Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 07 December 2022 at 14:00

County Hall, **West Bridgford, Nottingham, NG2 7QP**

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 Adrian Mann (Tel. 0115 804 4609) 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

minutes

Meeting:	Nottinghamshire Health and Wellbeing Board
Date:	Wednesday 12 October 2022 (commencing at 2:00pm)

Membership:
Persons absent are marked with an 'Ap' (apologies given) or 'Ab' (where apologies have not been sent). Substitute members are marked with a 'S'.

County Councillors

John Doddy (Chairman)
Sinead Anderson
Scott Carlton
Sheila Place
John Wilmott

District and Borough Councillors

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

County Council Officers

Ap	Colin Pettigrew	-	Corporate Director for Children and Families Services
Ap	Melanie Williams	-	Corporate Director for Adult Social Care And Health
	Jonathan Gribbin	-	Director for Public Health
S	Heather Bennet	-	Executive Officer, Children and Families Services

NHS Partners

Ap	Dr Dave Briggs	-	Nottingham and Nottinghamshire Integrated Care Board
	Dr Thilan Bartholomeuz	-	Mid-Nottinghamshire Place-Based Partnership
Ab	Lorraine Palmer	-	Mid-Nottinghamshire Place-Based Partnership
	Dr Nicole Atkinson	-	South Nottinghamshire Place Based Partnership

Ap	Helen Smith	-	South Nottinghamshire Place-Based Partnership
Ab	Dr Eric Kelly	-	Bassetlaw Place Based-Partnership
Ab	Lee Edell	-	Bassetlaw Place Based-Partnership
Ab	Oliver Newbould	-	NHS England

Healthwatch Nottingham and Nottinghamshire

Ap	Sarah Collis	-	Chair

Nottinghamshire Office of the Police and Crime Commissioner

Ap	Sharon Cadell	-	Chief Executive
S	Dan Howitt	-	Head of Strategy, Research, Information and Assurance

Substitute Members

Heather Bennet for Colin Pettigrew
Dan Howitt for Sharon Cadell

Officers and colleagues in attendance:

Briony Jones	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Adrian Mann	-	Democratic Services Officer, Nottinghamshire County Council
Catherine Pritchard	-	Consultant in Public Health, Nottinghamshire County Council
Jane Roberts	-	Senior Public Health and Commissioning Manager, Nottinghamshire County Council

1. Minutes of the Last Meeting

The minutes of the last meeting held on 7 September 2022, having been circulated to all Members, were taken as read and were confirmed and signed by the Chairman, subject to the following amendment:

- Item 4: “There are 67,000 suicides in the UK every year” is corrected to “There are 6,000 to 7,000 suicides in the UK every year”.

2. Apologies for Absence

Dr Dave Briggs
Sharon Cadell
Sarah Collis
Colin Pettigrew
Councillor Susan Shaw
Helen Smith
Melanie Williams

3. Declarations of Interests

No declarations of interests were made.

4. Securing a Smokefree Generation for Nottinghamshire

Catherine Pritchard (Consultant in Public Health at Nottinghamshire County Council) and Jane Roberts (Senior Public Health and Commissioning Manager at Nottinghamshire County Council) presented a report on securing a smokefree generation for Nottinghamshire. The following points were discussed:

a) Smoking is a longstanding issue and its associated risks are well known – it has a wide impact on health, wellbeing and the ability to enjoy a long and healthy life. Smoking is the leading cause of preventable illness and premature death in England and it is one of the main causes of health inequality across Nottinghamshire, where there are high concentrations of smokers in certain parts of the county. Smoking disproportionately affects the poorest and most vulnerable in society, especially those with mental health issues, and it represents a particular risk during pregnancy.

b) There is a clear need for targeted intervention in the places of greatest vulnerability, and tobacco control is a priority area of the Joint Health and Wellbeing Strategy. A workshop was held by the Board in July to review the current scale of smoking, the emerging trends, the lived experience and how services can be best provided in the context of the NHS Long-Term Plan. Partners were asked to participate in the Tobacco Control Alliance, support the updated Tobacco Declaration and agree to the vision to work together to create a smokefree generation for all communities in Nottinghamshire by 2040. A Framework for Action has been established for all partners, to drive forward in their individual organisations.

c) Work is underway to tackle smoking dependency and to help people move away from smoking, including through therapy services. Effective tobacco control mechanisms will require interventions at the civic, community and service level. The ‘Stoptober’ national campaign is being used to improve the uptake of the services available to help people quit smoking.

d) Consideration is being given to how commissioned services can play a part in ensuring that e-cigarettes are used as a tool for smoking cessation and harm reduction for existing smokers. Potentially, some individuals (and particularly younger people) who have never smoked have taken up e-cigarettes, so it is important that this issue is also addressed. Other forms of smoking (such as shisha) nevertheless result in exposure to carcinogens as they involve deep inhalation, and so still have a significant negative impact upon health.

e) It is important to develop consistent messaging on vaping, while taking into account the national policy position on e-cigarettes. Currently, e-cigarettes are not classed as a medical product. They are controlled through the Tobacco and Related Products Regulations and are subject to product safety and testing standards. However, illegal vaping products do exist and powers of enforcement are in place. Illicit tobacco is also a serious issue and work is underway to combat this.

f) The Board asked what statistics are available on the number of people who start vaping without having been a smoker previously, and advised that consideration should be given to the pricing and availability of e-cigarettes and their availability to young people. Members considered that a proactive approach is required to discourage both smoking and vaping, particularly amongst young people, and that there is an opportunity for the Board membership to participate in the existing engagement activity taking place in schools on this issue, to highlight that vaping is not a safe alternative to smoking. The Board requested that members promote the School Health Hub Intent programme to their local secondary schools.

g) The Board noted that smoking can be symptomatic of other wider personal and social pressures such as anxiety, stress and mental ill health, and that targeted support in addressing these broader issues of wellbeing could contribute to preventing people from taking up smoking.

h) The Board emphasised that tobacco and nicotine are highly addictive, and that smoking can result in very complex illnesses that may become impossible to cure. Members recommended that, as such, everything possible must be done to prevent people from taking up smoking, while early medical screening is vital for people who do smoke to seek to identify and address symptoms of lung cancer at the earliest stage possible.

i) The Board noted, however, that the rates of smoking are now much lower than they have been in the past, so strong improvements have been made and partners should continue to work together closely to further slow the rate of people taking up smoking.

Resolved (2022/028):

1) To approve and adopt the vision 'To work with our local partners to create a smokefree generation for all communities in Nottinghamshire by 2040.'

2) To sign up to the Nottingham and Nottinghamshire Tobacco Declaration and to agree to take relevant action on smoking and tobacco, and for the previous signatories to recommit to the Declaration.

3) To commit to actions arising from the Challenge, Leadership and Results (CLeaR) process and the Nottingham and Nottinghamshire Framework for Action (as set out in Appendix 2 to the report).

