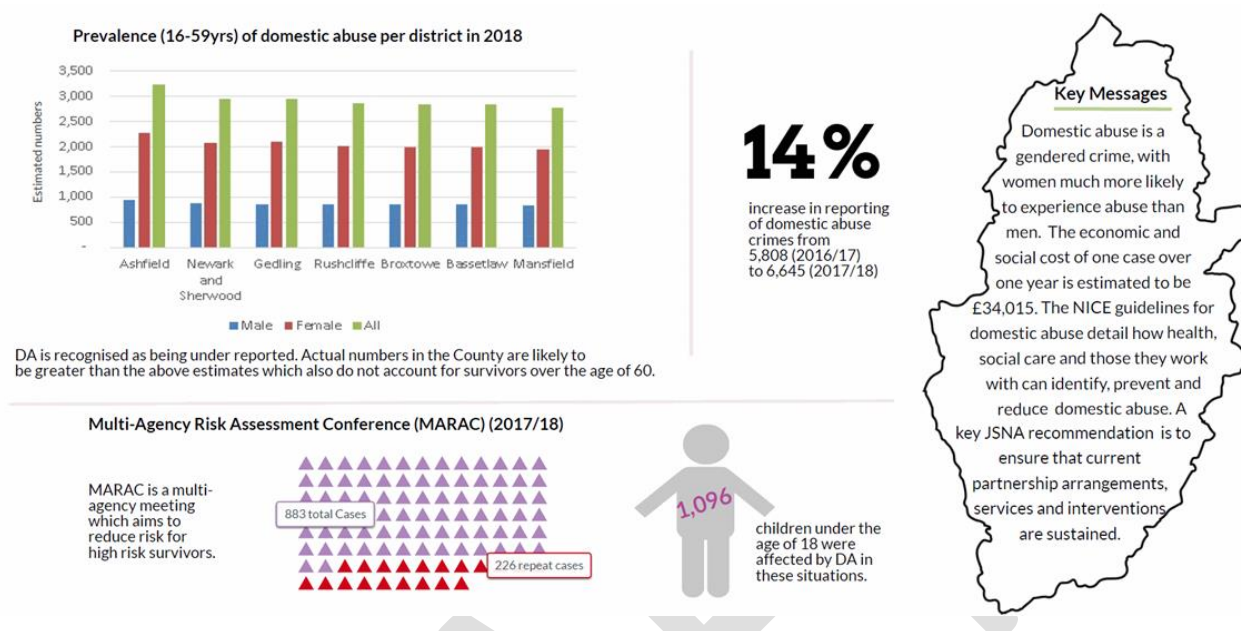
Irrespective of whether the behaviour consists of a single incident or a course of conduct.

The 2021 Act identifies that children of domestic abuse survivors who have seen, heard, or experienced the effect of that abuse are survivors.

2. What are the needs of our population?

Nottinghamshire County's Joint Strategic Needs Assessment (JSNA) on domestic abuse was published in 2019. The summary findings are shown within Figure 1. These findings highlight the gendered nature of domestic abuse with women much more likely to experience abuse than men. The prevalence and crime data highlight the level and increase in reporting however, we know that under reporting is a key feature of abuse so actual case figures are likely to be higher. The Multiagency Risk Assessment Conference (MARAC) data highlights the repeat victimisation involved in high risk cases along with the high number of children affected by domestic abuse.

Figure 1: Summary of information in the Joint Strategic Needs Assessment on Domestic Abuse (2019)



Source: Nottinghamshire insight website (2021)¹

The findings from this JSNA resulted in a series of recommendations (Table 1) many of which remain relevant to the continued response to domestic abuse and will be reflected throughout this strategy within relevant chapters. Each recommendation within the table has been updated to briefly outline updated responsibilities and progress.

Table 1: Recommendations from the Domestic Abuse JSNA 2019

	Recommendation	Status
Partnership working		
1	Maintain the Nottinghamshire Domestic and Sexual Abuse Executive Group, ensuring broad representation, including the specialist Domestic and Sexual Abuse (DSA) voluntary sector; to ensure partners are working to an over-arching strategy with an action plan and analysis.	Domestic and Sexual Abuse Executive to be replaced by the Domestic Abuse Local Partnership Board and will maintain the partnership working ethos from this recommendation.
2	To maintain a co-ordinated commissioning approach to Domestic Abuse across Nottinghamshire	To be delivered through Local Partnership Board and
3	All agencies to develop and promote policy and procedures for work with survivors, children, and perpetrators, including workforce training and employee domestic violence policies	Support from the Local Partnership Board and commissioned domestic abuse training Provider.
4	Agencies to acknowledge the importance of maintaining provision of refuge and other specialist services and	It is now a statutory duty for Local Authorities to provide safe accommodation

¹ <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/domestic-abuse-2019/>

	work with the Safer Nottinghamshire Board to address sustainability	support services and this will include maintaining existing provision.
5	Further ongoing engagement work with survivors to continually inform practice is valuable therefore it is suggested that the DSA Exec develop a Domestic Abuse Engagement Strategy.	It is now a statutory requirement to ensure that survivors are engaged within the Local Partnership Board and a service is being commissioned to deliver a survivor network to represent the voice of survivors.
6	Assess the implications of the Domestic Abuse Bill published January 2019	Completed
Prevention		
7	Continue to support and promote campaigns to promote healthy relationships, gender equality and raise awareness of domestic abuse.	To be delivered through a Communications – Prevention and Awareness sub-group of the Local Partnership Board
8	Encourage more schools to take up specialist early intervention and prevention programmes for children and young people, building on mandatory healthy relationships and sex education (RSE) from September 2020.	To be delivered through a Children and Young people Sub-group of Local Partnership Board
9	Develop targeted interventions to support at risk survivors and young people that harm	To be delivered through a Communication, Prevention and Awareness sub-group
10	Programme to ensure a mixed economy of risk and needs based services and approaches, for example through Change that Lasts	Reviewed via the Local Partnership Board
Provision		
11	Support and promote awareness of access to Women's Aid Nottinghamshire 24-hour Freephone Helpline and other local services	To be delivered via a Communications, Prevention, and awareness Sub-group
12	Ensure maintenance of, at least, essential specialist community-based Domestic Abuse services in line with NICE PH50 guidance, including for women, men, teenagers, and children.	Delivered via the Local Partnership Board and Commissioning organisations contract management processes.
13	Professionals and specialist services respond effectively: for example, professionals to be trained to identify Domestic Abuse, utilise the DASH RIC* to identify levels of risk and referral routes	To be delivered by a High-Risk Survivors sub-group
14	Improve identification and response across healthcare settings, including mental health (women, men, teenagers, and children) e.g. therapeutic counselling	Healthcare Services Sub-group of the Local Partnership Board
15	Access to specialist housing, refuge, and post-refuge support	Local Partnership Board – Safe Accommodation
16	Develop support for survivors of harassment & stalking	Responsibility sits with Violence Against Women

		and Girls Strategy led by the Office of the Police and Crime Commissioner.
17	Increase capacity for support for children affected by domestic abuse, both in the community and in refuge	To be delivered through a Children and Young people Sub-group of Local Partnership Board
Protection		
18	Ensure decision making about undertaking of Domestic Homicide Reviews (DHR's) and the learning from DHR's is shared across Nottinghamshire through the development of a process that is both consistent and best value	Domestic Homicide Review Assurance, Learning and Implementation Group (DHR ALIG)** Community Safety Partnerships with Local Partnership Board
19	Identify effective and evidence-based ways of working with perpetrators, ensuring programmes are aligned with the RESPECT guidelines and running in parallel with specialist women's services.	Responsibility of Local Partnership Board – Perpetrator Subgroup

*DASH RIC is a Domestic Abuse and Serious Harm Risk Assessment Form filled in by organisations that work with the survivor

** Domestic Homicide Review Assurance, Learning and Implementation Group (DHR ALIG) looks at the systemwide and partner learning from the local DHRs.

