Health and Wellbeing Board

Wednesday, 06 January 2021 at 14:00
Virtual meeting, **https://www.youtube.com/user/nottscc**

AGENDA

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

![Nottinghamshire County Council logo] **Nottinghamshire County Council**

minutes

Meeting	**HEALTH AND WELLBEING BOARD**
Date	Wednesday, 4 November 2020 (commencing at 2:00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Kevin Rostance (Chair)
Joyce Bosnjak
Glynn Gilfoyle
Tony Harper
John Longdon

DISTRICT COUNCILLORS

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

1

Idris Griffiths	-	NHS Bassetlaw Clinical Commissioning Group
Dr Thilan Bartolemeuz	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Fiona Callaghan	-	NHS Nottingham & Nottinghamshire Clinical Commissioning Group
Dr Jeremy Griffiths	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group (Vice-Chair)

LOCAL HEALTHWATCH

Sarah Collis   -   Healthwatch Nottingham & Nottinghamshire

OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Kevin Dennis - Office of the Nottinghamshire Police and Crime Commissioner

OTHER ATTENDEES

Luke Barrett – Group Manager, Marketing and Communications, NCC
Amanda Fletcher – Consultant in Public Health, NCC
Lucy Hawkin – Public Health and Commissioning Manager, NCC

OFFICERS IN ATTENDANCE

| Nicola Lane | - | Public Health and Commissioning Manager |
| Martin Gately | - | Democratic Services Officer |

APPOINTMENT OF CHAIRMAN

The Health and Wellbeing Board noted the appointment by Full Council on 15th October 2020 of Councillor Kevin Rostance for the 2020-21 municipal year.

MINUTES

The minutes of the last meeting held on 7th October 2020 having been previously circulated were confirmed and signed by the Chairman.

2

APOLOGIES FOR ABSENCE

Lucy Dadge (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

David Ainsworth (NHS Nottingham and Nottinghamshire Clinical Commissioning Group)

Councillor John Longdon substituted for Councillor Purdue-Horan for this meeting.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIR'S REPORT

The Chairman introduced Jonathan Gribbin, who provided a short presentation on the impact of COVID-19 on the NHS, and hospitals in particular, as well as rates of COVID-19 across Nottinghamshire Districts and Boroughs. The rates across Nottinghamshire were characterised as high, with the proportion of people tested and found to be positive for COVID-19 increasing, and rates amongst the over 60s also remaining high. The virus is therefore still in wide circulation within the community.

Hospital deaths are currently lower than in the first wave peak, but are increasing. Likewise, hospital intensive care bed use is currently lower than the first peak but is increasing; with bed occupancy for COVID-19 across Nottingham University Hospital and Sherwood Forest Hospital 40% higher. There is a 'built-in' lag between community infection rates and people ending up in hospital.

Melanie Brooks explained that increasing outbreaks were being seen in places of accommodation i.e. care homes. In the spring, outbreaks mainly related to new admissions to care homes, and over the summer outbreaks were in relation to one or two asymptomatic members of staff. Now there are five additional outbreaks per day at care homes. This higher rate is due to community transmission – via either staff or visitors. This has meant an impact on assisting hospitals with discharge, as well as a business continuity risk for care homes themselves.

In response to a question from Dr Jeremy Griffiths on the wider impact of COVID on mental health, exercise and crime, Jonathan Gribbin responded that there are of whole range of impacts, on both livelihood and wellbeing in the broadest sense, and some rapid work took place over the summer on those impacts. NHS colleagues have also focused more narrowly on the impact on care pathways e.g. cancer. Melanie Brooks confirmed that there were concerns about the mental of young people – with requests for crisis support up 30%. The ability to produce data quantifying the impact is limited at the moment since most resources are being deployed towards the response to the pandemic. However, Amanda Fletcher confirmed that a funding bid was being prepared for additional analytical support to allow the development of metrics to monitor impact going forward.

3

In response to a question regarding COVID impact on Doncaster and Bassetlaw Hospitals, Idris Griffiths stated that there 200 COVID positive patients across DBH Hospital sites – specifically in Bassetlaw there were 28 patients, with nearly half of these on oxygen or mechanical ventilation.

Dr Thilan Bartolomeuz suggested that Board members would benefit from seeing a report recently produced by the ICS on how services have been accessed and public perception thereof.

In response to further questions Jonathan Gribbin explained that the COVID testing centre had moved to the County Hall car park because of flooding issues at the previous location. The test centre is getting good usage.

Councillor Susan Shaw requested that further information on domestic abuse be presented to a future Health and Wellbeing Board meeting.

In response to questions from Councillor David Walters, Dr Bartolomeuz indicated that the NHS App complements the contents of general practice websites.

RESOLVED: 2020/025

That the following actions were identified:

1) Circulation to the Board of the ICS report on access to services.

2) Inclusion of further information on domestic abuse on a future Health and Wellbeing Board agenda.

COVID-19 COMMUNICATIONS

Luke Barrett, Group Manager, Communications and Marketing, Nottinghamshire County Council introduced the report and presented information on communications in relation to COVID-19 including social media. At the start of the pandemic, outreach was to all communities by a full range of media, including e-mail, with examples of the work of the community relief hub showcased via social media. It was primarily human interest which generated discussion and interaction on social media. Mr Barrett emphasised that interaction with the public on social media required instant responses – the moment the dialogue stops it becomes challenging to maintain the audience. There had been 1.3 million page views of the NCC Facebook page.

Dr Jeremy Griffiths raised the issue of vaccine preparation and roll-out with vulnerable members of the community and frontline staff anticipated to be the first to be vaccinated, and asked how communications would be maximised for delivering information about the vaccine. Mr Barrett indicated that focus, so far, had been on

delivering the key messages from government, as well as telling people how to access services.

Jonathan Gribbin added that NHS national resources would be deployed to deliver COVID-19 vaccine messaging, but we will play our part in amplifying the messages.

Sarah Collis, Healthwatch, identified the deaf community as a priority group to receive the vaccine, particularly since BSL users are not able to wear facemasks readily. The deaf community should be involved in how we communicate. Mr Barrett responded that there was an ongoing project to make the NCC website more accessible to all users and that he could bring back information on this to a future meeting of the Board.

RESOLVED: 2020/026

That:

1) representatives of the deaf community be involved in the development of communication channels.

2) Information on the development of the accessibility of the NCC website in relation to health messaging be presented to a future Board meeting.

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) WORK PROGRAMME 2020-21

Lucy Hawkin, Public Health and Commissioning Manager, NCC introduced the report and stated that an annual prioritisation of the work programme took place, overseen by the JSNA steering group in order to get a timely steer from partners on issues of joint interest and strategic importance. Eight submissions for topics were examined using the prioritisation matrix. The proposed full JSNA chapters are Children and young people who are looked after, and care leavers – and Carers; with insight theme pages on Speech, language and communication needs in Children and Young People and Air quality. However, completion of JSNA chapters is dependent on the COVID-19 situation.

Councillor Susan Shaw registered concern about the possible delays to the production of JSNA chapters caused by COVID, and referenced the workshop on giving children the best start – back in February. Jonathan Gribbin responded by stating that colleagues in public health shared the frustration regarding delays to other essential areas of work caused by the response to the COVID pandemic. The production of JSNAs is a statutory requirement, and by 2022 the Health and Wellbeing Board will need to refresh its Joint Health and Wellbeing Strategy.

Councillor Glynn Gilfoyle queried what other additional resources could be brought to bear to supplement the position, while also recognising the difficulties in recruiting staff. Mr Gribbin stated that he had already been in discussion with the Corporate Director for Adult Social Care to identify other resources within the department which could be used to assist public health colleagues.

5

Councillor Susan Shaw suggested including the voluntary sector in the development of JSNA chapters, or similar work.

RESOLVED 2020/027

That:

1) the Joint Strategic Needs Assessment (JSNA) work programme 2020-21 and proposed products, which have been developed through the JSNA prioritisation process be approved.

WORK PROGRAMME

The Chairman mentioned that the Board would next meet for a workshop on the Better Care Fund (integrated approaches to health, care and housing) on 2nd December 2020, with the next full meeting of the Board on 6th January 2021.

Dr Jeremy Griffiths requested a future workshop on health inequalities; adding that while health inequalities are seen as a key part of all programmes, they are seldom focused on as a topic themselves. Jonathan Gribbin suggested that this would be at least partially addressed by the access to services across Nottinghamshire report which was being prepared by NHS colleagues. Mr Gribbin undertook to check when this report would be available.

Colin Pettigrew confirmed that further to the February 2020 workshop on 'Giving Children the Best Start' something substantive would be brought to the January 2021 Board meeting.

RESOLVED: 2020/028

That:

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

The meeting closed at 15:43

CHAIR

Nottinghamshire
County Council

REPORT OF THE CHAIR OF THE HEALTH & WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. An update by Councillor Kevin Rostance on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.

Information

Update on the Suicide Prevention Funding

2. The Nottingham and Nottinghamshire Suicide Prevention Strategy Group are delighted to report that the allocation of Wave 4 suicide prevention funding has been confirmed by NHSE, following presentation of the proposals to a review panel at the end of November. The review panel included colleagues from NHSE, Public Health England and a lay member with lived experience who gave very positive feedback on the submission.

3. The funding is for £209,161 pa over three years (2021-22; 2022-23; and 2023-24), allocated on the Nottingham and Nottinghamshire Integrated Care System (ICS) footprint. Bassetlaw has received suicide prevention funding in an earlier wave as part of the South Yorkshire and Bassetlaw ICS and Nottinghamshire County Council will continue to work with colleagues in Bassetlaw to support alignment and equity of provision where appropriate.

4. The final proposal is grouped into four themes aligned with the priorities within the Nottingham and Nottinghamshire Suicide Prevention Strategy (2019-2023):

   - **Competency, compassion, knowledge and skills** with a focus on training for a range of audiences including primary care and other statutory services and the voluntary and community sector.
   - **Communications and public awareness** focusing on developing a recognisable brand and campaign with whole population and targeted approaches to raising awareness and reducing stigma around suicide.
   - **Prevention support for high risk groups**, this will include mapping an all age self-harm pathway and improvement to services identified from this; targeted delivery of support to people at risk of suicide experiencing challenges that are known triggers/antecedents to suicide e.g. relationships, debt, housing; development of a small grants process to support community groups with small scale but high impact projects.

- **Real time surveillance (RTS)** – the focus of this will be to identify and commission a data system to enable easier production of routine and bespoke reports, reducing reliance on manual data analysis for real-time reporting of potential suicide deaths.

5. The programme will be underpinned by a clear evaluation framework, co-production and participation of people with lived experience and multi-agency collaboration with partner organisations and community groups.

6. A programme management group will be established to operate throughout the life of the funding. This will report into the Nottingham and Nottinghamshire Suicide Prevention Strategy Group which will have oversight of the Wave 4 programme and provide updates to the ICS Mental Health and Social Care Board, Nottinghamshire County Health and Wellbeing Board, and Nottingham City Health and Wellbeing Board.

7. For further information, please contact lucy.jones@nottscc.gov.uk

New Healthier You: NHS Diabetes Prevention Programme

8. Over the last year NHS England has been carrying out a re-procurement exercise for the Healthier You: NHS Diabetes Prevention Programme (NHS DPP) contract. The NHS DPP is a behavioural change programme, which is offered to patients who are identified as being at high risk of developing type 2 diabetes.

9. In Nottingham and Nottinghamshire, Living Well Taking Control (LWTC) has been awarded the new contract and will commence delivering the NHS DPP from 1st December 2020.

10. Eligible patients referred onto the NHS DPP will be invited to participate in a 9 month intervention aimed at reducing their diabetes risk level. Patients have a choice of accessing the programme in a face-to-face peer group setting alongside participants from their community, or by 1-2-1 app-based coaching provided by digital partner Liva Healthcare.

11. Whilst Covid-19 social distancing measures are in place, patients will be able to remotely join group sessions using the internet or by telephone. The patient's coach will support them in making sure they can access the sessions.

12. Linking with local services such as Nottinghamshire's 'Your Health, Your Way' to integrate with local pathways will be of key benefit and will promote collaborative working.

13. To ensure the capacity of the NHS DPP is fully utilised and supports the most at risk communities, NHS England have expanded access to the programme allowing a self-referral model alongside direct referral from general practice. Eligibility to self-refer to the NHS DPP will be based on the Diabetes UK risk tool (a validated type 2 diabetes risk assessment tool) which can be completed on the Diabetes UK website, nhs.uk or on Healthier You service providers' website.

14. Reflecting the greater risk for people from Black and South Asian backgrounds of developing type 2 diabetes, as well as of serious adverse outcomes relating to COVID-19, NHS England have also developed a focused communications and marketing campaign to reach these communities and encourage wider self-assessment of risk and appropriate self-referral to the NHS DPP. There are a range of assets available to systems to support these activities.

15. NHS Digital publishes quarterly reports on NHS Stop Smoking Services in England. The latest published report covers April 2020 to June 2020 which includes the period of the national COVID-19 lockdown.

16. In Nottinghamshire in this time period, 523 people set a quit date; 303 people, including 32 pregnant women, successfully quit (self-reported). 58% of people setting a quit date were successful at 4 weeks follow up, which is equal to the England average. By quitting smoking, 303 people in Nottinghamshire have improved their health and the health of the people around them.

17. For stop smoking advice in Nottinghamshire County, Your Health Your Way's Stop Smoking Service helps individuals quit smoking for good. Their dedicated and friendly stop smoking advisors deliver a range of sessions including phone and digital support. They provide a full range of free nicotine replacement therapy alongside weekly support from stop smoking advisors. They offer support to help people understand why they smoke, manage their cravings, and deal with relapses.

18. For further information, please read the full report.

Targeted Lung Health Checks Programme

19. NHS England has awarded more than £5m to fund 'Targeted Lung Health Checks' for Mansfield and Ashfield residents who are most at risk of developing lung cancer. People who are aged between 55 and 74 with a history of smoking will be offered a health check and, where applicable, a low-dose CT scan at a mobile unit based within a community setting. Smoking cessation support will also be provided.

20. The Pilot is expected to launch in March 2021. The programme objectives are to increase the number of lung cancers diagnosed at an early stage thereby improving survival rates, to identify other undiagnosed respiratory disease e.g. chronic obstructive pulmonary disease (COPD) and to increase smoking quit rates.

ChatHealth nurses crowned national winners in the 2020 Nursing Times Awards

21. The Healthy Families Programme, provided by Nottinghamshire Healthcare NHS Foundation Trust and commissioned by Public Health, is joining celebrations for the recent Nursing Times Award win for the innovative text messaging service, ChatHealth, in the Nursing in Mental Health category.

22. ChatHealth was launched by Nottinghamshire Healthcare NHS Foundation Trust in May 2015 as a means for young people to reach trusted healthcare advice and support. Developed and supported by Leicestershire Partnership NHS Trust in 2013, ChatHealth has been implemented by more than 50 NHS Trusts and healthcare organisations across the country.

23. Accepting the award on behalf of the 2,000-strong community of ChatHealth nurses, clinical lead at Leicestershire Partnership NHS Trust, Caroline Palmer, said:

"This award is not just for the ChatHealth team in Leicestershire, but for all the teams across the country. ChatHealth nurses offer mental health and wellbeing support day in and day out, and it's wonderful for them to be recognised in this way. The Covid-19 pandemic has had a big impact on usage, and demand for ChatHealth text services has massively increased in recent months with as many implementations going live in the last six months as there was in the whole previous year."

24. Sherrel Dudley, General Manager for 0-19 Children and Young People's Services at Nottinghamshire Healthcare NHS Foundation Trust, said;

"The Nottinghamshire Healthy Families Programme provides multiple platforms for young people to engage with our school age service. ChatHealth uses confidential texting to give young people control over how they communicate with us. Some young people who would not normally seek advice now feel safe to do so."

25. For further information on the ChatHealth local service, please visit the NHS Nottinghamshire Healthcare website.

26. ChatHealth is another great example of the Nottinghamshire Healthy Families Programme continuing to support families to be healthy and safe. The Programme has 20 local Healthy Family Teams across the county that provide children, young people and families with care from before birth to their late teenage years.

27. For further information on the Healthy Families Programme, please read Nottinghamshire County Council's recent 'Newsroom' article.

Day Opportunities Strategy

28. The Adult Social Care department has started work to co-produce a strategy for day opportunities. This will look at the way that people are supported during the day and consider day services as well as wider opportunities such as employment, Shared Lives and community options. It is recognised that adults with care and support needs face particular barriers and challenges to participating in community life and there is more scope to build aspiration for people and enable them to live a good life through opportunities to engage in meaningful community activity.

29. This work relates to the Joint Health and Wellbeing Strategy as it will impact on a number of areas including physical activity, mental wellbeing (including dementia), skills and employment, and building stronger and more resilient communities.

30. The COVID-19 pandemic has meant that services have had to be delivered in more innovative and diverse ways than would previously have been the case. Many building-based services have reopened to deliver Covid-secure support, however the measures needed to ensure a safe environment make the experience quite different as activities and socialising are limited. It is important that the team continues to learn from the experiences of people accessing services during this time to help strengthen the offer during the covid-19 pandemic and plan.

31. The first phase of engagement ended on 27th November and work will continue through to the new year. For more information or to be involved, please contact dayoppsconsultation@nottscc.gov.uk

[Nottinghamshire Safeguarding Adults Board – Annual Report 2019/2020](#)

32. The Care Act requires Local Authorities to establish a Safeguarding Adults Board, the objective being to protect adults in Nottinghamshire from abuse and neglect. Nottinghamshire Safeguarding Adults Board has three core statutory duties; to publish an Annual Report, Strategic Plan and to complete Safeguarding Adults Reviews. Nottinghamshire Safeguarding Adults Board achieves its objectives by working in coordination with its members and wider partnership to ensure the effectiveness of local Safeguarding arrangements.

33. Nottinghamshire Safeguarding Adults Board (NSAB) have now published its [Annual Report for 2019/20](#). The Report details the work of the Board during the year to achieve its objectives of year two (2019/20) of its Strategic Plan, as well as highlighting contributions from its partner agencies. NSAB continues to focus its work towards the three key aims, namely; prevention, assurance and making safeguarding personal (MSP).

34. In 2019/20 the Multi Agency Safeguarding Hub received a 36% rise in Safeguarding Adults Referrals compared to 2018/19 which indicates the increased awareness of abuse and neglect and reflective of the national trend. It delivered Referrer Training to over 400 people which has resulted in an increase in people who may be subject to abuse and neglect receiving a timely and appropriate response.

35. The Nottingham City and Nottinghamshire Safeguarding Adults Boards developed the [Nottingham and Nottinghamshire Safeguarding Adults at Risk Self-Neglect Advice and Toolkit](#) which was successfully launched with a Self-Neglect Workshop. It also delivered a reflective learning session relation to 'complex cases' and ran a popular Trainers Forum. There has been a dramatic update in readership in NSAB's e-bulletin which shares news, resources and tools relating to Safeguarding in Nottinghamshire and can be accessed via this [link.](#)

36. For further information, please contact safeguarding1.adults@nottscc.gov.uk

[Nottinghamshire Safeguarding Children Partnership - Annual Report 2019/2020](#)

37. Nottinghamshire Safeguarding Children Partnership provides the safeguarding arrangements required under the Children and Social Work Act 2017 and the statutory guidance 'Working Together to Safeguard Children 2018'. The purpose of safeguarding arrangements is to support and enable local organisations and agencies to work together to safeguard and promote the welfare of children.

38. Moving forward the partnership's priorities have been agreed as:

- **Preventing neglect** – developing a new strategy to define and guide our approach
- **Covid-19** – understanding and responding to the impact it has had on children and families, learning from new ways of working
- **Improving our initial response to safeguarding concerns** – making strategy discussions more effective

- **Contextual Safeguarding** – integrating work to protect children from risks outside the home
- **Information Sharing** – building on and strengthening existing systems
- **Developing how the partnership engages, listens and responds** to the views of children and families
- **Providing inclusive and accessible services** to safeguard and promote the welfare of children

39. For further information, please read the [summary of the NSCP Annual Report and Safeguarding Data](#) and the recently published [NSCP Newsletter (December 2020 Edition)](#).

<u>Update: Improving the Early Years food environment as part of the Childhood Obesity Trailblazer programme.</u>

40. Nottinghamshire County Council has been selected as one of five Local Authorities nationally to lead innovative actions and test existing powers to improve one or more risk factors for childhood obesity.

41. The approach in Nottinghamshire focuses on the food environment in the Early Years sector for children under the age of five with an emphasis on areas with higher levels of obesity. This initially included parts of Bassetlaw and Mansfield and is now extending to Ashfield and Newark and Sherwood.

42. The focus of the work is on making access to affordable healthy food easier, improving the quality of food provision through Early Years settings and enabling parent / carers to develop good eating habits with their children.

43. Since the last update provided in the Chair's Report in October, progress has been made in a number of areas:

- FOOD clubs are now established on a weekly basis at Harworth and Ravensdale Children's Centres. The clubs utilise FareShare to redistribute excess food from wholesalers which would otherwise go to landfill. This enables families to access healthier food at an affordable cost through existing community assets. Food packages include recipes developed on the day by the Integrated Well Being Service 'Your Health Your Way' and have been well received by families who are sharing their photographs of the healthy meals they have prepared on social media.
- The Trailblazer provided an opportunity to test out different ways of families accessing food and additional support. The learning from different interventions helps shape the programme's plans and developments. Working with colleagues in District Councils in Newark and Sherwood and Ashfield, the team are currently prototyping an innovative intervention from Finland, 'Venner', whereby families are provided with a week's supply of fresh ingredients for non meat based meals. Alongside this, families will have access to a recipe book and digital support to provide them with the skills to prepare and cook the meals. This prototype is focused on reception aged children at two primary schools in Ashfield and Newark and Sherwood.
- A Healthy Start vitamins 'starter pack' containing a free bottle of vitamins and information and advice is now given out to all pregnant women in Mansfield, Ashfield, Newark and Sherwood at their 12 week scan. The Healthy Families Teams in these areas give out a

bottle of vitamins and information to all breastfed babies at the birth visit (formula fed babies do not need them as vitamins are already added to formula milk).

- The Soil Association has been commissioned to deliver their 'Food for Life' Early Years award in all seven districts across the County. The Soil Association works with settings such as nurseries and Children's Centres to demonstrate that every child is being given the best possible start to their food journey. The different settings will receive specialist nutritional support and be required to provide evidence of how their practice has changed or improved as a result. Initial engagement with the settings has started and will progress throughout 2021.
- The results of the Early Years survey referred to previously have been analysed and a report and infographic based on the findings produced. This includes learning points and future workstreams to be progressed by the project team. The Local Government Association have asked for this to be shared as an example of good practice as part of the national Trailblazer learning.

44. The next steps include:

- Continued development of new FOOD clubs in identified Children's Centres in Ashfield and Newark and Sherwood.
- Utilising the learning from the Venner prototype and incorporating this into the next phase of project planning for the recipe bag concept.
- Delivering a County wide Healthy Start promotional campaign using a range of locally produced materials based on recent changes to the scheme.
- Continuing to roll out the vitamin starter packs across the whole of Nottinghamshire, with County wide coverage anticipated early 2021.

Mansfield Health and Wellbeing Update

45. During 2020 Mansfield District Council (MDC) have been supporting some of our most vulnerable residents throughout the Covid -19 pandemic. Key achievements for 2020 – 2021 include;

- Working in partnership with First Art to distribute 500 Everybody's Home kits.
- Developing 200 activity packs in partnership with Active Notts that were delivered to 95 families on Bellamy Estate identified by St Peters Primary School.
- Developing a Food Share Scheme in Bellamy Community and supported the Tenants and Residents Group to secure £2,000 from MDC's Covid Fund to help sustain the scheme and fulfil the needs of the community.
- Supporting and enabling Chesterfield Road Methodist Church to apply to Fare Share go and set up a Food Share scheme to support local residents.
- Establishing a Partnership with Family Action to launch three Food On Our Doorstep (FOOD) Clubs in three priority areas; Bellamy, Oaktree and Portland.
- Securing £70,402 from the Nottinghamshire County Council Emergency Assistance Fund to;
  - Support the expansion of the FOOD Clubs to another seven wards across Mansfield identified by our community impact assessment.

- Recruit a temporary Feeding Mansfield Coordinator who will be responsible for bringing together partners, to ensure the collaboration of food banks and food insecurity projects across the district.
- Support the establishment of a Feeding Mansfield Network in partnership with Feeding Britain and support the pilot of two Healthy Holiday programmes in Oaktree and Bellamy.
- Support Community Gardening in priority areas and to deliver monthly food art parcels through Children's Centres.
- Launch a Fuel Bank Pilot in partnership with Feeding Britain and Fuel Bank Foundation.

46. Mansfield District Council and the ASSIST Hospital Discharge Scheme (ADHS) helped deliver medications across Mid Nottinghamshire throughout the pandemic and supported the hospital and patients with 1018 actions in 2020. There are many elements to the AHDS as the service supports re-housing patients, co-ordinates an application for re-housing due to unsuitability of accommodation (across all sectors), facilitates repairs required and addresses a wide range of other issues. The AHDS deal with many extremely complex housing, humanitarian, health and well-being and welfare issues, including homelessness. This in turn helps support and enable hospital staff to primarily focus on their main priority, addressing a patient's medical needs.

47. Mansfield District Council's key objectives for the upcoming year (2021- 2022) are to;

- Publish the Mansfield Health & Wellbeing Strategy 2021-24.
- Establish a Feeding Mansfield Network to ensure collaboration across local organisations supporting Food poverty and insecurity across Mansfield.
- Start building work on the redesign of the heart of Bellamy Estate.
- Support the development of a new Community Gardening Charity.
- Engage with and understand the barriers and needs of our other priority neighbourhoods Oaktree, Bull Farm and Portland through the Mansfield Health Partnership.

Ashfield Health and Wellbeing Update

48. The Ashfield Health and Wellbeing Partnership are currently writing its strategy for 2021-25. The strategy is due to be finalised and launched on February 2021 and consultation has taken place with 40 organisations. The focus will be on priority places and population groups to reduce the health inequalities that exist across Ashfield.

49. The Partnership has produced a Winter Wellness booklet, with helpful information for residents. An enhanced programme of Feel Good Families online activities and trails has been delivered, encouraging families to get involved in free, fun activities at home or close to where they live. Activity packs have also been distributed to many vulnerable families and those living with Dementia and their carers throughout the last 6 months.

50. Ashfield District Council have worked closely with the foodbanks to ensure they are equipped to support some of the most vulnerable residents. Collectively they are distributing around 350 food parcels each week. A successful application to the Nottinghamshire Covid Fund helped to increase supplies, and they have thanked local supermarkets, shops and residents for their generosity in these challenging times.

51. Ashfield District Council have launched #16DaysOfAction campaign to raise awareness of domestic abuse and encourage those affected to get in touch for help and support.

52. Ashfield District Council and Discover Ashfield are working together to finalise plans for submission of the Towns Deal for Kirkby and Sutton. The bid for funding of up to £50 million focuses on creating thriving and revitalised town centres, with a wide range of services and retail offer, a vibrant night-time economy and enhanced leisure offer. An exciting range of projects have been developed across the area for new housing, better education and leisure facilities, and to support and grow the area's visitor economy. The Council has successfully secured the full £1.5m provisionally allocated to Kirkby and Sutton a number of accelerated projects to support early delivery of Towns Funds projects with completion due by the end of March.

53. Ashfield District Council are embarking on an ambitious green space improvement programme, which will see significant investment across the district to improve parks and outdoor spaces. This sits along recent recognition, of its 6 larger parks, who have all been awarded the Green Flag Award 2020.

54. Ashfield District Council have undergone a procurement exercise, which saw Everyone Active remain as the leisure operator in the district. The new contract will start on 01 April 2022 and means the Council will be making a saving of over £1million per year. This saving will allow the Council to make huge improvements to the District's leisure provision over the next few years.

55. The leisure centres will become even more inclusive, with new sensory equipment in swimming pools, an online activity offer and a substantial community programme, including Feel Good Families events, holiday hunger clubs, activities in areas of deprivation and free u17s holiday provision. A further £440,000 will be invested to reduce carbon emissions across all the sites, meaning the centres will be greener and running costs will be lower. For more information, please read a recent article detailing the new leisure contract.

Better in Bassetlaw Special Edition Bulletin (Issue 13, December 2020)

56. The special edition bulletin details how communities in Bassetlaw have taken action to protect their residents and how volunteers, community groups, NHS, Social Care and other services have managed to help local people throughout the challenges of 2020.

Nottinghamshire County Council welcomes £2.1m funding from the Government to invest in Active Travel.

57. Nottinghamshire County Council is to receive £2.1m funding from the government to invest in Active Travel measures. This will cover both temporary and permanent schemes to embed walking and cycling as community habits and help to address air quality, road travel and deliver associated health benefits. This is the 12th highest allocation of the funding so far and builds upon the £263,250 previously received from the fund in July.

Flu vaccination campaign 2020/2021

58. The 2020-21 NHS flu vaccination programme has been expanded and from 1 December, the NHS flu vaccination is available for everyone aged 50 and over. Data published by Public

Health England shows that uptake is the highest it has ever been in 2 and 4 year olds. The uptake in healthcare workers is also ahead of this time last year. By the end of October 51.6% of healthcare workers had already been vaccinated (over 100,000 more compared to last year). In general, flu vaccine uptake is higher across the board, except for pregnant women, compared to this time last year.

59. More information about the NHS flu programme, including the extended eligibility groups for 2020-21, is available online.

National Government authorises Pfizer/BioNTech Covid-19 vaccine

60. In December 2020, the government announced it had accepted the recommendation from the independent Medicines and Healthcare products Regulatory Agency (MHRA) to approve Pfizer/BioNTech's COVID-19 vaccine for use.

61. Advice published from the Joint Committee on Vaccination and Immunisation on groups that should be prioritised for vaccination and consideration of the impact and implications for health inequalities is available here.

Covid-19 Winter Plan

62. In November 2020, the Prime Minister published the government's winter plan, detailing recent vaccine developments and announcing agreement with seven separate vaccine developers. In total it is estimated that this will secure access to over 350 million doses between now and the end of 2021.

63. Additional funding is outlined in the plan that states the government is providing a further £205 million of support for the NHS this winter. It also announced an additional £1 billion for the NHS in the new year to begin tackling the elective backlog, including continuing to prioritise the most urgent patients and enabling catch-up for long waiters, and approximately £500 million to address the mental health backlog.

Staying Mentally Well this winter

64. As part of the Covid-19 Winter Plan, the Department for Health and Social Care has published a 'Staying Mentally Well: Winter Plan 2020 – 2021' that outlines the planned support that is in place in the immediate term to mitigate the impacts of the pandemic on people's mental health and wellbeing during the second wave and over the winter period.

65. A cross-government group of ministers has been established to consider and respond to the longer-term impacts of the pandemic on mental health and wellbeing more broadly and will set out its plans in the new year.