4) To ensure that partner organisations have identified tobacco-related outputs and outcomes (as set out in Appendix 2) that they will deliver on, and to add these to the organisational pledges (as set out in Appendix 1).

5) To review and endorse the consensus statement on e-cigarettes (as set out in Appendix 3).

5. Work Programme

The Chairman presented the Board's current work programme.

Resolved (2022/029):

1) To note the work programme for 2022/23.

There being no further business, the Chairman closed the meeting at 2:37pm.

Chairman:

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 December 2022

Agenda Item: 4

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. The report provides an update by the Chair on local and national issues for consideration by Health and Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022-26.

Information

LOCAL

Create Healthy and Sustainable Places

Nottinghamshire to become a Sustainable Food Place

2. Sustainable Food Places is a national programme led by the Soil Association, Food Matters and Sustain. The programme brings together pioneering food partnerships from across the UK that are driving innovation and best practice on all aspects of healthy and sustainable food. In November 2022 Nottinghamshire became a member of Sustainable Food Places (SFP), joining over 80 other areas across the country in improving their local food system.

3. Developing Nottinghamshire as a sustainable food place is part of the ambition to develop healthy and sustainable places as outlined in the Joint Health and Wellbeing Strategy 2022-26. The vision and call to action for food and health is set out in the county's Food Charter, which was endorsed by the Health and Wellbeing Board in February 2022.

4. Nottinghamshire Sustainable Food Network (SFN) will build on the successful work to date on food insecurity and drive forward plans to improve the whole local food system. The Network brings together local authorities and the NHS with the voluntary and community sector, and other stakeholders such as academics, food producers and businesses. This is an umbrella network which aligns with others, such as district Feeding Britain partnerships, and county social eating and food growing networks to improve health outcomes through food.

5. Nottinghamshire as a sustainable food place will have access to a wide range of support, including peer-to-peer networking, regular events and conferences, grant and campaign opportunities, and Sustainable Food Places awards. Next steps are to develop a Nottinghamshire good food plan and progress towards a SFP bronze award putting Nottinghamshire on the Sustainable Food places map.

6. For further information, please contact Kathy Holmes kathy.holmes@nottscc.gov.uk.

£1.14 billion devolution deal for the East Midlands

7. The Government has confirmed that a £1.14 billion devolution deal is on offer for the East Midlands, covering Derbyshire, Nottinghamshire, Derby, and Nottingham. The deal will provide the region with a guaranteed income stream of £38 million per year over a 30-year period. Covering an area home to around 2.2 million people, an East Midlands combined authority would be one of the biggest in the country. The signing of the deal, will, subject to relevant approvals, consultation, and primary and secondary legislation passing through Parliament, establish the first ever Mayoral Combined County Authority in the country.

Broxtowe Businesses receive boost thanks to Town Centre Recovery Fund

8. Fifty Stapleford businesses are benefitting from a share of over £500,000 to help them recover from the pandemic. A local plumbing firm, dance school, sewing studio, micropub, food outlets and high street restaurants are just a few of the many businesses that have been able to fund vital improvements to their premises through the £1 million Town Centre Recovery Fund, part of the £21.1 million Stapleford Towns Fund.

New council homes in Mansfield awarded coveted Passivhaus standard

9. Four houses in Mansfield have become among fewer than 200 homes in the UK to officially achieve coveted Passivhaus accreditation for energy efficiency and ultra-low carbon emissions. The two-bedroom semi-detached houses in Saundby Avenue were completed in May and designed to world class energy efficiency and insulation standards in line with the Council's green agenda to become carbon neutral by 2040. The first of their kind in Mansfield, the homes are among only 181 Passivhaus certified homes in the UK.

Bassetlaw District Council secures Government Grant to decarbonise Queen's Buildings

10. Bassetlaw District Council is cutting its carbon footprint and reducing its reliance on fossil fuels thanks to a government grant to fully decarbonise Queen's Buildings, which contains the Council's Head Office, Worksop Job Centre, and Worksop Police Station. The funding has been made available by the Department for Business, Energy, and Industrial Strategy (BEIS) through the Government's Public Sector Decarbonisation Scheme, delivered by Salix Finance. The works are projected to cut the emissions of tonnes of Carbon Dioxide equivalent (tCO2eq) at Queen's Buildings by 65%.

Everyone can access the right support to improve their health

Trading Standards enforcement action – Tobacco Control

11. Nottinghamshire County Council Trading Standards Service receives funding from Public Health to provide enforcement action in relation to the supply of illegal tobacco products within the County. This intelligence led approach has traditionally centred around the illicit / counterfeit trade in cigarettes and hand rolling tobacco (HRT), sold at a lower price from retail outlets within the supply chain. During the first quarter of this year, seizures of 1,336 packets of cigarettes and 13,254 pouches of HRT have already taken place.

12. The Service has also an increase in complaints of vaping products not meant for the UK market. The legislation for the UK market limits the capacity of the product to 2ml (approx. 600 puffs), but some seized product contains up to 10,000 puffs. In September, a seizure took place from one general retail outlet of 1,356 vapes, 102 of which contained 10,000 puffs and also 28 packets of counterfeit cigarettes. The Service is investigating the suppliers with an aim to take further action.

Newark and Sherwood District Council's urging residents to register defibrillators to help if the unexpected happens

13. Newark and Sherwood District Council is urging all those who own a defibrillator or have one on their land in the district to register it with 'The Circuit' scheme. 'The Circuit' is a national defibrillator network run by The British Heart Foundation that provides an overview of where publicly available defibrillators are located. The location and status of all defibrillators registered on 'The Circuit' is instantly synchronised with the emergency services' systems to ensure that their information is always up to date and ready to help save lives. All defibrillators that are owned by the District Council are registered with 'The Circuit'. For more information or to register to 'The Circuit', please visit their website at: https://www.thecircuit.uk/.

Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People's Emotional and Mental Health 2016-2023

14. The September 2022 update for the Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People's Emotional Well-Being and Mental Health 2016-23 is now available. The aim of the local transformation plan is to explain progress to date and future priorities in relation to children and young people's mental health. Please find here the approved Nottinghamshire County and Nottingham City Joint Local Transformation Plan which has been endorsed by the ICS Mental Health and Social Care Partnership Board.

Nottinghamshire County Mental Health Promotion Action Plan 2022-2025

15. Mental health and preventing suicide and self-harm is everybody's business. We want to raise awareness by informing and influencing everyone in Nottinghamshire to respond to suicide, self-harm and mental ill health appropriately so that people get the right support at the right time. A summary of the Mental Health Promotion Action Plan 2022-2025 is provided in **Appendix 1**, as well as a guide to championing mental health awareness, self-harm and suicide prevention in **Appendix 2**.