3. What is our Strategic Approach?

To provide a comprehensive response and address all aspects of domestic abuse. Eight priority areas have been identified to cover the breadth of issues for survivors and their families and provide a community coordinated response. The priority areas are:

- Safe accommodation
- Children and young people
- High risk survivors
- Health services
- Prevention
- Community services
- Criminal justice and the Courts
- Perpetrators

The Domestic Abuse Strategy will evolve and address each priority as detailed in **Table 2**. Safe accommodation provides the first chapter and forms the basis of the initial part of the strategy. By March 2022 three sections will be completed, and full action plans developed. Partners will develop each section with stakeholders to update a needs assessment and develop and agree a multiagency action plan. Each chapter will be added to the strategy as it is completed. The completed strategy will begin to be sequentially refreshed in 2024 when each chapter is three years old.

The work in year two will take into consideration the proposed Victims Bill and the Police and Crime Plan 2021, which is being developed and led by the Police and Crime Commissioner. It will also consider the Violence against Women and Girls Strategy (which includes men and boys), Safeguarding and Supporting Families and Safeguarding Adults, Community Safety, Housing and Homelessness, and Modern Slavery agendas.

Table 2. Proposed Strategic Plan timeline

Year	Quarters	Priority area
2021/22	April – September 2021	Safe accommodation – completed as Chapter 1
2021/22	October – March 2022	High Risk Survivors Children and Young People
2022/23	April – September 2022	Health services Prevention
2022/23	July – December 2022	Community services
2022/23	April 2022 – March 2023	Criminal justice and the Courts Perpetrators

4. How will we deliver the strategy?

Nottinghamshire County Council will appoint the Nottinghamshire Domestic Abuse Local Partnership Board (LPB) to replace the Domestic and Sexual Violence Executive. The role of the Local Partnership Board will be to support, advise, and work in partnership with Nottinghamshire County Council to ensure survivors of domestic abuse have access to adequate and appropriate support within safe accommodation services. The Board will link to Nottinghamshire Safeguarding children and adults' partnership and MARAC processes along with the wider Community Safety agenda, delivered by the Safer Notts Board (SNB).

A working group will be established for each of the 8 priority areas as detailed on page 5. These working groups will provide the LPB with advice related to the needs of the population, assess the current provision, demand for service and identify gaps. Recommendations from the working groups will be discussed with key stakeholders. Stakeholders will be asked to provide feedback on solutions and to prioritise areas of work. The feedback provided, along with the findings and recommendations from the needs assessment, will be used to determine priorities and formulate the commissioning and decommissioning plans. All commissioning plans will require approval from Nottinghamshire County Adult Social Care and Public Health Committee.

Chapter One: Safe Accommodation

1.1 Introduction

The Domestic Abuse Act 2021 places a new statutory duty on “local authorities in England to provide support to survivors of domestic abuse and their children in refuges and other safe accommodation” (Department of Levelling Up, Housing and Communities, 2021).

The Act requires that each local authority must:

- Appoint a multi-agency Domestic Abuse Local Partnership Board which must be consulted on the other functions listed below.
- Assess, or make arrangements for the assessment of, the need for domestic abuse support in their area for all survivors (and their children) who reside in relevant safe accommodation, including those who come from outside the area.
- Prepare and publish a strategy for the provision of such support to cover their area having regard to the need's assessment.
- Give effect to the strategy (through commissioning/de-commissioning decisions)
- Monitor and evaluate the effectiveness of the strategy
- Report back annually to central government.

(Department of Levelling Up, Housing and Communities, 2021).

Statutory guidance² published on 1 October 2021 outlined the Government's intentions of the right support to protect and assist all survivors of domestic abuse to make individuals and families safe.

The Government also recognises the critical importance of support for survivors and their children within relevant safe accommodation, as they rebuild their lives after the trauma of domestic abuse².

1.2 Definition of “Safe Accommodation”

The statutory guidance defines ‘safe accommodation’ as:

1. **Refuge Accommodation** - a service that provides accommodation and support only for a person experiencing domestic abuse. Refuges can be a range of shared, communal housing units; self-contained units; or dispersed housing.
2. **Specialist Safe Accommodation** - Safe accommodation which provides dedicated support to survivors with protected characteristics.

² Statutory guidance: Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services 1 Oct 2021 <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>

3. **Dispersed accommodation** - Self-contained units which provide the same level of specialist domestic abuse support provided in a refuge but is more suitable for survivors who are unable to stay in a refuge due to complex support needs.
4. **Sanctuary Schemes** - A sanctuary scheme is a multi-agency programme which provides survivors of domestic abuse a range of security measures within their own homes to provide a safe place or 'sanctuary' for a person to live in. Security measures aim to help protect a survivor from a range of threats, from violent forced entry to arson. Examples of measures which may be fitted include reinforced doors, window alarms, intercom and video entry systems and fire-retardant letter boxes. These are individually assigned, based on needs and risk. Alongside security measures support is also offered by specialist domestic abuse services in terms of emotional support and practical support such as safety planning.
5. **Move-on and/or second stage accommodation** - Temporary accommodation for survivors and families who no longer need the intensive level of support provided in a refuge but would still benefit from a lower level of specialist support.
6. **Other forms of domestic abuse emergency accommodation** – A safe place with support.

1.3 Types of Support

The statutory duty requires Local Authorities to provide support to survivors within safe accommodation. This support includes the following:

- **Overall management of services within relevant accommodation** – including, the management of staff, payroll, financial and day to day management of services and maintaining relationships with the local authority (such functions will often be undertaken by a service manager)
- **Support with the day-to-day running of the service**, for example scheduling times for counselling sessions, group activities (such functions may often be undertaken by administrative or office staff)
- **Advocacy support** – development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers).
- **Domestic abuse prevention advice** – support to assist survivors to recognise the signs of abusive relationships, to help them remain safe (including online), and to prevent re-victimisation.
- **Specialist support for survivors**
 - Designed specifically for survivors with relevant protected characteristics (including 'by and for'), such as faith services, translators and interpreters, immigration advice, interpreters for survivors identifying as deaf and / or hard of hearing, and dedicated support for LGBTQ+ survivors [not limited to].
 - Designed specifically for survivors with additional and / or complex needs such as, mental health advice and support, drug and alcohol advice and support [not limited to], including sign posting accordingly.
- **Children's support** – including play therapy and child advocacy.

- **Housing-related support** – providing housing-related advice and support, for example, securing a permanent home, rights to existing accommodation and advice on how to live safely and independently.
- **Advice service** – including financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements; and,
- **Counselling and therapy** (including group support) for both adults and children, including emotional support.