Mental health for all? The final report of the Commission for Equality in Mental Health (Centre for Mental Health)

66. The Commission for Equality in Mental Health has been investigating the causes of mental health inequalities and what local and national action can be undertaken by government and public services. The two-year commission has resulted in a report that summarises that

health inequalities have been made more visible by the Covid-19 pandemic and sets forth a 10 point plan to address mental health inequality.

[Build Back Fairer: The COVID-19 Marmot Review (The Health Foundation)](#)

67. This report has been produced by the UCL Institute of Health Equity and commissioned by the Health Foundation as part of its [COVID-19 impact inquiry](#) to investigate how the pandemic has affected health inequalities in England.

68. An executive summary is also [available.](#)

[Learning from Local Authorities with downward trends in childhood obesity (Public Health England).](#)

69. This report, a set of practice examples researched by University College London and an executive summary by Public Health England, identifies common approaches being implemented by local authorities that had a small but significant 10-year downward trend in childhood obesity (from 2006/07 to 2015/16). Nottinghamshire County Council, along with 25 other local authorities, have participated in this research.

70. The findings show the value of engagement with and integration of the National Child Measurement Programme and the importance of addressing health inequalities, with 76 per cent of local authorities having a focus on deprivation.

71. An [executive summary](#) is also available.

[How England will end new cases of HIV: final report and recommendations (HIV Commission)](#)

72. The HIV Commission is an independent process supported by the Terence Higgins Trust, National Aids Trust and the Elton John Foundation to find achievable ways to end new HIV transmissions and HIV attributed deaths in England by 2030. The final report and recommendations setting out 20 actions points on how we can get to zero HIV transmissions by 2030.

[What is social prescribing? (Kings Fund)](#)

73. Social prescribing enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services to support their health and wellbeing. This updated explainer (originally published in February 2017) examines whether social prescribing works and how it fits in with wider health and social care policy.

Papers to other local committees

74. [Consultation Response and Preparation for Delivery of the Domestic Abuse Duty](#)
Adult Social Care & Public Health Committee
9 November 2020

75. [Local COVID-19 Outbreak Response and Public Health Priorities for the period to April 2021](#)
Adult Social Care & Public Health Committee
9 November 2020

Integrated Care Systems / Integrated Care Partnerships

Other Options Considered

85. None

Reasons for Recommendation

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

Statutory and Policy Implications

87. 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

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

RECOMMENDATION

1) To consider whether there are any actions required by the Health & Wellbeing Board in relation to the issues raised.

Councillor Kevin Rostance
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@nottscc.gov.uk

Constitutional Comments (EP 14/12/20)

89. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (DG 14/12/2020)

90. 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

Report to Health and Wellbeing Board

6 January 2021

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR, COMMISSIONING AND RESOURCES

GIVING CHILDREN THE BEST START: NOTTINGHAMSHIRE BEST START STRATEGY 2021 - 2025

Purpose of the Report

1.   The report invites the Board to consider the draft Best Start Strategy 2021 - 2025, attached as **Appendix 1**, and recommend it to Policy Committee for final approval.

2.   To agree to receive annual updates on the Best Start Strategy for the Health and Wellbeing Board.

Information

3.   The Health and Wellbeing Board endorsed the Nottinghamshire Health and Wellbeing Strategy in December 2017. The strategy contains four strategic ambitions including giving children a good start in life. This ambition is also reflected in the Council Plan 'Your Nottinghamshire, Your Future' which includes the priority to make Nottinghamshire a great place to bring up a family so that children get the best possible start in life.

4.   The Health and Wellbeing Strategy aims to improve the life chances of all children in Nottinghamshire as there is overwhelming evidence that making healthier decisions early, from pregnancy, can influence someone's physical and emotional health and economic outcomes throughout their life.

5.   In February 2020, a Health and Wellbeing Board workshop was held focusing on giving children the best start in life. The workshop was attended by a range of stakeholders including Elected Members, Clinical Commissioning Groups, Community and Acute Health Services as well as representatives from organisations working with children and families. The workshop has helped to inform the draft Best Start Strategy.

Best Start Strategy

6.   Giving a child the 'best start' begins before birth, with good pre-conception and maternity care. Pregnancy and the early years offer a unique opportunity to shape the lives of children: if a child receives appropriate support during their early years, they have a real chance of

maximising their potential. The Strategy therefore focuses on pre-conception, antenatal, postnatal stages and support for families until a child reaches statutory school age.

7.   The Strategy has been developed mainly using two Joint Strategic Needs Assessments (JSNA) focusing on the first 1,001 Days, and Early Years and School Readiness. Both JSNA chapters include a review of research, evidence-based practice, local data and needs as well as mapping service provision. Both JSNA chapters were reviewed by Children and Young People's Committee in December 2019.

8.   The Best Start Board workshop confirmed the following priorities for inclusion in the Best Start Strategy:

   a)   prospective parents are well prepared for parenthood
   b)   mothers and babies have positive pregnancy outcomes
   c)   babies and parents/carers have good early relationships
   d)   parents are engaged and participate in home learning from birth
   e)   parents experiencing emotional, mental health and wellbeing challenges are identified early and supported
   f)   children and parents have good health outcomes
   g)   children and parents are supported with early language, speech and communication
   h)   children are ready for nursery and school and demonstrate a good level of overall development
   i)   children have access to high quality early years provision
   j)   parents are in secure employment.

9.   The draft Best Start Strategy is attached as **Appendix 1**.

10.   The Strategy will also focus on the impact of Covid-19 on maternal health, babies born during lock down, emotional health and wellbeing and access to services and childcare.

Nottinghamshire Best Start Board

11.   The Strategy will be overseen by the new Best Start Board which will report to the Health and Wellbeing Board. The Best Start Board will also work closely with the Children and Young People's Committee. The governance structure is included within the Terms of Reference in **Appendix 2**.

12.   Membership will comprise senior management representatives from organisations working with expectant parents, and families with pre-school children as listed in the Terms of Reference.

13.   Members will be expected to champion and deliver effective and meaningful multi-agency planning and service delivery to give every child in Nottinghamshire the best start in life.

14.   A number of pre-existing and new partnership groups will report to the Best Start Board so that service commissioning, planning and delivery can be co-ordinated across Nottinghamshire.

15.   The Board will oversee the Strategy and be responsible for regular reports and updates to both the Health and Wellbeing Board and the Children and Young People's Committee.

16. It is proposed that the Health and Wellbeing Board receives annual updates from the Best Start Board. Update reports will also be added to the Children and Young People's Committee work plan every six months.

Other Options Considered

17. No other options have been considered.

Reasons for Recommendations

18. Work to enable children to have the best start in life spans a wide range of services and social issues. There has been no co-ordinated partnership strategy which brings together all key partners and activities which focus on antenatal and postnatal care, children's development and support for families with pre-school children.

19. The Best Start Board will provide a cross-cutting solution to a complex set of problems and risks which face children and families. For this reason, the Strategy and Board will build links between many different parts of the system to provide joined-up and holistic services.

Statutory and Policy Implications

20. 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

21. By using evidence-based practice to target and engage children at risk of poor outcomes, it is anticipated that longer term outcomes for children involved in offending behaviour will reduce.

Financial Implications

22. Partners in the delivery of the Best Start Strategy will use their own resources to help shape and improve services and interventions for pre-school children and their families.

Safeguarding of Children and Adults at Risk Implications

23. Safeguarding children and families will continue to be a key priority within the Best Start Strategy and for all partners represented at the Best Start Board.

Implications for Service Users

24. Successful delivery of the Best Start Strategy will improve a range of outcomes for children and families including emotional health and wellbeing, healthy pregnancy, school readiness, speech and language to name but a few.

RECOMMENDATION

That the Board:

1) considers the draft Best Start Strategy, attached as **Appendix 1**, and recommends it to Policy Committee for final approval.

2) agrees to receive annual updates on the Best Start Strategy.

Laurence Jones
Service Director, Commissioning and Resources

For any enquiries about this report please contact:

Irene Kakoullis
Group Manager Early Childhood Services
T: 0115 9774431
E: Irene.kakoullis@nottscc.gov.uk

Kerrie Adams
Senior Public Health and Commissioning Manager
T: 0115 9772198
E: Kerrie.adams@nottscc.gov.uk

Constitutional Comments (LW 03/12/20)

25. The Health and Wellbeing Board is the appropriate body to consider the content of the report.

Financial Comments (SAS 09/12/20)

26. There are no financial implications arising directly 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.

Second Nottinghamshire Joint Health and Wellbeing Strategy – report to Health and Wellbeing Board on 6th December 2017

Joint Strategic Needs Assessment Chapter – 1,001 Days, Conception to Age 2 – report to Children and Young People's Committee on 16th December 2019

Joint Strategic Needs Assessment Chapter – Early Years and School Readiness – report to Children and Young People's Committee on 16th December 2019

Giving children the best start: Nottinghamshire Best Start Strategy 2021 – 2025 – report to Children and Young People's Committee on 30th November 2020

Electoral Divisions and Members Affected

All.

C1419

Nottinghamshire
Best Start Strategy

2021-2025

...giving children the best start

Foreword

Foreword by Councillor Philip Owen, Chair of the Children and Young People's Committee and Cllr Kevin Rostance, Chair of the Nottinghamshire Health and Well-Being Board

Giving children in Nottinghamshire the best start in life is a priority that we can all sign up to. All children have the right to grow up with the best health possible, to be protected from harm and to have access to an education that enables them to fulfil their potential. We know, from research, that a great start in life for all is one of the key ways to success.

We want every child in Nottinghamshire to have the best possible start in life, because we know that a good start shapes lifelong health, wellbeing and prosperity.

We're proud to support Nottinghamshire's new Best Start Strategy which has been developed in partnership and builds on the existing relationship with key partners from Nottinghamshire County Council, Clinical Commissioning Groups, NHS Acute and Community Health Service Providers, Early Years Providers including schools, the private, voluntary and independent sector, as well as parents and carers.

We recognise that by working together we will be more effective in enabling all children to get the best start in life. There is much to be gained by creating a more integrated approach which maximises the benefits of services working together better and involving the public and communities at every stage.

By working together, we have a better chance of achieving the 10 key ambitions of this strategy:

1. **Prospective parents are well prepared for parenthood**
2. **Mothers and babies have positive pregnancy outcomes**
3. **Babies and parents/carers have good early relationships**
4. **Parents are engaged and participate in home learning from birth**
5. **Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported.**
6. **Children and parents have good health outcomes**
7. **Children and parents are supported with early language, speech and communication**
8. **Children are ready for nursery and school and demonstrate a good level of overall development**
9. **Children have access to high quality early years provision**
10. **Parents are in secure employment**

We look forward to seeing the positive outcomes of this strategy and to see our children and families aspire to achieve their potential.

Introduction

What do we mean by Best Start?

Giving children the best start in life is a fundamental part of improving health and reducing inequalities. The earliest years of a child's life have a significant impact on their long-term development and their life chances.

Giving a child the 'best start' begins before birth, with good pre-conception and maternity care. Pregnancy and the early years offer a unique opportunity to shape the lives of our children: if a child receives appropriate support during their early years, they have a real chance of maximising their potential.

Background

Why focus on giving children the Best Start?

" The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing - from obesity, heart disease and mental health, to educational achievement and economic status "

Michael Marmot, 2010, Fair society, Healthy Lives

How we treat young children shapes their lives – and ultimately our society. If we get the early years right, we pave the way for a lifetime of achievement. If we get them wrong, we miss a unique opportunity to shape a child's future.

The first 1001 days - from conception to the age of 2 - are a critical period of development. This is because the earliest experiences, starting in pregnancy, shape a baby's brain development and have a lifelong impact: during the first two years of life the brain develops a remarkable capacity to absorb information and adapt to its surroundings. From birth to 18 months, connections in the brain are created at a rate of one million per second.

From a baby's perspective, their environment is made up almost entirely of the relationships with their parents or carers. The quality of this environment influences the development of their brain and social behaviours in a way that forms a foundation for their future experiences, and the way they will be equipped to respond to them.

Loving, secure and reliable relationships with parents, together with the quality of the home learning environment, support a baby's emotional wellbeing, brain development, language development, ability to learn, and capacity to develop and maintain good relationships with others.

Babies are born ready to learn; however, their development is dependent on their parents and caregivers as their first teacher. Play helps to develop social, intellectual, language and problem-solving skills and is one of the main ways that babies learn about the world. From birth, a natural flow of affectionate and stimulating talk supports a baby's brain and language development.

When a baby's development falls behind the norm in the first year of life, it is more likely to fall further behind in subsequent years than to catch up with those who have had a better start.

Research shows that access to high quality early learning experiences, together with a positive learning environment at home, are vital to ensure children reach a good level of development.

Securing a successful start for our youngest children, and particularly those from disadvantaged backgrounds, is crucial. Attending any pre-school, compared to none, predicted higher total GCSE scores and the more months spent in pre-school, the greater the impact (DfE, 2016).

Ensuring children are able to get the best from education is vital. School readiness is a strong indicator of how prepared a child is to succeed in school cognitively, socially and emotionally. Not enough of our children are starting school with the range of skills they need to succeed. Educational attainment is one of the main markers for wellbeing through the life course, it is therefore essential that no child is left behind at the beginning of their school life.

There is a clear economic case for investing in the early years of children's lives. Investing in quality early care and education has a greater return on investment than many other options. For every £1 invested in quality early care and education, taxpayers save up to £13 in future costs; and for every £1 spent on early years education, £7 would need to be spent to have the same impact in adolescence.

Supporting healthy pregnancies and protecting and promoting the health of infants are also key to providing the best start in life: stopping smoking in pregnancy has a hugely positive impact on the health of mother and baby, as does good nutrition, vaccination and immunisation, and breastfeeding.

A parent's ability to support their child's health and development can be adversely affected by a number of issues including domestic abuse, being a teenage parent, experiencing stress, or by having many vulnerabilities or complex social needs. Parents can be affected by experiences from their childhood too; events in their childhood can have a profound effect on their lives as adults, affecting their physical or mental health and influencing their parenting behaviour.

Having a low income also has an impact: at age 3, children from poorer backgrounds have fallen behind in terms of cognitive outcomes, social skills and whether they experience behavioural issues. This doesn't mean that every young child growing up in relatively advantaged circumstances will necessarily experience good development, nor that children facing disadvantages won't achieve positive outcomes; however, young children facing various disadvantages are less likely than others to experience good development.

In summary, this time in a child's life represents a phase of increased vulnerability, yet also provides a short window of significant opportunity to improve outcomes. We recognise the need to engage families and children much earlier, taking a wider partnership approach, starting in pregnancy and before children access early education and childcare. This strategy will help us to achieve that.

Further information, evidence and local data can be found in the 1001 Days and Early Years and School Readiness joint strategic needs assessment chapters.

https://nottinghamshireinsight.org.uk/ research-areas/jsna/children-and-young- people/

Passionate about giving every child the best start in life

The Best Start approach is underpinned by a range of national policy guidance including:

- Marmot: Fair Society, Healthy Lives, and the Marmot Review 10 years on: Health Equity
- First 1000 days of life, Health Select Committee
- 1001 Critical Days: the importance of the conception to age 2 period, All Party Parliamentary Group Cross Party Manifesto
- Frank Field independent review of poverty and life chances
- WAVE Trust report Conception to 2 years: The Age of Opportunity
- Social Mobility Commission's State of the Nation
- Public Health England's Health Matters

Ensuring families prosper and achieve their potential is a priority within Nottinghamshire County Council's Strategic Plan 2017-2021, and the aim to give every child a good start in life is a key priority in the Nottinghamshire Health and Wellbeing Strategy 2018-2022.

Giving every child the best start in life

Emotional wellbeing

Language development and ability to learn

A loving, secure and Reliable relationship With a parent or carer Supports a child's

B A C

Brain Development

Capacity to form and maintain positive relationships with others
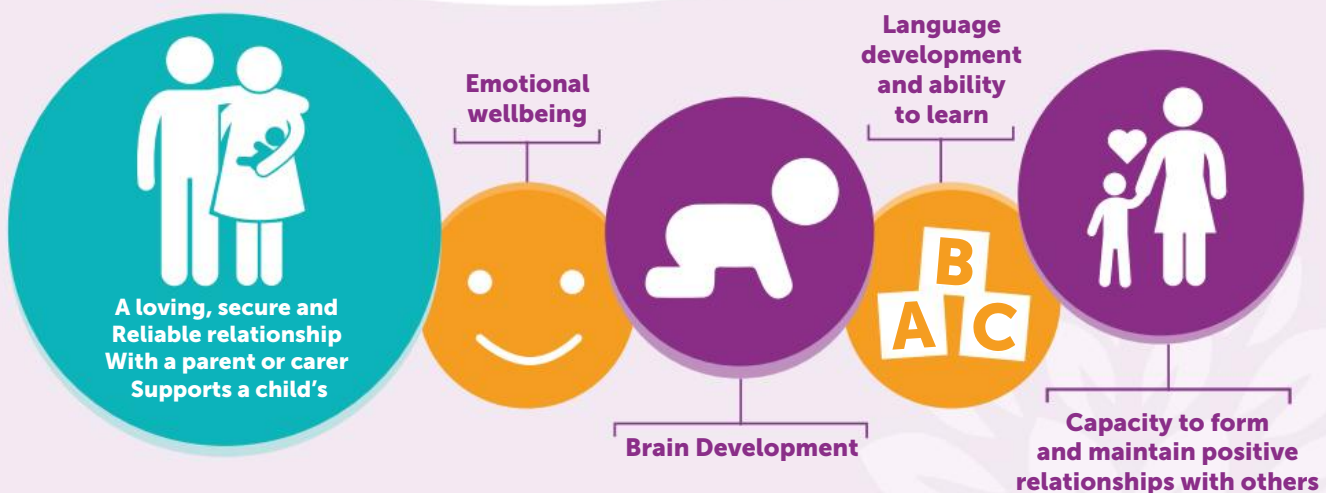
The Health and Wellbeing Board facilitated a workshop to shape this new Best Start Strategy, and the accompanying Best Start Board, which will lead and oversee the work.

The workshop:

- Shared findings of the recent joint strategic needs assessment chapters: '1,001 Days – Conception to Birth' and 'Early Years and School Readiness',
- Celebrated the unique opportunity that pregnancy and the early years offer to shape a child's life,
- Explored local successes and challenges, and generated ideas for improvement,
- Developed a shared understanding and commitment to drive accelerated improvement,
- Sought multi-agency engagement and ownership of evidence-based interventions to support children's best start in life.

Recognising the impact of Covid-19

The Covid-19 pandemic has widened existing inequalities across society. It is important that we reflect and acknowledge the changing needs of babies, young children and their parents/carers as a result of Covid-19 and the associated restrictions.

Several national reports have examined the impact of the Covid-19 pandemic across the early years. Many parents found their ability to cope with their pregnancy or baby had been impacted and reported that the changes brought about by Covid-19 had affected their baby or young child. Many more families are experiencing food insecurity and the number of children living in poverty is rising. There is a risk to child development, including to social and emotional development, as a result of Covid-19 restrictions. Domestic abuse is likely to have increased. There is also a higher prevalence of emotional and mental health needs in parents and children, and fewer opportunities to identify and support them.

Families with lower incomes, those from Black, Asian and minority ethnic communities, and young parents, have been hit hardest by the effects of the Covid-19 pandemic. It is more important than ever that we target our joint efforts to support these families. The needs of Nottinghamshire's babies and young children must be centre-stage.

Building on previous successes – key achievements

We are committed to building on our previous successes and have worked with our partners to identify our key achievements and good practice. These are summarised in Appendix One.

Our vision

For every child in Nottinghamshire to have the best possible start in life, because we know that a good start shapes lifelong health, wellbeing and prosperity.

For partner agencies to work together to improve the life chances of all children in Nottinghamshire; working as a multi-agency Best Start Board to engage and support families prior to conception, in pregnancy, and across the early years.

For partners, families and communities to work collaboratively to ensure every child has a healthy and fulfilling start to life and starts schools with the range of skills they need to succeed.

Our ambitions

The Best Start Board recognises the importance of, and are committed to supporting:

- Healthy pregnancies
- Preparation for parenthood
- Parental mental health and good attachment
- Parent-infant interaction
- Opportunities to support a child's cognitive, language and social and emotional development
- High quality and accessible early years education
- Identifying and supporting our more vulnerable parents as early as possible

To achieve Our Vision, we have developed **ten ambitions** for Nottinghamshire informed by the evidence base and our engagement with partners.

The ten ambitions for Nottinghamshire are as follows:

1. Prospective parents are well prepared for parenthood
2. Mothers and babies have positive pregnancy outcomes
3. Babies and parents/carers have good early relationships
4. Parents are engaged and participate in home learning from birth
5. Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported
6. Children and parents have good health outcomes
7. Children and parents are supported with early language, speech and communication
8. Children are ready for nursery and school and demonstrate a good level of overall development
9. Children have access to high quality early years provision
10. Parents are in secure employment

The work of the Partnership will be underpinned by a number of key principles:

- Clear leadership and accountability
- Partnership working, engaging a broader and more diverse range of partners
- Co-production and engagement with families
- Using evidence-base practice
- Using whole family and strength-based approaches
- Effective information sharing to better identify emerging need
- Resources and collective action targeted in areas of greater deprivation and with groups most at risk of poor outcomes
- Digital innovation and making better use of social media communication channels
- Trauma-informed care

Our actions

1 Prospective parents are well prepared for parenthood

Transition to parenthood starts before and during pregnancy. Pregnancy, birth and the weeks and months beyond are a key time of change and development for parents, as well as for their baby. This is an extraordinary and life-defining time however it is also a demanding time, and while most parents do well, some may struggle to cope with the changes or to adjust to their new roles.

Planning pregnancy, promoting healthy behaviours and reducing or managing risk factors are important for improving pregnancy outcomes. It is important that prospective parents are supported with their mental health, smoking and alcohol use, weight management and activity levels, and with anything else that may have detrimental impact on their wellbeing.

We will

- Support health and wellbeing prior to conception with a key focus on mental health, healthy relationships, smoking cessation, healthy weight and good nutrition

- Ensure parents-to-be have access to information and support that will equip them with the knowledge and skills they need. There should be a focus on the emotional preparation for parenthood as much as on practical skills

- Deliver targeted support to our more vulnerable parents-to-be including pregnant teenagers

- Have a greater focus on young men and fathers-to-be

- Empower a wide range of partner organisations to prepare prospective parents for parenthood

- Reflect the voice of young people, prospective parents and new parents

- Maximise opportunities to improve health, wellbeing and preparation for parenthood between pregnancies

- Champion high-quality relationship and sex education in schools (primary, secondary, special schools and alternative education providers) and organisations working with young people

Mothers and babies have positive pregnancy outcomes

Pregnancy is a critical period during which the physical and mental wellbeing of a mother can have lifelong impacts on her child. Supporting women's health in pregnancy is important for many reasons: for the safe delivery of babies, to prevent adverse health outcomes, and to promote a good birth weight, important because premature and small babies are more likely to have poor outcomes. Addressing these key factors will help to support good antenatal outcomes:

- Smoking in pregnancy
- Substance and alcohol use
- Healthy weight and good nutrition
- Screening and immunisation
- Low birth weight
- Healthy relationships

We will:

- Work in partnership to reduce the proportion of women smoking in pregnancy
- Promote and support early access to maternity care
- Increase opportunities for women to receive continuity of carer across maternity services through the Local Maternity Neonatal System (LMNS)
- Improve the uptake of screening and immunisation
- Review and strengthen pathways of care and partnership working for women with complex social needs or multiple vulnerabilities. One aim of this is to reduce parental stress

- Ensure swift referral pathways are in place for expectant parents who are deemed as vulnerable
- Engage a more diverse group of partners in supporting healthy pregnancies
- Support expectant teenagers to access antenatal services which are non-judgemental, young people friendly and accessible; with tailored antenatal care provided for those most vulnerable
- Promote national and local digital resources such as the Baby Buddy app
- Improve communication and handover of care between maternity services and Healthy Family teams, and information sharing across other key services
- Engage more families-to-be in pregnancy in services that support their health and wellbeing

3 Babies and parents/carers have good early relationships

Early relationships are important for building healthy brains and have an immeasurable impact on social and emotional development. The way babies' brains develop is shaped by their interactions with the world around them: parent-infant relationships and the quality of parent-infant interaction are very important.

Secure, responsive relationships between a baby and their parent is essential for healthy brain development. This relationship reassures a child that their needs will be met, which helps them regulate their emotions and supports resilience into adulthood. Good early relationships help a growing brain to become socially efficient and support emotional, behavioural and intellectual development. Infant mental health describes the emotional wellbeing of children in the earliest years of life, and reflects whether children have the secure, responsive relationships that they need to thrive.

We will:

- Equip a wider range of practitioners with the knowledge and skills to support bonding, attachment and the early parent-infant relationship and understand the role of this in baby brain development

- Develop clear and consistent universal messages about the importance of sensitive, attuned and face-to face interactions from birth onwards

- Routinely assess parent-infant interaction in the first few weeks of baby's life

- Implement evidence-based interventions that support the development of good early relationships across the 1001 days

- Deliver targeted support to parents experiencing, or at risk of experiencing, challenges with the early parent-infant relationship

- Champion early childhood mental health – the healthy social, emotional and behavioural development of young children – and act early to support emerging needs

4 Parents are engaged and participate in home learning from birth

Babies are born ready to learn, and their development is dependent on their parents and caregivers as their first teacher. From birth, learning comes from interaction with people and the environment around us. Play helps to develop social, intellectual, language and problem-solving skills and is one of the main way's babies and young children learn about the world. Home learning is one of the biggest influences on early year's outcomes. Every day conversations, make-believe play, and reading activities have a particular influence.

We will:

- Ensure parents understand the importance of their role as 'first educator' and are aspirational for their children

- Support parents to develop good home learning environments and prepare their children for learning from birth. We will target these actions at families with low incomes and those living in areas of multiple deprivation

- Work with voluntary and community organisations to foster and promote opportunities for babies and young children to play, learn and have new experiences close to home. Ensure these opportunities are clearly communicated to parents

- Support parents to improve their wellbeing and parenting skills as well as to understand their child's development needs

- Develop clear and consistent universal messages about the importance of home learning (interaction, play and supporting development) from birth

5 Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported

Mental health issues can impact on a mother and her partner's ability to bond with their baby, and to be sensitive and responsive to the baby's emotions and needs. Around one in five women will experience mental health difficulties before or after birth, yet this may remain unrecognised or untreated. A women's mental health before and after the birth is closely linked to the development of good early relationships. Fathers can also find the transition to parenthood challenging and may need support for their mental health.

Parents who are experiencing stress may be less able to provide a secure, healthy, nurturing environment for their child. In pregnancy, maternal stress can impact on baby's developing brain, though the effects of this are helped by sensitive and responsive parenting in the first year.

We will:

- Work with partners to strengthen the pathway of care for women with mental health needs in the perinatal period, with a particular focus on mild to moderate and emerging mental health need

- Map and clearly communicate information about mental health support and services to all who might signpost, refer or wish to access

- Identify and engage people and communities that are not represented in services

- Share information about referrals and access to services with relevant partners so that opportunities to engage and support parents are not lost

- Develop a culture that recognises the importance of parental mental health and emotional wellbeing and the part this plays in healthy child development

- Share information about the changes in emotional and mental health that new parents may experience and support parents and carers to recognise and respond to these

- Promote a range of interventions that support the emotional and mental health of parents and carers of preschool children

Children and parents have good health outcomes

What happens during the early years influences health and wellbeing in later life: good nutrition is essential to a child's development, breastfeeding has particular benefit. Vaccination, immunisation and home safety are important for health promotion. Addressing these key factors will help to promote good health:

- Breastfeeding
- Screening and vaccination
- Good nutrition

- Weight management and healthy weight
- Safer sleep

We will:

- Target existing resource, services and support at those most in need, including those in areas of deprivation
- Have a greater focus on promoting the health of whole families, including fathers, partners and households
- Increase uptake and promotion of the Healthy Start Scheme including a radical increase in the uptake of vitamins in pregnant women, babies and children to age 4
- Promote safer sleep messages across a wide variety of partners and equip these partners with the knowledge and skill to recognise and support families most at risk of sudden and unexpected death in infancy
- Continue efforts to improve the prevalence of breastfeeding, focused on areas of the county with the lowest rates

- Work to improve the food environment for families with young children through delivery of the Childhood Obesity Trailblazer by:
    - Making access to affordable, healthy food easier
    - Improving the quality of food provision through early years settings
    - Enabling parents to develop good eating habits with their children
    - Promoting consistent messages
- Develop key messages about health and wellbeing in the early years that are shared widely by a wider range of professionals and partner organisations
- Continue to educate and support parents to reduce the risks of avoidable injuries in babies and children

Children and parents are supported with early language, speech and communication

Language difficulties predict problems in literacy and reading comprehension, but they may also be indicative of problems in children's behaviour and mental health. Once children enter school, language skills remain a strong predictor of their academic success. Children's vocabulary skills are linked to their economic backgrounds. Children living in areas of socio-economic disadvantage are at much higher risk, with around 50% of children starting school with delayed language or other speech, language and communication needs (SLCN). Evidence shows that difficulties in early language development can lead to:

- educational disadvantage
- emotional and behavioural difficulties
- risky behaviours

- involvement in offending
- economic disadvantage
- emotional disadvantage

We will:

- Address speech, language and communication needs and improve skills amongst preschool children through the commissioning and delivery of the Home Talk programme for 2 year olds, Little Talkers Groups and specialist Speech and Language Therapy
- Jointly commission SLCN services to provide one service which includes early help approaches and specialist speech and language therapy
- Develop an integrated SLCN pathway for children under the age of 5 focusing on universal to specialist services
- Intervene early, reducing the need for specialist speech and language interventions

- Improve the knowledge of skills of local practitioners to help identify and address SLCN
- Narrow the attainment gap between children who are eligible for Free School Meals (FSM) and their peers by targeting SLCN early help programmes in areas of greatest need
- Refresh the Language for Life Strategy through the development of a Best Start SLCN Action Plan
- Work with a wide range of partners to promote the nationally developed resources, Tiny Happy People and Hungry Little Minds, as part of universal and targeted support from pregnancy to 5
- Ensure children have access to communication friendly spaces

8 Children are ready for nursery and school and demonstrate a good level of overall development

School readiness is a strong indicator of how prepared a child is to succeed in school and in later life. Levels of school readiness links to educational attainment, which impacts on life chances. School readiness has been shown to impact on health, mental health, future earnings, involvement in crime, and even death.

Ensuring children get the best from education is vital; education is central to improving life chances for children and young people and yet not enough children are starting school with the range of skills they need to succeed. Educational attainment is one of the main markers for wellbeing through the life course and so it is important that no child is left behind at the beginning of their school life.