Keep our Communities Safe and Healthy

New Suicide Prevention Profile Update in November 2022

16. The Office for Health Improvement and Disparities releases local statistics on suicide at regular intervals throughout the year. New data on 'Years of life lost due to suicide' was released for Nottinghamshire as a 3-year average.

17. Data from 2019 to 2021 show in Nottinghamshire a total of 226 people died by suicide over this 3-year period. Years of life lost due to suicide (per 100,000) increased from 293 in 2018-2020 to 355 in 2019-2021, compared to England where years of life lost increased from 340 to 346 for the same period. The latest data release (2019 to 2021) shows Nottinghamshire remains

comparable to the England average for the years of life lost due to suicide. Nottinghamshire also ranks similarly to its Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbours, when ranking populations by years of life lost. CIPFA nearest neighbours are areas which share similar demographics to Nottinghamshire. Nationally around 75% of people who die by suicide are men, compared to 82% in Nottinghamshire. For males in Nottinghamshire the years of life lost due to suicide is now 590 per 100,000 for 2019-2021, compared to 468 per 100,000 for 2018-2020. The latest figures remain comparable to England for the same period (518 per 100,000 and 515 per 100,000 respectively).

18. The Joint Health and Wellbeing Strategy and the Nottingham and Nottinghamshire Suicide Prevention Strategy has identified males as a strategic priority. The Suicide Prevention strategy commits to identifying groups at risk of suicide, giving particular focus to men, and ensuring they have access to evidence-based interventions. For further information about suicide prevention, please read Nottingham City and Nottinghamshire Suicide Prevention Strategy.

Ashfield's Cost of Living Hub launched

19. The Council declared a cost-of-living emergency at Full Council in July and has since launched Feeding Ashfield and the Cost-of-Living Hub to support residents and businesses who are facing difficulties. The hub, which can be found on the Council's website, brings together key information, and guidance split across six sections relating to different issues. The website signposts residents and businesses for Benefits, Council Tax, and Housing support; Council services support; support for businesses; money, bills, and debt support; health and wellbeing support; and support from other organisations. You can access the Cost of Living Hub on the website.

Mansfield Council announces help available to residents at first Cost of Living Summit

20. The Council declared a cost-of-living emergency during its meeting of the Full Council on 20 September, and brought together key partners across the district for its first Cost of Living Summit on 7 October. The summit, led by Elected Mayor Andy Abrahams, saw plans to immediately benefit residents, including a 'Warm Rooms' scheme and cost of living roadshow. The Warm Rooms scheme will be a network of warm spaces open to people struggling to heat their homes over the colder months. These will run with the support of council partners currently including, Mansfield Museum, Oak Tree Leisure Centre and a range of community and voluntary organisations. The meeting also saw keynote speeches from the Fuel Bank Foundation and Feeding Britain, followed by a group activity to capture challenges and gaps in the system that could be collaboratively filled.

Bassetlaw District Council Grants support Cost of Living measures

21. Bassetlaw District Council has awarded £65,000 in grants to local organisations to support their work in helping residents deal with the rising cost of living. The grants focus on addressing the key cost of living issues facing people in the district, which have been identified by the Bassetlaw Financial Inclusion Forum – a group of district-wide community partners, of which the Council is a member. The grants are part of a wider package of Council measures that include a 24/7 helpline for Council Tenants, additional tenancy support officers, extra money advice support for residents, the introduction of a hardship scheme, the development of a network of warm spaces across the district, and the promotion of Half Term Food Hubs.

22. BCVS in conjunction with the Council have also produced a cost-of-living booklet, detailing the support available in Bassetlaw including Money and Finance, Food, Clothing, Energy and Fuel and more. Copies are available via the BCVS website or from the Council Offices in Worksop, Retford, and Harworth.

Ashfield Funding secured to support domestic abuse survivors

23. Ashfield District Council has secured £30,000 match funding, £60,000 in total, to support domestic abuse survivors under the Sanctuary Scheme Programme. The Sanctuary Scheme allows survivors of domestic violence to safely remain in their own homes, without fear of the perpetrator returning, by installing a safe room in their home. The Scheme also allows other security measures to be installed, such as extra locks, stronger doors, security lights, and a portable police alarm. This funding follows the recent £63,333 secured for safety enhancements in Hucknall town centre, and the £1.3m secured from the Safer Streets Fund for interventions in Sutton and Kirkby.

Office of the Police and Crime Commissioner for Nottinghamshire was successful in a £1m funding bid to help children affected by domestic abuse

24. Children affected by domestic abuse in Nottinghamshire will be given more help to recover from the harm experienced in their homes as the Office of the Police and Crime Commissioner for Nottinghamshire was successful in a £1m funding bid to help tackle a growing need for support for some of the county's most vulnerable youngsters. The funding will help pay for specialist training and support to nursery and primary school workers to help spot the signs of domestic abuse, as well as giving more children access to a range of therapeutic support services.

25. The proposals include piloting a specialist Early Years domestic abuse training package to nursery practitioners across Nottingham and Nottinghamshire and creating more access for children to specialist therapy to help their emotional health and wellbeing, feelings of safety and freedom to go about their daily life. Additional wrap-around support will also be provided for some of the most vulnerable primary school children who disclose domestic abuse during existing healthy relationship programmes in school.

NATIONAL

Homelessness

Life changing care: the role, gaps and solutions in providing social care to people experiencing homelessness

26. This report published by St Mungo's, examines the provision of care services for people who have been homeless and finds they are missing out on the care they need and deserve because of lack of specialist provision. People who have experienced homelessness often have multiple and complex health conditions, which can result in their care needs being much higher and more prevalent at an earlier age than the general population. The report makes eight recommendations about how to improve the current situation.

A new way of working: ending rough sleeping together - progress report

27. The Kerslake Commission on Homelessness and Rough Sleeping has published this report which assesses the steps made towards ending rough sleeping in England and considers the

impact of the current economic crisis. It tracks the progress against its original recommendations made last September – grading them as green, amber or red – as well as providing an updated set of recommendations reflecting the present cost-of-living emergency.

Working in partnership: creating an effective rough sleeper strategy

28. On 19 May 2022 more than 30 councils attended a morning roundtable to discuss their priorities for the new rough sleeping strategy, due to be released later in the year. This report published by the Local Government Association, covers what was discussed at the roundtable, including what central government, local government and the third sector can do to help end rough sleeping.

Housing our ageing population: Learning from councils meeting the housing need of our ageing population

29. This report, commissioned by the Local Government Association, from the Housing Learning and Improvement Network, makes a number of recommendations to the government on how we can best meet the needs of people in later life, with case studies demonstrating how councils are addressing the housing needs of an ageing population. It highlights how the suitability of housing stock is of critical importance to the health of individuals and impacts on public spending, particularly adult social care, and the NHS.