1.4 Funding

The Department for Levelling Up, Housing and Communities (DLUHC) allocated Nottinghamshire County Council £1,540,091 to deliver the duty for 2021-2022. District/Borough authorities have been granted an additional £31,000 each to enable them to support the delivery of the duty.

1.5 Needs Assessment

A Safe Accommodation Needs Assessment was undertaken between January and April 2021 to assess the current provision, demand for service and identify gaps. The key findings of the needs assessment were:

- Insufficient refuge provision to meet demand and accessibility issues for the spaces which are available within Nottinghamshire
- Sanctuary Schemes being unable to meet demand due to resourcing issues.
- No provision for refuge for male survivors in Nottinghamshire however, there is currently insufficient evidence of the level of demand
- No recourse to public funds can prevent survivors from accessing safe accommodation
- The level of support provided for children and young people is insufficient.

Table 3 Recommendations arising from the Safe Accommodation Needs Assessment 2021

	Recommendation
1	Develop a governance and operational structures, with a survivor-centred approach, where all partners communicate, co-operate, and collaborate to provide safe accommodation and support to all survivors of domestic abuse. E.g. Work towards developing <i>The Whole Housing Approach</i>
2	Establish a Domestic Abuse Local Partnership board with attendance from all relevant parties involved in providing safe accommodation as set out within the Domestic Abuse Act 2021.
3	Develop a survivor-centred pathway, outlining what their journey through domestic abuse services should be, from their initial presentation to services and support provided, to their exit into permanent safe accommodation.

4	Consideration should be given to the feasibility of increasing the number of units available within Nottinghamshire across all types of safe accommodation.
5	Investigate the needs and geographic arrangements for safe accommodation, consider the provision of safe accommodation options within or across districts.
6	Increase the support given to children and young people in all types of safe accommodation, to include Sanctuary Schemes.
7	Develop the Sanctuary Schemes in partnership with District and Borough Councils to ensure a consistent standard of service is delivered to meet the needs of survivors, enabling all survivors access to a well-resourced and quality provision.
8	Publicise the Sanctuary Scheme providing clear referral processes and quality standards.
9	Improving equity of access to refuges and other safe accommodation options in-light of barriers faced by certain groups and protected characteristics. This will include:
9a	Improving access for people with physical disabilities
9b	Ensuring survivors have easy access to healthcare and support for both their physical and mental health. This includes survivors who need carers.
9c	Considering how access can be improved for black and minority ethnic survivors in accessing safe accommodation services.
9d	Provision of language services to support survivors in accessing support.
9e	Working with the lesbian, gay, bisexual, transgender plus (LGBT+) community to understand the needs of survivors and how they can be supported in accessing safe accommodation services and support.
9f	Exploring options of how to support providers to respond to the needs of women and their families with no recourse to public funds.
9g	Working with Equation and other local partners to better understand the accommodation and support needs of male survivors of domestic abuse, to develop a suitable model for safe accommodation provision, with appropriate levels of support for male survivors and their children.
10	Consider how financial barriers to moving on from refuge accommodation can be overcome.

11	Review the data collection tool used by safe accommodation providers to ensure key information is captured to assist ongoing assessment and consistent reporting, providing clear guidance on how this data should be collected.
12	Invest in digital services ensuring that all providers have a standardised method of collecting and analysing data. E.g. All refuge services using the 'On Track' system and other providers too if transferrable
13	The Domestic Abuse Local Partnership Board should regularly assess both national and local data information to inform commissioning decisions.

1.6 Process

Recommendations from the Domestic Abuse Needs Assessment were discussed with key stakeholders at a workshop held on 18th May 2021. This gave wider stakeholders the opportunity to input into the needs assessment process and inform the commissioning plan. Attendees at the workshop were asked to provide feedback on solutions and to prioritise areas of work. The feedback provided from this session along with the findings and recommendations from the needs assessment have been used to determine priorities and formulate the commissioning plan, in partnership with District and Borough Council Housing leads.

1.7 Summary of priorities

The priorities for addressing the support needs of survivors in safe accommodation identified through the needs assessment and the subsequent consultation are:

- Maintain existing refuge provision and seek opportunities to increase safe accommodation provision
- Strengthen Sanctuary Scheme provision
- Remove barriers for moving in to and on from refuge
- Provision of appropriate safe accommodation for male survivors, those with protected characteristics and complex needs including mental health.
- Establishment of effective governance structures with a strong survivor and provider voice
- Provide communication and training to strengthen the response to domestic abuse across the specialist sector and Housing providers

1.8 Approach

A comprehensive three-year Commissioning Plan has been developed to address the 13 recommendations highlighted from the needs assessment. The Commissioning Plan outlined in Table 4 was approved by Nottinghamshire County Council Adult Social Care and Public Health Committee in July 2021. Performance outcomes will be monitored by the Safe Accommodation subgroup, reporting to the Local Partnership

Board and the Performance group of the Safer Notts Board. The needs assessment will be refreshed in readiness of recommissioning in April 2024.

The approach taken is survivor focused and delivered via a strong collaborative engagement of all stakeholders. This approach will be replicated with the other priority areas to ensure systemwide improvements are made. It is recognised that there are gaps and limitations in each priority area and that these will need to overlap and work together over the timeline of the strategy. This will include considering the accommodation needs of perpetrators in the perpetrator subgroup.

1.9 Expected outcomes

By the end of 2023, partners should have an improved awareness of the support needs of survivors in different types of safe accommodation. They will be working together effectively to ensure survivors are accessing safe accommodation quickly with the wrap around support they need to rebuild their lives.

1.10 Next steps and contacts

As detailed in Table 2 sub-groups of the LPB will develop Chapters 2 and 3 of the strategy related to High Risk Survivors and Children and Young People.

Should you need any further information please contact:

Rebecca.atkinson@nottsc.gov.uk

Table 4 Domestic Abuse Safe Accommodation Commissioning Plan 2021 - 2024

Domestic Abuse Safe Accommodation Commissioning Plan 2021 - 2024		
1.	Strategic leadership, Development and System Change	
1.1	Strategic leadership, partnership maintenance and system change	<ul style="list-style-type: none"> ➤ develop the Local Partnership Board, governance structures and functions ➤ Commission services and manage the duty budget ➤ Work in partnership with Tier 2 Authorities ➤ Responsibility for reporting back to Central Government and the Domestic Abuse Commissioners Office on activity and spend ➤ Work towards the development of 'whole Housing Approach' model in Nottinghamshire ➤ Work with Housing Providers across the County to identify more properties for refuge/move on accommodation
1.2	Tier 2 Local Authority Co-ordination and data reporting	<ul style="list-style-type: none"> ➤ Development of local safe accommodation pathways by working in partnership with tier 1 local authority and providers to include Sanctuary, flexible funding and working towards a 'Whole Housing Approach' in delivering safe accommodation for survivors. ➤ Provision of quality information and timely data for the Local Partnership Board to inform commissioning decisions. ➤ Reporting of required data for the Needs Assessment and monitoring and reporting to Central Government and Domestic Abuse Commissioners Office.
1.3	Co-production of services with survivors (including male survivors) and children	<ul style="list-style-type: none"> ➤ Ensure survivors and children's voices are at the heart of decision making ➤ Development of survivor centred pathways ➤ Manage the survivor network
1.4a	Provide training and communications on the new Domestic Abuse Act and statutory duty	<ul style="list-style-type: none"> ➤ To provide professionals with the skills to support survivors in accessing safe accommodation and support. ➤ To communicate to local communities the services available and points of access to reduce duplication, promote services, and dispel myths.