We will:

- Identify children with developmental delay and/or additional needs as early as possible and provide them with early support

- Work in partnership to ensure all children, particularly Looked After Children, children eligible for free school meals, children with Special Educational Needs and/or Disabilities (SEND), and children for whom English is an additional language achieve a good level of development

- Support the most vulnerable children and families to access the right support at the right time whether it be access to childcare or 1-2-1 family support

- Improve children's development at the Early Years Foundation Stage to be at least on par with statistical neighbours, as well as narrowing the attainment gap

- Ensure 2 year olds from low income families access their early education entitlements

- Ensure practitioners across Nottinghamshire are knowledgeable and effective in identifying and assessing the needs of 0-5's through a comprehensive workforce development offer and regular support and interventions

- Ensure children and families experience seamless interventions and services

- Review and strengthen the transition arrangements for children particularly with SEND

- Put in place robust pathways to comprehensive support where there are any issues identified at the Healthy Family Team 2-2 ½ year health and development review

- Continue to promote and champion the value of early education

- Have a greater focus on social and emotional development across the early years

9 Children have access to high quality early years provision

High quality, accessible early learning experiences together with a positive learning environment at home is a vital combination to ensure that children reach a good level of development at school age. High quality early years practitioners and leaders are essential for delivering a high standard of care and education to create an effective early learning environment.

Early years education for children below the age of four has a positive impact on the life chances of disadvantaged children, yet disadvantaged children spend significantly less time in pre-school than children from more affluent backgrounds. It is therefore essential to increase the take up of childcare funding entitlements for low income families.

We will:

- Ensure children and families, particularly those living in areas of disadvantage, have access to high quality, sufficient, sustainable early years education and childcare provision

- Offer support for providers of childcare and early education including providing training and support packages e.g. Ofsted readiness, working with children with SEND etc

- Work in partnership to ensure all children, particularly Looked After Children, children eligible for free school meals, children with Special Educational Needs and/or Disabilities (SEND), and children for whom English is an additional language achieve a good level of development

- Ensure vulnerable children have access to good or outstanding early years settings

- Continue to recognise the skill and expertise of the early year's workforce: further invest in training around the importance of the 1001 days, and skills to engage and support families collaboratively, building relationships based on trust

- Provide proactive support and assess the sustainability of the Early Years and Childcare Sector during and after the Covid-19 pandemic

- Carry out further analysis of the sufficiency of Early Years provision across all areas of the county considering the numbers of vacant spaces already available

- Deliver target support for Early Years providers working in areas of high levels of disadvantage and where vulnerable children would be adversely affected if there were no provision available

- Support the Early Years Sector to encourage families "Back in to Childcare" and promote the take up of childcare as a choice that benefits the child's development

- Explore how Nottinghamshire County Council can continue to fulfil the duty to provide sufficient childcare places for the most disadvantaged communities

- Carry out detailed consultation with parents on using Childcare and Early Education provision

10 Parents are work ready and in secure employment

Growing up in poverty can affect every area of a child's development and future life chances. We know that the most disadvantaged children are less likely to achieve their academic potential, secure employment and gain a sense of future financial security. They are more likely to suffer from poor health, live in poor quality housing and unsafe environments. Growing up in poverty can mean being cold, going hungry, not being able to join in activities with friends, and not being able to afford even one week's holiday.

Worklessness is still a key reason why many children in Nottinghamshire are living in poverty; however, understanding and tackling in-work poverty remains a priority.

We will:

- Provide opportunities for parents to be work ready, by working in partnership to improve skills, confidence and aspirations for their families e.g. Job Clubs, Work Coaches

- Increase families' money management skills and build financial resilience for children and families in poverty

- Provide parents with access to volunteering opportunities that support them to move closer to the labour market

- Gain a greater understanding and reduce the negative impact of Covid19 on child and family income

- Target families from low income households to deliver a range of interventions to give children the best start

- Successfully deliver the Troubled Families programme which supports parents into sustained employment and increases the number of young people in training, education or employment

- Support families' income and improve outcomes through tackling food insecurity

- Increase uptake of funded childcare provision and Tax Credits to remove barriers to employment for many parents

- Support teenage parents into employment by promoting and increasing take up of the Care to Learn grant for young parents in education or training

- Actively promote schemes to support parents with mental health problems into work

- Support families reliant on welfare to navigate the system

- Narrow the health inequalities gap for low income groups and their peers by commissioning and delivering services and interventions which target localities and groups with poorer health and wellbeing outcomes

Best start board

The purpose of the Best Start Board is to assess local needs and subsequently develop and co-ordinate the effective delivery of the Best Start Strategy which will focus on pre-conception to statutory school age concentrating on the first 1,001 days.

Responsibilities

- Facilitate a partnership approach to ensuring children have the best start in life.

- To consider and implement the recommendations of the relevant Nottinghamshire Joint Strategic Needs Assessment chapters relating to pre conception, antenatal and postnatal support, school readiness and public health outcomes for children under the age of 5.

- Development, implementation and monitoring of the Best Start Strategy and Action Plan.

- To identify and progress new joint strategic needs assessment chapters, mapping exercises and reviews that may be required to better inform planning and delivery.

- To identify and refer to the evidence base for ensuring children get the best start in life.

- To actively target interventions to communities where outcomes are worse for children and families.

- To consider and respond to the effects of Covid-19 on outcomes for families with children under the age of 5.

- To agree reports on progress of the Action Plan for Local Authorities and key stakeholders

- To ensure any resources available are appropriately deployed in order to support activities in the Action Plan.

Role of group members

- To act as a champion for work to improve the health and well-being of expectant families and those with young children within their own organisation and networks they represent.

- To contribute to the Best Start Action Plan and wider Best Start Strategy.

- To commit resources where possible to support the delivery of the Best Start Strategy.

- To identify ways in which their organisation can contribute to emerging issues and challenges including the Covid-19 pandemic.

- To provide a communication channel between the Board and their own organisation and through involvement at other strategic partnership groups and networks.

- To be aware of and respond in a timely manner to communications outside of Best Start Board meetings.

- To share relevant reports, information and resources with other members of the group as well as their own organisation and networks which they represent.

- To contribute relevant items for discussion at meetings.

Governance

The Best Start Board will report to the Nottinghamshire Health and Wellbeing Board as well as member's own organisational governance routes. The Board will ultimately report to the Health and Wellbeing Board and will work closely with the Children and Young People's Committee in Nottinghamshire County Council who will contribute to the Strategy development and champion effective service delivery.

Nottinghamshire Health and Well Being Board

Nottinghamshire County Council Children and Young People's Committee

Nottinghamshire County Council Adults, Social Care and Public Health Committee

Early Help Executive Group

Nottinghamshire Best Start Board

Integrated Care Partnerships

Better Births/Local Maternity System

Avoidable Injuries Steering Group

Early Years Attainment Group

Breastfeeding Service Review Group

Family Nurse Partnership Review Group

Speech, Language and Communication Needs Transformation Group

Childhood Obesity Trailblazer

Improving Life Chances of Children and Families Partnership Group

Improving Educational Opportunities for All Partnership
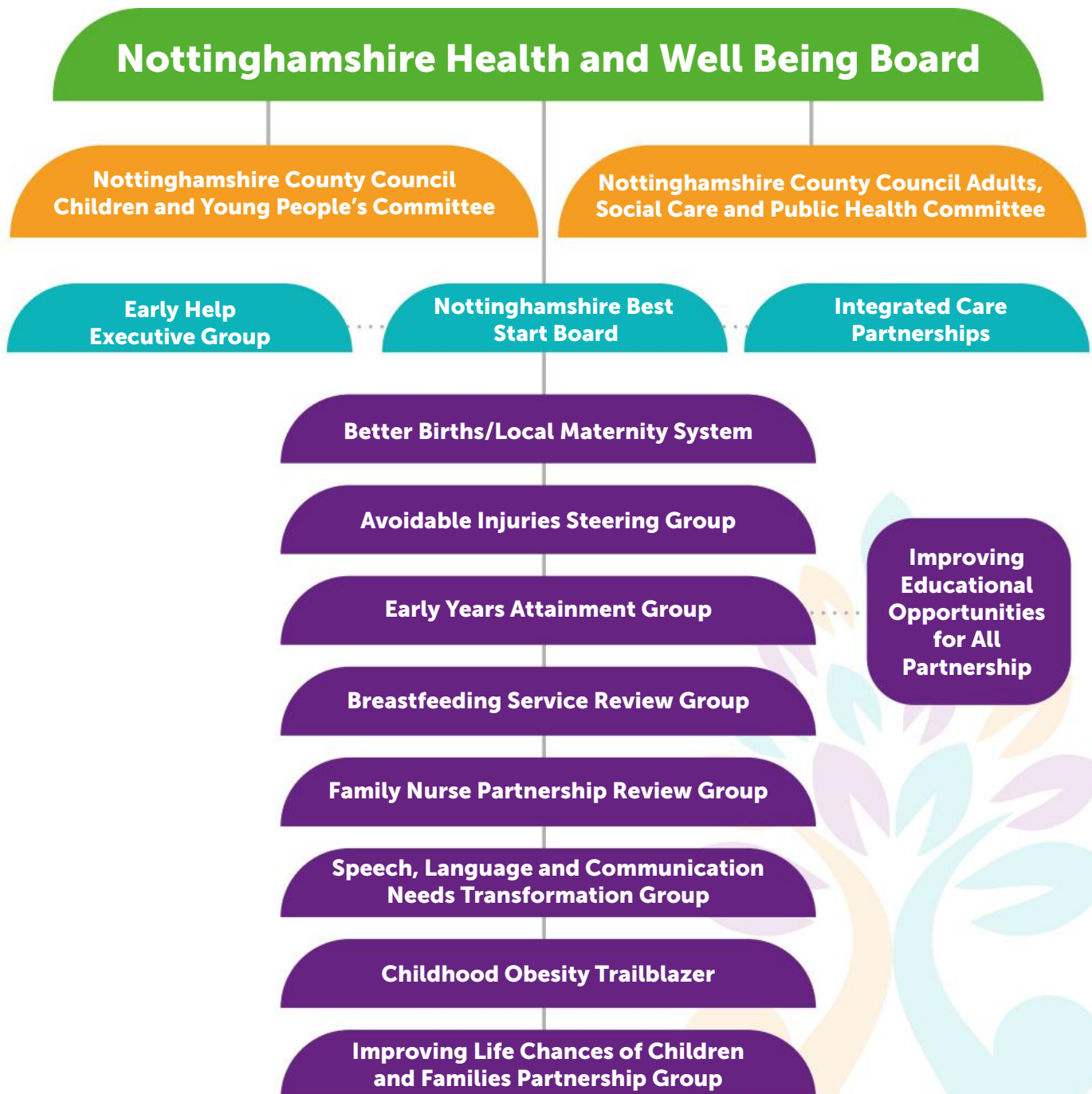
Monitoring, evaluation and reporting

Each workstream will be responsible for developing and monitoring a multi-agency action plan to deliver our ten ambitions, reporting to the Best Start Board.

There are a range of overarching public health indicators which will be used to assess progress, including:

- Reducing infant mortality
- Increasing vaccination, immunisation and screening uptake
- More children achieving a good level of development at the end of reception
- More children achieving a good level of development at the 2-2.5 year health and development review
- Fewer low-income families (children under 16 years)
- Reducing family homelessness
- Reducing the numbers of children who need to be Looked After

- Reducing the number of babies born low birth weight
- Reducing childhood obesity (4-5 years)
- Improving oral health
- Reducing teenage pregnancy
- Reducing smoking in pregnancy
- Increasing the rates of breastfeeding
- Reducing avoidable injuries (0-4 years).

The Best Start Board will review progress against these indicators, as well as comparing performance with Nottinghamshire's closest statistical neighbours.

Workstreams will also identify local indicators to monitor progress towards our ten ambitions.

References:

1001 Critical Days the importance of the conception to age 2 period" Cross Party Manifesto'. **https://www.1001criticaldays. co.uk/manifesto**

All Party Parliamentary Group (2015), Building Great Britons, Conception to 2 **https://www.pipuk.org.uk/sites/default/ files/buildinggreatbritonsreport.pdf)**

Bercow (2018) 10 Years On

https://www.bercow10yearson.com/wp- content/uploads/2018/03/337644-ICAN- Bercow-Report-WEB.pdf

Early Intervention Foundation (2015) The Best Start at Home

https://www.eif.org.uk/files/pdf/best-start- at-home.pdf

Field F (2010) the Foundation Years – preventing poor children becoming poor adults.

http://webarchive.nationalarchives.gov. uk/20110120090128/http://povertyreview. independent.gov.uk/media/20254/poverty- report.pdf

House of Commons, Health and Social Care Committee (2019), First 100 days of Life

https://publications.parliament.uk/pa/ cm201719/cmselect/cmhealth/1496/1496. pdf

Kokodiols M, Public Health England (2015) 'Ensuring all children have the best start in life.'

https://publichealthmatters.blog.gov. uk/2015/08/10/ensuring-all-children- have-the-best-start-in-life/

Local Government Association (2019) 'Healthy Beginnings: Giving our children the best start in life' **https://www.local.gov.uk/healthy- beginnings-giving-our-children-best-start- life**

Marmot M (2010) Fair Society Healthy Lives Strategic Review of Health Inequalities in England post 2010. Department of Health. **https://www.instituteofhealthequity.org/ projects/fair-society-healthy-lives-the- marmot-review**

Ofsted (2016): Unknown Children – destined for disadvantage? **https://www.gov.uk/government/ publications/helping-disadvantaged- young-children-ofsted-thematic-report**

Public Health England (2016), Health Matters: Giving Every Child the Best Start in Life **https://www.gov.uk/government/ publications/health-matters-giving-every- child-the-best-start-in-life/health-matters- giving-every-child-the-best-start-in-life**

WAVE Trust and DfE (2013) Conception to 2 years: The Age of Opportunity **https://www.wavetrust.org/conception-to- age-2-the-age-of-opportunity**

Key contacts:

Nottinghamshire County Council Early Childhood Service

E:**earlychildhoodservices@nottscc.gov.uk**
T:**0115 977 2510**

Nottinghamshire County Council Public Health
E:**Childrens.Commissioning@nottscc.gov.uk**

Appendix One – Building on previous successes– key achievements

Prospective parents are well prepared for parenthood

- There are examples of excellent working relationships across the education, early years and health sector.
- A wide range of activities and support are available
- Integrated wellbeing service works to improve health and wellbeing of local population
- Knowledge of the impact of adverse childhood experiences is increasing across all sectors
- Relationships and Sex Education in schools is good and expanding across Nottinghamshire
- Work of the Schools Health Hub is now embedded, supporting schools to plan and deliver effective age appropriate Personal Social Health Education programmes
- Services working with young people such as the Youth Service regularly deliver support and information about healthy relationships

Mothers and babies have positive pregnancy outcomes

- High quality support and valued services are in place e.g. maternity services, children's centre services, Healthy Family teams, Family Nurse Partnership for young parents.
- Improving antenatal outcomes is a local priority via the Local Maternity and Neonatal System (LMNS).
- Maternity clinics are available in many Children's Centre buildings across Nottinghamshire
- There is a local commitment to tackling smoking in pregnancy
- Maternity care is delivered in line with evidence base
- There are specialist midwives providing additional support for expectant parents affected by drug use and teenagers
- Development of 'Pregnancy Birth and Beyond' programme

Babies and parents/carers have good early relationships

- We have a well-established Family Nurse Partnership who are experts in attachment, bonding and the early parent-infant relationship
- Maternity and community health providers are accredited in the UNICEF Baby Friendly Initiative
- Specialist perinatal mental health services support mothers with serious mental illness
- Ages and stages questionnaires help to assess children's social and emotional development
- The Children's Centre Service delivers a range of 1-2-1 and group support during the post-natal stages e.g. targeted baby massage which improves attachment

Parents are engaged and participate in home learning from birth

- Great expectations programme delivered
- Home learning booklet developed by the Children's Centre Service and Healthy Family teams is routinely distributed
- Parents Home Learning tile is developed on Notts Help Yourself Let's Play and other programmes delivered by the Children's Centre Service

Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported.

- Assessment of mental health and wellbeing takes places throughout pregnancy and after birth
- A range of evidence based mental health support is available for parents
- There are some excellent examples of collaborative working (including a hub model in Ashfield)
- The Children's Centre Service delivers successful PHEW peer support groups for parents with low emotional wellbeing
- Improving Access to Psychological Therapies (IAPT) services are well established in Nottinghamshire
- Perinatal mental health is a local priority for commissioners and providers

Children and parents have good health outcomes.

- Good breastfeeding support offer including peer support through Children's Centre Service volunteer led 'Babes' groups
- There is a Breastfeeding friendly places scheme
- Social prescribing, where available
- Healthy Family Teams and the Children's Centre Service promote health and have achieved UNICEF Baby Friendly Initiative status
- Healthy Family Team services are available in many Children's Centre buildings across Nottinghamshire
- The Children's Centre Service provides extensive health promotion interventions and campaigns

Children and parents are supported with early language, speech and communication.

- Little Talkers and Home-Talk programmes support children with emerging or targeted needs and are evidence-based and well-received
- There is now a single point of access for speech, language and communication needs services for all areas except for Bassetlaw
- There is an established Language Leads network for Early Years practitioners, with Language Lead accreditation previously provided
- There is a graduated response to emerging need and an aligned pathway of care
- There are high quality specialist speech and language therapy services in place
- There is a strong partnership approach to address speech, language and communication needs through the Language for Life strategy
- There has been a wealth of training available in Nottinghamshire for those working with families with preschool children
- There is a wealth of information for families to assist them to improve their child's speech and language. These are available on Notts Help Yourself, various Facebook pages, with regular campaigns shared e.g. 'Hungry Little Minds'

Children are ready for nursery and school and demonstrate a good level of overall development

- There is a wealth of voluntary sector support to promote child development and school readiness
- There is a comprehensive Children's Centre Service offer and programmes to support child development and school readiness
- Healthy Family teams support development from pregnancy and beyond and deliver universal ages and stages assessment at key points
- The 2 year childcare entitlement and extended childcare offer is increasing access to high quality local childcare
- There are some examples are good links and partnership working between early years settings, the Children's Centre Service and Healthy Family teams
- Systems and processes are in place to monitor the take up and progress of the most vulnerable children (including the Early Years Better Start tracking tool)
- Transition arrangements are in place to support the most vulnerable children between early years provision and school
- The Schools Families Specialist Service works to support preschool children with SEND
- The Early Years Quality and Attainment team works with all early years settings to help track and support vulnerable children and those most at risk of poor outcomes

Children have access high quality early years provision.

- 78% of 2 year olds took up a funded childcare place (15 hours per week) in Spring 2020 and 93% of parents who applied took up an extended entitlement place (30 hours per week). These figures were adversely affected by Covid Summer 2020)

- The Book Start programme is offered universally

- 93% of Early Years Providers were rated as Good or Outstanding in the academic year 2019-20

- 44 Practitioners across Nottinghamshire have been supported to achieve a Nationally recognised Level 3 qualification in supporting Children with SEND

- 1,186 practitioners engaged in NCC led early years training in 2019/20

- Nottinghamshire settings have participated in the National Early Years Professional Development Programme which will reach over 45 settings to support Early Language and Numeracy.

- There is a well-established Early Years Quality and Attainment team which provides training, support and advice to all Early Years settings to help raise the quality of provision

Parents are in secure employment.

- The number of children living in low income households has remained stable however the impact of Covid19 on employment and income have not been reflected in data

- The Children's Centre Service has over 200 active parent volunteers who are also being supported to be work ready

- The Department of Work and Pensions through Jobcentre Plus works closely with the Children's Centre Service to provide assistance to families

- The Chamber of Commerce and NCC Economic Regeneration are providing a range of services such as work coaches for parents with preschool children funded through D2N2

- Tackling Child Poverty remains a priority in Nottinghamshire through the 'Improving Life Chances for Children and Families Strategic Partnership Group'

Nottinghamshire Best Start Board Terms of Reference

The Nottinghamshire Best Start Board is a sub group of the Health and Well Being Board.

The Health and Wellbeing Board aims to find out what Nottinghamshire needs to improve in health and wellbeing and to develop a strategy and delivery plan to achieve this. One of the key priorities of the Health and Wellbeing Strategy is to give children the best start in life.

Vision of the Best Start Board

The Nottinghamshire Best Start Board will champion and deliver effective and meaningful multi-agency planning and service delivery to give every child in Nottinghamshire the best start in life.

Purpose

The purpose of the Best Start Board is to assess local needs and subsequently develop and co-ordinate the effective delivery of the Best Start Strategy which will focus on pre-conception to statutory school age concentrating on the first 1,001 days.

Responsibilities

- Facilitate a partnership approach to ensuring children have the best start in life.
- To consider and implement the recommendations of the relevant Nottinghamshire Joint Strategic Needs Assessment chapters relating to pre conception, antenatal and postnatal support, school readiness and public health outcomes for children under the age of 5.
- Development, implementation and monitoring of the Best Start Strategy and Action Plan.
- To identify and progress new joint strategic needs assessment chapters, mapping exercises and reviews that may be required to better inform planning and delivery.
- To identify and refer to the evidence base for ensuring children get the best start in life.
- To actively target interventions to communities where outcomes are worse for children and families.
- To consider and respond to the effects of Covid-19 on outcomes for families with children under the age of 5.
- To agree reports on progress of the Action Plan for Local Authorities and key stakeholders.
- To ensure any resources available are appropriately deployed in order to support activities in the Action Plan.
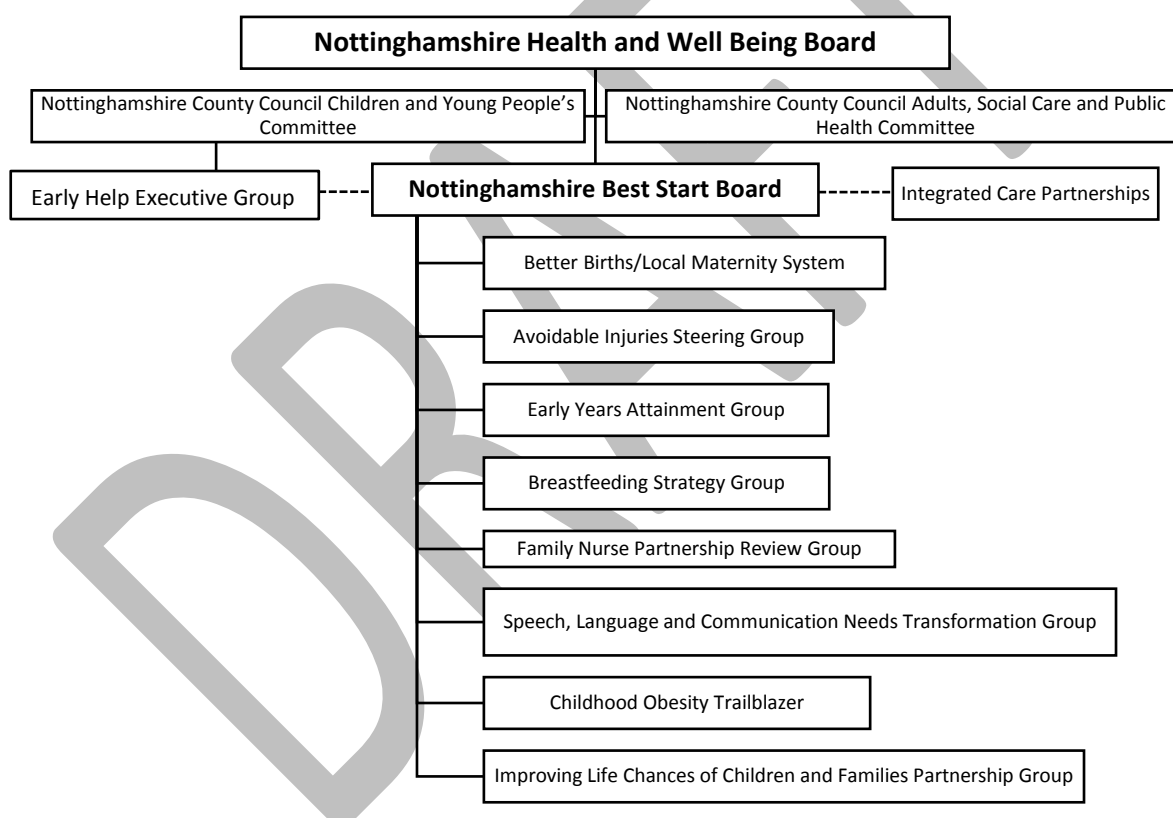
Role of group members

- To act as a champion for work to improve the health and well-being of expectant families and those with young children within their own organisation and networks they represent.
- To contribute to the Best Start Action Plan and wider Best Start Strategy.
- To commit resources where possible to support the delivery of the Best Start Strategy.

1

- To identify ways in which their organisation can contribute to emerging issues and challenges including the Covid-19 pandemic.
- To provide a communication channel between the Board and their own organisation and through involvement at other strategic partnership groups and networks.
- To be aware of and respond in a timely manner to communications outside of Best Start Board meetings.
- To share relevant reports, information and resources with other members of the group as well as their own organisation and networks which they represent.
- To contribute relevant items for discussion at meetings.

Governance

The group will report to the Nottinghamshire Health and Wellbeing Board as well as member's own organisational governance routes. The Board will ultimately report to the Health and Wellbeing Board and will work closely with the Children and Young People's Committee in Nottinghamshire County Council who will contribute to the Strategy development and champion effective service delivery.

```
                    Nottinghamshire Health and Well Being Board

Nottinghamshire County Council Children        Nottinghamshire County Council Adults,
    and Young People's Committee                Social Care and Public Health Committee

Early Help Executive Group  ----  Nottinghamshire Best Start Board  ------  Integrated Care Partnerships

                            Better Births/Local Maternity System

                            Avoidable Injuries Steering Group

                            Early Years Attainment Group

                            Breastfeeding Strategy Group

                            Family Nurse Partnership Review Group

                            Speech, Language and Communication Needs Transformation Group

                            Childhood Obesity Trailblazer

                            Improving Life Chances of Children and Families Partnership Group
```

Best Start Board Meetings

- The Best Start Board will meet 6 times per year, with more frequent task and finish groups as necessary.
- Papers will be sent out 5 working days before each meeting.
- Minutes will be sent out within 10 working days of each meeting.
- Business support will be provided by Early Childhood Services/Public Health within Nottinghamshire County Council.
- Terms of reference will be reviewed annually.

2

Membership

Membership will comprise the following organisations:
- Nottinghamshire County Council
- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Voluntary and Community Sector representative
- Clinical Commissioning Groups
- District/Borough Councils
- Integrated Care Partnerships
- Early Years Provider representative

Where the nominated representatives from the above organisations are unable to attend meetings, members will be required to have a named deputy to attend in their place. Where this is not possible, members may submit a brief written update prior to the meeting.

The group will invite/co-opt other relevant people to assist with activities and discussions as appropriate.

November 2020

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: EMOTIONAL AND MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

Purpose of the Report

1. To request that the Health & Wellbeing Board approve the refreshed Emotional and Mental Health of Children and Young People's Joint Strategic Needs Assessment Chapter.

2. This report contains an executive summary of the chapter. The Health & Wellbeing Board is requested to approve the full chapter which is available as an appendix to this report and available for review.

Information

3. Good mental health and wellbeing is crucial for the healthy development of children and young people (CYP), helping them to develop resilience, face the challenges of adolescence and adulthood, and participate in society. Mental wellbeing is influenced by individual, familial, social and environmental factors that impact on CYP throughout their development. Whilst good emotional and social wellbeing is associated with good physical health, academic engagement and economical independence, poor mental health can have significant long lasting and far reaching impacts on CYP.

4. Half of all long-term adult mental health disorders are established by age 14 and three quarters by the age of 24.[1] The impacts of poor mental health can be seen on social relationships, educational attainment, physical health, crime, homelessness and employment prospects.[2]

5. Children are at a higher risk of developing mental illness if they experience adverse events in childhood, are looked after by the local authority, if they have a long-term illness or disability, if they are a young carer or if they have a parent with a substance misuse problem. On the other hand, children with stable home lives, who attend school regularly and who have positive relationships with their peers and adults have a reduced risk for mental illness.

6. Nationally, there has been a gradual rise in the number of CYP with a mental health disorder over the last decade so that in 2017 one in eight 5 to 19-year-olds had at least one mental health disorder compared to one in ten in 2014.

7. Currently, it is estimated that 17,600 children in Nottinghamshire have a diagnosable mental health disorder at any one time, with approximately 7,500 (local accepted referrals data) children and young people seeking formal help and support through a range of commissioned children and young people's emotional wellbeing and mental health services in the previous year (2018/2019). However, many more may in fact seek support through use of informal networks and charity/voluntary services.

8. Nottinghamshire has developed strong, evidence-based strategies to support CYP, particularly through improving access to mental health services, including the recent introduction of a policy to allow self-referrals. In addition, robust pathways have been developed around perinatal mental health and Mental Health Support Teams in Schools. A pilot project has taken place within the CAMHS Eating Disorder Service around Avoidant Restrictive Food Intake Disorder. There have also been two pilots in the youth justice cohort, which includes the addition of speech and language therapy and clinical psychology.

9. There has also been significant investment in the workforce; not only in those working in child and adolescent mental health, but across a wide range of public sector roles. In addition to this schools have made a concerted effort to build resilience. There is good evidence to show that school-based interventions can be a cost-effective investment.

10. However, despite good progress there are still significant unmet needs in both the understanding of CYP mental health and services provided in Nottinghamshire.

11. During the COVID-19 lockdown period between March and June 2020, there was a significant reduction in referrals to mental health services, partly due to school closures and restrictions on GP services, but also related to face to face work ceasing for all but the most vulnerable. Referrals have increased since then, but there is further work being undertaken to understand the impact of the reduction of referrals on CYP mental health and the impact of the reduction in face to face services.

12. The NHS Long Term Plan recognises the need to improve the experience young people have with their mental health and that changes need to be made to improve transitions and support for young children and young adults. These ambitions are described in more detail in the targets and performance section.

13. This JSNA Chapter has been endorsed by the Children and Young People's Mental Health Executive Group. The Children and Young People's Mental Health Executive comprises representatives from CCGs, Local Authority Children's Services, Public Health, local providers, NHS England and Elected Members from Nottinghamshire County Council and Nottingham City Council. This group will be responsible for driving and monitoring the recommendations.

Unmet needs and service gaps – What we still need to improve

14. The precise prevalence of mental health and wellbeing in CYP in Nottinghamshire is, however, still unknown. Data on the prevalence has been extrapolated based on NHS Digital estimates. Since April 2018 all NHS commissioned providers have been developing their systems to be able to provide service level data to the Mental Health Services Data Set (MHSDS). Therefore, we are now in a better position to understand local need and further develop services to meet this need. Further work is also required to understand the impact of inequalities within Nottinghamshire.

15. The 1001 days JSNA (2019) identified the need to better identify and support women with mild to moderate mental health needs and those with parent-infant interaction difficulties.

16. The Self Harm JSNA (2019) identifies that there is a gap in support for people of all ages who self-harm or who are at risk of self-harm, but do not meet acceptance criteria for clinical/mental health services.