Tobacco

Smoking, Drinking and Drug Use among young people in England 2021

30. On the 6th of September 2022, NHS Digital published the Smoking, Drinking and Drug Use among young people, 2021 (SDDU). This is a biannual survey of 11- 15-year-olds in England, capturing their smoking, vaping, drinking and drug use. Based on the 2021 survey, these are the key findings:

    a) There has been a decrease in the prevalence of smoking cigarettes 12% of pupils had ever smoked (16% in 2018).
    b) Current e- cigarette (vaping) use has increased to 9%, up from 6% in 2018.
    c) 40% of pupils said that they had ever had an alcoholic drink (prevalence increases with age) .
    d) 6% of all pupils said they usually drank once a week, the same as in 2018.
    e) Fall in prevalence of lifetime and recent illicit drug use – 18% of pupils reported that they had ever used drugs (24% in 2018).
    f) Pupils who frequently met up with people outside their school or home, were more likely to have recently smoked, drunk alcohol or taken drugs.
    g) Low wellbeing is more likely amongst pupils who have recently smoked, drank / and or have taken drugs.

Nicotine Vaping in England: Evidence Update

31. In the Government's tobacco control plan for England, Public Health England was asked to update its 2015 review of e-cigarettes and other novel nicotine delivery systems every year until 2022. In October 2021, responsibility for commissioning this series of reviews was transferred to the Office for Health Improvement and Disparities. This report is the eighth and

final in the current series and was led by academics at King's College London with a group of international collaborators. Its main focus is a systematic review of the evidence on the health risks of nicotine vaping. It also includes recent vaping prevalence data for young people and adults, and looks at flavours, nicotine, and people's perceptions of vaping harm.

32. Key points include switching from smoking to vaping cuts health risks substantially by reducing the exposure to toxic substances that cause cancer, lung, and cardiovascular disease, however it strongly urges non-smokers not to take up either habit (smoking or vaping). It recommends that adults are given the right support, including provision of how vaping can help them to stop smoking, whilst providing information to non- smokers and young people to discourage them from starting to vape, in addition to better reinforcement of age of sale and advertising restrictions.

Best Start

Folic acid added to flour to prevent brain and spinal conditions in foetuses

33. The number of pregnancies affected by life-threatening issues such as spina bifida could fall by more than a fifth as the government moves one step closer to actively adding folic acid to non-wholemeal flour. Following a consultation with industry and stakeholders on whether to add folic acid to non-wholemeal flour, a public health policy which has already been successful in Australia, New Zealand, and Canada, has been put to consultation by the Government on its proposal to add 250 micrograms of folic acid per 100 grams of flour.

Food Nutrition and Insecurity

Children experiencing increased food insecurity

34. New research for the Food Foundation has revealed that a quarter (26%) of households with children experienced food insecurity - such as skipping meals, eating less, or going hungry all day - in September, up from 18% of households the previous month. The majority (58%) say they have cut back on fruit, and almost half (48%) have cut back on vegetables, while more than half (54%) of households on Universal Credit are struggling to get enough to eat. The charity's executive director, Anna Taylor, warns that there are "very serious physical and mental health implications from these worsening trends".

Health Inequalities

Menopause and the workplace

35. This report is from the cross party House of Commons, Women and Equalities Committee. The report explores menopause as a health issue, a workplace issue and, fundamentally, as an equality issue, in relation to which people need better legal protection. It seeks to raise awareness across wider society, drive change among employers, and encourage a proactive and collaborative approach by the government.

Autistic people's healthcare information strategy for England

36. This document sets out an initial strategy for the development of information about the health of, and healthcare received by autistic people in England, from sources already collected or in the process of being established.

Fuel poverty, cold homes and health inequalities in the UK

37. This report published by the Institute of Health Equity, reviews the evidence on both the direct and indirect impacts of fuel poverty and cold homes on health. It looks at health inequalities and who this will affect the most, and the relation between health inequalities and climate change. The report makes the case for prioritising reducing fuel poverty through policy suggestions at both the national and local level.

Papers to other local committees

38. Health and Care System Winter Planning 2022 - 2023
    Health Scrutiny Committee
    20 September 2022

39. Adult Social Care Market Pressures
    Adult Social Care and Public Health Select Committee
    6 October 2022

40. Outcomes and Response from Ofsted Visit
    Children and Young People's Select Committee
    10 October 2022

41. Devolution Update
    Cabinet
    13 October 2022

42. Devolution Deal
    Full Council
    13 October 2022

43. Update on Health and Care System Winter Planning 2022 - 2023
    Health Scrutiny Committee
    15 November 2022

Nottingham and Nottinghamshire Integrated Care System

44. Board papers
    Nottingham & Nottinghamshire Integrated Care Board
    8 September 2022

45. Board papers
    Nottingham & Nottinghamshire Integrated Care Board
    10 November 2022

46. Board Papers
Nottinghamshire Integrated Care Partnership
13 October 2022

Other Options Considered

47. Not applicable.

Reasons for Recommendation

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

Statutory and Policy Implications

49. 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

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

RECOMMENDATION

The Health and Wellbeing Board is asked:

1) To consider the update, determine implications for the Joint Health and Wellbeing Strategy 2022-26 and consider whether there are any actions required by the Health and Wellbeing Board in relation to the various issues outlined.

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

For any enquiries about this report please contact:

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Public Health and Commissioning Manager
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Constitutional Comments (LW 15/11/2022)

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

Financial Comments (DG 14/11/22)

52. 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

Appendix 1. Nottinghamshire Mental Health Promotion Action Plan 2022-2025

Theme	Actions
Governance Structures and processes	• Agree governance structures, processes, roles, and responsibilities
Scoping and needs assessment	• Completed scoping and mapping of existing work programme and actions undertaken against the Prevention Concordat Domains for Adults and children and young people
Mental Health promotion, communication, and awareness	• Co-produce branding including decision on adoption of national promotional materials • Potential alignment with suicide prevention communications • Targeted campaigns
Training competence and knowledge	• Training Needs Analysis (TNA) • Communicate identified needs to statutory services • Call off training from Framework for non-statutory services and communities • Actively promote and target training • Evaluate impact
Mental Health and Suicide Awareness Champions – phased approach	• Health & Wellbeing Board members • Embed mental health and suicide prevention (H&SP) awareness within community champions models – Make Every Contact Count (MECC) approach • Evaluate impact
Community Friendly Nottinghamshire	• Scope/understand what can be offered in context of mental health promotion/awareness, framed on Five Ways to Wellbeing • Understand/evaluate Community Organising Approach impact on mental wellbeing in communities – ripple effect
Prevention Concordat for Better Mental Health	• Public Health delivery through Mental Health Promotion Action plan • Support/promote to others to sign-up e.g., Districts, Place Based Partnerships (PBPs), Nottingham and Nottinghamshire Integrated Care System/ • Refresh Mental Health Joint Strategic Needs Assessment (JSNA)
Parity of esteem - bringing physical and mental health together	• Promote access to planned and opportunistic health checks for people with Serious Mental Illness (SMI) • Explore Your Health Your Way (Service provided by ABL), to provide health behaviour change interventions and support to people with common and severe mental health disorders. • Explore potential to work with Active Notts to explicitly promote the benefits of physical activity on mental wellbeing • Promote mental health in all policies across the system so that equal consideration of physical and mental health becomes the norm.