1.4b	Training across the domestic abuse sector workforce on trauma informed service delivery	<ul style="list-style-type: none"> ➤ Ensure support for survivors and their children is trauma informed
2.	Service Provision	
2.1a	Domestic abuse refuge provision throughout 2021/22	<ul style="list-style-type: none"> ➤ Fund wellbeing and support for women and their children living within the existing 40 refuge units across the County ➤ Practical and emotional support provided to women and children ➤ The development and delivery of consistent Data management and recording systems across the sector
2.1b	Re -commission domestic abuse refuge provision in Year 2 to include support in move on provision	<ul style="list-style-type: none"> ➤ Increase the number of units available by up to 10 additional units. ➤ Provision of 'Move on' properties attached to each refuge for a phased approach to exiting refuge. ➤ Move on Accommodation support provision ➤ Provision of accessible safe accommodation options for survivors with physical disabilities. ➤ Comprehensive support for children and young people within safe accommodation ➤ Provision of pathways for safe accommodation for male survivors in line with the findings of the 'deep dive' on male survivor needs.
2.2	Domestic abuse Support Workers embedded with Tier 2 Authorities to improve the offer to survivors and their children in their own homes and/or when seeking safe accommodation	<ul style="list-style-type: none"> ➤ Provide support to survivors accessing safe accommodation, including the provision for beneficiaries of Sanctuary Schemes ➤ Provide support to professionals within tier 2 authorities to ensure appropriate support is provided for survivors
2.3	Trauma informed therapeutic support pathways	<ul style="list-style-type: none"> ➤ Support refuge providers in working with survivors and children with complex mental health problems as a result of trauma.
2.4	Development of Sanctuary schemes to deliver a quality and consistent service along with improved support	<ul style="list-style-type: none"> ➤ Provide survivors with swift and effective safety measures to keep them safe in their existing home. ➤ Ensure ongoing support is provided to survivors and children remaining in their own homes to help them stay safe.

2.5	Removing barriers: Flexible funding to be made available to improve pathway efficiency	<ul style="list-style-type: none"> ➤ Removing financial barriers for survivors who need to access safe accommodation such as transport to refuge, storage costs for belongings etc. ➤ Removing financial barriers for survivors ready to move on from refuge into independent, permanent accommodation. ➤ Clear governance process to be developed for flexible funding with full auditable spend at the end of each year.
2.6a	Deep dive on groups with protected characteristics	<ul style="list-style-type: none"> ➤ Deep dive on women with protected characteristics accommodation requirements to understand how to overcome barriers and challenges in accessing services ➤ As a result of the findings from the deep dives in year one, develop evidence-based services to be delivered in years 2 and 3. ➤ To ensure the findings are used in co-production and incorporated into the ongoing survivor voice.
2.6b	Deep dive on male survivors of domestic abuse	<ul style="list-style-type: none"> ➤ Deep dive on male survivor's accommodation needs and the best ways to support men in accessing safe accommodation ➤ To understand the support services required to meet the needs of male survivors of Domestic Abuse. Inform pathway development and commissioning decisions for years 2 and 3. ➤ To ensure the findings are used in co-production and incorporated into the ongoing survivor voice.
2.6c	Deep dive on mental health provision for domestic abuse survivors	<ul style="list-style-type: none"> ➤ To provide an in depth understanding of the mental health provision for domestic abuse survivors ➤ To assist in the development of effective survivor centred pathways for accessing mental health provision for domestic abuse survivors

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THE DOMESTIC ABUSE LOCAL PARTNERSHIP BOARD - TERMS OF REFERENCE

Terms of Reference for Local Domestic Abuse Partnership Boards

1. Purpose and Role

1.1 The Local Domestic Abuse Partnership Board is a partnership group responsible for supporting Nottinghamshire County Council in meeting its duty under Part 4 of the [Domestic Abuse Act](#).

1.2 The Domestic Abuse Act 2021 came into effect in April 2021 and places a duty 'on local authorities in England to provide support for survivors of domestic abuse and their children in refuges and other safe accommodation'.

1.3 The Board will work together to support, advise, and work in partnership to ensure survivors of domestic abuse have access to adequate and appropriate support within safe accommodation services. The Board aims to provide advice on a coordinated community approach to commissioning and delivering services within the community to prevent domestic abuse and improve the wellbeing of survivors and their children. The Board will be an advisory partnership with commissioning and decommissioning decisions sitting within their existing organisational structures.

1.4 The Board will work together to improve outcomes for survivors of domestic abuse, including their children, through a strategic approach to identifying and addressing gaps in support within relevant safe accommodation services.

2. Frequency

2.1 The Board will meet on a quarterly basis.

3. Membership

3.1 The Board will include membership from several responsible bodies and agencies that by law, must be represented. This includes representation for, or on behalf of, tier one and tier two authorities; representatives of survivors of domestic abuse; representatives of children of domestic abuse; charities and other voluntary organisations that work with survivors of domestic abuse; as well as health care and housing services. Members of the Board may be given responsibility for leading relevant sub-groups to ensure alignment of their agendas.

3.2 The following organisations are required to be represented:

Officers from the tier one authority

- Nottinghamshire County Council Public Health
- Nottinghamshire County Council Adult Social Care Commissioning (Housing lead)
- Nottinghamshire County Council Children's Services

Officers from the Tier two authorities'

- Bassetlaw District Council
- Mansfield District Council
- Ashfield District Council

- Newark & Sherwood District Council
- Gedling Borough Council
- Broxtowe Borough Council
- Rushcliffe Borough Council

Representative of survivors of domestic abuse

- Representative from the commissioned Coproduction Service

Representative of children of domestic abuse

- Equation

Representatives for charities and other voluntary organisations that work with s of domestic abuse, including specialist and by and for services.

- North and South Domestic Abuse Service contracted providers

Representatives for health care services

- Nottingham and Nottinghamshire Integrated Care System from 1st April 2022. Prior to this date representatives from the Nottingham, Nottinghamshire and Bassetlaw Clinical Commissioning Groups.

Representatives for policing or criminal justice

- Nottinghamshire Police
- Nottinghamshire Probation inc. Community Rehabilitation Company
- Police and Crime Commissioner

3.3 There are eight subgroups which will report into the Local Partnership Board and each will have its own Terms of Reference. These are detailed in the structure chart in **Appendix 1a**.

3.4 Other members will be co-opted in to cover agenda items and improve working practices across the city/county, for example the Nottingham Crime and Drugs Partnership

3.5 Chair for the Domestic Abuse Local Partnership Board: Nottinghamshire County Council will consult the Board during 2022 on preferred arrangements for its chair with a view to establishing a suitable permanent arrangement. In the meantime, the Director of Public Health will chair the Board on an interim basis.

3.6 Vice-Chair for the Domestic Abuse Local Partnership Board: *To be agreed by Local Partnership Board.*

3.7 Members of the Board are responsible for representing the groups in the above and reporting back from subgroups which they chair.