17. Reductions in funding to early intervention services across the system have resulted in a reduction of universal provision and of parenting support, particularly around the skills they need to help support the positive mental and emotional development of their children.

18. Additionally, whilst there has been progress made to improve transition from youth to adult services, the question of the quality of transition remains an issue for our young adult service users, and there is potential to tackle this through the development of a comprehensive pathway for those aged 0-25.

19. More emphasis is needed on targeting inequalities seen in mental health and wellbeing particularly for looked after children, young carers, children with a special educational needs and disabilities and Lesbian Gay Bisexual Transgender, queer (or questioning) and others (LGBTQ+) young people.

20. There are also gaps around mental health support for children and young people in schools. Whilst there is additional investment in Mental Health Support Teams for Schools, the national ambition for rollout is coverage of 25% of schools by 2023/24. This means that a significant number of schools in Nottinghamshire will not have access to these teams.

Recommendations for consideration by commissioners

21. The recommendations identify key changes needed to address the emotional and mental health needs of children and young people in Nottinghamshire. These are set out in the table below;

	Recommendation	Lead(s)
1.	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. This includes undertaking an equity audit, ensuring that services routinely collect data around protected characteristics and ensuring that the workforce have appropriate training and skills. This work should be overseen by a mental health equalities group. Consideration should also be given to developing specific pathways for these groups.	Clinical Commissioning Groups Nottinghamshire Healthcare Trust (NHT) Third Sector providers
2.	Commissioning should be planned as integrated multi-agency services, ensuring that services meet the needs of the 0-25 age group.	Integrated Care System's (ICS), Public Health (PH), Clinical Commissioning Groups (CCGs)
3.	Expand universal and selective parent education and training programmes to support preventative work around mental health and wellbeing.	Local Authority (LA), PH, CCGs
4.	Ensure that mental health and emotional wellbeing are considered in all policies relating to both staff, service users and pupils.	LA, ICS, Schools/ Colleges/Academies
5.	Embed a whole family approach to tackling children and young people's mental health needs, including qualitative work with parents.	PH, LA , CCGs
6.	Undertake research into the mental health needs of young carers across the county: their prevalence and their needs.	LA Childrens Services
7.	Invest resources to evaluate effectiveness of digital interventions locally and ensure that any beneficial changes identified from the rapid switch to digital /remote models of care are sustained beyond the COVID-19 emergency response period, in line with regional guidance from NHS England.	CCGs, PH
8.	Community assets need to be mobilised in order to generate multigenerational networks of interpersonal support, capitalising on initiatives such as lifestyle interventions, volunteering and social prescribing.	Third sector, PH, Primary Care Networks (PCNs)
9.	Consider regular collection of wellbeing data for children and young people locally.	LA
10.	Work with schools and wider partners to provide equitable access to prevention and early intervention mental health initiatives delivered at schools, focusing strategically on areas in proportion to the level of need and where the risk factors are most prevalent i.e. areas of high deprivation.	PH, LA , CCGs
11.	Undertake further work to understand the impact of COVID 19 on children and young people's mental health and identify appropriate steps to address these.	PH, LA, CCGs
12.	Continue to work with providers to improve the quality of data submitted to the Mental Health Services dataset.	PH

Other Options Considered

22. The recommendations are based on the current evidence available and will be used to inform decision making processes.

Reason/s for Recommendation/s

23. The chapter has been written to reflect current local issues.

Statutory and Policy Implications

24. 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

25. There are none arising from this report.

RECOMMENDATIONS

1) That the Health & Wellbeing Board approves the Emotional and Mental Health of Children and Young People (JSNA) chapter.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For any enquiries about this report please contact:

Rachel Clark
Programme Lead, Children and Young People's Mental Health
T: 0115 99332741
E: rachel.clark@nottscc.gov.uk

Constitutional Comments (EP 14/12/2020)

26. The recommendation falls within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (DG 14/12/20)

5

27. 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

---

[1] Kessler, R. B. P. D. O. J. R. M. K. a. W. E., 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry,* 6(62), pp. 593-602

[2] Department of Health, 2009. *New Horizons: Towards a shared vision for mental health: Consultation.* Available at: https://www.nhs.uk/NHSEngland/NSF/Documents/NewHorizonsConsultation_ACC.pdf

Nottinghamshire
Health & Wellbeing Board

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

Emotional and Mental Health of Children and Young People

January 2021

Topic information	
Topic owner	Children and Young People's Joint Partnership Mental Health Executive Group
Topic author(s)	Rachel Clark, Oliver Glover, Andrew Turvey
Topic quality reviewed	October 2020
Topic endorsed by	Children and Young People's Joint Partnership Mental Health Executive Group, November 2020
Topic approved by	Pending approval from Health and Wellbeing Board, January 2021
Replaces version	2014
Linked JSNA topics	[1001 days: From conception to age 2 (2019)](#) [Early Years and School Readiness (2019)](#) [Substance Misuse: Young people and adults (2018)](#) [Domestic Abuse (2019)](#) [Self-Harm JSNA (2019)](#) [Mental Health - Adults and Older People (2017)](#)

Nottinghamshire
Health & Wellbeing Board

Table of Contents

Executive summary

Good mental health and wellbeing is crucial for the healthy development of children and young people (CYP), helping them to develop resilience, face the challenges of adolescence and adulthood, and fulfil their role in society. Mental wellbeing can be influenced by a range of individual, familial, social and environmental factors that can impact on CYP throughout their development. Whilst good emotional and social wellbeing is associated with good physical health, academic engagement and economical independence, poor mental health can have significant long lasting and far reaching impacts on CYP.

Half of all long-term adult mental health disorders are established by age 14 and three quarters by the age of 24.[1] The impacts of poor mental health can be seen on social relationships, educational attainment, physical health, crime, homelessness and employment prospects.[2]

Children are at a higher risk of developing mental illness if they experience adverse events in childhood, are looked after by the local authority, if they have a long-term illness or disability, if they are a young carer or if they have a parent with a substance misuse problem. On the other hand, children with stable home lives, who attend school regularly and who have positive relationships with their peers and adults have a reduced risk for mental illness.

2

Nationally, there has been a gradual rise in the number of CYP with a mental health disorder over the last decade so that in 2017 one in eight 5 to 19-year-olds had at least one mental health disorder compared to one in ten in 2014.

Currently, it is estimated that 17,600 children in Nottinghamshire have a diagnosable mental health disorder at any one time, with approximately 7,500 (local accepted referrals data) children and young people seeking formal help and support through a range of commissioned children and young people's emotional wellbeing and mental health services in the previous year (2018/2019). However, many more may in fact seek support through use of informal networks and charity/voluntary services.

Nottinghamshire has developed strong, evidence-based strategies to support CYP, particularly through improving access to mental health services, including the recent introduction of a policy to allow self-referrals. Additionally, through supporting development of robust pathways in perinatal mental health and tailored Child and Adolescent Mental Health Services (CAMHS) for targeted groups such as the Mental Health Support Teams in Schools and Colleges, the Avoidant Restrictive Food Intake Disorder (ARFID) pilot in the CAMHS Eating Disorder Service, and two pilots specific to the youth justice cohort which include the addition of speech and language therapy and clinical psychology.

There has also been significant investment in the workforce; not only in health, but across a wide range of public sector roles, in addition to this schools have made a concerted effort to build resilience. There is good evidence to show that school-based interventions can be a cost-effective investment.

However, despite good progress there are still significant unmet needs and gaps in both the understanding of CYP mental health and services provided in Nottinghamshire.

During the COVID-19 lockdown period between March and June 2020, there was a significant reduction in referrals to mental health services, partly due to school closures and restrictions on GP services, but also related to face to face work ceasing for all but the most vulnerable. Referrals have increased since then, but there is further work being undertaken to understand the impact of the reduction of referrals on CYP mental health and the impact of the reduction in face to face services.

Nationally policy (Long term Plan, 2019) recognises the need to improve the experience young people have with their mental health and that changes need to be made to improve transitions and support for young children and young adults. These ambitions are described in more detail in the targets and performance section.

Unmet needs and gaps
The 1001 days JSNA identified the need to better identify and support women with mild to moderate mental health needs and those with parent-infant interaction difficulties. National prevalence data suggests that 5.5% of 2- 4 year olds have mental health needs but there are currently no dedicated infant mental health services commissioned in the County.

The Self Harm JSNA (2019) identifies that there is a gap in support for people of all ages who self-harm or who are at risk of self-harm, but do not meet acceptance criteria for clinical/mental health services.

Reductions in funding to early intervention services across the system have resulted in a reduction of universal provision and of parenting support, particularly around the skills they need to help support the positive mental and emotional development of their children.

Additionally, whilst there has been progress made to improve transition from youth to adult services, the question of the quality of transition remains an issue for our young adult service users, and there is potential to tackle this through the development of a comprehensive pathway for those aged 0-25.

More emphasis is needed on targeting inequalities seen in mental health and wellbeing particularly for looked after children, young carers, children with a special educational needs and disabilities and Lesbian Gay Bisexual Transgender, queer (or questioning) and others (LGBTQ+) young people.

The precise prevalence of mental health and wellbeing in CYP in Nottinghamshire is, however, still unknown. Data on the prevalence has been extrapolated based on NHS Digital estimates. Since April 2018 all NHS commissioned providers have been developing their systems to be able to provide service level data to the Mental Health Services Data Set (MHSDS). Therefore, we are now in a better position to understand local need and further develop services to meet this need. Further work is also required to understand the impact of inequalities within Nottinghamshire.

There are also gaps around mental health support for children and young people in schools. Whilst there is additional investment in Mental Health Support Teams for Schools, the national ambition for rollout is coverage of 25% of schools by 2023/24. This means that a significant number of schools in Nottinghamshire will not have access to these teams.

Nottinghamshire
Health & Wellbeing Board

Table 1. Recommendations for consideration

	Recommendation	Lead(s)
1.	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. This includes undertaking an equity audit, ensuring that services routinely collect data around protected characteristics and ensuring that the workforce have appropriate training and skills. This work should be overseen by a mental health equalities group. Consideration should also be given to developing specific pathways for these groups.	Clinical Commissioning Groups, Nottinghamshire Healthcare Trust (NHT), Third Sector providers
2.	Commissioning should be planned as integrated multi-agency services, ensuring that services meet the needs of the 0-25 age group.	Integrated Care System's (ICS), Public Health, Clinical Commissioning Groups (CCGs)
3.	Expand universal and selective parent education and training programmes to support preventative work around mental health and wellbeing.	Local Authority (LA), PH, CCGs
4.	Ensure that mental health and emotional wellbeing are considered in all policies relating to both staff, service users and pupils.	LA, ICS, Schools/ Colleges/Academies
5.	Embed a whole family approach to tackling children and young people's mental health needs, including qualitative work with parents.	PH, LA , CCGs
6.	Undertake research into the mental health needs of young carers across the county: their prevalence and their needs.	LA Childrens Services
7.	Invest resources to evaluate effectiveness of digital interventions locally and ensure that any beneficial changes identified from the rapid switch to digital /remote models of care are sustained beyond the COVID-19 emergency response period, in line with regional guidance from NHS England.	CCGs, PH
8.	Community assets need to be mobilised in order to generate multigenerational networks of interpersonal support, capitalising on initiatives such as lifestyle interventions, volunteering and social prescribing.	Third sector, PH, Primary Care Networks (PCNs)
9.	Consider regular collection of wellbeing data for children and young people locally.	LA
10.	Work with schools and wider partners to provide equitable access to prevention and early intervention mental health initiatives delivered at schools, focusing strategically on areas in proportion to the level of need and where the risk factors are most prevalent i.e. areas of high deprivation.	PH, LA, CCGs
11.	Undertake further work to understand the impact of COVID 19 on children and young people's mental health and identify appropriate steps to address these.	PH, LA, CCGs
12.	Continue to work with providers to improve the quality of data submitted to the Mental Health Services dataset.	PH

Nottinghamshire
Health & Wellbeing Board

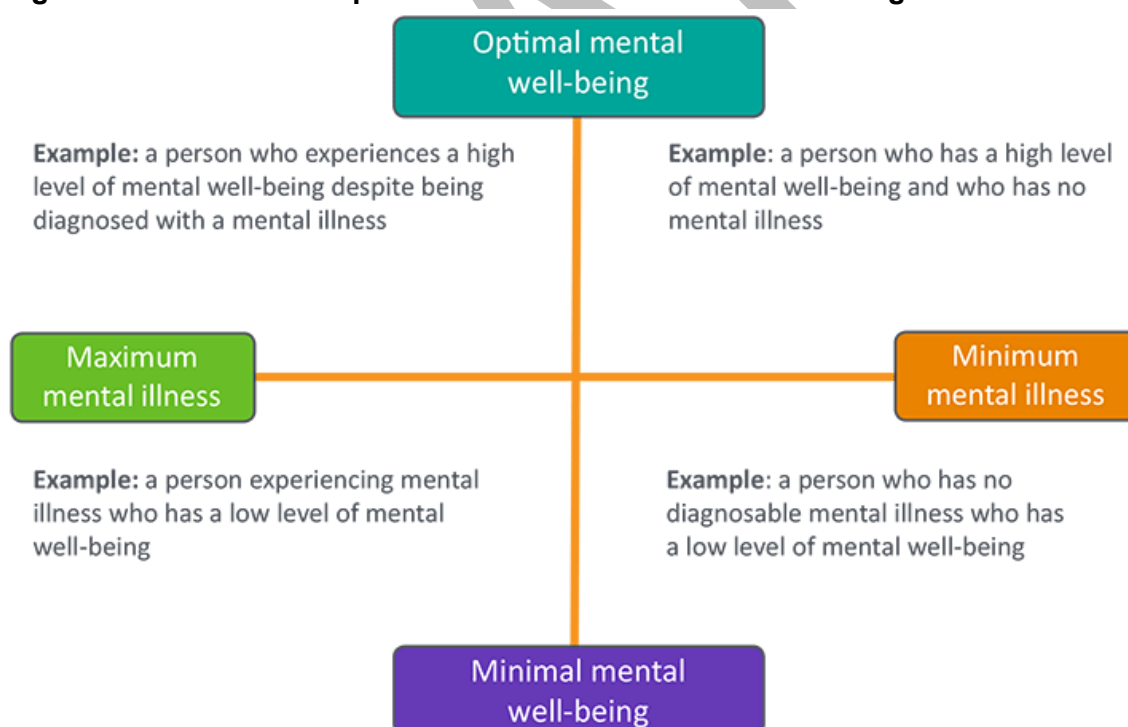**Full JSNA report**

What do we know?

1. Who is at risk and why?

Mental Health and Wellbeing

Good mental health is defined by the WHO (2018) as not simply the absence of a mental disorder but "a state of wellbeing in which an individual realises his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community."[3]

Mental health and emotional well-being can be described as being on a continuum, where people can move between states and languish or flourish, depending on a range of personal, social or contextual factors. The concept is centred on the ideas that mental health is not simply the absence of mental illness, and that interventions and behaviours can help individuals to move into more positive areas of the continuum (see Figure 1).

Figure 1. The relationship between mental health and well-being.

Optimal mental well-being

Example: a person who experiences a high level of mental well-being despite being diagnosed with a mental illness

Example: a person who has a high level of mental well-being and who has no mental illness

Maximum mental illness

Minimum mental illness

Example: a person experiencing mental illness who has a low level of mental well-being

Example: a person who has no diagnosable mental illness who has a low level of mental well-being

Minimal mental well-being

Source: Public Health Agency of Canada / AMI Quebec (2016)

It is estimated that one in four people have a mental disorder at any one time, and this costs the English economy around £105b every year. Mental disorder is also responsible for the largest burden of disease in England (23% of total burden, compared to 16% for cancer and

6

16% for heart disease).[4] Poor mental health starts at an early age and can have consequences throughout life, impacting on physical health, relationships, education, crime and employment. Research shows that half of all lifetime mental health disorders start by age 14 years and three quarters by age 24 years.[5]

Mental health problems range from day-to-day worries to serious long-term conditions. In children, four broad groups of disorder can be defined in national reporting[6]:

- Emotional disorders, which includes conditions such as anxiety, depressive disorders, and mania and bipolar affective disorder, along with phobias and panic disorders.
- Behavioural (or conduct) disorders, which includes repetitive and persistent patterns of disruptive and violent behaviour in which the rights of others, and social norms or rules, are violated.
- Hyperactivity disorders, which includes disorders characterised by inattention, impulsivity and hyperactivity, including Attention Deficit Hyperactivity Disorder (ADHD).
- Less common disorders, which includes autistic spectrum disorder, eating disorders, tic disorders and a number of very low incidence conditions.

National prevalence of mental health problems in children and young people
In 2017 ONS carried out the third Mental Health of Children and Young People in England survey (MHCYP survey) of 9,117 children and young people aged 2-19 years old living in England and registered with a GP. The survey combines reports from children, their parents and teachers to identify if the child or young person met the International Classification of Disease (ICD-10) diagnostic criteria (WHO, 2016) for a range of different types of disorder. This survey provides the most robust and comprehensive data on the prevalence of mental disorders among children in the UK.

The national survey shows that one in eight Children and Young People (CYP) living in England are at risk of poor mental health at any one time. Rates of mental disorder increase with age, with around 6% of pre-school age children experiencing a mental disorder, but 17% of 17 to 19-year-olds reporting the same. Nationally, this trend has been increasing gradually over the course of the 21st Century.

Trends in the MHCYP survey show a gradual rise in mental disorders overall, largely accounted for by a proportionally large increase in emotional disorders since 2004 (see figure 2, below). However, for reasons of comparability, this chart does not include ages over 16, where prevalence is much higher for emotional disorders.

Figure 2. Recent trends in estimated number of school-age children (5 to 15) experiencing mental ill health 1999-2017
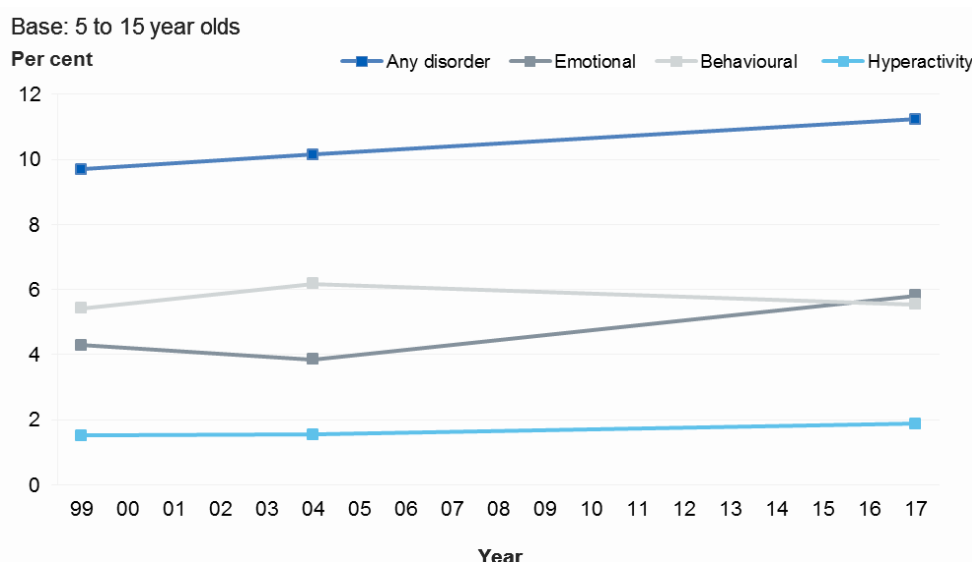
Source: NHS digital (MHCYP survey 2017)

Similar trends are evident in the annual Good Childhood Report (2019), which looks at children's wellbeing and happiness and is based on an annual survey of about 2,400 households and a longitudinal study involving 40,000 households.

The Good Childhood Index measures children's happiness with 10 aspects of life that are crucial to their wellbeing. Compared to the first survey in 2009-10, there has been a significant decrease in happiness with life from mean happiness score (0-10) of 8.17 in 2009-10 to 7.89 in 2016-17. In particular, there were significant decreases in happiness with friends and school among both boys and girls, and a significant decrease in happiness with appearance for boys.

In addition, the survey found that 33% of children are very or quite worried about having enough money in the future and 29% are worried about finding a job. In terms of broader issues, 41% of children are very or quite worried about crime and 41% are worried about the environment.

1.1   Risk factors

Whilst all children and young people can experience mental health problems, there are many contributing factors which can increase or decrease their risk of developing them. These factors can be separated into three broad groups[7]:

- *Individual attributes or behaviours* – innate and learned emotional intelligence, social intelligence and genetic and biological factors.
- *Social and economic circumstances* – opportunity for positive engagement with family members, friends or colleagues. Educational and employment opportunities.
- *Environmental factors*: living environment, including access to basic commodities and services. Exposure to predominating cultural beliefs, attitudes or practices, social and economic policies formed at national level. Discrimination, social or gender inequality and conflict are examples of adverse structural determinant of mental well-being.

These different categories interact with each other in a dynamic way and can be either a positive of negative influence on an individual's mental health.

Figure 3. Contributing factors to mental health and wellbeing

Source: World Health Organisation, 2012

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family or to their community or life events. Research also suggests that there is a complex interplay between the risk factors in children's lives, and the protective factors which can promote their resilience.[8] These risk and protective factors are highlighted in table 2.

Nottinghamshire
Health & Wellbeing Board

Table 2. Risk and protective factors in the development of mental health and emotional wellbeing

RISK FACTORS

Child

Risk factors:
- ✗ Genetic influences
- ✗ learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem

Family

Risk factors:
- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent/s with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss

School

Risk factors:
- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Poor peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships

Community

Risk factors:
- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services

Child

Protective factors:
- ✔ Secure attachment experience
- ✔ Good communication skills
- ✔ Having a belief in control
- ✔ A positive attitude
- ✔ Experiences of success and achievement
- ✔ Capacity to reflect

Family

Protective factors:
- ✔ Family harmony and stability
- ✔ Supportive parenting
- ✔ Strong family values
- ✔ Affection
- ✔ Clear, consistent discipline
- ✔ Support for education

School

Protective factors:
- ✔ Positive school climate that enhances belonging and connectedness
- ✔ Clear policies on behaviour and bullying
- ✔ 'Open door' policy for children to raise problems
- ✔ A whole-school approach to promoting good mental health

Community

Protective factors:
- ✔ Wider supportive network
- ✔ Good housing
- ✔ High standard of living
- ✔ Opportunities for valued social roles
- ✔ Range of sport/leisure activities

PROTECTIVE FACTORS

Source: Department of Education, 2018

It is now known that one of the biggest risk factors to poor mental health in childhood lies in the child's experiences in their first 1,001 days (see JSNA chapter). Good attachment to main carers, a secure environment, and positive social and environmental stimulation form a strong foundation for emotional wellbeing.

Conversely, children who have been neglected are more likely to experience depressive or attentional disorders and are more likely to struggle to maintain or develop healthy social relationships in later life. Modifiable factors which can harm mental wellbeing therefore include family conflict, domestic violence, poor maternal mental health, abuse and neglect.

The National CYP Mental Health survey also identified a range of modifiable risk factors and behaviours among children and young people who have been identified as having a disorder compared with those who do not.[9] Interestingly it found that children and young people with mental disorders:

- Were more likely to have spent longer on social media on a typical day
- Were more likely to link their mental wellbeing to feedback received on social media platforms

- Were more likely to have experienced cyberbullying, either as victim or as perpetrator
- Were more likely to have experienced bullying, either as victim or as perpetrator
- Were less likely to be a member of a club. The largest positive impacts of club membership were evident in:
    - Sports clubs
    - After school clubs
    - Dramatic arts clubs associated with school
- Were less likely to report a strong score on the social support scale
- Were more likely to have experienced a stressful life event, such as family breakdown, financial crisis, family court appearances, family illness, injury or death or the breakdown of a close personal friendship or romantic relationship
- Were more likely to have tried smoking or vaping
- Were more likely to have tried alcohol
- Were more likely to have tried illicit drugs
- Were less likely to identify as heterosexual (14-19-year-olds)

These patterns were generally evident across all 11+ age groups and across male and female respondents.

Protective Factors

However, there are also several protective factors which can help to build good mental health and well-being. The Joint Commissioning Panel for Mental Health has identified a number of such factors which need to be considered in the development of services. They include:

- Good living environment
- Good general health
- Educational attainment
- Good start in life (see 1001 days chapter)
- Social engagement and strong networks
- Good attachment to caregivers
- Reciprocal altruism
- Positive self esteem
- Life skills (e.g. communication, problem-solving, resilience)
- Development of coherent personal values

Impact of social media

The impact of social media on children and young people's mental health is not yet clear due to limited evidence available but as such it has become a big topic of debate and a focus for future research.

A [report from the Office for National Statistics in 2015](#) found that children spending more than three hours on "social websites" on a normal school night were more than "twice as likely to show symptoms of mental ill health". However, the relationship of the two is unclear, whether social media usage is a cause or a consequence of the symptoms of mental ill health.

The [mental health of children and young people (MHCYP)](#) in England survey, published by NHS digital in 2017, found that 11 to 19-year-olds with a mental disorder were more likely to use social media daily (87.2%) compared to those without a disorder (77.8%). Also, that those with a disorder who were on social media daily tended to be on for longer, with 29.4% of daily users with a disorder being on social media for four hours on a typical school day. Again, these statistics indicate an association but do not provide the direction of the relationship between social media and mental health.

Relating specifically to the health impacts of screen time, the Royal College of Paediatrics and Child Health reported that there was a "moderately-strong evidence for an association of screen time and depressive symptoms" but that there was weak evidence for an association of screen time with "behaviour problems, anxiety, hyperactivity and inattention, poor self-esteem and poor wellbeing".[10]

Conversely, it has been highlighted that some of the most robust research to date indicates that moderate engagement in digital activities has little detrimental effect on, and even some positive correlates with, well-being.[11]

Inequalities

Whilst any child can experience diminished mental health and well-being and suffer from a mental health disorder regardless of their background, there are many social determinants which increase the likelihood of it happening. Social inequalities are associated with increased risk of many common mental disorders.[12] This is because disadvantaged and vulnerable children and young people are at greater risk of exposure to adverse childhood events (ACEs) which are closely linked to poor mental health.[13]

The WHO defines ACEs as some of the most intensive and frequently occurring sources of stress that children may suffer early in life. Examples include multiple types of abuse; neglect; violence and conflict between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence.

A survey commissioned by NHS digital on mental health of children and young people (MHCYP) in England found that the prevalence of mental health disorders varied within different population groups as shown below.[14]

Age

The MHCYP survey found that rates of mental health disorder increased with older age groups, resulting in:

- 1 in 18 (5.5%) in preschool children aged 2 to 4 years
- 1 in 10 (9.5%) in primary school children aged 5 to 10 years
- 1 in 7 (14.4%) secondary school children aged 11 to 16 years
- 1 in 6 (16.9%) of Adolescents aged 17 to 19 years.

There was variation in which disorders were prominent based on the different ages (see Figure 4). For example, emotional disorders were most common in 17 to 19 year-olds, while behavioural and hyperactivity disorders were highest in children aged 5 to 16 years.

Figure 4. Rates of different types of disorder in 5 to 19 year-olds by age in England
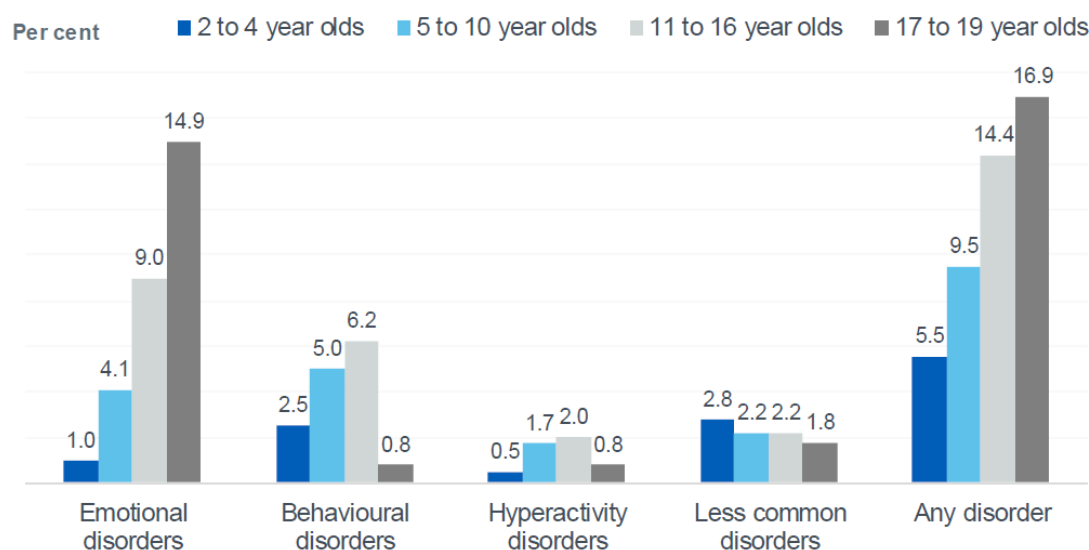
Source: NHS digital (MHCYP survey 2017)

Gender

According to the MHCYP survey, significant differences can be seen in the rate as well as the type of mental health disorders between girls and boys at various ages. This is shown in Table 3. The survey does not contain data that looks at the prevalence of mental health disorders amongst transgender and non-binary children and young people.

Table 3. The prevalence of mental health disorders between males and females at different ages.

	Prevalence	Age	Prevalence	
	6.8%	2 – 4	4.2%	
	12.2%	5 – 10	6.6%	
	14.3%	11 – 16	14.4%	
	10.3%	17 - 19	23.9%	
	1 in 10	16 – 24**	1 in 4	

Source: NHS digital (MHCYP survey, 2017), NHS digital (MHSDS activity data, 2018)

Among 2 to 4 year-olds, boys were more likely than girls to have a disorder, this difference increased in 5 to 10 year-olds where boys were twice as likely to have a disorder.

In 5 to 10 year-olds the rates of emotional disorders were similar between the two groups, however, other types of disorder were more than likely in boys compared to girls. For example, 2.6% of 5 to 10-year-old boys were identified with a hyperactivity disorder, compared with 0.8% of girls.

Among 11 to 16 year-olds whilst boys and girls were equally as likely to have a disorder, the type varied between them. Girls were more likely to have an emotional disorder, while boys were likely to have a behavioural or a hyperactivity disorder.

Most strikingly, girls aged 17 to 19 years were more than twice as likely as boys to have a mental health disorder with nearly one in four girls (23.9%) having a disorder compared to one in ten boys (10.3%). Emotional disorders were the most common type in this age group, with 22.4% of girls having one compared to 7.9% of boys. In addition to this, half (52.7%) of girls with a disorder reported having self-harmed or made a suicide attempt.