Appendix 2. Guide to championing mental health awareness, self-harm and suicide prevention

Champions for Mental Health Awareness, Self-harm and Suicide Prevention

Mental health and preventing suicide and self-harm is everybody's business. The purpose of this guidance is to enable anyone to champion mental health awareness, suicide, and self-harm prevention, whatever their role.

The purpose of your role in championing **mental health, self-harm and suicide prevention** is to raise awareness by informing and influencing everyone within your sphere of influence to respond to suicide, self-harm and mental ill health appropriately, so that people get the right support at the right time.

To support you in this please:

1. Complete the Zero Suicide Alliance 20 minute suicide awareness training and encourage others to do the same.
2. Complete the Nottinghamshire online Mental Health Awareness foundation e-learning module. This will be available via a link on the Protecting and improving your mental wellbeing | Nottinghamshire County Council webpage from April 2023
3. Promote and support local sign-up to the Prevention Concordat for Better Mental Health
4. Raise awareness of and normalise conversations about suicide, self-harm and mental health, and make sure that they are considered in forums, meetings, and developments within your sphere of influence.
5. Be aware of available key support services, where to find information on these and share with others as needed.
   These include the **Nottinghamshire Mental Health Crisis Helpline 0808 196 377,** available to anyone who has concerns about their mental health or is in crisis at anytime, anywhere across Nottingham and Nottinghamshire. It is open to people of all ages who need urgent mental health support. People calling the service will be supported to identify their current needs and will then be appropriately transferred to the best service for them.
   Other key sources of information on support services include:
   a. (Suicide awareness | Nottinghamshire County Council)
   b. Mental health and wellbeing | Nottinghamshire County Council
   c. Local mental health advice and help for young people in Nottingham and Nottinghamshire. | NottAlone
6. Be aware of and promote the aims of the Nottingham and Nottinghamshire Suicide Prevention Strategy and action plan, and the Nottinghamshire Mental Health Promotion action plan available at: Mental health - Nottinghamshire Insight (Local Information).
7. Promote/join the Suicide Prevention Stakeholder Network.
8. Promote and use local suicide prevention and mental health communications materials and campaigns.
9. Report back once a year around the time of World Suicide Prevention Day (10th September) and World Mental Health Day (10th October), celebrating what you've done and how this has contributed to the purpose of your champion role.

For further information please contact the Public Health Mental Health and Suicide Prevention team via email at: suicide.prevention@nottscc.gov.uk

For the most up to date version of this document visit Mental health - Nottinghamshire Insight

Nottinghamshire County Council

Report to the Health & Wellbeing Board

7 December 2022

Agenda Item: 5

REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE & HEALTH

THE 2022/23 BETTER CARE FUND (BCF) PLANNING REQUIREMENTS

Purpose of the Report

1. To endorse the Nottinghamshire 2022-23 Better Care Fund planning requirements, which were submitted to NHS England on 23 September 2022.

2. To update Health and Wellbeing Board on plans to undertake a collaborative commissioning review of the services in scope of the Better Care Fund.

Information

3. The Better Care Fund (BCF) Planning requirements 2022-23 were released on 19 July 2022. Following sign-off by Cllr Dr John Doddy (Health and Wellbeing Board Chair), Melanie Williams (Corporate Director for Adult Social Care and Health at Nottinghamshire County Council), Amanda Sullivan (Accountable Officer, Nottingham and Nottinghamshire Integrated Care Board), the Better Care Fund 2022/23 Planning Template, BCF Narrative Plan and BCF Capacity and Demand Templates were submitted on 23 to NHS England in September 2022.

4. For 2022-23, the BCF planning requirements include:

   a) Nottinghamshire County BCF Planning template (Appendix 1)
   b) Nottingham and Nottinghamshire BCF Narrative Plan (Appendix 2)
   c) Nottinghamshire County Intermediate care capacity and demand plan (Appendix 3)

5. The BCF National conditions remain in place for 2022-23:

   a) A jointly agreed plan from local health and social care commissioners signed off by the Health and Wellbeing Board
   b) Implementation of the BCF objectives
   c) NHS contribution to adult social care to be maintained in line with the uplift to ICB minimum contribution at a value of £25,172,186
   d) Invest in NHS commissioned out of hospital services meets the minimum contribution required of £18,426,456

6. The 2022-23 national BCF objectives have been updated to be more focused on addressing wider system and prevention outcomes through co-ordination of services. The 2022-23 BCF national objectives are:

   a) Enable people to stay well, safe, and independent at home for longer
   b) Provide the right care in the right place at the right time

7. **The 2022-23 BCF Planning Template** includes the updated national performance metrics with target setting rationale and plans to meet performance ambitions (Appendix 1 tab 6). The 2022-23 national BCF

metrics are:

a) Proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation (effectiveness of reablement).
b) Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (admissions to residential care homes).
c) Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions to hospital).
d) Improving the proportion of people discharged home, based on data on discharge to their usual place of residence (discharge to usual place of residence).

8. Commissioners from Nottinghamshire County Council and the ICB jointly reviewed the target setting for 2022-23 BCF metrics. The rationale for target setting used national benchmarking and applied local improvement plans such as implementation of the anticipatory care model framework and the system agreement to increased funding to resource 'pathway 1' reablement activity. A local ICS BCF performance dashboard has been created to enable shared oversight of progress to reach targets.

9. The BCF performance position for 2022/23 quarter 2 indicates that all metrics are on track to achieve target with the exception of 'Discharge to usual place of residence', which is 1.5% below the target of 94%. A BCF performance report is scheduled for the BCF Oversight Group in December 2022, which allow for further discussion of trends into quarter 3 and confirm the remedial actions.

10. The BCF Planning template (Appendix 1, tab 5) provides detailed breakdown of expenditure against service areas. The labelling of schemes has been updated for 2022-23 to provide further clarity about how BCF schemes relate to current commissioned services.

11. **The Nottingham and Nottinghamshire BCF Narrative Plan** (Appendix 2) describes how these services are commissioned and delivered to meet these objectives. The BCF narrative provides the ICS overview of the BCF plan, including how BCF programme align to our system priorities, transformation programmes and our approach to integration and a summary of the locally developed Collaborative Planning and Commissioning Framework.