4. Roles and responsibilities

The Domestic Abuse Local Partnership Board will:

- 4.1. Provide advice and data to support Nottinghamshire to undertake a robust local needs assessment to identify and understand the needs of domestic abuse survivors within their area (including those that present from out of area).
- 4.2. Provide expert advice and data to support the development of a local strategy, agreeing the appropriate steps needed to meet the needs identified, ensuring the needs of all survivors,

including those with protected characteristics and / or additional complex needs, are represented and met through the strategy.

- 4.3. Support Nottinghamshire to effectively engage with domestic abuse survivors and expert services in understanding the range and complexity of needs.
- 4.4. Advise members of the Board on commissioning and decommissioning decisions (where appropriate). This can include when and how commissioning is undertaken to ensure the best and most appropriate services are made available for survivors and include a commitment to transparency and clarity regarding these decisions, including level of spend across tier 1 and 2 authorities.
- 4.5. Support in ensuring join up across other related areas such as [not limited to] housing, health, early years and childhood support, social services and police and crime services.
- 4.6. Advise and support in dealing with issues raised and identified from engagement through formal and informal routes.
- 4.7. Escalate issues to the relevant representative / body.
- 4.8. Provide an annual report to Department for Levelling Up Housing and Communities regarding the performance of the above duties and share this report with the Safer Nottinghamshire Board, and district and borough Councils, for performance monitoring purposes.
- 4.9. Communicate the above developments and increased provision of support for survivors of domestic abuse, to wider stakeholders and the public.

5. Roles and Responsibilities of Members

Members of the Local Partnership Board will:

- 5.1. Work together effectively to ensure the Domestic Abuse Duty and associated funding is commissioned and action plans are implemented regarding support for survivors of domestic abuse and their children in refuges and other safe accommodation.
- 5.2. Ensure they are sufficiently briefed to be able to reflect the views of the organisation/partnership they represent in meetings.
- 5.3. Contribute relevant information from their service area and / or locality.
- 5.4. Be responsible for ensuring that any local or internal plans involving support and housing are aligned with the Local Partnership Board's commissioning plan.
- 5.5. Collate and contribute relevant monitoring and performance management information.
- 5.6. Consult about the work of the group, where appropriate.
- 5.7. Champion the work of the group in their service areas, wider networks, and localities.

6. Meetings

Frequency

- 6.1. The Board will convene every quarter as a minimum.

Declaration of Interests

6.2. Any member having a personal or prejudicial interest in specific agenda items or decisions should declare this at the start of the meeting. This includes interests arising from involvement with organisations operating in the domestic abuse service sector.

Decision Making

6.3. All members will be able to participate in decision making except where a member declares an interest.

6.4. Decision making will, where possible, be made by consensus. Where this is not possible decisions will be made by majority, with the chair holding the deciding vote.

6.5. As an advisory partnership decision making responsibilities will be less frequent.

Papers

6.6. Members will be able to put forward suggested agenda items for consideration.

6.7. The agenda and supporting papers will be circulated at least seven days in advance of meetings.

6.8. Standard agenda items will include;

- Current position – data update/overview
- Domestic Abuse Strategy
- Progress on Action Plans
- Development opportunities - funding
- Subgroup updates – themed, one detailed update per meeting

6.9. Minutes will be taken and circulated to partner organisations no later than seven days after the meeting.

Absence

6.10. Where members are unable to attend a meeting, they are responsible for informing the Board ahead of the meeting and, as far as possible, should ensure a representative is present to act on behalf of the organisation / body.

7. Reporting

7.1. The Local Partnership Board chair will provide quarterly updates to the Safer Nottinghamshire Board Performance Subgroup.

7.2. The Local Partnership Board will provide recommendations to Nottinghamshire County Council's Adult Social Care and Public Health Committee.

7.3. The Local Partnership Board will support Nottinghamshire in reporting back to Department of Levelling up Housing and Communities on delivering the duty in line with statutory guidance and the standardised reporting form.

7.4. The report detailed in 7.3 will also be circulated to the Safer Nottinghamshire Board, and district and borough Councils, for performance monitoring purposes.

7.5. The Board will also consider and provide any wider communications or reporting required to engage with stakeholders on the provision of accommodation-based support. Partnerships communications to consider include:

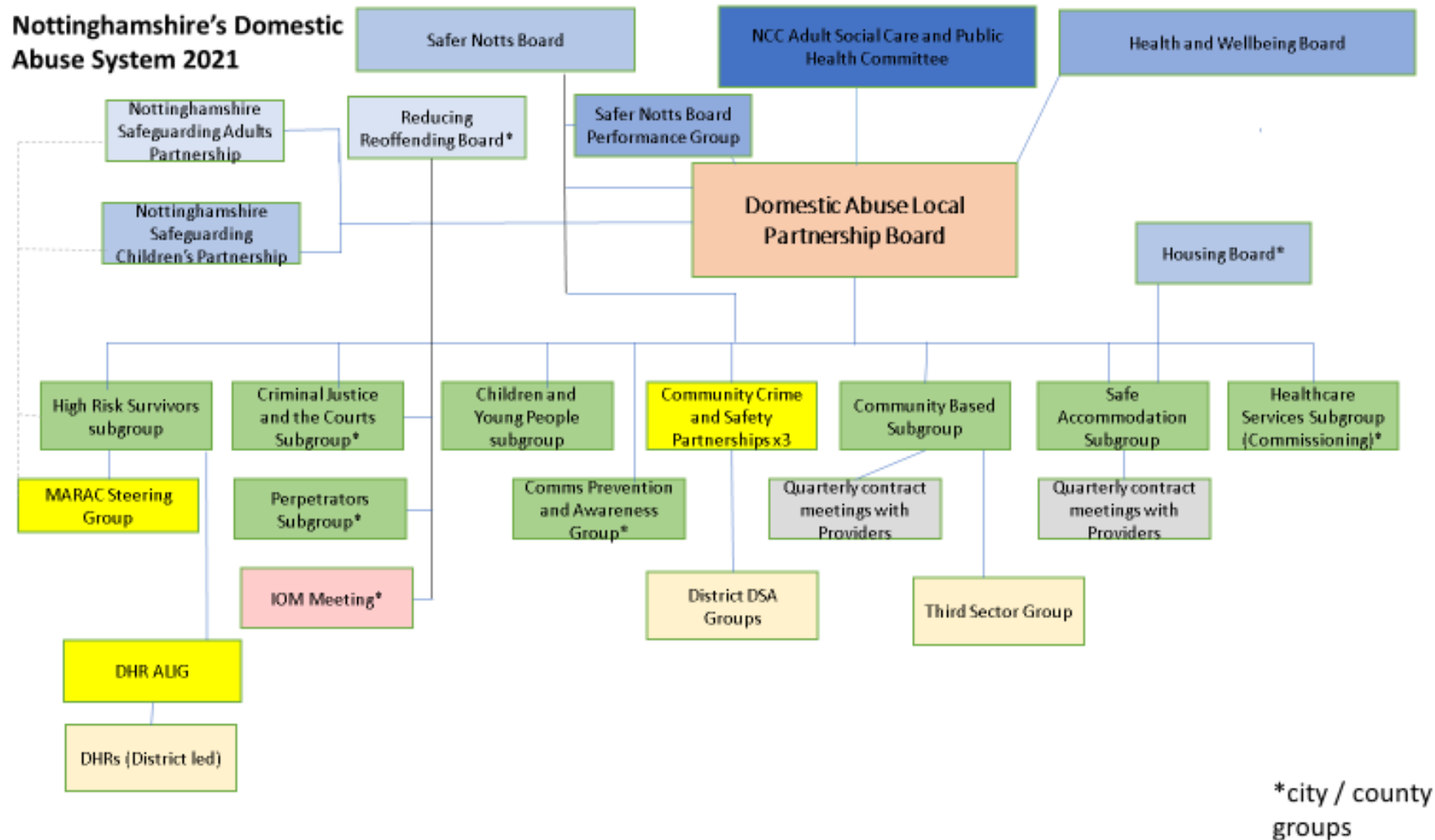
- Safer Nottinghamshire Board
- Nottinghamshire Safeguarding Adults Board
- Nottinghamshire Safeguarding Children's Partnership
- Nottinghamshire's Local Resilience Forum (Housing sub-group)
- Nottinghamshire Health and Wellbeing Board
- Nottingham City and Nottinghamshire VRU (Violence Reduction Unit)
- MARACs (Multi-Agency Risk Assessment Conferences)
- Office of the Police and Crime Commissioner