Nottinghamshire
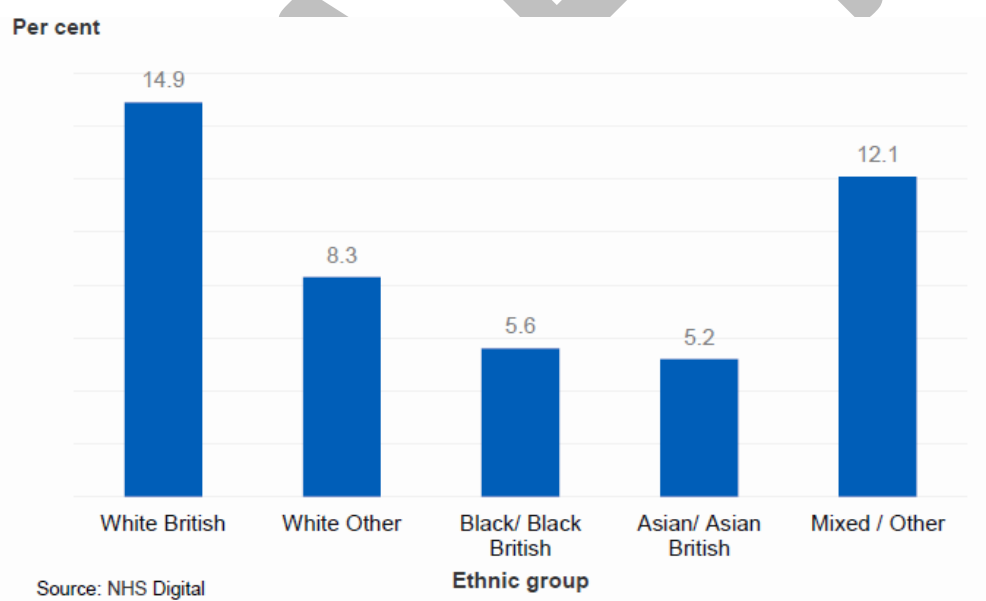**Health & Wellbeing Board**

Recent research places focus on the concept that adolescence for most young people extends well into the twenties, suggesting that emotional needs for girls under 25 may be a high priority.[15]

One in four young women aged 16 to 24 have common mental health problems compared with one in ten of men the same age. Young women also have the highest rates of reported suicide thoughts, behaviours and self-harm (e.g. 25.7% of women aged 16 to 24 reported self-harm).[16]

Ethnicity

The MHCYP survey found rates of mental disorders in 5 to 19 year-olds varied between different ethnic groups and tended to be higher in White British children and lower in Black/ Black British or Asian/ Asian British (See Figure 5). This pattern was evident for rates of any disorder.

Figure 5. Any mental disorder in 5 to 19 year-olds by ethnic group

Per cent

| | |
White British	14.9
White Other	8.3
Black/ Black British	5.6
Asian/ Asian British	5.2
Mixed / Other	12.1

Source: NHS Digital

Ethnic group

Deprivation

The MHCYP survey found that emotional and behavioural mental disorders as well as autism spectrum disorders (ASD) tended to be higher in children living in lower income households. However, this was not true of hyperactivity or eating disorders. Emotional disorders were half as prevalent in the highest income households at 4.1% compared to 9.0% in the lowest income households as shown in Figure 6. Interestingly, the survey also found that neighbourhood deprivation was not associated with most types of disorder.

Figure 6. Percentage of emotional disorder in 5 to 19 year-olds by household income

Source: NHS Digital
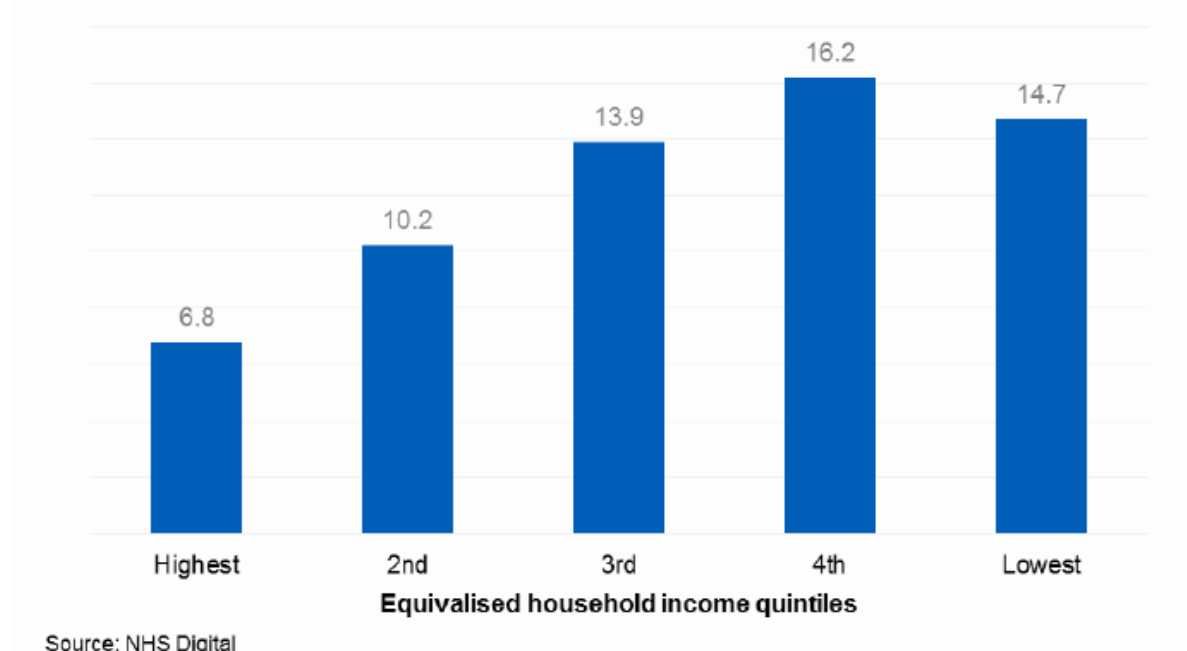
Looked after children (LAC) / children in care

Nationally, 45% of looked after children were found to have a diagnosable mental health disorder, with mental health problems thought to be even more prevalent in this group.[17] [18] This is because they are more likely to experience social and environmental risk factors as well as be exposed to more adverse childhood events (ACEs) compared to other children. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.[19]

LGBTQ+

The MHCYP survey found that young people identifying as lesbian, gay, bisexual or with another sexual identity were more likely to have a mental disorder (34.9%) than those who identified as heterosexual (13.2%).

A report from Stonewall (2017), highlights that LGBTQ+ young people are significantly more likely to self -harm, think about taking their own life or attempting to take their own life. This risk is even greater in female LGBTQ+ young people, transgender and non-binary young people, and LGBTQ+ young people who are disabled or BAME.

However, a quality improvement audit of local CAMHS services undertaken in 2018 indicated that 81.45% of young people were not asked their sexual orientation and that trans data was not available. Whilst the audit found some positive examples of where LGBTQ+

young people had been well supported; it also highlighted a variance in knowledge and understanding amongst CAMHS workers around LGBTQ+ issues and staff not feeling comfortable to ask a young person's sexual orientation or gender identity. It also highlighted the importance of lanyards and badges in demonstrating a safe place for young LGBTQ+ young people.

In 2020, Nottinghamshire Healthcare Trust did further work to look at how people who identify as LGBTQ+ experience CAMHS. The LGBTQ+ CAMHS action plan is being developed with young people as a result of this work.

Physical and intellectual disability

The MHCYP survey highlighted a close link between mental and physical health and impairment. Children with a mental disorder were more likely to have poor general health, a limiting long-term illness, a physical or development problem or a special educational need. Nearly three-quarters (71.7%) had a physical health condition or developmental problem. A quarter (25.9%) had a limiting long-term illness compared with 4.2% of children without a mental disorder.

Long-term physical illness or disability is a known risk factor for developing mental health problems in CYP as it impacts on young people themselves, their emotional and social development, and their families.[20] Children living with a long-term physical illness are twice as likely to suffer from emotional or conduct disorders.[21]

The MHCYP also found that a third of children with a mental health disorder had a recognised special educational need (SEN), compared to 6.1% of children without a mental disorder. Children and young people with intellectual disabilities are at increased risk of developing additional mental health problems.[22]

Locally, in 2017/18 and 2018/19 the number of children and young people referred to CAMHS Single Point of Access (SPA) who were recorded as having a disability was 510, which represents 14.5% of all referrals.

Other population groups and factors

- Youth offenders have levels of mental health problems at least three times higher than the general population, with some estimates as high as 80% of this group needing support.[23]
- Being a refugee, asylum seeker or from a traveller community are risk factors for developing a mental health problem in CYP.[24]
- Young carers - In the 2011 Census, 4% of young carers said they had a mental health condition; this compares with 1% of non-carers.[25]

- Other factors identified in the MHCYP survey as increasing the risk of mental disorder in the CYP were living with a parent with poor mental health, having low levels of social support/ a small social network or not participating in clubs or organisations and problems with family functioning.

1.2   Impacts

Lower levels of emotional and psychological wellbeing are linked to bullying, disruptive behaviour at school, disengagement, poor nutrition choices, lower levels of activity and poor long-term mental health.[26] Other outcomes include poor educational attainment; antisocial behaviour and criminal activity; teenage pregnancy and drug and alcohol abuse, and sometimes self-harm and suicide (See Self Harm JSNA).

More than half of children who show signs of mental health problems continue to experience them into adulthood, with an estimated three quarters of all mental health problems diagnosed having emerged in those affected before the age of 25.

2. Size of the issue locally

Prevalence and incidence of mental disorders is difficult to determine for a number of reasons, particularly for those conditions which fall below diagnostic thresholds for specialist support, or in cases where stigma prevents children and young people discussing their needs.

There is no local survey which collects information and data on the emotional health and wellbeing of children and young people who live in Nottinghamshire. However, the national Mental Health of Children and Young People Survey (NHSD, 2018) allows age and sex-based weighting of prevalence data by local area. Tables 4 and 5 show the estimated number of children and young people between the ages of 5 and 19 who have a mental disorder at any point in time.

Over 17,000 of 140,000 five to nineteen-year-olds in the county are thought to be dealing with a mental disorder across the county, with the total split evenly between boys and girls. However, when the type of disorder is considered, differences between the sexes are clear (see table 5). Girls are much more likely to experience emotional disorders (peaking at ages 17-19, where over one in five girls experience anxiety), and boys are more likely to experience behavioural and hyperkinetic disorders (e.g. ADHD- Attention Deficit and Hyperactivity Disorder). Eating disorders amongst girls are comparatively less common overall (peaking at 1.6% of all 17-19-year-old young women) and autistic spectrum disorders (ASD) are more likely to occur in boys (1.9%) than girls (0.4%).

Table 4. Estimated numbers of children and young people with any mental disorder in Nottinghamshire and Nottingham (ages 5-19)

	Male	Female	All
Ashfield	1419	1392	2811
Bassetlaw	1235	1222	2456
Broxtowe	1188	1136	2324
Gedling	1293	1227	2520
Mansfield	1170	1144	2314
Newark and Sherwood	1328	1300	2628
Rushcliffe	1336	1280	2616
Notts County	8968	8700	17669
Nottingham	4124	4117	8239
East Midlands	54461	53339	107795

Sources: NHSD (2019); ONS MYE (2018)

Table 5. Estimated numbers (and percentage) of total population of children and young people (ages 5-19) with a mental disorder in Nottinghamshire at any one time by type of disorder and sex

Type of disorder	Male	Female	All
Emotional	4,378 *(6.2%)*	6,752 *(10.0%)*	11,133 *(8.1%)*
Anxiety	3,857 *(5.4%)*	6,113 *(9.1%)*	9,975 *(7.2%)*
Depressive	991 *(1.4%)*	1,909 *(2.8%)*	2,902 *(2.1%)*
Behavioural	4,143 *(5.8%)*	2,267 *(3.4%)*	6,407 *(4.6%)*
Hyperactivity (ADHD)	1,860 *(2.6%)*	408 *(0.6%)*	2,266 *(1.6%)*
Other less common disorders	1,848 *(2.6%)*	1,071 *(1.6%)*	2,918 *(2.1%)*

Sources: NHSD (2019); ONS MYE (2018)

The number of disorders are not mutually exclusive and there is certainly going to be multiple disorders in any one individual. Therefore, the number of disorders shown in Table 4 and 5 above will not all sum.

Table 6. Estimated numbers of 18-25 year-olds with any mental disorder in Nottinghamshire

	18-25 years		
	Male	Female	All
Ashfield	559	1525	2084
Mansfield	461	1234	1695
Newark and Sherwood	516	1319	1835
Gedling	464	1271	1735

Broxtowe	536	1472	2008
Rushcliffe	494	1329	1823
Nottingham City	3687	10105	13792

| Bassetlaw | 503 | 1256 | 1759 |

| County (excl. Bassetlaw) | 3030 | 8150 | 11180 |
| County (incl. Bassetlaw) | 3533 | 9406 | 12939 |

Source: Health and Social Care Information Centre via NHS Digital using Adult Psychiatric Morbidity Survey 2014

The above data must be interpreted with caution, however, as these are estimates of point prevalence (or the number of individuals who may have a disorder at any one point in time). The period prevalence of these disorders will normally be higher (the number of individuals identified as cases *during* a specified period of time, divided by the total number of people in that population).

CAMHS (Child and Adolescent Mental Health Services) – Nottinghamshire Healthcare NHS Trust

CAMHS provision is now 'tierless' in Nottinghamshire, and since 2018 has allowed self-referral for all CAMHS services, including specialist services. Advice in advance of submitting a referral can be obtained from a single point of access and/or Primary Mental Health Team who support schools, GPs and Health Family teams, which then ensures that the referral is handled by the appropriate team. In 2017/18 the Trust moved to a different reporting system which cause a level of duplications in reported figures. In 2018, a significant amount of work took place to refine data capture, so it is likely that the 2018/19 figures reflect this refinement, rather than a drop-in referral to CAMHS.
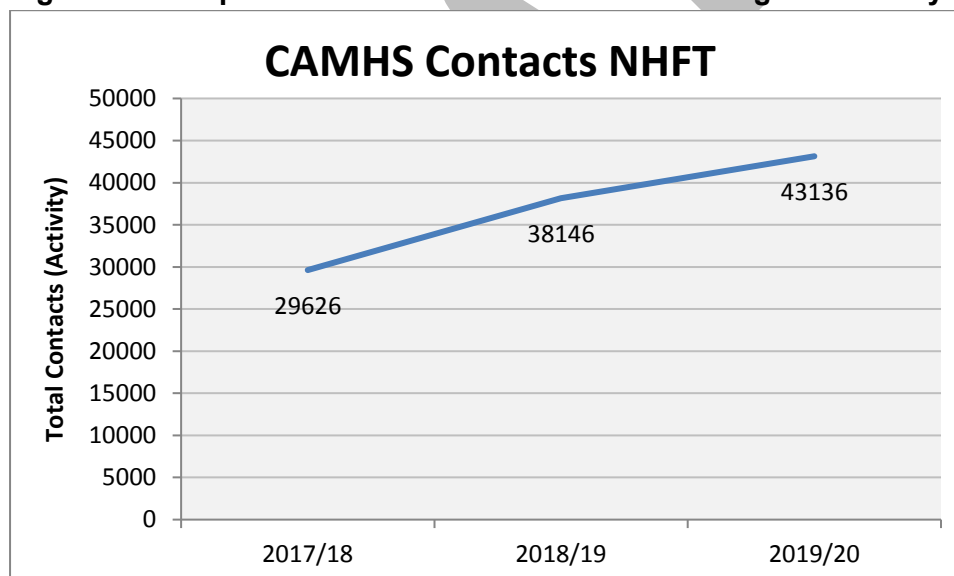
Figure 7. New referrals to NHFT CAMHS in Nottinghamshire by financial year including Bassetlaw
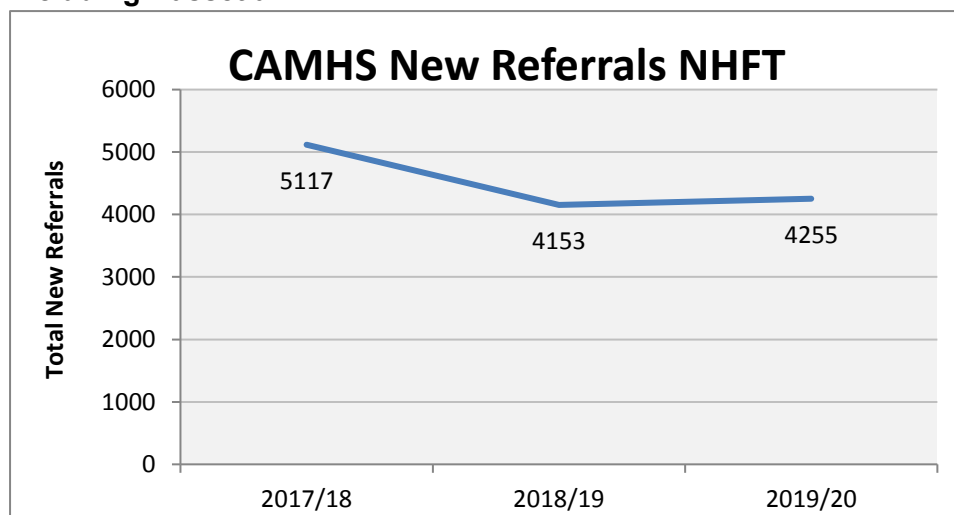
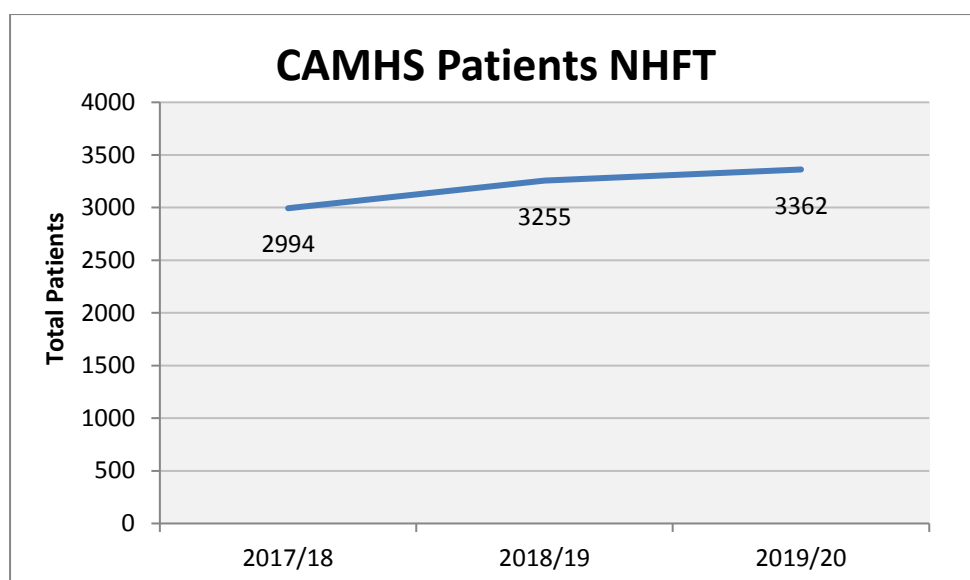*Source: NHFT Applied Information & CAMHS Service*

Figure 8. Total patient contacts with CAMHS in Nottinghamshire by financial year

Source: Source: Local PLDS supplied to CCG by NHFT

Figure 9. Total number of patients seen by NHFT CAMHS by Financial Year

Source: Local PLDS supplied to CCG by NHFT

In 2019/20, 3362 individual patients were seen by CAMHS in Nottinghamshire, split across the following services (NB some patients have used more than one service).

Table 7. Number of patients contacts by each CAMHS team in Nottinghamshire for the 2019/2020 financial year.

CAMHS – South (Broxtowe, Gedling, Rushcliffe)	12285
CAMHS CRHT	1586
CAMHS – West (Mansfield and Ashfield)	10400
CAMHS Primary Mental Health	73
CAMHS - North	8473
CAMHS - Head 2 Head	1449
CAMHS Liaison - Kingsmill Hospital	818
CAMHS Liaison - NUH	514
CAMHS - LD	2605
CAMHS Paediatric Liaison	323
CAMHS - Eating Disorder	3245
CAMHS Looked After	295
CAMHS Paediatric Neurology	518
CAMHS Self Harm	6
CAMHS ADHD/ASD AI Bassetlaw Specialist	546

Source: Local PLDS supplied to CCG by NHFT

Services for young people aged up to 25

Figure 10. New referrals for 18-25 year-olds to Nottinghamshire Healthcare Trust Adult Mental Health Services including community, outpatient and liaison contacts.
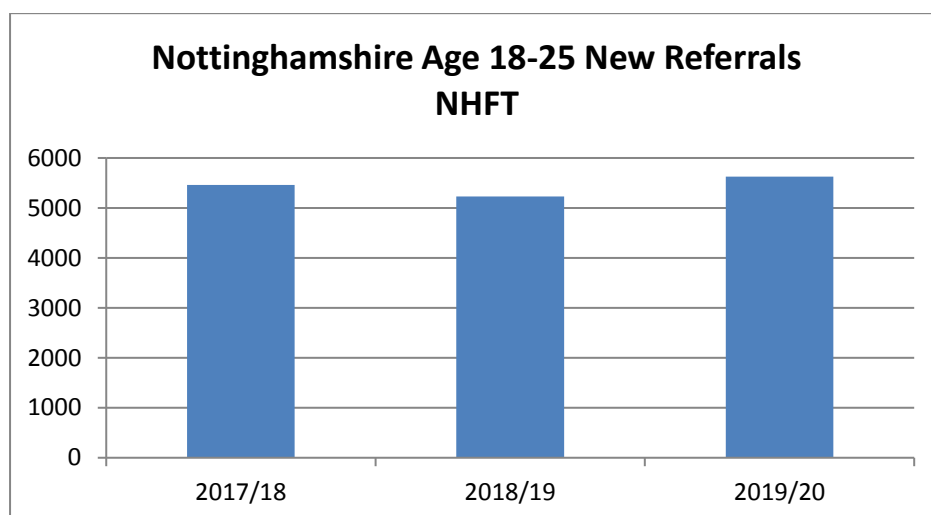
Source: Improving Access to Psychological Therapies (IAPT) data set (Data Service for Commissioners Regional Office)

In 19/20, there were 5624 referrals to NHT adult mental health services, which represented 14.37% of all referrals received. This includes community, outpatient and liaison contacts. Of these 56.40% were for females.

Figure 11. New referrals for 18-25 year-olds to Increasing Access to Psychological Therapies in Nottinghamshire (excluding Bassetlaw).
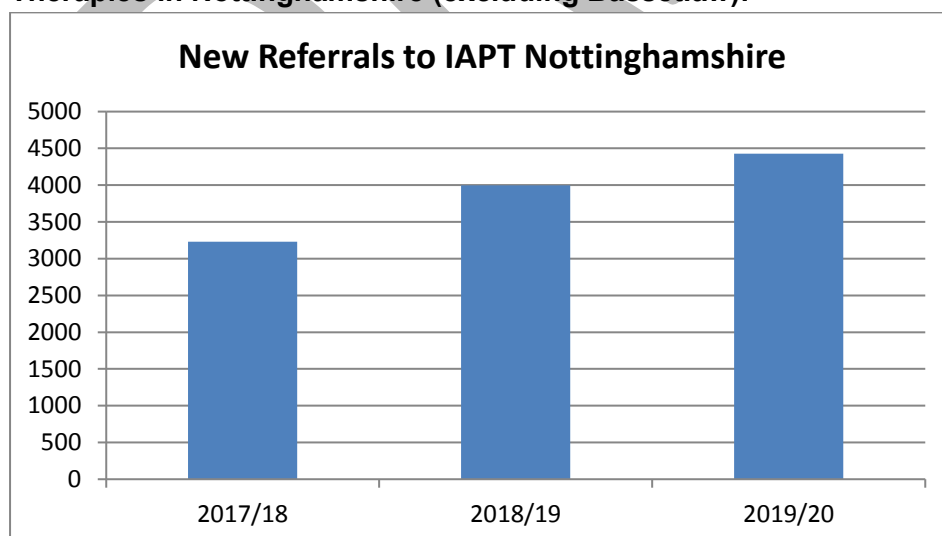
Source: Improving Access to Psychological Therapies (IAPT) data set (Data Service for Commissioners Regional Office)

In 2019/ 20, there were 4427 new referrals to Nottinghamshire IAPT services. This represents 20% of all referrals. Of these, 67% were for females.

Kooth Online Counselling

Kooth has been operational within Nottinghamshire since January 2017 and has seen a growing number of young people aged 11-24 accessing their service as seen in Figure 12. The number of young people accessing counselling sessions or using the messaging service has also increased as seen in Figure 13. This is a positive development for children and young people living in Nottinghamshire and provides alternative support with open access.
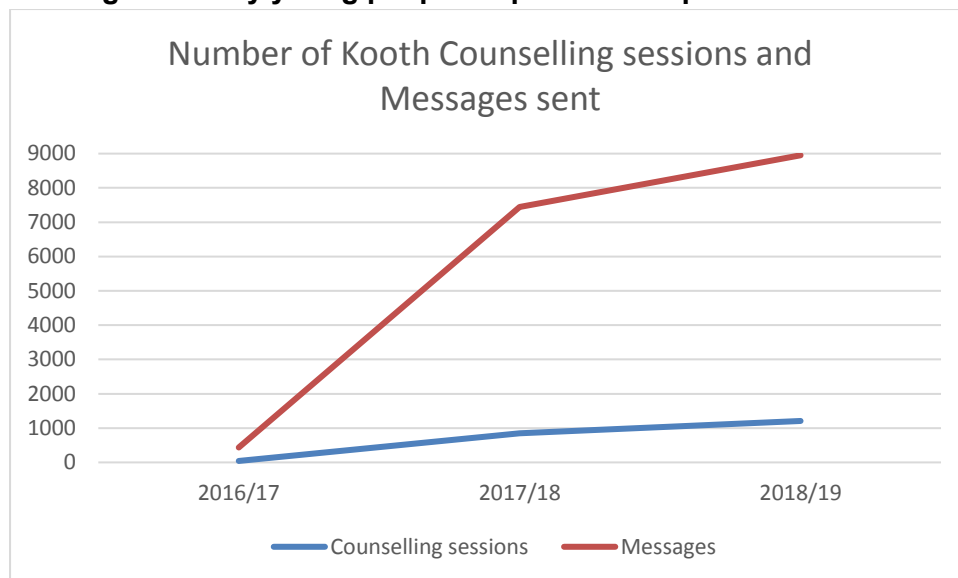
Figure 12: Number of new young people registering with Kooth

Source: Kooth contract performance reports 2016 – 2019

Nottinghamshire
Health & Wellbeing Board
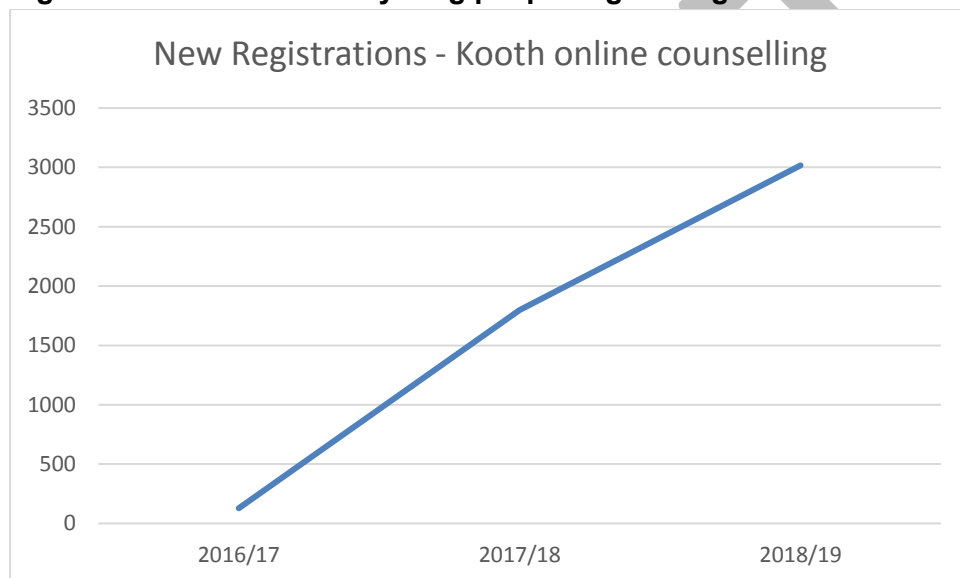
Figure 13: Number of Kooth Counselling sessions delivered, and number of messages sent by young people as part of therapeutic conversation

Source: Kooth contract performance reports 2016 – 2019

Base 51 Counselling

Base 51 provide emotional wellbeing and mental health support for young people aged 12-25 living within the South of Nottinghamshire and as seen within Figure 14 and 15 have seen an increase in referrals and contacts over the last two years. Young people can self-refer to Base 51.