12. The narrative has been updated to reflect the outputs of the joint BCF Plan review, which includes a refreshed local BCF ambition statement and themes our BCF plans and services across three priority areas:

a) **Prevention and early intervention services:** e.g., healthy lifestyle support, single point of access, social prescribing.
b) **Anticipatory Care Services** e.g., care co-ordination and navigation, urgent care / crisis response, assistive technology, primary care enhances services.
c) **Discharge to assess services:** integrated discharge team, community beds, interim placements, reablement, housing support schemes concluded in August 2022 (see point 16).

13. **The Nottinghamshire County BCF Capacity and Demand Template** (Appendix 3) is a new a planning requirement for 2022-23. This required joint review by health and social care of existing data to consider the full spectrum of care supporting recovery, reablement and rehabilitation and to estimate demand and capacity for both hospital discharge and admission avoidance.

14. The capacity and demand template was submitted alongside BCF plans but is not subject to BCF assurance. Locally we have worked closely with the NHSEI regional BCF team to understand the new data requirement and to complete as fully as possible using available local data. This highlighted a need for longer term development of collaborative demand modelling, and this will be factored into future BCF planning approaches.

15. The Health and Wellbeing Board is now asked to formally approve the submitted planning templates and

narrative plan in line with the statutory Better Care Fund governance requirements.

Local BCF Review

16. A collective strategic review of the existing BCF plans was undertaken by the ICB and Local Authorities between May and August 2022. The aim of the review was to ensure all BCF schemes are clearly defined with a shared understanding of their intended outcomes; align schemes to current ICS plans; and develop a shared understanding of opportunities for greater alignment in commissioning and delivery of services.

17. The key findings of the BCF review were:

    a) **BCF schemes are evidence based and are regularly reviewed through individual organisation's commissioning approaches.** The original BCF planning guidance included a suite of self-assessments and evidence-based interventions. Our initial BCF plans included many of these as pilot services or funded new ways of working. BCF schemes are well evidenced and over time have been reviewed, re-commissioned and are now considered 'core' out-of-hospital, discharge to assess or prevention services.

    b) **Approaches for joint planning/commissioning and pooled budgets have declined over time with little evidence of aligned approaches.** As the BCF funded pilots and services became "core" services, pooled arrangements decreased. Commissioning decision making is now within individual organisations for the majority of schemes and there is no longer a collective strategic understanding of how all the schemes align.

18. The BCF review found significant opportunity to maximise the potential for BCF to be a mechanism for integrated care. The review made the following recommendations:

    a) **Recommendation 1:** Undertake root and branch reviews for the BCF priority areas to maximise opportunities for collaborative commissioning, pooled resources, and the delivery of integrated services to improve outcomes for the population and achieve best value for money. The reviews will focus on the three BCF priorities, which are prevention and early intervention, anticipatory care services and discharge to assess.

    b) **Recommendation 2:** Understand and scope the opportunities to use the BCF as a tool to achieve integrated delivery at Place.

    c) **Recommendation 3:** Realise benefit of BCF governance via Health and Wellbeing Boards to ensure a focus on wider determinants and wellbeing

19. The Collaborative Commissioning Oversight Group will provide the leadership for delivery of these BCF recommendations and will develop a timeline and programme approach. It is recognised that there will need to be considerable stakeholder engagement across Health and Wellbeing Board members, commissioning and provider organisations in order to undertake the root and branch reviews.

Conclusion

20. The report template was agreed for submission to NHSE by the following, subject to formal ratification at the Nottinghamshire Health and Wellbeing Board, on the 23 September 2022:

    - Cllr John Doddy, Chair of the Nottinghamshire Health & Wellbeing Board
    - Melanie Williams, Corporate Director: Adult Social Care & Health, Nottinghamshire County Council
    - Amanda Sullivan, Accountable Officer, NHS Nottingham and Nottinghamshire Integrated Care Board

21. Subsequently, the Nottinghamshire Health and Wellbeing Board are asked to formally ratify the templates. The Nottinghamshire 2022-23 Better Care Fund planning template submission is shown in full at **Appendix 1.**

Other options considered

22. None.

Reasons for Recommendation

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

Statutory and Policy Implications

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

Financial Implications

15. The 2022-23 Better Care Fund pooled budget has been agreed as £103,649,666 after inflation and is summarised in **Appendix 1.**

Human Resources Implications

16. There are no Human Resources implications contained within the content of this report.

Legal Implications

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

RECOMMENDATION

The Health and Wellbeing Board is asked-

1) To endorse the Nottinghamshire 2022-23 Better Care Fund Planning templates that were submitted to NHS England on 23 September 2022.

Melanie Williams
Corporate Director: Adult Social Care & Health
Nottinghamshire County Council

For any enquiries about this report please contact:

Kash Ahmed
Service Director: Strategic Commissioning & Integration
Nottinghamshire County Council
E: kashif.ahmed@nottscc.gov.uk

Naomi Robinson
Senior Joint Commissioning Manager
Nottingham and Nottinghamshire Clinical Commissioning Group
E: Naomi.Robinson2@nhs.net

Constitutional Comments (CEH 29/11/2022)

18. The report falls within the remit of the Health and Wellbeing Board.

Financial Comments (OC20 15/11/2022)

19. The Financial implications are detailed throughout this report and are summarised within paragraph 15.

Background Papers and Published Documents

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

- 2018-19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019-20 – report to Health & Wellbeing Board on 6 March 2019
- 2019-20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019
- Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return – 18 April 2019
- 2018-19 Better Care Fund Performance – report to Health & Wellbeing Board on 5 June 2019
- Better Care Fund Planning Requirements for 2019-20, Department of Health & Social Care, Ministry of Housing, Communities & Local Government, and NHS England, 18 July 2019
- 2019-20 First Quarter Better Care Fund Performance and Programme Update – report to Health & Wellbeing Board on 4 September 2019
- Nottinghamshire 2019-20 Better Care Fund Planning Template
- Nottinghamshire 2019-20 Q4 Better Care Fund Reporting Template
- 2020-2021 End of Year Template – report to Health and Wellbeing Board 9 June 2021

Electoral Division(s) and Member(s) Affected

- All.

BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where ‘Social Care’ is selected and the source of funding is “NHS minimum” then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

HM Government

NHS

Version 1.0.0

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Nottinghamshire	
Completed by:	Sarah Fleming	
E-mail:	Sarah.Fleming@nhs.net	
Contact number:	7855576480	
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Wed 12/10/2022	<< Please enter using the format, DD/MM/YYYY
If using a delegated authority, please state who is signing off the BCF plan:		

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Cllr Dr, Chief Commissioning Officer, Corporate Director Social Car
Name:	John Doddy, Lucy Dadge, Melanie Williams, Sarah Fleming, Kash A

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr Dr	John	Doddy	cllr.john.doddy@nottscc.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Amanda	Sullivan	Amanda.Sullivan@nhs.net
	Additional ICB(s) contacts if relevant	n/a	n/a	n/a	n/a@nhs.net
	Local Authority Chief Executive	n/a	n/a	n/a	n/a@nhs.net
	Local Authority Director of Adult Social Services (or equivalent)		Melanie	Williams	melanie.brooks@nottscc.gov.uk
	Better Care Fund Lead Official		Sarah	Fleming	sarah.fleming1@nhs.net
	LA Section 151 Officer		Nigel	Stevenson	nigel.stevenson@nottscc.gov.uk.
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	Service Director Commissioning and Integration		Kashif	Ahmed	kashif.ahmed@nottscc.gov.uk

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Nottinghamshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£7,886,632	£7,886,632	£0
Minimum NHS Contribution	£64,842,696	£64,842,696	£0
iBCF	£30,920,338	£30,920,338	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	**£103,649,666**	**£103,649,666**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£18,426,456
Planned spend	£37,018,748

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£25,172,186
Planned spend	£25,172,186

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£2,545,297	(2.5%)
Carers Services	£354,909	(0.3%)
Community Based Schemes	£15,019,110	(14.5%)
DFG Related Schemes	£7,886,632	(7.6%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfer of C	£10,098,574	(9.7%)
Home Care or Domiciliary Care	£0	(0.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£6,803,447	(6.6%)
Bed based intermediate Care Services	£7,397,138	(7.1%)
Reablement in a persons own home	£5,025,036	(4.8%)
Personalised Budgeting and Commissioning	£33,481,713	(32.3%)
Personalised Care at Home	£831,815	(0.8%)
Prevention / Early Intervention	£6,757,494	(6.5%)
Residential Placements	£7,448,501	(7.2%)
Other	£0	(0.0%)
Total	**£103,649,666**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.0%	92.5%	93.0%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	489	524

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Nottinghamshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Nottinghamshire	£7,886,632
DFG breakdown for two-tier areas only (where applicable)	
Ashfield	£1,047,045
Bassetlaw	£1,324,693
Broxtowe	£983,969
Gedling	£1,189,210
Mansfield	£1,425,589
Newark and Sherwood	£1,159,270
Rushcliffe	£756,856
Total Minimum LA Contribution (exc iBCF)	**£7,886,632**

iBCF Contribution	Contribution
Nottinghamshire	£30,920,338
Total iBCF Contribution	**£30,920,338**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	**£0**	

NHS Minimum Contribution	Contribution
NHS Nottingham and Nottinghamshire ICB	£64,842,696
Total NHS Minimum Contribution	**£64,842,696**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£64,842,696**	

	2021-22
Total BCF Pooled Budget	**£103,649,666**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Nottinghamshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£7,886,632	£7,886,632	£0
Minimum NHS Contribution	£64,842,696	£64,842,696	£0
iBCF	£30,920,338	£30,920,338	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	**£103,649,666**	**£103,649,666**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£18,426,456	£37,018,748	£0
Adult Social Care services spend from the minimum ICB allocations	£25,172,186	£25,172,186	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Short term rehab and care at home (was ID 1 7 day	NHT lots # 10South Notts. Short term rehab to deliver home first	Reablement in a persons own home	Reablement service accepting community and		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1,653,425	Existing
2	Community beds (was ID 2 'Delayed transfers of care)	NHT lot #8 South (Lingsbar) plus Mid Notts (Fernwood)	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£7,397,138	Existing
3	Care Coordination (was ID Delayed Transfer of Care)	Care Navigation Mid Notts- Care Coordination and MDT	Prevention / Early Intervention	Risk Stratification		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1,222,956	Existing
4	Primary Care Enhanced Delivery Services	GP Enhanced Delivery Scheme- supporting cooridnation and MDT	Prevention / Early Intervention	Risk Stratification		Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£2,732,249	Existing
5	Care Coordination (was ID 3 reducing non elective)	South Notts NHT Integrated Care team- anticipatory care model,	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£7,424,917	Existing
6	Crisis Response (was ID 3 reducing non-elective)	British Red Cross Crisis.	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£600,805	Existing
7	Crisis Response (was ID 3 reducing non-elective)	South Notts Nht Integrated Care Team- 2 hour urgent response	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1,705,049	Existing

8	Care Coordination	NHT Mid Notts Community Nursing Service inc. care	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£6,401,792	Existing
9	Falls Prevention (was schemed ID 3 reducing non-	NHT Mid Notts Community Rehab Falls	Reablement in a persons own home	Preventing admissions to acute setting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£513,324	Existing
10	Falls Prevention (was schemed ID 3 reducing non-	Community Falls Rehab-East Bridgford Fracture Liaison Service	Reablement in a persons own home	Preventing admissions to acute setting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£552,433	Existing
11	Evening and night nursing	NHT Lot 4 Evening and Night Service plus Mid Notts Night Nursing	Personalised Care at Home	Physical health/wellbeing		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£831,815	Existing
12	Carers Short Breaks (was sheme ID 4 Carers	Carers 'NHS' Short Breaks Note schemed ID 7 also	Carers Services	Respite services		Other	Carers	CCG			CCG	Minimum NHS Contribution	£333,909	Existing
13	ED front door and streaming (was ID 6 Mid Notts	ED Streaming in SFHT block contract	Integrated Care Planning and Navigation	Care navigation and planning		Acute		CCG			NHS Acute Provider	Minimum NHS Contribution	£2,403,813	Existing
14	Bassetlaw Neighbourhood Teams (was ID9)	Integrated coordination and MDT models	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			Private Sector	Minimum NHS Contribution	£1,192,401	Existing
15	Bassetlaw MH Liaison (was ID 10)	Integrated coordination reles to support care in the right place at the	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£558,169	Existing
16	Bassetlaw Neighbourhood Teams (was ID9)	Integrated coordination and MDT models	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£3,305,722	Existing
17	Bassetlaw Dischage & Assesment (was	Intergated discharge roles supporting timely transfer of care.	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Mental Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£535,743	Existing
18	Bassetlaw Dischage & Assesment (was	Intergated discharge roles supporting timely transfer of care.	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Acute		CCG			NHS Acute Provider	Minimum NHS Contribution	£247,949	Existing
19	Bassetlaw Respite (was ID12)	Support for unpaid carers	Carers Services	Respite services		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£21,000	Existing
20	Bassetlaw Care Home Quality (was ID13)	support to improve the response from Care Homes as part of	Residential Placements	Care home		Community Health		CCG			Private Sector	Minimum NHS Contribution	£35,901	Existing
21	O. Support for carers	Carer Advice and Support	Residential Placements	Other	Carer advice and support	Social Care		LA			Local Authority	Minimum NHS Contribution	£1,566,416	Existing
22	P. Protecting social care	Supporting People	Prevention / Early Intervention	Other	Supporting People	Social Care		LA			Local Authority	Minimum NHS Contribution	£1,500,000	Existing
23	P. Protecting social care	Nursing & Dementia beds, demand for interim placments	Residential Placements	Nursing Home		Social Care		LA			Local Authority	Minimum NHS Contribution	£2,614,812	Existing
24	P. Protecting social care	Supported accomodation for younger adults	Residential Placements	Supported Living		Social Care		LA			Local Authority	Minimum NHS Contribution	£3,231,372	Existing
25	P. Protecting social care	Direct Payments for older and younger adults	Personalised Budgeting and Commissioning			social care		LA			Local Authority	Minimum NHS Contribution	£13,714,289	Existing
26	Q. Disabled Facilities Grant	Housing	DFG Related Schemes	Other	Housing	Other	Housing	LA			Local Authority	DFG	£7,886,632	Existing