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Appendix 1a



Appendix 1b



24 November 2021**Agenda Item: 8****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S
EMOTIONAL AND MENTAL HEALTH****Purpose of the Report**

1. To provide the Board with an update of progress on implementing the Local Transformation Plan for children and young people's emotional and mental health.

Information

2. In Nottinghamshire, we believe that mental health is everyone's business and that agencies need to work together to ensure that all children and young people enjoy good mental health and emotional wellbeing, including those that are most vulnerable in society. Local areas, led by Clinical Commissioning Groups (CCGs), have been required to have a system-wide local transformation plan (LTP) for children and young people's emotional and mental health since 2015. The current LTP can be accessed here (<https://healthandcarenotts.co.uk/joint-local-transformation-plan>). This plan is the sixth iteration for Nottingham and Nottinghamshire. Nottinghamshire's Childrens Integrated Commissioning Hub based in Public Health co-ordinate the implementation of the system plan.
3. 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.
4. The plan has been endorsed by the Children and Young People's Mental Health Executive (CYP MH Executive), which 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 CYP MH Executive are responsible for delivering a comprehensive action plan which is aligned to the Local Transformation Plan. The endorsed paper has then been approved by the Nottingham and Nottinghamshire Integrated Care System (ICS) Health and Social Care Board and NHS England and NHS Improvement have reviewed and assured the Plan.
5. The plan is system-wide and covers services commissioned and provided by the two local authorities (Public Health and Children's Service functions), local CCGs and NHS England.

Progress in implementing the plan is reported to Children and Young People's Committee in the context of the Local Authority's role in relation to safeguarding and ensuring Nottinghamshire is achieving the best outcomes for children and young people.

Impact of COVID- 19 and response

6. The impact of COVID-19 on children and young people's mental health is still emerging, however providers are reporting an increase in referrals to mental health services and an increased level of children and young people presenting with more serious and complex needs. Local mental health services responded quickly to the COVID-19 crisis and adapted their service offers to include both telephone and online support (where clinically appropriate this included group work). Providers have shared that some children, young people and families did not want to access telephone or virtual support. As a result, during the recovery period, services have moved to providing a blended service model offer of face to face and digital support. During the pandemic all services remained open to referrals and followed guidance released by NHS England.
7. Whilst COVID-19 has presented challenges in terms of service delivery, it has also expedited transformation, for example, children, young people and families now have access to a wider range of information and self-help tools online and more choice in their support method. Commissioners will continue to work with providers, to identify further opportunities and ensure they are embedded into service delivery, enabling young people to have more choice over how and where support is received.
8. It is recognised that the COVID-19 pandemic has exacerbated existing health inequalities, particularly around mental health and wellbeing. A key recommendation from the JSNA chapter [Emotional and Mental Health of Children and Young People \(2021\) - Nottinghamshire Insight](#) was to review access to services by minority groups and ensure systemic barriers are mitigated or removed using the framework outlined in the Advancing Mental Health Equality Framework. A Health Inequalities subgroup (of the CYP MH Executive) was established to take this forward, the group will ensure alignment to wider system work taking place across the Nottingham and Nottinghamshire ICS.

NHS Long Term Plan achievements and next steps

9. There has been progress in achieving the Long Term Plan deliverables, with plans for further transformation by 2023/24 in line with the NHS Long Term Plan (2019) agreed. Work around the Long Term Plan deliverables also align to key recommendations in Emotional and Mental Health of Children and Young People JSNA chapter. They are as follows:-
10. **345,000 additional children and young people aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (MHST).** In 2020/21, Nottingham and Nottinghamshire achieved performance of 52.3% against an access target of 35%, thus exceeding the annual access performance target. In Nottingham and Nottinghamshire, this performance has been achieved by both improving data quality and expanding the existing commissioned provision available. In 2021/22 this has continued via Nottingham and Nottinghamshire CCG increasing investment in community CAMHS, CAMHS crisis and other services and in 2022/23 early support services are planned to transform.

- 11. There will be 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions.** In April 2020, a 24/7 all ages crisis helpline was launched, ensuring children and young people have access to crisis support with no barriers to access. In 2021/22 the local crisis home treatment and acute hospital liaison team will recruit additional capacity, enabling the team to provide timely and responsive treatment in both the home and acute hospital. Enhancing both community and crisis teams will ensure children and young people have access to timely care and support within the community which should lead to a reduction in crisis and the need to go to hospital. The service model will be developed further this year with system partners including the East Midlands Provider Collaborative.
- 12. There will be a comprehensive offer for 0-25-year olds that reaches across mental health services for children and young people and adults.** A condition specific approach to this work has been agreed. The successful Eating Disorder transition worker model has been extended to wider community mental health teams and a young adult worker model is being tested. Work has been undertaken in Bassetlaw to improve communication for children and young people transitioning from children's health service to adult health services, as part of Bassetlaw CCG's [Transition Strategy](#)¹. The Bassetlaw Quality Improvement Transition group has engaged with the local Bassetlaw Youth Council and worked together with children and young people approaching, or going through, health transitions to co-produce a personalised booklet to support them with this process. The group has also developed a Transition film for children, young people and families. These resources will be shared with the Children and Young People's Executive, who will consider how they can be utilised across Nottinghamshire. In the next year, early intervention support for young adults across a range of mental health presentations will be strengthened. A CCG led procurement of an Emotional Wellbeing Early Support Service Work is intended to better coordinate early support available locally including working with universities to support student mental health.
- 13. The 95% waiting time standard for children and young people's eating disorder service referral to treatment achieved in 2020/21 will continue to be maintained** The CAMHS Eating Disorder service is commissioned to meet the national waiting time standard. Where the waiting time standard² has not been met, exception reporting is obtained to inform further improvement. In line with regional and national trends, referrals to the local Eating Disorder services have doubled between March 2020 and April 2021. Additional funding had already been agreed increase the workforce and further recruitment options will be appraised if demand continues to rise.
- An ARFID (Avoidant Restrictive Food Intake Disorder) pilot has been completed and work is underway to develop solutions to develop a service offer. This currently involves clinicians from paediatrics, CAMHS and GP's, with a view to developing a service offer for this group, who were not able to access support.
- 14. Children and young people's mental health plans will align with those for children and young people with learning disability, autism, special educational needs (SEN), children**

¹ Transition refers to the period before, during and after a young person moves from children to adults' services. The Strategy aims to help young people and their carers to have a better experience of transition by improving the way it is planned and carried out.