Figure 14: Number of referrals received by Base 51
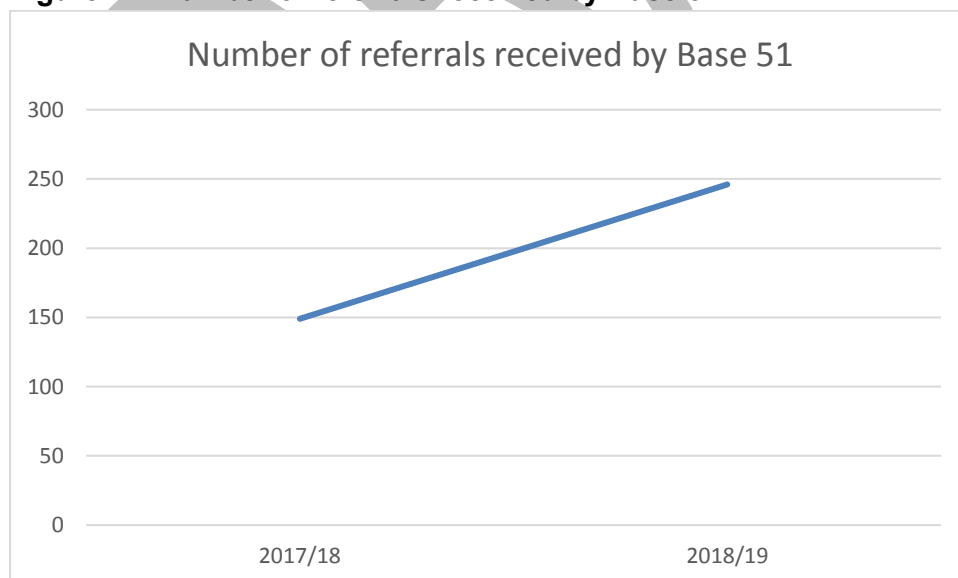
Source: Base 51 contract performance reports 2017 – 2019

Figure 15: Number of contacts delivered by Base 51

Source: Base 51 contract performance reports 2017 – 2019

Looked After Children

A pilot local offer, *You Know Your Mind*, provides alternative mental health support to looked after children in Nottingham and 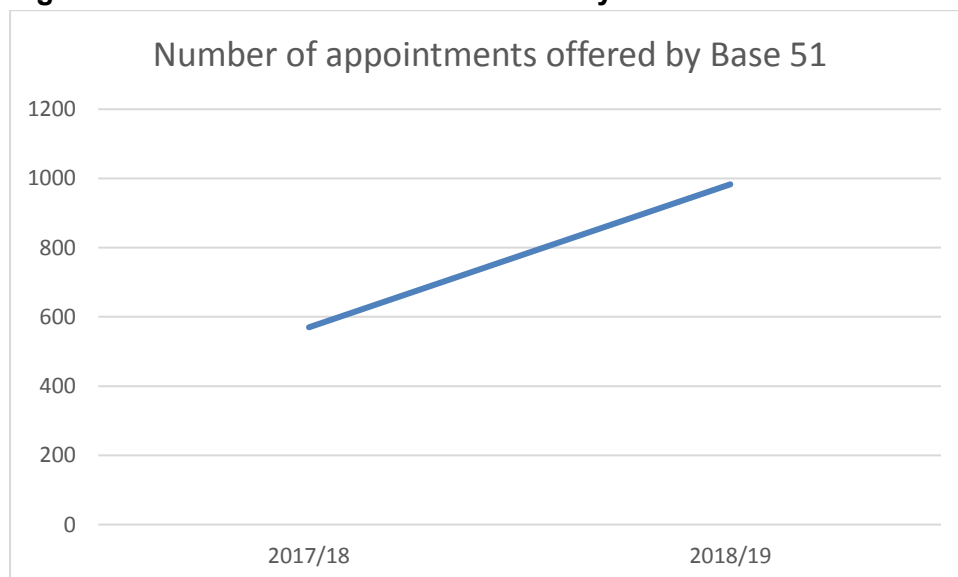Nottinghamshire through the use of a personal budget. Between April 2018 and April 2019, of the 239 looked after children who have accessed this service, over half report a mood disorder, two fifths felt socially isolated and around a quarter engaged in self-harming behaviour (see table 8). In terms of behavioural outcomes, over a fifth are known to the police, one in ten is at risk of sexual exploitation and one in five misuse drugs or alcohol. In addition, there are 15 A&E visits per 100 LAC in the county. There is an inequity in the provision of mental health services for LAC who live out of area. They remain the responsibility of the placing LA and the originating CCG and are not always able to access locally commissioned services where they are placed.

Table 8. Percentage of Looked After Children aged 0-17 identified with a mental health need (multiple needs may be reported)

Mental health need	Percentage (%)
Anxiety, depression, stress or other mood disorder	55%
Social isolation	40%
Self-harming behaviour	26%
Bereavement	13%
Developmental disorders	13%
ADHD / hyperkinesis	12%
ASD	11%

PTSD	8%
Suicidal thoughts / behaviour	8%
Conduct disorder	4%
Eating disorder	3%
OCD	1%
Of 239 service users (LAC and care leavers) in Nottinghamshire accessing services via You Know Your Mind project.	

Nottinghamshire's profile for risk groups and protective factors drawn from the national fingertips' dashboard is shown in Table 9. The proportion of our young people providing unpaid care is higher than in other rural areas of the region, but this is taken from 2010 census data, so the next update will not be available until 2021. While the proportion of looked after children is broadly comparable to the national picture, a relatively high number of our looked after children are affected by poor emotional wellbeing (48.9% compared to 38.6% nationally).

Absenteeism is lower than the national rate, and educational attainment is higher, but Nottinghamshire's breast-feeding rate is lower than that for England (42% compared to 46.2%), and school readiness in the county is slightly lower than the national average.

Table 9. Nottinghamshire out-turn for risk and protective factors from the Public Health Outcomes Framework.

Risk Groups	Period	Measure	England
Looked after children	2017/18	48/10,000	64
Looked after children under 5	2017/18	28.7/10,000	34.9
Percentage of looked after children where there is a cause for concern	2017/18	48.9%	38.6%
Unaccompanied asylum seekers	2018	30 people	4480
Young offenders (10-18)	2017/18	4/10,000	4.5
Young people providing unpaid care (16-24)	2011	4.9%	4.8%
Not in Education, Employment, or Training (NEET)	2017	6.0%	6%
Long term illness and disability aged 15	2014/15	14.3%	14.1%
Domestic Abuse	2017/18	17.5/ 1,000	25.1
Parents in drug treatment	2011/12	128 /100,000	110.4
Children in low income families (under 16s)	2016	15.6%	

			17%
Hospital admissions as a result of self-harm (10-24 yrs.)	2017/18	498 /100,000	421
Hospital admissions for mental health conditions (0-17 yrs.)	2017/18	76/100,000	84.7
School pupils with social, emotional and mental health needs (all school age)	2018	1.7%	2.39%
Protective factors			
Breastfeeding at 6-8 wks.	2018/19	42%	46.2%
School readiness: percentage of children achieving a good level of development at the end of reception	2017/18	69.7%	71.5%
Educational attainment (5 or more GCSEs)	2015/16	61.1%	57.8%
Pupil absence	2017/18	4.47%	4.81%

Source: PHE Children's Mental Health and Wellbeing Dashboard

3. Targets and performance

National Policy

The national strategy, *Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing* (2015), set out the government's ambition to transform children and young people's mental health services by 2021. Ambitions include:

a. Promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood.
b. Improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families.
c. Care for the most vulnerable: developing a flexible, integrated system without barriers.
d. Accountability and transparency: developing clear commissioning arrangements across partners with identified leads.
e. Developing the workforce: ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence-based care.

The Government Green paper Transforming Children and Young People's Mental Health Provision (December 2017) places schools at the centre for early intervention around mental health support and aims to establish the following:

- A mental health lead in every school and college by 2025 to support pupils and staff, offer advice and to refer CYP to specialist services.
- Establishment of mental health support teams to provide more specialised services and link to wider networks.
- Reduce waiting times for treatment with piloting a four-week waiting time in some 'trailblazer' areas.
- Bolster transitional care from CYP to adult services through the development of a national partnership approach.
- Invest in research in to supporting families and prevention of mental health problems.

In addition to this, the NHS 2019 Long Term Plan also includes the following key commitments around children and young people's mental health.

- Transform mental health care so more people can access treatment by increasing funding at a faster rate than the overall NHS budget – and by at least £2.3bn a year by 2023/24.
- Make it easier and quicker for people of all ages to receive mental health crisis care, around the clock, 365 days a year, including through NHS 111.
- Expand specialist mental health care for mothers during and following pregnancy, with mental health assessments offered to partners so they can be signposted to services for support if they need it.
- Embed mental health support for children and young people in schools and colleges, allowing extra capacity for early intervention and ongoing help.
- Ensure that all children and young people aged 0-25 can get support when they need it, in ways that work better for them, through a comprehensive offer that reaches across mental health services for children, young people and adults.
- Boost investment in children and young people's eating disorder services over the next 5 years.
- A new approach to young adult health services for people aged 18-25 will support the transition to adulthood.
- Continue to develop services in the community and hospitals, including talking therapies and mental health liaison teams, to provide the right level of care for hundreds of thousands more people with common or severe mental illnesses.

Local Policy

CCGs have been required to produce a plan which describes our local response to Future in Mind. The plan was updated annually and Nottinghamshire and Nottingham City have a joint plan which can be viewed here Children and Young People's local transformation plans (LTP). The aim of the plan was to **improve the emotional and mental health of our population of children and young people** through implementing the recommendations of *Future in Mind*.

All partners remain committed, by 2021, in delivering the following *Future in Mind* priorities:

- more young people to have good mental health, including those in vulnerable groups such as children looked after, children subject to child protection plans, children with disabilities and young offenders
- more children and young people with mental health problems to recover
- more children and young people to have a positive experience of care and support
- fewer children and young people to suffer avoidable harm
- fewer children and young people to experience stigma and discrimination

Other relevant indicators to monitor at a county and unitary authority level include those on the Children and Young People's Mental Health and Wellbeing Profiling Tool, which provides a wide range of national, regional and local data on the need, protective factors, risk factors and services that support children and young people's mental health.

4. Current activity, service provision and assets

4.1 Prevention and Early Intervention

The following provides further detail about the early support/intervention offer across Nottinghamshire County.

Perinatal

The perinatal mental health pathway for the Nottingham and Nottinghamshire ICS area has been redeveloped, along with enhanced capacity in the Perinatal Psychiatry Service to include peer support, nursery nurse, mother infant therapist and speciality doctor posts. A full description of these services can be found in the 1001 days JSNA.

Parenting Support

Advice and support sessions for parents and carers of under-12s are bookable with the Healthy Families Team, along with drop in support sessions and web resources for older children. Support is also available for parents of children under 5 via Children's Centres.

Families who may be struggling with aspects of parenting can access support through the graduated Family and Parenting offer from the Family Service.

Where parents have concerns, they can also access GPs who can further refer to appropriate services including community paediatricians where applicable, and the Educational Psychology Service.

Primary Mental Health Team (Nottinghamshire Healthcare NHS Trust)

The Primary Mental Health Team work with GPs, Healthy Family Teams and schools across Nottinghamshire County providing case consultation, advice and training around a range of mental health issues, including self-harm. Feedback from the system has been extremely positive and by offering case consultation there has been an increase in the number of appropriate referrals received by CAMHS. During 2018 the Primary Mental Health Team delivered 218 training sessions to 2,905 colleagues across schools. The team also provided 696 consultations to professionals.

Mental Health Support Teams (MHST) in Schools

Nottinghamshire has also received funding from NHS England to rollout 6 MHSTs across the 7 districts. These teams will provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff.

Kooth

Kooth offers open access support to young people across Nottinghamshire County, providing online counselling as well as a range of other online emotional health support tools such as moderated forums and self-care tools. Kooth is available to all young people aged 11-24. In 2018/19, around 3000 young people registered to use the service, and over 1200 counselling sessions were delivered. The service was rated very positively by service users, with 93% of them reporting that they would recommend it to a friend.

Base 51

Base 51 serves the South of Nottinghamshire County and offers emotional wellbeing and mental health support in the form of counselling and drop-in sessions, along with crisis support. During 18/19 246 young people were referred/self-referred to Base 51 counselling with 983 appointments offered.

Mustard Seed

Mustard Seed, who are embedded within the CAMHS service offer, deliver one to one therapeutic intervention to support emotional health, wellbeing and resilience.

Health for Kids and Health for Teens

A health promotion website, covering subjects that promote a healthy body and mind written by health experts. Provides information for children, parents and teachers. The children friendly site was developed with the help of children and contains interactive games as well as information.

ChatHealth

This is a confidential text service, where young people aged 11-19 can receive confidential advice on a wide range of issues such as bullying and emotional health and well-being.

Nottingham Recovery College runs co-produced short- and longer-term courses to help people manage their physical and mental health.

Developing resilience in schools

The Tackling Emerging Threats to Children team is a universal service provided by the County Council to coach teachers and parents in supporting children and young people's resilience and awareness of threats to their wellbeing. Activities include:

- Training schools in how to deal with bullying and cyber bullying
- Advocacy and advice for teachers and parents
- Support in developing local policies (such as behaviour policy)
- Development of curriculum resources for PSHE education
- Development of online safety resources and links between IT and emotional wellbeing
- Advice on emerging technology and its potential impact on children and young people (for example the Internet of Things)
- Have supported 60 schools to become *United against bullying* accredited, with further schools applying this year

The service also offers consultations to schools to support social transition of Trans & Non-binary pupils and will liaise with the Tavistock & Portman Gender Identity Clinic where necessary as well as other local services. There is a dedicated section on their portal pages which provides guidance including a Trans Toolkit for schools and resources including lesson plans etc. The service also run training for school staff and have also delivered training to the Family Service, Foster Carers, Residential and Secure Care Homes, the NSPCC in relation to Sport and Trans Young People and have delivered recently to Broxtowe Borough Council who opened this up to professionals working across the wider children's workforce.

Resilience development is supported through partnership working across the county through the work of Public Health and the Schools Health Hub. The programme of work set out aims to capitalise on the fact that young people spend the majority of their waking hours in school

and college, and recognises the opportunities afforded to make a significant positive impact on the lives and mental health of children and young people.

Local schools have been a strong focus of activity in prevention and early intervention initiatives. Thirty schools have been taking part in resilience programmes, such as Take Five at School and the Young Minds Academic Resilience approach. These approaches are further supported by the incremental roll-out of the Mental Health Services and Schools Link programme, which empowers local professionals and support staff to develop better services for children and young people through developing a coherent local vision for children and young people and sharing expertise, networks and resources.

Emotional Literacy Support Assistants (ELSAs)

Within Nottinghamshire, ELSAs are teaching assistants who have received additional training from the Educational Psychology Service. Following the training course, ELSAs receive ongoing group supervision from an Educational Psychologist every 6 weeks to support them in their casework. The ELSA project is nationally recognised and there is an ever-increasing body of research to support ELSA work in schools.

Since 2016, Nottinghamshire EPS has trained 249 ELSAs across the county, within mainstream primary, secondary and special schools. The ELSAs are spread across all districts, with slightly more in Mansfield/Ashfield and Rushcliffe currently.

Nottinghamshire's Educational Psychology service provides general and specialist services for children and young people in need and for school's staff. Recent promotions have focused on reduction and early intervention in self-harm and suicidal feelings.

4.2 Treatment

'Treatment' services including specialist services are provided predominantly by Nottinghamshire Healthcare NHS Trust under the umbrella of CAMHS (Child and Adolescent Mental Health Services). The information below details the 'treatment' service provision across Nottinghamshire.

CAMHS – Nottinghamshire Healthcare NHS Trust

The current service provision across Nottinghamshire County can be seen in Figure 16. This should not be seen as a linear process, however it expected that a level of 'universal' provision can be evidenced prior to referral CAMHS (NHFT) provision.

Nottinghamshire
Health & Wellbeing Board

Figure 16. Nottinghamshire County Children and Young People's Emotional Wellbeing and Mental Health provision
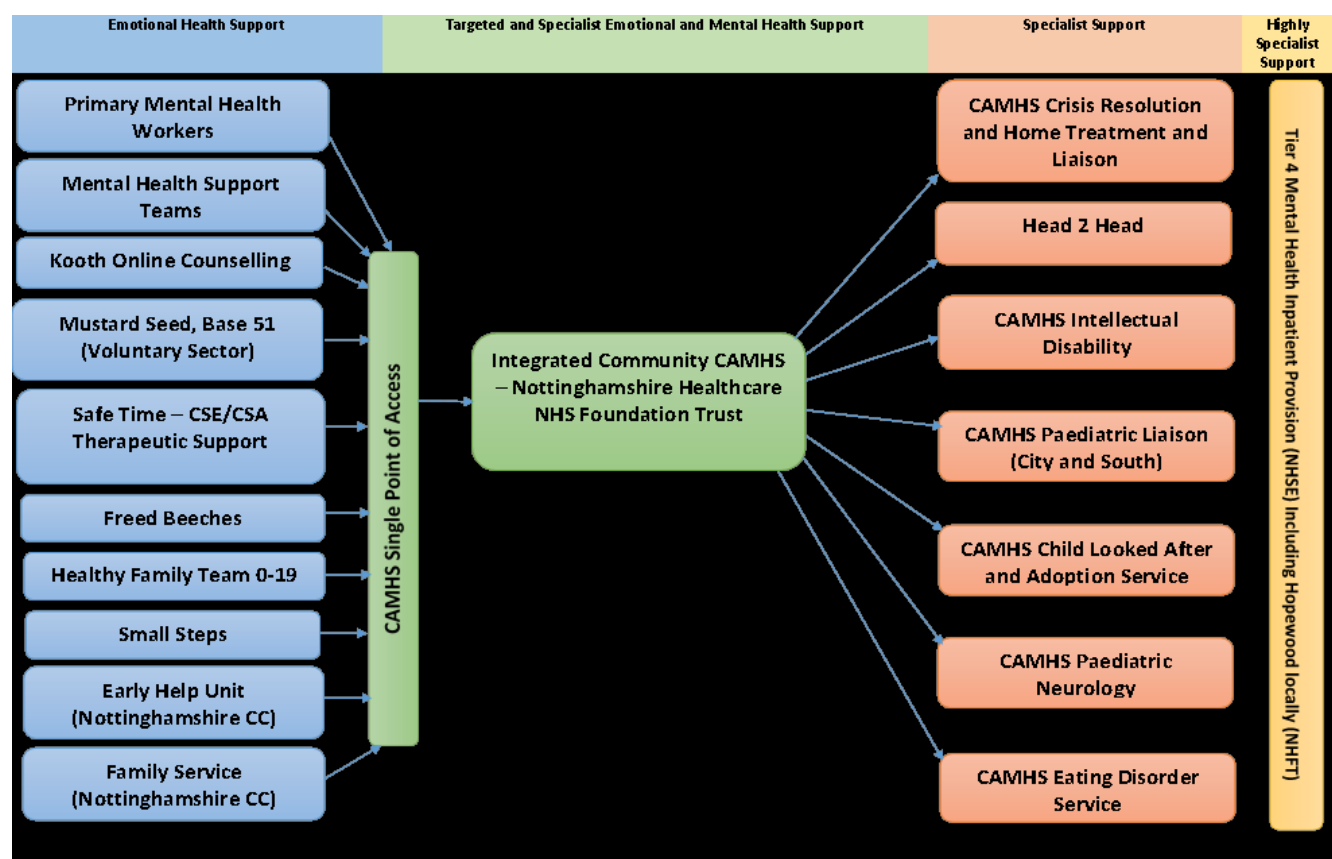
In Bassetlaw, Talkzone are also commissioned to provide free, confidential counselling for children and young people aged 11-25.

CAMHS provision is now 'tierless' in Nottinghamshire, and self-referral to all CAMHS services is possible through accessing the Single Point of Access (SPA). CAMHS is funded by Nottinghamshire Clinical Commissioning Groups (CCGs). The main CAMHS services include:

- Community CAMHS (South, West, North locality teams) - provides Community Emotional and Mental Health Services for all children and young people, from birth up to age of 18 in Nottinghamshire. Care is delivered in a locality based, integrated and multi-disciplinary approach which is monitored through routine measurement of outcomes. The service provides a blend of consultation, assessment, evidence-based intervention and multi-agency integrated working which contributes to a continuum of care through the spectrum of need as identified in the THRIVE model.

- CAMHS Crisis Resolution and Home Treatment Service (CRHT) - responds to young people experiencing mental health crisis, offering crisis assessments in the

- CAMHS Intellectual Disability Team –The team work with children and young people up to 18 years old who have an intellectual disability and suffer emotional distress. They work with parents/carers, schools, health professionals, social care and short breaks and offer individual tailored advice and strategies to support the young person.

- CAMHS Eating Disorder Team – They assess and provide a range of treatment options for children and young people up to 18 years old with a moderate/significant diagnosable eating disorder. The team have taken part in the national Avoidant Restrictive Food Intake Disorder (ARFID) pilot. This cohort of young people with ARFID have been identified as a group who currently do not meet service thresholds and therefore an unmet need. The pilot aims to develop a delivery model for these young people, acknowledging that a multi-disciplinary approach is required to meet their needs.

- CAMHS Children Looked After and Adoption Team – The team works with children and young people up to 18 years old who are looked after and living away from their birth parents, in the care of Nottinghamshire Children's Services. These children and young people may be living with foster carers or living in residential care. The team will also offer specialist consultation and support to children and young people who have been adopted, and their families.

- Head2Head - aims to offer accessible and timely mental health assessment and intervention to those vulnerable groups of young people who may be experiencing first episode psychosis, be involved in the criminal justice system, and have dual diagnosis needs or displaying harmful sexual behaviour.

Neurodevelopmental disorder services

Neurodevelopmental disorders, including attention deficit hyperactivity disorder (ADHD) and Autism Spectrum disorders (ASD) commonly present with behaviour difficulties alongside atypical patterns of development. ADHD is a heterogeneous behavioural syndrome characterised by the core symptoms of hyperactivity, impulsivity and inattention. ASD is a lifelong spectrum condition which affects how a person communicates with and relates to other people and the world around them, but is also very variable and although defined by core difficulties with social communication and interaction together with inflexibility of thinking and behaviour, these difficulties can manifest in different ways in different individuals.

The behaviours that children with ADHD and ASD present with can also occur in children without such diagnoses and may also be attributed to many other factors such as adverse home environments, abuse and neglect and attachment difficulties.

In Nottingham and Nottinghamshire pathways are in place to ensure that that where a child or young person presents with behaviour which challenges or may be indicative of a neurodevelopmental disorder health, care and education professionals are all involved to ensure that the right support at the right time is provided.

The Long Term Plan (2019) states children and young people must wait less time for a diagnostic assessment, have more access to support within the community and volunteers should be supported in new service models. These three priorities are fundamental within the service model.

NICE guidance NG87 for ADHD (2018) reinforces the importance of parenting programmes and early support prior to diagnosis. Similarly, NICE guidance (CG128) reinforces the need to identify developmental or behavioural concerns about a child or young person with parents or carers and the child or young person, discuss sensitively the possible causes, which may include autism, emphasising that there may be many explanations for the child's or young person's behaviour.

In 2018 a review of Nottinghamshire's concerning behaviour took place and identified that further work is required to strengthen the pathway. It found that the early intervention pathway needed strengthening and the diagnostic process required improvement. In response to the first recommendation a pilot was initiated throughout the county.

Small Steps

The Nottinghamshire Small Steps service offers parenting programmes, 1:1, peer support and group work to children and young people and their families with behaviour which is indicative of ASD and ADHD. Following an independent review of the service a number of improvements were proposed and these are managed by a steering group.

The role of the Small Steps service is to work with children and young people (aged 0-18) and their families/carers. The service supports children and young people who present with behavioural/ conduct which is indicative of ASD and or ADHD. The service's aim is to provide families and carers with the tools and support to support and modify behaviour and where appropriate sign post for diagnostic assessment and/or mental health support.

The service aims to work with 3000 Families per year in the County providing interventions within a multidisciplinary pathway, utilising consultation and advice from Clinical Psychology, Educational Psychology and Paediatrics ensuring that children and young people have their needs met. Drop in groups and evidence-based models of support include:

New Forest Parenting Programme

Parent training is recommended as the first-line treatment for attention-deficit/hyperactivity disorder (ADHD) in preschool children. The New Forest Parenting Programme (NFPP) is an evidence-based parenting program developed specifically to target preschool ADHD. Parents are made aware of symptoms and signs of ADHD and the ways in which they may affect their child's behaviour and their relationship with their child. Parents also learn strategies for managing their child's behaviour and attention difficulties.

Cygnet

Cygnet is a parenting support programme for parents and carers of children and young people with a diagnosis of autistic spectrum disorder (ASD). The programme aims to increase parents' confidence in understanding of Autism and managing their child's behaviour. Cygnet combines practical strategies and support for parents including autism and its diagnosis, communication strategies, sensory issues, understanding and managing behaviour.

Sleep Tight programme

Offers training regarding poor sleep routines and sleep associated problematic behaviours. The Sleep Tight programme has been produced in partnership with Professor Heather Elphick from Sheffield Children's Hospital's sleep clinic.

In Bassetlaw, APTCOO is commissioned to provide the support for children, young people and their families where there are behaviours indicative of, or a diagnosis of ASD or ADHD and the Sleep Charity is commissioned to provide support and education for all children, from 1-19 years where there are sleep difficulties.

Referrals to Community Paediatrics follow the Bassetlaw Pathway and are made by educational settings or the Healthy Families Team.

Community Paediatrics

In Nottingham and Nottinghamshire diagnostic assessment of children and young people presenting with possible neurodevelopmental disorders is undertaken by the Community Paediatric services, except for a small number of children and young people where there are significant mental health concerns, where the assessment may be arranged within the Specialist CAMHS service.

In Nottinghamshire, referrals for neurodevelopmental assessment all come via the Concerning Behaviour Pathway. This ensures that information is gathered from all relevant sources (e.g. parents, and school) to build up a thorough understanding of the child or young

person and family's needs prior to referral for diagnostic assessment, ensuring that assessment is required, and that support is offered pending that assessment.

The only exceptions are if there are "red flags" warranting urgent paediatric assessment, when paediatric assessment may be arranged without the initial steps in the pathway.

Red flags include:
- Significant delay in development in a preschool aged child
- Developmental regression at any age
- Concerning behaviours associated with medical conditions warranting paediatric assessment e.g. seizures.

The table below shows the number of referrals received, assessments and follow up work undertaken between June 2018 and June 2019. It should be noted that during some of this time that where there is a reduction in referrals from December 2018 that this may be due cases awaiting assessment in Small Steps, rather than a reduction in need.

Table 10 – Numbers of referrals, assessments and follow up work undertaken by community paediatricians in Sherwood Forest Hospital (SFHT) and Nottingham University Hospital (NUH)

		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
SFHT	Referrals Received (incl. red flags)	54	78	46	25	32	24	12	7	7	4	12	10	12
SFHT	Referrals Rejected	40	37	25	45	44	49	33	13	18	19	19	15	12
SFHT	Assessment (Patients)	103	101	102	135	101	118	83	86	90	44	65	76	60
SFHT	ASD Follow up (patients)	176	203	157	198	209	252	211	260	254	283	203	230	246
SFHT	ADHD Follow up (patients)	126	144	172	249	177	231	213	239	200	302	231	255	268
NUH	Referrals Received (Pre-vetting)	73	81	44	39	38	52	42	50	38	40	39	50	28
NUH	Referrals Rejected	16	29	40	22	26	26	43	20	22	26	13	25	24
NUH	Assessment (individuals)	38	36	34	41	79	57	33	49	32	48	33	26	38
NUH	ASDF - ASD Follow-up	81	84	51	54	77	86	55	102	65	82	56	65	85
NUH	ADHD Medicine Reviews	80	88	22	157	175	180	39	69	68	76	28	78	80
NUH	ADHD Treatment	14	11	7	26	21	29	13	14	7	13	1	15	19

Once referred, an initial paediatric appointment will be offered to review the concerns, conduct a general assessment of the child's health and development and decide if a more detailed assessment is required.

Where a diagnosis of ADHD is suspected, further assessment will include gathering information from school and sometimes direct observation in the classroom. Standardised behavioural questionnaires (e.g. Swann, Vanderbilt, Conners) are used to support diagnosis. Once a diagnosis is confirmed a management plan will be agreed which will usually include referral for a parenting programme targeted towards ADHD. Medication may be initiated and for these children there will be long term monitoring and adjustment of medication by the paediatrician and ADHD nurse specialists.

Where a diagnosis of ASD is suspected further paediatric assessment will include a detailed developmental history and observational assessment, and information from school in all cases. However, each assessment will be tailored to the individual situation and may also include observation in an environment with other children, referral for a speech and language assessment, Occupational therapy assessments (where coordination difficulties are prominent), medical tests such as Magnetic resonance imaging (MRI) scans, electrocardiogram (EEG), hearing and vision or blood tests, and more detailed educational assessment e.g. by an educational psychologist if available. Once all this information is gathered a diagnostic report is completed by the paediatrician, and information regarding the diagnosis and its implications shared with parents. Referrals are made for post diagnostic support e.g. in the form of a Cygnet Course, for speech or occupational therapy, or support over specific issues such as behaviour, continence or sleep. Children and young people are only followed up long term in the paediatric service if there are associated medical problems requiring paediatric support.

Colleagues from the specialities have fed back that a more integrated assessment and treatment pathway would be beneficial to strengthen the assessment and treatment pathway and avoid young people not having their needs met in an integrated way.

Digital interventions

Nationally there is a drive to increase digital interventions for tackling mental health issues in children and young people due to the increasing prevalence of mental health issues alongside a low general understanding.

Digital health interventions, including computer-assisted therapy, smartphone apps and wearable technologies, have been seen to have enormous potential to improve uptake and accessibility, efficiency, clinical effectiveness and personalisation of mental health interventions. However, current evidence regarding its efficacy is still unclear and one systematic review found that more research was needed before definitive conclusions could be drawn.[27]

Another systematic review looking at 63 studies of e-mediated or computer-based therapies found that computer-based CBT showed promise in reducing depression and reducing anxiety in young people. However, again it acknowledged the evidence was predominantly of low quality, with limited data, inadequacies in study design and unreliable outcome measures.[28]

All recent research acknowledges that the digital climate is a fast evolving one and does yield potential opportunity, but that more research is needed into its efficacy and best delivery. Locally there has been positive feedback for Kooth, an online counselling service for children aged 11 and over, which also provides access to a community of peers.

The onset of COVID-19 has necessitated a rapid switch from face-to-face to digital interventions. Early evidence from providers and from young people indicates that some children and young people do not wish to access support digitally. However, the number of young people accessing KOOTH on-line support has been steadily increasing since 17/18. Further work is being undertaken across the region by NHS England to understand children and young people's use of digital support and to develop regional guidelines on implementing digital services.

NICE have published a number of guidelines on to support positive development and to build emotional capacity and resilience among children and young people.

Services for 18-25 year-olds

Adult IAPT Services

IAPT services offer a range of NICE recommended therapies for a wide range of common mental health issues including depression, anxiety, obsessive compulsive disorder and post-traumatic stress disorder in line with a stepped care model. Low intensity interventions are offered to those with mild to moderate anxiety and depression. These include guided self-help, computerise Cognitive Behavioural Therapy (CBT) and group-based programmes. For those who do not benefit from a lower intensity intervention, higher intensity interventions such as CBT, psychotherapy and counselling can be accessed.

Transition from CAMHS to Adult Mental Health services

Transition between adolescent and adult services is a difficult time for service users (see section 7). During 2017/18 and 2018/19, there was a national Commissioning for Quality and Innovation (CQUIN) payment in place to focus on and improve the quality of care received by those in transition. This process has involved the creation of 'transition champions' and also a new transition protocol which involves a joint panel of adult and children's staff to facilitate the process. In 2018/19, 70 young people left the CAMHS service

to receive another commissioned service, and 19 were discharged to primary care. Of these, 79 young people left the CAMHS service with a plan in place, but a survey of patients reported that only 55% of those who replied felt that they were prepared, pre-transition. Transition is a key area which needs to be addressed as part of the provision of a 0-25 services.

During the two years of the CQUIN the following has been achieved;

- A clear **transition protocol** is in place across multiple partner providers utilising NICE guidance for the management of transitions from CAMHS to Adult Mental Health
- A quarterly meeting between CAMHS and Adult Mental Health leads has been established to ensure continued compliance to the transition protocol and maintain relationships
- CAMHS and Adult Mental Health have identified **Transition Champions** who meet on a monthly basis to ensure timely response to all children and young people approaching transition age of 17.5 years
- Three transition questionnaires have been developed to monitor transition from young person perspective at three points of the transition process.

Table 11: Transition Case Note Audit

	17/18	18/19
Percentage of young people appropriate to transition to AMH (Adult Mental Health) services with a transition plan in place	80%	100%
Percentage of young people who have been part of joint agency planning prior to transition to AMH services	93%	100%
Percentage of young people who have been discharged back to Primary Care with a discharge plan that has been developed by and shared with the young person	62.5%	100%

Source: 17/18 and 18/19 NHFT CQUIN Report

The data above shows there has been a significant improvement in the transition process over the two year period, not only in the relationships that have been built between CAMHS and Adult Mental Health but in the number of young people who have been involved in their transition process and the number who have a clear transition plan in place. This improvement in process will hopefully ensure that young people feel that they have a positive transition experience and therefore achieve better outcomes from their therapeutic interventions.

Transition Survey

There continues to be challenges with ensuring young people complete the pre and post transition survey as they are not mandatory, and the current completion rate is low.

Table 12: Transition Survey Results

	17/18	18/19
Percentage of young who in their pre-transition survey reported feeling prepared at point of transition/discharge	68%	92%
Number of young people who in their post-transition survey reported that they are meeting their transition goals	16%	55%

Source: 17/18 and 18/19 NHFT CQUIN Report

There has been a positive increase in the experience of transition for young people (those who responded to the survey) and more young people feel that they are meeting their transition goals once they are accessing AMH services.

Whilst transitions between CAMHS and Adult Mental Health (provided by Nottinghamshire Healthcare NHS Trust) have improved there is still a gap in transitions between CAMHS and IAPT services. Transitions will be a key focus of the 0-25 developments.

Young people aged 18-25 can access local IAPT services. These provide psychological assessment and treatment (talking therapies) for common mental health problems. This includes depression, anxiety, panic, phobias, obsessive compulsive disorder (OCD), trauma and stress, as well as supported self-help.

Those with more severe mental illness can also access local mental health teams and community mental health teams. These services require a GP referral.

A more detailed description of all services available to support adults with mental health difficulties, including third sector services can be found in the JSNA Mental Health (Adults and Older People) 2017.

Targeted provision for vulnerable groups

Specific services are commissioned across Nottingham and Nottinghamshire ICS and including Bassetlaw, which are evidence-based including:

- Forensic CAMHS team
- CAMHS Health and Justice Speech and Language Therapist and Clinical Psychology
- Bespoke therapeutic services for victims of sexual abuse or exploitation
- Paediatric Sexual Assault Referral Centre (Regional footprint commissioned by NHS England and Police and Crime Commissioner)

- Children's Independent Sexual Violence Advisors (commissioned by Police and Crime Commissioner)

You Know Your Mind

Since April 2018, the You Know Your Mind Project has been operating across Nottinghamshire County, supporting looked after children aged 0-17 and care leavers aged 18-25 who are experiencing poor or deteriorating mental health.

Through a 'Different Conversation', the child or young person is empowered to determine what they think will genuinely improve their mental health outcomes and make every day a 'good day'. By offering children and young people the choice and control over their mental health support, personalised and non-clinical support arrangements have been commissioned for over 300 children and young people, including community-based activities.

Evaluation of outcomes are complete and being reviewed by commissioners.

Inpatient Provision

Children and young people mental health Inpatient provision is commissioned by NHS England Specialised Commissioning. Within Nottinghamshire there is the Hopewood inpatient unit that enables children and young people to remain close to home during their inpatient stay, where bed availability allows. If a young person is placed outside of Nottinghamshire the system works together to repatriate the young person at the earliest opportunity. The Hopewood site includes inpatient provision for dedicated specialist eating disorders and psychiatric intensive care unit along with inpatient perinatal services.

CYP-IAPT (Improving Access to Psychological Therapies)

The Children and Young People's Improving Access to Psychological Therapies programme (CYP-IAPT) is a change programme for existing services delivering CYP mental health care. It aims to improve outcomes and experience of care for children, young people and their families by increasing access to effective services and evidence-based therapies through system-wide service improvements.

The programme works with existing services that deliver mental health care for children and young people across the system (provided by NHS, Local Authority, Voluntary Sector, Youth Justice) and aims to create, within teams, a culture of full collaboration between child, young person and/or their parents or carers by embedding the following principles:

Figure 17: Five key principles for CYPMH service improvement
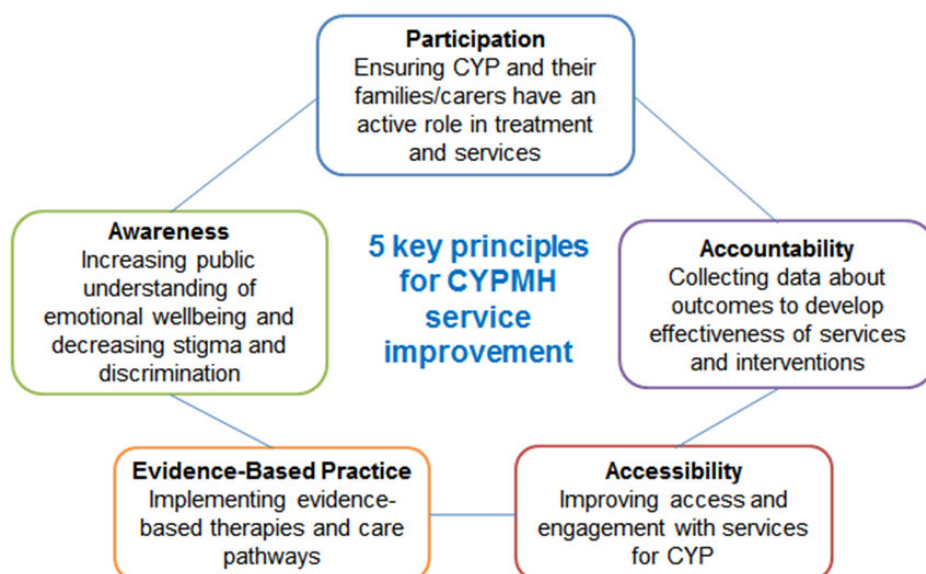
5. Local Views

Children and Young People

In 2017-18, the MH:2K project was rolled out in Nottingham and Nottinghamshire. It provides a powerful model for engaging young people in conversations about mental health and wellbeing.

The MH:2K Local Advisory Panel drives work to improve children's emotional and mental health outcomes and links closely to the local *Future in Mind* transformation plan.

The project has recruited over 30 young people as Citizen Researchers and has delivered a series of workshops and roadshows that have engaged over 670 local young people. Based on this engagement, five priorities for children and young people's mental health in Nottingham and Nottinghamshire have been identified along with a set of recommendations for action. These are:

Stigma and public awareness

Key issues include: lack of education and awareness of mental health; use of negative language; fear of judgement; lack of visibility of support services; and, stigma being affected by different cultural and religious viewpoints, as well as notions of masculinity.

Recommendations:

  i.   Mental health education should be provided to children and young people from an early age, ideally on a compulsory basis.
  ii.   Harness social media as a positive tool to challenge stigma and raise awareness among young people.
  iii. Provide information in discreet ways, to direct young people to the support available, without fear of exposure in public.
  iv.   Target information specifically for religious and cultural groups.
  v.   Use peer-to-peer approaches to combat stigma among young people.

Treatment and therapies

Key issues include: long waiting times and insufficient duration of treatment; poor communication with professions and not feeling understood; opening hours that didn't work well for young people; treatment not meeting individual need; and, transitions from child to adult services not being smooth.

Recommendations:

  i.   Young people should be able to access support on a 24/7 basis.
  ii.   Increase the coverage of staff across mental health services, so that young people are able to access help when they need it.
  iii. Provide treatment based on a continuous assessment of the individual's needs and stop limiting treatment to a specified number of weeks.
  iv.   Provide training for professionals to equip them to communicate more effectively with young people.
  v.   Provide treatment in spaces where children and young people feel comfortable.

Education and prevention

Key issues include: barriers to seeking help in schools including not being aware of help available; not having enough privacy when seeking help in schools; teachers not equipped to spot the signs or support young people with mental health issues; and, academic pressure.

Recommendations:

  i.   Increase the privacy and confidentiality of support.
  ii.   Provide training for all members of staff on mental health.
  iii. Make sure all students are aware of the support available, inside and outside school.
  iv.   Offer informal peer support for mental health and wellbeing.

Nottinghamshire
Health & Wellbeing Board

    v.   Schools should do more to alleviate stress and help students cope with exam pressure.

Cultures, genders and minorities

Key issues include: lack of mental health education reaching religious and ethnic minority groups; barriers to access services for underrepresented groups; LGBTQ+ facing homophobia and transphobia, including bullying, within education and on social media; pressures facing young males, including ideas of masculinity and being told to 'man up'; and, addition to drugs, alcohol, gambling, social media, gaming and pornography.

Recommendations:

    i.   Services need to work more closely with the voluntary sector to reach minority groups with knowledge and awareness around mental health.
    ii.   Where possible, young people should be given a choice of professionals to speak to, with consideration of their gender, age, or cultural preferences.
    iii.   Campaigns and programmes should prioritize young men to tackle 'toxic masculinity'.
    iv.   Schools and teachers must take firmer action on homophobia and transphobia, to create an environment where LGBTQ+ students feel safe.
    v.   Deliver PSHE or Citizenship lessons to ensure that all students have a good understanding of mental health.

Family, friends and carers

Key issues include: feelings of isolation; fear of being different; parents having lack of knowledge about mental health; and, finding it hard to communicate with friends and family about mental health.

Recommendations:

    i.   Run PHSE lessons in school to talk to friendship groups about self-esteem and mental health.
    ii.   Ensure that students can seek support without their friends and peers finding out.
    iii.   Invite parents to compulsory talks about mental health & stress throughout the school years.
    iv.   Consider innovative ways to target and engage parents in conversations about mental health.

Further local consultation undertaken with young people around their experiences of COVID -19 indicates that their use of social media has increased during this time and overall that they found their experience of using social media to be neutral. In addition, 60% of young

47

people stated that they would like to access information on mental health issues via social media.

 Feedback from young people who used the You Know Your Mind project tells us:

- 94% of young people evaluated feel better or a lot better about **their quality of life**
- 85% of young people evaluated feel better or a lot better about **their health and wellbeing**
- 78% of young people evaluated **feel that their support arrangement has improved their confidence and self-esteem**
- 86% of young people evaluated **feel their support arrangement has given them something to look forward to**
- 64% of young people evaluated **feel that their support arrangement has helped them to make friends**

6. Evidence of what works

6.1 Preventative approaches

Arango et al's review (2018) lists several effective courses of preventative action across populations and age bands.[29] They cite as key features of any preventative approach a strong focus on the wider determinants of good mental health (for example, addressing income inequality) and the development of selective preventative interventions throughout the life course, such as parental training courses for parents of children with specific needs. The review also points out the strong case for investing in processes and systems to improve early identification, such as the routine enquiry about adverse childhood experiences (ReACH).

The key prevention messages from a life-course perspective are:
- Translate scientific evidence for prevention into locally relevant, cost effective public health initiatives, clinical practice and service delivery frameworks
- Invest in mental health prevention and promotion exercises
- Move clinical practice toward risk-oriented detection and intervention, particularly around development of new tools for early detection and quality training for professionals in helping those at risk to understand options, benefits and risks
- Tailor interventions for developmental stage
- Promote multi-disciplinary approaches and improve collaborative infrastructure
- Promote healthy lifestyles
- Encourage school-based interventions

Parenting Programmes

As mentioned in the 1001 days JSNA, it is known that parenting behaviour and the quality of the parent-child relationship are strongly associated with children's outcomes.

The Healthy Child Programme (HCP) 0 - 5 brings together the evidence on delivering good health, wellbeing and resilience for every child. This is achieved through a schedule of services covering care of 28 weeks of pregnancy though to age 5 and is delivered as a universal service. The programme includes health promotion, child health surveillance and screening, proving a range of services to families.

The HCP promotes parent-infant interaction and sensitive and attuned parenting as well as screening for poor maternal mental health which helps minimise risk factors and reinforces protective factors for a child's mental health.

Beyond this period, it is known that parents continue to play a vital role in supporting the mental health of young people. The Association for Young People's health (AYPH) conducted a survey looking at the role of parents in supporting young people with mental health problems. The survey was completed by 316 parents of the charity Young Minds parents' network; made up of parents with children with mental health problems who discuss issues and share information online.

It found that parents of adolescents are the most unsupported of all groups of parents, and those who have teenagers with mental health problems seem to be particularly isolated.

The findings identified some common and reoccurring themes that could help improve support for young people at home.[30] These included:

- Development of parent support groups.
- Provision of more practical advice for parents – to successfully navigate crises, avoid escalating the situation and generally manage the young person at home.
- Provision of mentors, advocates or liaison staff for parents – to support and assist in knowing where to go for help, ensuring parents views were considered.
- More consistency in how schools operate as intermediaries and supporters.
- Easier access in relation to early intervention.
- Provision of more consistent, widely available, reliable crisis support.

Parents can access www.helpforparents.org.uk, a website managed by AYPH, which aims to support, advice and provide information to parents about children and adolescents mental health addressing the areas set out above.

Embedding Whole School Approaches

Schools play a hugely important role to in supporting the mental health and wellbeing of their pupils, through developing approaches tailored to the needs of their pupils. All schools are

under a statutory duty to promote the welfare of their pupils, including: preventing impairment of children's health or development, and acting to enable all children to have the best outcomes.[31]

Identifying issues promptly and providing early intervention and effective support is crucial. The school role in supporting and promoting mental health and wellbeing can be summarised as:

- **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This includes teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;
- **Identification**: recognising emerging issues as early and accurately as possible;
- **Early support**: helping pupils to access evidence based early support and interventions; and
- **Access to specialist support**: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Coherent frameworks for early intervention and prevention exist for developing schools resilience. In response to guidance from PHE and the Children and Young People's Mental Health Coalition (2015), Nottinghamshire have developed a mental health and wellbeing pathway based around the eight key principles to achieving whole school approach to mental health (see figure 18).

Figure 18. Eight principles to promote mental and emotional health and wellbeing in schools and colleges.

Source: PHE (2015)

There is some health economics evidence to suggest that several interventions delivered at schools can be cost effective ventures.[32] These are shown below:

Activity	Intervention	Benefit-cost ratio	Study population	Summary of evidence
Investing in social and emotional learning	School based resilience	£5.08: £1	Pupils in Year 7, Key Stage 3 (Age 11-12)	Costs avoided by NHS and families, and some small impacts on schools. In addition (not quantified in ROI tool), benefits to school and children related to short term improvements in academic performance.
	School-based social and emotional learning	£83.73: £1	10-year-old children	School-based Social and Emotional Learning (SEL) programmes help children and young people to recognise and manage emotions, set and

51

	programmes to prevent conduct problems in childhood			achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions and handle interpersonal situations constructively. International evidence shows that SEL participants demonstrate significantly improved social and emotional skills, attitudes, behaviour, and academic performance.
Investing in school-based interventions	School anti-bullying programme	£1.58: £1	Children aged between 7-11	Outcome evidence on likelihood of avoiding bullying drawn from RCT in Finland. Outcomes per pupil over 4-year period and costs to school of delivery. Benefits to families, schools and health sector.
	School-based interventions to reduce bullying	£14.35: £1	-	Anti-bullying programmes in schools show mixed results, depending on the design of the intervention and its implementation. That said, there is a consensus in the literature that whole-school programmes with a range of components operating at different levels within the school are more effective in reducing the prevalence of bullying than curriculum-based programmes. One high-quality evaluation of a school-based anti-bullying intervention found a 21–22% reduction in the proportion of children victimised. Benefits include improvements in the emotional, physical and social health of victims, school attendance and educational attainment, all of which are associated with better long-term employment and earnings outcomes.

Source: Public Health England, Mental health services: cost-effective commissioning (2017)

More research is acknowledging the important role played by groups and communities in promoting wellbeing.[33] The protective factors which demonstrated the strongest association with mental health and positive behaviours in this systematic review of 55 papers were:

- Positive parent-child relations (e.g. family mealtimes)
- Social support networks including peers and non-familial adults
- High quality neighbourhoods (knowing neighbours, fewer hazards)
- Attendance at religious events (e.g. church services)

Universal provision

Social and emotional wellbeing of children and young people

NICE has developed guidance to support schools and local government to promote emotional health and wellbeing for teachers and school governors, and for staff in local authority children's services, primary care and CAMHS by specific school setting (either primary or secondary school). The specific details of this can be found following the links in the table below:

NICE guidelines	Key guidance
PH40 Social and emotional wellbeing: early years (2012)	Defines how the social and emotional wellbeing of vulnerable children aged under 5 years can be supported through home visiting, childcare and early education. The aim is to ensure universal, as well as more targeted services, to offset the risk of disadvantage.
QS128 Early years: promoting health and wellbeing in under 5s (2016)	It includes the following statement: - Statement 1. Parents and carers of children under 5 have a discussion during each of the 5 key contacts about factors that may pose a risk to their child's social and emotional wellbeing.
PH12 Social and emotional wellbeing in primary education (2008)	- Comprehensive approach: ensure all primary schools adopt a comprehensive, 'whole school' approach to children's social and emotional wellbeing. Schools to work closely with local authority children's services, CAMHS and other services. - Universal approach: Provide a comprehensive programme to help develop children's social and emotional skills and wellbeing including curriculum, training, support to parents/carers and integrated activities. - Targeted approaches: targeting children showing early signs of anxiety or emotional

	distress or at risk of developing disruptive behavioural problems; and, parents or carers of children showing difficulties.
PH20 Social and emotional wellbeing in secondary education (2009)	It includes the following (extract). • Adopt organisation-wide approaches to promoting the social and emotional wellbeing of young people including curriculum and extra-curriculum provision. • Provide a safe environment which nurtures and encourages young people's sense of self-worth and self-efficacy. • Provide a curriculum that promotes positive behaviours and successful relationships and helps reduce disruptive behaviour and bullying. • Work in partnership with parents, carers and other family members. • Develop partnership between young people and staff to formulate, implement and evaluate organisation-wide approaches to promoting social and emotional wellbeing.
PHE Promoting children and young people's emotional health and wellbeing: A whole school and college approach (2015)	Outlines 8 key principles for headteachers and college principals to promote emotional health and wellbeing: 1. Leadership and management that supports and champions efforts to promote emotional health and wellbeing; 2. An ethos and environment that promotes respect and values diversity; 3. Curriculum, teaching and learning to promote resilience and support social and emotional learning; 4. Enabling student voice to influence decisions; 5. Staff development to support their own wellbeing and that of students; 6. Identifying need and monitoring impact of interventions; 7. Working with parents/carers; 8. Targeted support and appropriate referral.

6.2 Treatment approaches

A comprehensive set of NICE guidelines exist for treatment approaches for specific

disorders and for building responses to specific conditions too. A digest of these is reported below:

Mental Health Disorder	NICE guidelines and summary
Depression	- NG134 Depression in children and young people: identification and management (2019) - QS48 Depression in children and young people includes the following quality statements: - Statement 3 Children and young people with suspected severe depression and at high risk of suicide are assessed by CAMHS within a maximum of 24 hours of referral. - Statement 4 Children and young people with suspected severe depression but not at high risk of suicide are assessed by CAMHS within a maximum of 2 weeks of referral.
Anxiety	- QS53 Anxiety disorders (2014) – covers generalised anxiety disorder, social anxiety disorder, post-traumatic stress disorder, panic disorder, obsessive-compulsive disorder and body dysmorphic disorder. - CG159 Social anxiety disorder: recognition, assessment and treatment (2013) - NG116 Post-traumatic stress disorder (2018) - CG31 Obsessive Compulsive Disorder and Body Dysmorphic Disorder (2005)
Bipolar disorder, psychosis and schizophrenia	- CG185 Bipolar disorder: assessment and management (2014) - CG155 Psychosis and schizophrenia in children and young people: recognition and management (2013) - QS102 Bipolar disorder, psychosis and schizophrenia in children and young people (2015) includes the following quality statement: - Statement 1. Children and young people who are referred to a specialist mental health service with a first episode of psychosis start assessment within 2 weeks.
Personality disorders	- CG77 Antisocial personality disorder: prevention and management (2009) - CG78 Borderline personality disorder: recognition and management (2009)
Self-harm	- CG16 Self-harm in over 8s: short-term management and prevention of recurrence (2004) - CG133 Self harm in over 8s: long-term management (2011)
Suicide prevention	NG105 Preventing suicide in community and custodial settings (2018)

Page 119 of 154

Behavioural (or conduct) disorders	• CG158 Antisocial behaviour and conduct disorders in children and young people: recognition and management (2013) • QS59 Antisocial behaviour and conduct disorders in children and young people (2014)
Hyperactivity disorders	• NG87 Attention deficit hyperactivity disorder: diagnosis and management (2018) • QS39 Attention deficit hyperactivity disorder (2018)
Autism	• CG128 Autism spectrum disorder in under 19s: recognition, referral and diagnosis (2011) • CG170 Autism spectrum disorder in under 19s: support and management (2013) • QS51 Autism (2014) ◦ Statement 1. People with possible autism who are referred to an autism team for a diagnostic assessment have the diagnostic assessment started within 3 months of their referral.
Eating disorders	• NG69 Eating disorders: recognition and treatment (2017) • QS175 Eating disorders (2018) includes the following quality statement: ◦ Statement 1 People with suspected eating disorders who are referred to an eating disorder service start assessment and treatment within 4 weeks for children and young people or a locally agreed timeframe for adults.

Table 12. NICE recommended psychological interventions

	Condition	Psychological therapies	Source
Step 2: Low-intensity interventions (delivered by PWPs)	Depression	Individual guided self-help based on CBT, computerised CBT, behavioural activation, structured group physical activity programme	NICE guidelines: CG90, CG91, CG123
	Generalised anxiety disorder	Self-help, or guided self-help, based on CBT, psycho-educational groups, computerised CBT	NICE guidelines: CG113, CG123
	Panic disorder	Self-help, or guided self-help, based on CBT, psycho-educational groups, computerised CBT	NICE guidelines: CG113, CG123
	Obsessive-compulsive disorder	Guided self-help based on CBT	NICE guidelines: CG31, CG123
Step 3: High-intensity interventions	Depression For individuals with mild to moderate severity who have not responded to initial low-intensity interventions	CBT (individual or group) or IPT Behavioural activation Couple therapy[d] Counselling for depression Brief psychodynamic therapy Note: psychological interventions can be provided in combination with antidepressant medication.	NICE guidelines: CG90, CG91, CG123
	Depression Moderate to severe	CBT (individual) or IPT, each with medication	
	Depression Prevention of relapse	CBT or mindfulness-based cognitive therapy[e]	

System-wide guidance

Child abuse and neglect	• NG76 Child abuse and neglect (2017) – guideline covers recognising and responding to abuse and neglect in children and young people aged under 18. • CG89 Child maltreatment: when to suspect maltreatment in under 18s (2009)
Transition to adult services	Transitioning from CAMHS to adult mental health services (AMHS) can be daunting for children and their families, especially if the young person will not receive the same level of support from adult services. In some cases, young people will not be eligible for any support from AMHS. • NG43 Transition from children's to adults' services for young people using health or social care services (2016) • QS140 Transition from children's to adult's services (2016)

Re-shaping services for 18-25 year-olds

Evidence shows when proposing pathway redesign models of care for 18-25, they must be person-centred, holistic, delivered closer to home and are age appropriate, with transition to adult services based on need not age.

Figure 19 below details service models that have been developed across the country to meet the needs of the 18-25 cohort.

Figure 19. Service models for 0-25 year olds
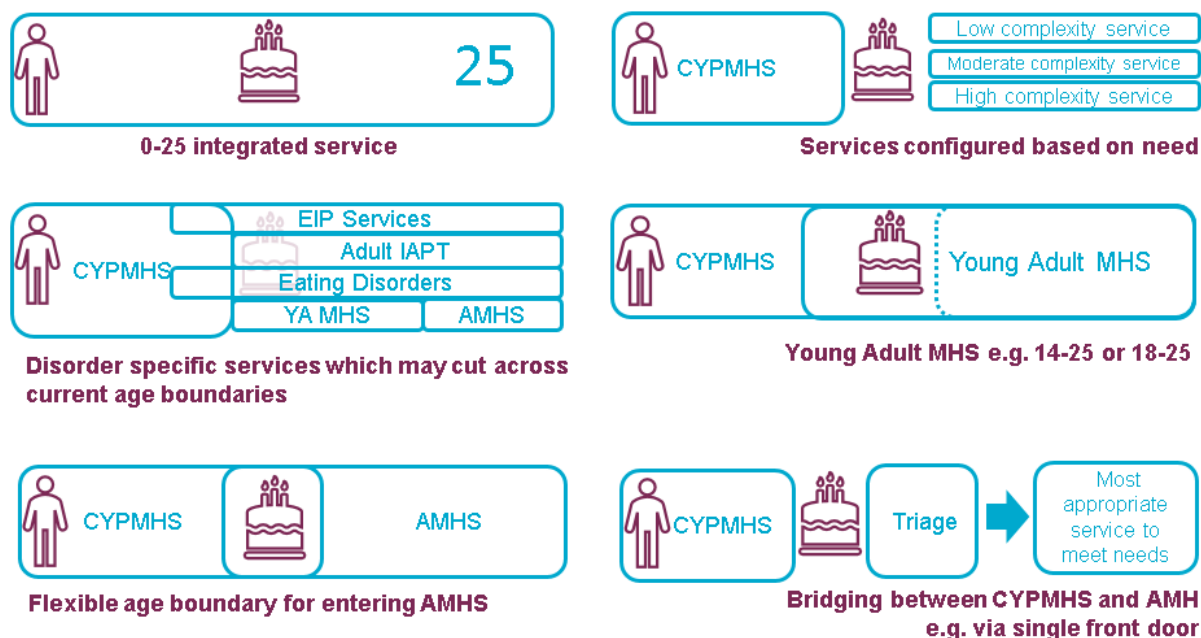
Source: NHS England

7. What is on the horizon?

The onset of the COVID -19 pandemic is likely to increase the number of children and young people developing mental health problems. There may also be an increase in children and young people presenting with mental health issues for the first time. Emerging evidence indicates that children and young people with neurodevelopmental issues are likely to being more severely impacted in terms of mental health and well-being. Overall, the impact of COVID has fallen more heavily on communities already facing multiple disadvantages.

Over a 10-year period the Long Term Plan explains what the NHS aims to do to improve CYP mental health and wellbeing from ages 0 – 25. It seeks to expand the mental health

services for CYP including a robust and accessible mental health crisis team. It also sets out how to reduce unnecessary delays and deliver care in ways that young people, their families and carers have highlighted as working better for them.

The requirement to develop a comprehensive 0-25 service will require much closer working between adult and children's services, both at provider and commissioner level and across the wider system.

Additionally, the Long Term Plan recognizes the need for embedding a whole school approach, including introducing mental health support teams and focusing resources on early intervention on those who those most likely to face mental health problems. In addition to this, the OFSTED Inspection Framework now includes mental health provision, which may also drive a greater focus on developing whole school approaches.

However, the NHS Long Term Plan does not describe change in the same whole system way as Future in Mind did.

The Long Term Plan has a continued focus on increasing the workforce for CYP mental health. Table 13 shows expected workforce increase for Nottingham and Nottinghamshire up to 2023/2024, split by Community CAMHS, Crisis and 18-25 pathway. A Workforce Development Steering Group is in place and will have oversight of plans to increase the workforce and identify areas of need.

Table 13: Workforce Increase to 2023/24

| | | NHS Five Year Forward View | | NHS Long Term Plan | | |
| | | Year 4 | Year 5 | | | |
		Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24
Workforce additional required to deliver LTP (cumulative)	Community services for CYP aged under 18					
	Psychiatrist- consultant	-	-	0.5	1.4	2.2
	Nursing/midwifery	-	-	1.7	4.3	7.0
	Psychologist	-	-	1.4	3.4	5.6
	Psychotherapists and psychological professionals	-	-	0.8	2.1	3.3
	Support to clinical staff/ other therapists	-	-	1.0	2.6	4.2
	Social worker	-	-	0.3	0.9	1.4
	Admin	-	-	1.0	2.6	4.2
				6.8	**17.2**	**27.9**
	Crisis services for CYP					
	Psychiatrist- consultant	-	-	0.1	0.2	0.3
	Psychiatrist- non consultant	-	-	0.1	0.2	0.3

	Nursing/midwifery	-	-	4.3	8.6	12.9
	Psychologist	-	-	0.4	0.8	1.2
	Occupational Therapists	-	-	0.4	0.8	1.2
	Support to clinical staff/ other therapists	-	-	2.7	5.5	8.2
	Social Worker	-	-	0.4	0.8	1.2
	Admin	-	-	1.2	2.3	3.5
				9.5	**19.1**	**28.7**
	Community services for CYP aged 18-25					
	Psychiatrist- consultant	-	0.3	0.5	0.8	1.0
	Nursing/midwifery	-	0.9	1.7	2.4	3.2
	Psychologist	-	0.7	1.3	2.0	2.5
	Psychotherapists and psychological professionals	-	0.4	0.8	1.2	1.5
	Support to clinical staff/ other therapists	-	0.5	1.0	1.5	1.9
	Social Worker	-	0.2	0.3	0.5	0.6
	Admin	-	0.5	1.0	1.5	1.9
				6.7	**9.8**	**12.7**

A proportion of the workforce are at retirement age which will have an impact on capacity and capability over the coming years. Further work is required to understand what this means locally and that there are recruitment plans in place to mitigate any gaps in provision.

Following the recommendation in the Nottinghamshire Director of Public Health report in 2017 that all agencies should work together to prevent ACEs in order to reduce health and social inequalities, work has continued on developing training and support for professionals across the system. A number of training programmes and learning packages have been rolled out at all levels of the system; trauma-informed approach is included in commissioning intentions and service specifications; and consideration of ACEs is a fundamental part of the All Ages Mental Health Strategy.

It is unclear as to whether there will be additional funding for Local Authorities and wider services over the coming years, however, it is likely that there will be further funding cuts, resulting in further re-shaping of services and further reductions in universal services. This will impact on the reach and effectiveness of the whole systems approaches to Children and Young People's Mental Health.

The onset of the COVID-19 pandemic has increased the drive towards providing more digitalized support in order to widen access and reduce waiting times.

Nottinghamshire
Health & Wellbeing Board

What does this tell us?

8. Unmet needs and service gaps

Many services in the public sector are still commissioned in isolation. With mental health in particular, this is untenable due to the complexity of interactions between different risk factors and behaviours. For example, parental substance misuse may cause poverty and familial stress, which may result in a mental disorder, which then becomes a risk factor for other behaviours such as crime or risk-taking. There needs to be a whole-systems approach to mental health commissioning.

The 1001 days JSNA (2019) identified the need to better identify and support women with mild to moderate mental health needs and those with parent-infant interaction difficulties.

National prevalence data suggests that 5.5% of 2- 4 year olds have mental health needs but there are currently no dedicated infant mental health services commissioned in the County.

The Self Harm JSNA (2019) identifies that there is a gap in support for people of all ages who self-harm or who are at risk of self-harm, but do not meet acceptance criteria for clinical/mental health services.