² By 2020/21, 95% of young people with an eating disorder would receive NICE compliant treatment within 1 week of referral for urgent care and treatment and within 4 weeks for routine care and treatment to enable children and young people to have the best possible outcome and recovery.

and young people's services, and Health and Justice. The CYP MH Executive will continue to strengthen alignment with other strategic partnership groups. A Learning Disability and Autism CYP Steering Group oversees and ensures alignment of plans to improve care and support for this group. In 2021/22 the Keyworker role will be tested with a view to pilot how this role can support children and young people by ensuring they have timely support and an improved experience of care. The group will also improve the autism diagnostic pathway by strengthening the multidisciplinary input in line with NICE guidance. The SEND Accountability Board has been involved in the development of MHSTs and will continue to receive updates on emotional health and wellbeing from the CYP MH Executive when appropriate.

15. **100% of mental health providers to meet required levels of digitisation by 2023/24**
Children and young people's mental health providers have developed digital support, including video consultations, online self-management resources and digitally enabled models of therapy. The principals established as part of the NHS England Children and Young People's Digital Engagement work will be used to inform future digital developments.
16. **Deliver against multi-agency suicide prevention plans** Regular reporting between the Suicide Prevention Steering Group and the CYP MH Executive has been established and an all age social media communications plan has been co-ordinated around suicide prevention. Mapping of the Suicide Prevention Action Plan against the NHS England Rapid Review of Evidence around children and young people's suicide has taken place to ensure the plan reflects an all age approach. Self-Harm pathway mapping work is being undertaken and the results of this work will be used to inform future commissioning plans.

Continued System Improvement

17. In November 2020 Nottingham and Nottinghamshire CCG and partners undertook a System Optimisation Programme, led by NHS England and Improvement. The process reviewed how the local mental health system supports children against 10 'good practice' domains. The findings of the programme have been used to inform an action plan that sits underneath the Local Transformation Plan. Key actions that the CYP MH Executive will oversee are;
 - developing a system wide access policy
 - developing a consistent menu of evidence based, digital interventions
 - developing single branding for all CAMHS, based on a many providers, one system approach
 - developing a common language around mental health, through embedding the THRIVE model
 - contributing to the children and young people's element of a shared ICS wide all ages mental health workforce strategy
 - further developing co-production work
 - strengthening young adults transition arrangements.

Communications

18. The communications subgroup of the CYP MH Executive continues to coordinate communications activity around Mental Health Awareness Week, World Mental Health Day and World Suicide Prevention Day to ensure that the public are aware that services are open and accessible. The group continues to link with adult mental health commissioners and providers to support an all age approach to mental health communications. The group has also supported

the development of the Nott Alone website and co-ordinated communications around Mental Health Support Teams in Schools. The group is now seeking to widen its remit to appraise communications across the whole mental health pathway. Since the onset of the pandemic, mental health services have considerably developed and improved their on-line presence, so children and young people can now access a wide range of information about services and support.

Co-production and engagement work

19. All system partners remain committed to engagement, involvement and participation to ensure support delivered meets the needs of all children and young people, parents and carers and stakeholders. A wide range of activity has been undertaken by MH2K citizen researchers in the last year, including around the impact of COVID 19, improvements in early intervention services and work on the Nott Alone website detailed below. This work has been used to influence plans and improve services. Future planned work includes work with Mental Health Support Teams in Schools and to develop a new vision and values statement around children and young people's mental health and improving transitions.

Emotional mental health and wellbeing support for school aged children

20. In Nottinghamshire, CCG, CAMHS, Education and Local Authority partners have worked together to secure funding for eight Mental Health Support Teams (MHSTs), covering all localities in Nottinghamshire. The aim of the support teams is to ensure timely support is available to children and young people by providing them with early intervention and preventing the escalation of needs, where possible. Funding is fixed and protected for these teams until 2024/25. The service model was informed by local children and young people. A timetable for the rollout of the teams is outlined below in **Table 1**.

Table 1- MHST Mobilisation in Nottinghamshire

Wave	Coverage	Training and mobilisation period	Fully operational
Wave One	Nottingham North and East (One MHST) Rushcliffe (One MHST)	January 2019- December 2019	December 2019
Wave Two	Mansfield and Ashfield (One MHST)	September 2019- August 2020	November 2020
Wave Three	Newark and Sherwood (One MHST) Nottingham West (One MHST)	January 2021- December 2021	January 2022

	Bassetlaw (One MHST)		
Wave Four	Locality to be confirmed	September 2023	September 2024
Wave Five	Locality to be confirmed	January 2024	January 2025

21. In total, approximately 150 schools will receive support from a MHST, as well as some pupils in alternative provision. These NHS funded teams will provide early intervention and support for children and young people with mild to moderate mental health needs on or near school sites. MHST staff have worked with schools during COVID-19 and have developed self-referral mechanisms to the teams for children and young people, parents and carers, whilst schools were closed. Whilst the operationalisation of the teams has been relatively recent and delivery has been interrupted by school closures, the teams are expected to increase timely access for children and young people to mental health support. In Bassetlaw, the CCG commission the Talkzone counselling service and this provision has been expanded to support MHSTs but also to provide a mental health and wellbeing worker linked to schools.
22. Early evidence indicates the teams have had a positive impact on both schools and pupils. Feedback from children, young people and parents and carers indicates they value the service being offered locally, they found staff approachable and empathetic and that accessing the MHSTs helped them to feel less isolated and more able to deal with the challenges of school life, including academic pressures. Schools have also given positive feedback on work that has been completed during the pandemic, for example, workshops were delivered in the summer term around staff mental health and wellbeing and transition. This has now resulted in schools developing their own staff mental health and well-being policies, which will then enable them to effectively support their pupils. Schools also report the transition workshops were delivered at a key point of time and increased their understanding of how to incorporate well-being into transition planning and how to manage anxiety around transition. The workshop used a train the trainer model, which enables staff to cascade the learning in their schools.
23. MHSTs and CAMHS teams have also supported the development of the Wellbeing in Education Recovery programme since September 2020. Locally, this has been led by the Educational Psychology Services and has offered training to all schools around supporting children and young people's mental health via two webinars in autumn term 2020. Resources have been developed to support schools in the recovery phase with a focus on wellbeing for all [Wellbeing for Education Return Nottingham | The East Midlands Education Support Service \(em-edsupport.org.uk\)](https://www.em-edsupport.org.uk).
24. The Wellbeing for Education Recovery Steering group has also worked to co-produce the Nott Alone website with children, young people, parents and carers. [NottAlone](https://www.nottalone.org.uk) is a new website sharing local mental health advice and help for young people in Nottinghamshire, all in one place. The aim of the NottAlone website is that it will facilitate self-help, as well as speedy access to support, thereby reducing reliance on higher tier services. The website will be live from September 2021 and it will be formally launched in November 2021.
25. The Nottinghamshire Wellbeing for Education Recovery consortium bid has also been successful in delivering DfE approved Senior Mental Health Lead Training for Schools. This training programme will be delivered to senior mental health leads in schools across the

academic year 2021. All schools and colleges are eligible to apply for the [DfE grant](#) to fund this [training](#).