Transition to adult care is still cited by young people as needing improvement, and although work has been undertaken recently to improve the process, there could still be more done to improve the quality of the experience. Many patients do not currently return their post-transition surveys, however, and alternative methods of assessing the quality of transition may need to be undertaken.

More emphasis is needed on targeting inequalities seen in mental health and wellbeing particularly for looked after children, young carers, children with a special educational needs and disabilities and Lesbian Gay Bisexual Transgender, queer (or questioning) and others (LGBTQ+) young people.

Local CAMHS are only commissioned to work with children and young people with neurodevelopmental issues where mental health is the primary presenting issue. There is a significant need for children, young people, adults and families to be supported to understand the impact that neurodevelopmental needs have on their functioning and support with developing positive coping strategies. This is being partially addressed by the provision of Small Steps, however, demand for the service exceeds capacity.

There is also a gap around lack of formal psychology input specifically where children have adverse childhood experiences, or below CAMHS threshold emotional health difficulties e.g.

Page 125 of 154

anxiety which can impact on a behavioural/developmental presentation, and lack of formal cognitive assessments to determine whether behavioural/developmental needs are related to an underlying learning disability.

There are gaps around mental health support for children and young people in schools. Whilst there is additional investment in Mental Health Support Teams for Schools, the national ambition for rollout is coverage of 25% of schools by 2023/24. This means that a significant number of schools in Nottinghamshire will not have access to these teams.

Additionally, there appears to be a gap for school staff in accessing support for their own mental health and well-being. National data from the 2019 Teacher Well-Being Index indicates that 78% of all education professionals experience either behavioural, psychological or physical symptoms due to their work and a large proportion of these were reluctant to seek support. Local anecdotal evidence indicates that staff stress levels have increased as a result of COVID 19 and that further work needs to be undertaken to address this.

9. Knowledge gaps

There is currently a gap in knowledge around access to services, particularly for the wide range of online support contact. We know that over half of those in the county who may have mental health support needs are not accessing CAMHS services, but we do not know how many are accessing any services.

The precise prevalence of mental health and wellbeing in CYP in Nottinghamshire is still unknown. Data on the prevalence has been extrapolated based on NHS Digital estimates. Since April 2018 all NHS commissioned providers have been developing their systems to be able to provide service level data to the Mental Health Services Data Set (MHSDS). Therefore, we are now in a better position to understand local need and further develop services to meet this need. Further work is also required to understand the impact of inequalities within Nottinghamshire.

Furthermore, there are many interventions being undertaken in the community which are not monitored or evaluated. An audit of these should be undertaken and a co-ordinated evaluation.

Parenting confidence and capability remains a largely unknown factor. Many parents may express doubts about their skills but may not access parenting courses on offer due to time availability or perceived stigma in attending such a course. We need to engage with parents to understand what their support needs are.

There is a lack of information about the needs or even the composition of some groups, especially those with protected characteristics. In particular, we do not have robust data on young carers across the county, a group that is likely to have significant mental health and wellbeing needs. There are also groups who we know exist, but for whom we do not fully understand needs, for example children under the age of five. Locally, there are significant gaps around data collection around inequalities, despite national evidence that highlights poor outcomes for a number of groups including children and young people who are disabled, LGBTQ+ and from minority ethnic groups. We do not routinely collect data on the number of LGBTQ+ young people who access our services.

The changing technological landscape also offers challenges. Developments such as the "internet of toys", where the objects that young children may be using on a daily basis connect to other objects and users may lead to emergent issues which are difficult to predict. This said, the opportunities offered by new technology to assist in supporting our young people through difficult circumstances must also be recognised.

What should we do next?

10. Recommendations for consideration

	Recommendation	Lead(s)
1.	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. This includes undertaking an equity audit , ensuring that services routinely collect data around protected characteristics and ensuring that the workforce have appropriate training and skills. This work should be overseen by a mental health equalities group. Consideration should also be given to developing specific pathways for these groups.	Clinical Commissioning Groups, Nottinghamshire Healthcare Trust (NHT), Third Sector providers
2.	Commissioning should be planned as integrated multi-agency services, ensuring that services meet the needs of the 0-25 age group.	Integrated Care System's (ICS), Public Health, Clinical Commissioning Groups (CCGs)
3.	Expand universal and selective parent education and training programmes to support preventative work around mental health and wellbeing.	Local Authority (LA), PH, CCGs
4.	Ensure that mental health and emotional wellbeing are considered in all policies relating to both staff, service users and pupils.	LA, ICS, Schools/ Colleges/Academies
5.	Embed a whole family approach to tackling children and young people's mental health needs, including qualitative work with parents.	PH, LA , CCGs

6.	Undertake research into the mental health needs of young carers across the county: their prevalence and their needs.	LA Childrens Services
7.	Invest resources to evaluate effectiveness of digital interventions locally and ensure that any beneficial changes identified from the rapid switch to digital /remote models of care are sustained beyond the COVID-19 emergency response period., in line with regional guidance from NHS England.	CCGs, PH
8.	Community assets need to be mobilised in order to generate multigenerational networks of interpersonal support, capitalising on initiatives such as lifestyle interventions, volunteering and social prescribing.	Third sector, PH, Primary Care Networks (PCNs)
9.	Consider regular collection of wellbeing data for children and young people locally.	LA
10.	Work with schools and wider partners to provide equitable access to prevention and early intervention mental health initiatives delivered at schools, focusing strategically on areas in proportion to the level of need and where the risk factors are most prevalent i.e. areas of high deprivation.	PH, LA, CCGs
11.	Undertake further work to understand the impact of COVID 19 on children and young people's mental health and identify appropriate steps to address these.	PH, LA, CCGs
12.	Continue to work with providers to improve the quality of data submitted to the Mental Health Services dataset.	PH

Key contacts

Rachel Clark
Children and Young People's Mental Health and Wellbeing Programme Lead
Rachel.Clark@nottscc.gov.uk

Appendix: Local and National Strategies

National strategies

- NHS Long Term Plan. NHS England, 2019
- Mental Health and behaviour in schools. Department for Education, 2018
- The Five Year Forward View for Mental Health. NHS England, 2016
- Future in Mind. Department of Health, 2015
- Right Here, Right Now: help, care and support during a mental health crisis. Care Quality Commission, 2015
- Closing the Gap: Priorities for essential change in mental health. Department of Health, 2014
- Guidance for commissioners of eating disorder services: Joint Commissioning Panel for Mental Health, 2015
- Green Paper: Transforming Children and Young People's Mental Health Provision, 2018

Local strategies

- Nottingham/Nottinghamshire ICS All-age integrated mental health and social care strategy (2019-2024) (NNICS, 2019)
- Nottingham City and Nottinghamshire Joint Local Transformation Plan Children and Young People's Emotional and Mental Health (2016 -2021)
- Nottingham City and Nottinghamshire Suicide Prevention Strategy (2019 - 2023)

References

[1] Kessler, R. B. P. D. O. J. R. M. K. a. W. E., 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry,* 6(62), pp. 593-602.

[2] Department of Health, 2009. *New Horizons: Towards a shared vision for mental health: Consultation.* Available at: https://www.nhs.uk/NHSEngland/NSF/Documents/NewHorizonsConsultation_ACC.pdf [Accessed 20.01.2020].

[3] World Health Organisation, 2018. *Mental Health: Strengthening Our Response.* Available at: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[4] JCPMH, 2016. *Ten Key Messages for Commissioners. Public Health Services.* Available at: https://www.jcpmh.info/wp-content/uploads/10keymsgs-publicmentalhealth.pdf [Accessed 17.01.2020].

[5] Kessler, R. B. P. D. O. J. R. M. K. a. W. E., 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication.. *Archives of general psychiatry,* 6(62), pp. 593-602.

[6] NHS Digital, 2018. *Mental Health of Children and Young People in England*. Available at: https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf

[7] World Health Organisation, 2012. *Risks to Mental Health: An Overview of Vulnerabilities and Risk Factors.* Available at: https://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

[8] Department of Education, 2018. *Mental Health and Behaviour in Schools.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools.pdf [Accessed 20.12.2019].

[9] NHS Digital, 2017. *Mental Health of Children and Young People in England, 2017.* Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017 [Accessed 20.12.2019].

[10] Royal College of Paediatrics and Child Health, 2018. *Impact of Social Media and Screen-use on Young People's Health*. Available at: https://www.rcpch.ac.uk/sites/default/files/2019-04/final_rcpch_response_to_social_media_and_screentime_consultation.pdf [Accessed 4.12.2020]

[11] Przybylski, A. a. W. N., 2017. A large-scale test of the Goldilocks Hypothesis: Quantifying the relations between digital-screen use and the mental well-being of adolescents. *Psychological Science ,* 2(28), pp. 204-215.

[12] World Health Organisation, 2014. *Social deteminants of mental health.* Available at: https://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en/ [Accessed 20.01.2020].

[13] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. 1998. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine,* 14(4), pp. 245–258. Available at: https://doi.org/10.1016/S0749-3797(98)00017-8 [Accessed 4.12.2020].

[14] NHS Digital, 2017. *Mental Health of Children and Young People in England, 2017.* Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017 [Accessed 20.12.2019].

[15] Sawyer, S. A. P. W. D. P. G., 2018. The age of adolescence. *The Lancet Child and Adolescent Health,* 3(2), pp. 223-228.

[16] MHSDS activity data, 2018. *Children and Young People's Health Services Data Set.* Available at: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/children-and-young-people-s-health-services-data-set [Accessed 20.02.2020].

[17] McAuley, C., Davis, T. 2009. Emotional well-being and mental health of looked after children in England. *Child & Family Social Work*, 14(2), pp. 147-155.

[18] Meltzer et al., 2002. The mental health of young people looked after by local authorities in England. *National Statistics.* Available at: https://sp.ukdataservice.ac.uk/doc/5280/mrdoc/pdf/5280userguide.pdf [Accessed 04.12.2020]

[19] Department for Education and Department of Health and Social Care, 2015. *Promoting the health and wellbeing of looked-after children,* s.l.: Department of Health and Social Care.

[20] JCPMH, 2013. *Guidance for commissioners of child and adolsecent mental health services.* Available at: https://www.jcpmh.info/good-services/camhs/ [Accessed 17.01.2020].

[21] Woodward, L. & Fergusson, D., 2001. Life Course Outcomes of Young People With Anxiety Disorders in Adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry,* 40(9), pp. 1086 -1093.

[22] Department for Education and Department of Health and Social Care , 2015. *Promoting the health and wellbeing of looked-after children ,* s.l.: Department of Health and Social Care.

[23] The Mental Health Foundation, 2002. The Mental Health Needs of Young Offenders. *The Mental Health Needs of Young Offenders Updates*, 13(18).

[24] Department for Education and Department of Health and Social Care , 2015. *Promoting the health and wellbeing of looked-after children ,* s.l.: Department of Health and Social Care.

[25] Scottish Government, 2017. *Mental Health Strategy: 2017 - 2027.* Available at: https://www.gov.scot/publications/mental-health-strategy-2017-2027/pages/5/ [Accessed 12.02.2020].

[26] Royal College of Paediatrics and Child Health, 2017. *State of Child Health Report 2017*. Available at: https://www.rcpch.ac.uk/sites/default/files/2018-05/state_of_child_health_2017report_updated_29.05.18.pdf [Accessed 4.12.2020]

[27] Hollis, C. F. C. M. J. W. C. S. S. G. C. a. D. E., 2017. Annual Research Review: Digital health interventions for children and young people with mental health problems–a systematic and meta-review. *Journal of Child Psychology and Psychiatry,* 4(58), pp. 474 - 503.

[28] National Collaborating Centre for Mental Health, 2014. *E-therapies systematic review for children and young people with mental health problems.* Available at: https://www.e-lfh.org.uk/wp-content/uploads/2017/07/e-Therapies-Systematic-Review-submission-to-RCPCH31.01.2014.pdf [Accessed 6.02.2020].

[29] Arango, C. a. D.-C. C. M. a. M. P. a. R. J. a., 2018. Preventive strategies for Mental Health. *The Lancet Psychiatry.*

[30] AYPH, 2016. *"There for you": The role of parents in supporting young people with mental health problems.* Available at: http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/11/AYPH-Parenting-briefing-11-nov-2016.pdf [Accessed 20.02.2020].

[31] Department of Education, 2016. *Mental health and behaviour in schools.* Available at: https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2 [Accessed 21.01.2020].

[32] Public Health England, 2017. *Mental health services: cost-effective commissioning.* Available at: https://www.gov.uk/government/publications/mental-health-services-cost-effective-commissioning [Accessed 21.01.2020].

[33] McPherson et al, 2013. "The Role and Impact of Social Capital on the Health and Wellbeing of Children and Adolescents – A systematic Review." *The Glasgow Centre for Population Health.* Available at: https://www.gcph.co.uk/assets/0000/3647/Social_capital_final_2013.pdf [Accessed 04.12.2020]

Nottinghamshire County Council

Report to the Health and Wellbeing Board

6 January 2021

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

UPDATE TO THE NOTTINGHAMSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018-21

Purpose of the Report

1. To seek approval for the publication of a Supplementary Statement to update the Pharmaceutical Needs Assessment (PNA) 2018-2021 for Nottinghamshire based on changes to services from April 2020 to September 2020.

2. To seek approval for future supplementary statements to be produced quarterly and presented to the Health and Wellbeing Board in the form of an update within the Chairs Report.

Information

3. The Pharmaceutical Needs Assessment 2018-2021 (PNA) for Nottinghamshire was published in April 2018 following approval by the Health and Wellbeing Board in March 2018.

4. The PNA describes available pharmaceutical services across Nottinghamshire County and assesses whether these services meet the needs of the population.

5. Pharmaceutical services include contracted 'essential services' such as providing prescription medicines and safe disposal of medicines. In addition, community pharmacies are important providers of supplementary health services to their communities such as medicines reviews, health promotion and self-care services (such as emergency hormonal contraception and minor ailments.

6. The PNA provides NHS England with robust and relevant information to support decisions around new and altered pharmaceutical services. The Health & Wellbeing Board is included in the consultation for these pharmacy applications.

7. The PNA is 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.

8. The current Pharmaceutical Needs Assessment (PNA) was due to be refreshed and published by April 2021. As a result of COVID-19 this has been postponed to April 2022 following this announcement from the Local Government Association on the 21st May 2020:

"Due to current pressures in response to the COVID-19 pandemic, the Department of Health and Social Care has today announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until April 2022. Your health and wellbeing boards will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 will be updated in due course".

9. Changes to pharmaceutical services from April 2020 until September 2020 are summarised in **Appendix 1.**

10. The majority of the changes relate to changes to supplementary hours which are those offered by pharmacies over and above the core hours required (i.e. 40 hours per week). There have been two closures of pharmacies during this period.

11. The PNA does not identify any significant gaps in pharmaceutical services for the Nottinghamshire County population and these changes do not impact on that assessment.

Pharmacy applications

12. There have been no new pharmacy applications during this period.

Supplementary Statement Approval Process

13. Supplementary statements are currently produced and presented to Health and Wellbeing Board bi-annually. Each supplementary statement covers two reporting quarters, either quarter 1 and 2 or quarter 3 and 4. Once approved by Health and Wellbeing Board they are published here on Nottinghamshire Insight.

14. Moving forward it is proposed that supplementary statements are produced quarterly, published on Nottinghamshire insight and shared with Health and Wellbeing Board in the form of an update in the Chairs Report. This will enable supplementary statements to be published as soon as possible, at the end of each quarter.

15. However, at any point should it be felt that information within the supplementary statement identifies a significant gap in pharmaceutical services the update will be presented as a paper to Health and Wellbeing Board.

Other Options Considered

16. An assessment of need was undertaken during the preparation of the PNA 2018-21.

Reason/s for Recommendation/s

17. The Pharmaceutical Needs Assessment is a statutory responsibility of the Health and Wellbeing Board. Supplementary Statements are a requirement of the Regulations for PNA to update the assessment where changes do not warrant a refresh of the PNA.

Statutory and Policy Implications

18. 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

19. There are no financial implications arising from the contents of this report.

RECOMMENDATION/S

1) The Health and Wellbeing Board approves the Supplementary Statement to the Pharmaceutical Needs Assessment 2018-2021 for the period April 2020 until September 2020.

2) For all future supplementary statements to be produced quarterly and presented to the Health and Wellbeing Board in the form of an update within the Chairs Report.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For any enquiries about this report please contact:

Amanda Fletcher
Consultant in Public Health
T: 0115 804 3040
E: amanda.fletcher2@nottscc.gov.uk

Constitutional Comments (AK 12/12/2020)

20. This report falls within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (DG 14/12/20)

21. 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.

Nottinghamshire Pharmaceutical Needs Assessment
Nottinghamshireinsight.org.uk

[Approval of the Pharmaceutical Needs Assessment](#)
Report to the Health and Wellbeing Board
March 2018

[Pharmaceutical Needs Assessments: Information Pack for Local Authority Health and Wellbeing Boards](#)
Department of Health and Social Care
May 2013

Electoral Division(s) and Member(s) Affected

- All

Appendix 1

Nottinghamshire Pharmaceutical Needs Assessment 2018 - 2021

Supplementary Statement for April 2020 - September 2020 (Q1-Q2)

The information contained in this supplementary statement supersedes some of the information provided in the original Pharmaceutical Needs Assessment 2018-2021 for Nottinghamshire and should be read in conjunction with that document.

Statement Number	Date of effect	Pharmacy Name and address	Details of change	Other details
1	25/04/2020	Jardines Pharmacy 9 Stoney Street Beeston NG9 2LA	Change of supplementary hours **From:** Mon, Tue, Wed, Fri: 5.30pm – 6.30pm Thu: 5.30pm – 6pm Sat: 11.30am – 1pm **To:** Mon, Tue, Wed, Fri: 5.30pm – 6.30pm Thu: 5.30pm – 6pm Sat: 11.30am – 12.30pm	Slight reduction in Saturday opening times
2	11/07/2020	Mansfield Delivery Chemist 1 Wood Street Mansfield NG18 1QB	Change of supplementary hours **From:** Mon - Fri: 8.30am – 6pm Sat: 9am – 12pm **To:** Mon – Fri: 8.30am – 6pm	No longer open on Saturday
3	11/07/2020	Boots Pharmacy 45b Greens Lane Kimberley NG16 2PB	Permanent closure of pharmacy.	

4	26/07/2020	Well Pharmacy 2a Church Walk Eastwood NG16 3BG	Change of supplementary hours **From:** Mon – Fri: 8.15am - 9am / 1pm - 2pm / 6pm - 7pm **To:** Mon - Fri: 8.30am – 9am / 1pm – 2pm / 6pm – 6.30pm Sat: 9am – 1pm	Open on Saturday
5	01/08/2020	Carlton Hill Pharmacy 359 Carlton Hill Carlton NG4 1HW	Change of supplementary hours **From:** Sat: 1.30pm – 5.30pm **To:** Sat: 1.30pm – 4.30pm	Slight reduction in Saturday opening times
6	08/08/2020	Boots Pharmacy 110-116 Nottingham Road Eastwood NG16 3NP	Permanent closure of pharmacy.	
7	27/08/2020	Lloyds Pharmacy 4 Sherwood Parade Kirklington Road Rainworth Mansfield NG21 0JP	Change of supplementary hours **From:** Mon – Fri: 8.30am – 9am / 1 - 2pm Sat: 9am – 12pm **To:** Mon – Fri: 1pm - 2pm	No longer open on Saturday
8	29/08/2020	Lloyds Pharmacy Newgate Street Worksop S80 2HD	Change of hours **From:** Mon – Fri: 8.30am – 6.30pm Sat: 9am – 1pm **To:** Mon – Fri: 8.30am – 6pm	No longer open on Saturday

9	01/09/2020	Lloyds Pharmacy Ltd 2-4 King Street Southwell NG25 0EN	Change of supplementary hours **From:** Mon – Fri: 8:30am – 9am **To:** Mon – Fri: Nil	
10	14/09/2020	Jardines Unit 9, Sainsburys Precinct Stoney Street Beeston NG9 2LA	Change of supplementary hours **From:** Mon, Tue, Wed, Fri: 5.30pm – 6.30pm **To:** Mon, Tue, Wed, Fri: 5.30pm – 6pm	

Please note that due to covid-19 pharmacies should be following the Standard Operating Procedures (SOP) guidance which advises pharmacies to reduce operating hours to maintain safety. Following this and other individual circumstances such a staff sickness, pharmacies opening hours are likely to be frequently changing during this current time and these supplementary statements will not be able to reflect this. During this time individual pharmacy websites are likely to provide the most up to date information regarding opening hours.

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 2020-21.

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: 2020-21

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 8 January 2020 (2pm)				
Chair's report	An update by Councillor Steve Vickers on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Steve Vickers	Edward Shaw	
Health protection update: Screening	Update on the local screening programme and opportunities for the Health & Wellbeing Board to support, promote and improve uptake	Jonathan Gribbin	Geoff Hamilton	
Approval of Joint Strategic Needs Assessment chapter: Tobacco control		Jonathan Gribbin	Catherine Pritchard / Lindsay Price	
Approval of Joint Strategic Needs Assessment chapter: Oral health		Jonathan Gribbin	Louise Lester / Kay Massingham	
Approval of supplementary appendix (Bassetlaw) for Joint Strategic Needs Assessment chapter: cancer		Jonathan Gribbin	Geoff Hamilton / Kay Massingham	

Report title	Purpose	Lead officer	Report author(s)	Notes
Approval of Supplementary Statement for Pharmaceutical Needs Assessment (2018-22)	Supplementary statement to confirm amendments to the Pharmaceutical Needs Assessment for quarter 1 and quarter 2 of 2019-20 (for approval of publication by the Health & Wellbeing Board)	Jonathan Gribbin	Lucy Hawkin	
WORKSHOP: Wednesday 5 February 2020 (1.30pm)				
'Giving Children the Best Start'	To shape the development of a new multi-agency Best Start Strategy and Best Start Strategic Partnership. Related to the 'A good start in life' ambition of the Nottinghamshire Joint Health & Wellbeing Strategy.	Colin Pettigrew	Irene Kakoullis / Mandy Stratford / Kerrie Adams / Helena Cripps	
MEETING: Wednesday 4 March 2020 (2pm)				
Chair's report	An update by Councillor Steve Vickers on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Steve Vickers	Edward Shaw	
Update from the Nottingham & Nottinghamshire Integrated Care System	To provide a presentation on the work of the Nottingham & Nottinghamshire Integrated Care System and for the Health & Wellbeing Board to comment on progress to date.	David Pearson CBE / Dr Andy Haynes	Joanna Cooper	
Nottingham & Nottinghamshire Integrated Care System's approach to population health management	To provide a presentation on Nottingham & Nottinghamshire Integrated Care System's approach to population health management and for the Health & Wellbeing Board to comment on progress to date.	Amanda Robinson	Sandra Pooley	

OFFICIAL

Report title	Purpose	Lead officer	Report author(s)	Notes
The Director of Public Health's Annual Report 2019: Health & Work	To inform the Health & Wellbeing Board of the publication of the 2019 Director of Public Health Annual Report and seek participation in implementing the recommendations from that report. To update the Health & Wellbeing Board on progress relating to the recommendations in the 2018 Director of Public Health Annual Report.	Jonathan Gribbin	William Brealy	
Better Care Fund performance and programme update (quarter 3, 2019-20)	To set out progress to the end of Quarter 3 against the Nottinghamshire Better Care Fund (BCF) budgets and performance targets.	Melanie Brooks	Paul Johnson / Paul Brandreth	
WORKSHOP: Wednesday 1 April 2020 (2pm)				
Cancelled due to the COVID-19 pandemic.				
MEETING: Wednesday 6 May 2020 (2pm)				
Cancelled due to the COVID-19 pandemic.				
WORKSHOP: Wednesday 3 June 2020 (2pm)				
Cancelled due to the COVID-19 pandemic.				
MEETING: Wednesday 1 July 2020 (2pm)				
Cancelled due to the COVID-19 pandemic.				
MEETING: Friday 24 July 2020 (10.30am)				
Local Outbreak Control Plans		Jonathan Gribbin	Jonathan Gribbin	

Report title	Purpose	Lead officer	Report author(s)	Notes
Review of the Better Care Fund programme and use of Better Care Fund reserve for short-term transformation projects		Melanie Brooks	Wendy Lippmann	
Update to the Nottinghamshire Pharmaceutical Needs Assessment 2018-21, COVID-19 update on the 2021-24 refresh		Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin	
MEETING: Wednesday 2 September 2020 (2pm)				
Chair's report	An update by Councillor Tony Harper on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Tony Harper	Edward Shaw	
Local outbreak control: learning and next steps	To summarise learning that can be used to inform local outbreak control arrangements in Nottinghamshire.	Jonathan Gribbin	Edward Shaw	
MEETING: Wednesday 7 October 2020 (2pm)				
Chair's report	An update by Councillor Tony Harper on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Tony Harper	Edward Shaw	
COVID-19 Engagement & Communication Strategy	To identify actions that member organisations of the Health & Wellbeing Board can take to strengthen communications in relation to COVID-19.	Luke Barrett		

4

OFFICIAL

Report title	Purpose	Lead officer	Report author(s)	Notes
Better Care Fund update and retrospective approval of the 2019-20 Better Care Fund planning template submission	To approve the Better Care Fund (2019-20, quarter 4) reporting template, note the actions underway to progress the recommendations recently approved by the Health & Wellbeing Board, and note progress made to finalise the Section 75 Better Care Fund agreement.	Melanie Brooks	Clare Gilbert / Naomi Robinson	
MEETING: Wednesday 4 November 2020 (2pm)				
Chair's report	An update by Councillor Kevin Rostance on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Kevin Rostance	Nicola Lane	
COVID-19 communications	To provide examples of recent communications in relation to COVID-19.	Luke Barrett		
Approval of the Joint Strategic Needs Assessment work programme (2020-21)	To seek approval of the Joint Strategic Needs Assessment (JSNA) work programme 2020-21 and proposed products, which have been developed through the JSNA prioritisation process.	Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.
WORKSHOP: Wednesday 2 December 2020 (2pm)				
The review of the Better Care Fund programme	To agree the vision and principles to guide our integrated approaches for health, care and housing in Nottinghamshire.	Melanie Brooks	Clare Gilbert	Originally due to take place on Wednesday 1 April 2020 but suspended due to COVID-19.
MEETING: Wednesday 6 January 2021 (2pm)				
Chair's report	An update by Councillor Kevin Rostance on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Kevin Rostance	Briony Jones	

OFFICIAL

Report title	Purpose	Lead officer	Report author(s)	Notes
Giving Children the Best Start	To seek endorsement of the Best Start Strategy 2021-2025.	Colin Pettigrew	Irene Kakoullis / Kerrie Adams	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.
Approval of Joint Strategic Needs Assessment chapter: Children & Young Peoples' Emotional and Mental Health		Jonathan Gribbin	Rachel Clark	
Pharmaceutical Needs Assessment Supplementary Statement (quarter 1 and quarter 2)		Jonathan Gribbin	Amanda Fletcher / Lucy Hawkin	
WORKSHOP: Wednesday 3 February 2021 (2pm)				
MEETING: Wednesday 3 March 2021 (2pm)				
Chair's report	An update by Councillor Kevin Rostance on local and national issues for consideration by Health & Wellbeing Board members to determine implications for Board matters.	Councillor Kevin Rostance	Briony Jones	
Breastfeeding	Review of progress in implementing breastfeeding friendly places and actions to increase availability in future. Related to the 'A good start in life' ambition.	Jonathan Gribbin	Kerrie Adams / Tina Bhundia	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19
Launch of the lung cancer screening programme			Katie Lee	

Report title	Purpose	Lead officer	Report author(s)	Notes
Nottinghamshire Safeguarding Adults Board – Annual Report (2019 – 2020)		Melanie Brooks	Ellie Joyner / Allan Breeton	
WORKSHOP: Wednesday 31 March 2021 (2pm)				
MEETING: Wednesday 9 June 2021 (2pm)				
Chair's report		Chair		
Pharmaceutical Needs Assessment Project Plan				The report may be submitted in September 2021.
WORKSHOP: Wednesday 7 July 2021 (2pm)				

Please note that work is underway to confirm specific deadlines for the following items.

Report title	Purpose	Lead officer	Report author(s)	Notes
Future items (dates to be confirmed)				
Indirect impacts of COVID-19 on health outcomes and access to healthcare	A report from NHS Nottingham & Nottinghamshire Clinical Commissioning Group, and NHS Bassetlaw Clinical Commissioning Group, on their overall assessment of the impact of COVID-19 on the provision of healthcare and especially in terms of the impact on health inequalities.	David Ainsworth / Idris Griffiths	Simon Castle / Dr Victoria McGregor-Riley	Requested at the Health & Wellbeing Board meeting on Friday 24 July.
The return of children to school and associated health and wellbeing issues		Colin Pettigrew		Requested at the Health & Wellbeing Board meeting on Friday 24 July.
COVID-19 housing update		Melanie Brooks		Requested at the Health & Wellbeing Board meeting on Friday 24 July.
Plans to deliver the NHS Long Term Plan in Nottinghamshire	To include the strategies of the Nottingham & Nottinghamshire Integrated Care System, and the South Yorkshire & Bassetlaw Integrated Care System.	Idris Griffiths / Alex Ball	Joanna Cooper / Helen Stevens	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.
Nottinghamshire's Local Offer for Care Leavers		Colin Pettigrew		Originally due to take place in Autumn / Winter 2020 but suspended due to COVID-19.
Wellbeing at Work Scheme		Jonathan Gribbin	Catherine Pritchard / Lindsay Price	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19.

Report title	Purpose	Lead officer	Report author(s)	Notes
Nottinghamshire Tobacco Declaration	Update on implementation of the Nottinghamshire Tobacco Declaration across all Health & Wellbeing Board partner organisations.	Councillor Tony Harper	Catherine Pritchard / Lindsay Price	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19.
Annual report from the Healthy & Sustainable Places Coordination Group	An update on the priorities within the 'healthy & sustainable places' ambition of the Joint Health & Wellbeing Strategy, including progress in implementing the health in all policies approach.	Jonathan Gribbin	Dawn Jenkin / Edward Shaw	Originally due to take place on Wednesday 6 May 2020 but suspended due to COVID-19.
Better Care Fund update (a year-end report for 2019-20; establishing a plan for 2020-21 / 2021-22)		Melanie Brooks	Clare Gilbert	Originally due to take place on Wednesday 1 July 2020 but suspended due to COVID-19.
Future workshops (dates to be confirmed)				
Health & Work		Melanie Brooks	Dawn Jenkin	Originally due to take place on Wednesday 3 June 2020 but suspended due to COVID-19.
Population Health Management				Originally due to take place in Autumn / Winter 2020 but suspended due to COVID-19.
Inequalities				Originally due to take place in Autumn / Winter 2020 but suspended due to COVID-19.