Other Options Considered

26. No other options have been considered. This plan is in line with NHS England planning requirements.

Reason/s for Recommendation/s

27. Children and young people's emotional and mental health is an issue for all services working with children and young people across local government, health, schools, police and voluntary, community and independent sectors. This is reflected in the content of the local transformation plan. It also falls within the Council's statutory duties in relation to safeguarding children and young people.

Statutory and Policy Implications

28. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Crime and Disorder Implications

29. Implementation of this plan will contribute to reducing health inequalities for vulnerable children and young people.

Financial Implications

30. There are no additional financial implications arising directly from this report.

Implications in relation to the NHS Constitution

31. Implementation of this plan is in line with the NHS Constitutional Standards.

Public Sector Equality Duty implications

32. Implementation of this plan will contribute to reducing health inequalities for vulnerable children and young people.

Safeguarding of Children and Adults at Risk Implications

33. Implementation of this plan will contribute to reducing the risk of harm to children and young people with emotional or mental health needs.

Implications for Service Users

34. Implementation of this plan will improve the response of services to children and young people with mental health needs and thus improve outcomes.

RECOMMENDATION/S

The Health and Wellbeing Board is asked-

- 1) To consider whether there are any actions they require in relation to issues contained within the report.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For any enquiries about this report please contact:

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Constitutional Comments (ELP15/11/21)

35. The recommendations fall within the delegation to Health & Wellbeing Board by virtue of its frame of reference.

Financial Comments (DG 05/11/21)

36. There are no direct financial implications in this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Children and Young People's Mental Health and Wellbeing Transformation Plan – report to Children and Young People's Committee on 17th June 2019

Future in Mind - Department of Health (March 2015)
<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

Five Year Forward View for Mental Health – Mental Health Taskforce Strategy - NHS England (February 2016)

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Transforming Children and Young People's Mental Health Provision: A Green Paper - Department of Health/ Department for Education (December 2017)

<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

Long Term Plan (2019)

<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Electoral Division(s) and Member(s) Affected

- All.

24 November 2021**Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR: CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Health & Wellbeing Board's work programme for 2021/2022.

Information

2. The County Council requires each committee, including the Health & Wellbeing Board, to maintain a work programme. The work programme will assist the management of the Board's agenda, the scheduling of the Board's business, and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reasons for Recommendation

5. To assist the Health & Wellbeing Board in preparing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That the Health & Wellbeing Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

Marjorie Toward

Service Director: Customers, Governance and Employees

For any enquiries about this report please contact:

Martin Gately
Democratic Services Officer
Nottinghamshire County Council
T: 0115 977 2826

Constitutional Comments (HD)

7. The Board has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

8. There are no direct financial implications arising from the contents of this report. Any future reports to the Board will contain relevant financial information and comments.

Background Papers

- None

Electoral Division(s) and Member(s) Affected

- All

WORK PROGRAMME: 2021-22

Please see Nottinghamshire County Council's website for the [papers](#), [membership](#), [work programme](#) and [strategy](#) of the Health & Wellbeing Board. Joint Strategic Needs Assessment (JSNA) chapters are available on [Nottinghamshire Insight](#).

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: Wednesday 24th November 2021 (2pm)				
Chair's Report	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Cllr Doddy	Briony Jones	
Suicide Prevention.	An update on the work undertaken on suicide prevention, including the establishment of a Suicide Prevention Stakeholder Network and updated Prevention Action Plan (2019 – 2023).	Jonathan Gribbin	Cath Pritchard Lucy Jones Robyn wight	
Local Transformation Plan: Children and Young People's Mental Health.	To present to Board the new Local Transformation Plan for Children and Young People's Mental Health.	Jonathan Gribbin	Rachel Clark Katharine Browne	
Domestic Abuse Duty & Safe Accommodation.	To update the Board on progress with the Domestic Abuse Duty.	Jonathan Gribbin	Rebecca Atchinson Tracy Lyon	
Approach for Approval of the 2021 – 2022 Better Care Fund Plan	To approve the approach for assurance and sign-off of the Nottinghamshire Better Care Fund plan for 2021-22.	Melanie Brooks	Kash Ahmed Sarah Fleming	
MEETING: Wednesday 12th January 2022 (2pm)				

Report title	Purpose	Lead officer	Report author(s)	Notes
Updates the membership of the Health and Wellbeing Board	In preparation for the changes implemented in April 2022, this report outlines proposals to update the Health and Wellbeing Board's membership to include representation of the Place Based Partnerships.	Cllr Doddy	Martin Gately	
Chair's Report	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Cllr Doddy	Briony Jones	
Nottinghamshire Food Charter	To seek feedback and approval of a Food Charter for Nottinghamshire, to improve the local food environment as part of our health and sustainable places approach.	Cllr Doddy	Dawn Jenkin John Wilcox	
Physical Activity Insight Programme	A report detailing the work undertaken from Active Notts on the Physical Activity Insight Programme and development of the Making Our Move Plan.	Jonathan Gribbin	John Wilcox Kerryn Chamberlain	
Joint Strategic Needs Assessment Annual Report & Prioritisation for 2022-23.	To seek approval on the prioritisation of chapters for the JSNA for 2022 – 2023.	Jonathan Gribbin	Sue Foley Mina Fatemi	
Approval of the Better Care Fund Plan for 2021 - 2022	To retrospectively approve the Better Care Fund Plan for 2021 – 2022, that was submitted to NHS England & Improvement (NHSEI) on 16 November 2021.	Melanie Brooks	Kash Ahmed Sarah Fleming	
MEETING: Wednesday 9th February 2022 (2pm)				

Report title	Purpose	Lead officer	Report author(s)	Notes
Chairs Report	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Cllr Doddy	Briony Jones	
Joint Health and Wellbeing Strategy 2022 – 2026.	To present the new Joint Health and Wellbeing Strategy for 2022 – 2026 for feedback, comment and endorsement by the Health and Wellbeing Board.	Cllr Doddy	Sue Foley Catherine John Briony Jones	
Integration and Innovation: Working together to improve health and social care for all.	To consider the white paper published by the Department of Health and Social Care in February 2021, and its implications for the Health and Wellbeing Board and health systems in Nottinghamshire from April 2022 onwards.	<i>*Appropriate lead to be identified</i>	<i>*Appropriate author(s) to be identified</i>	
Annual Report on the Best Start Strategy 2021 - 2025	To review progress so far of the delivery of the Nottinghamshire Best Start Strategy 2021 – 2025, since the Board's endorsement in January 2021.	Colin Pettigrew	Irene Kakoullis Kerrie Adams	
MEETING: Wednesday 23rd March 2022 (2pm)				
WORKSHOP: Delivery of the Joint Health and Wellbeing Strategy 2022 - 2026	To discuss the structures, governance and monitoring required for the delivery of the Joint Health and Wellbeing Strategy 2022 – 2026.	Cllr Doddy	Sue Foley Briony Jones	

Nottinghamshire Health and Wellbeing Board Meetings:

Wednesday 4 May 2022 2.00pm
Wednesday 15 June 2022 2.00pm
Wednesday 27 July 2022 2.00pm