27	R. Enabling Care Act statutory responsibilities	Enabling Care Act Statutory Responsibilities	Care Act Implementation Related Duties	Other	Enableing Care Act	Social Care		LA			Local Authority	Minimum NHS Contribution	£2,545,297	Existing
28	S. Improved Better Care Fund	Improved Better Care Fund Meeting Adult Social Care Needs	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£13,779,365	Existing
29	S. Improved Better Care Fund	Improved Better Care Fund - Reducing pressure on NHS	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£3,161,967	Existing
30	S. Improved Better Care Fund	Improved Better Care Fund - Stabilising the social care provider	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Social Care		LA			Local Authority	iBCF	£9,044,936	Existing
31	S. Improved Better Care Fund	Improved Better Care Fund - Stabilising the social care provider	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£2,826,092	Existing
32	S. Improved Better Care Fund	Improved Better Care Fund - Hospital discharge and 7 day working	High Impact Change Model for Managing Transfer	Flexible working patterns (including 7 day working)		Social Care		LA			Local Authority	iBCF	£805,689	Existing
33	S. Improved Better Care Fund	Improved Better Care Fund - Expansion of reablement	Prevention / Early Intervention	Other	Short term services	Social Care		LA			Local Authority	iBCF	£1,302,289	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.

16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Nottinghamshire

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	210.1	197.9	209.2	182.5	Nottinghamshire County LA slightly higher in rates than Nottingham City, although below its peer group but above the England rate. Similar trend to Nottingham City in the drop in the Q2 rate increase in	This metric will be supported by the development of the Ageing Well Framework. Locally, we have in place a range of Primary Care Practice level MDT's focussing on admission avoidance and
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(See Guidance)	Indicator value	196	185	195	184		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	91.1%	91.0%	91.0%	91.3%	Nottinghamshire County LA finished in the lower half of their peer group for 2021 22 Discharges and below the England and planned level for Oct - Mar 2022 (93%). Applied an ambitious stretch of 94% by Q4 2022 23 of discharges to usual place of residence to improve on current position, and align with target set for Nottingham City, stepping up from current position per	The discharge to assess approach in the ICS is committed to a 'Home First' principle. Additional capacity is being provided in community health and social care to support the 'Home First' principle and increase the percentage of people returning to their normal place of residence.
	Numerator	16,935	17,197	16,266	15,965		
	Denominator	18,588	18,900	17,881	17,480		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(SUS data - available on the Better Care Exchange)	Quarter (%)	92.0%	92.5%	93.0%	94.0%		
	Numerator	17,101	17,483	16,629	16,431		
	Denominator	18,588	18,900	17,881	17,480		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	488.9	447.4	524.0	523.8	Target has been set by looking at trends over the last 6 years and forescasting achievement for 22/23.	Admissions are carefully monitored on a monthly basis. Each new admissions must go through a panel process before it is approved to esure all other options have been exhausted.
	Numerator	856	800	937	952		
	Denominator	175,086	178,819	178,819	181,738		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	84.8%	83.0%	85.3%	85.0%	Admissions are carefully monitored on a monthly basis. Each new admissions must go through a panel process before it is approved to esure all other options have been exhausted.	The Council has agreed a new D2A plan which will mean increased resource to in-house reablement services (known locally as START) for hospital discharge over the course of the year.
	Numerator	543	581	430	714		
	Denominator	640	700	504	840		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Nottinghamshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Outlined in slide 17 of Narrative Plan		
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes	Embedded throughout Narrative Plan. Collaborative commissioning approach is highlighted on slides 4 and 5		
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	Highlighted on slide 12 and 13		
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Implementing the BCF policy objectives	**PR6**	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	Narrative Plan describes the local BCF themes and related schemes		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes	Narrative Plan slide 9 and 10		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes	Metric targes, plans and rationale discussed at the BCF Oversight Group and with scheme level leads.		

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2022/23 Better Care Fund Narrative Plan

Nottingham City HWB
Nottinghamshire County HWB

Background

- Aim of the BCF
- Local approach to collaborative commissioning
- Reviewing the 21/22 plan
- Governance

Integrated Care System
Nottingham & Nottinghamshire

Aim of the Better Care Fund

The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care .

The ICS is committed to drive collaboration, innovation and integration through the BCF plans.

There are two joint plans: one agreed by Nottingham and Nottinghamshire Integrated Care Board (ICB) and Nottingham City Council; and one agreed by Nottingham and Nottinghamshire Integrated Care Board (ICB) and Nottinghamshire County Council. The plans are owned by the Health and Wellbeing Boards (HWBs) and governed by an agreement under section 75 of the NHS Act (2006).

The national conditions for the BCF 2022-23 are:

- Jointly agreed plan between local health and social care signed off by the health and wellbeing board.
- NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution
- Invest in NHS commissioned out-of-hospital services
- Implementing the BCF policy objectives:
    - Enable people to stay well, safe and independent at home for longer
    - Provide the right care in the right place at the right time.

Integrated Care System
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ICS approach to Collaborative Commissioning

A "Joint commissioning for Integrated Care" workstream with representatives from Nottingham City Council, Nottinghamshire County Council and Nottingham and Nottinghamshire ICB has been providing leadership to develop the role of Collaborative Commissioning as an enabler to deliver integrated care within the ICS.

A Framework has been agreed which sets out the principles for collaborative commissioning, based on an assessment of current ways of working, learning from other systems in England, and reflections from key policy documents.

The principles are now being confirmed through a number of test pieces in a "learning laboratory" approach that applies a consistent methodology to identify success factors for, and barriers to, successful collaborative commissioning. This learning will form the basis for scaling up our approach to collaborative commissioning.

A "Collaborative Commissioning Oversight Group" (CCOG) has been established to provide ongoing leadership for new ways of commissioning. As well as providing leadership and co-ordination for specific areas of collaborative commissioning, the group will inform system development priorities, including the development of integrated delivery approaches at Place.

CCOG will provide the strategic steer to the BCF Oversight Group, supporting the development of a 23-25 BCF Plan and ensuring this reflects changes to commissioned services and collective oversight of resources and outcomes.

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Our Collaborative Planning and Commissioning Framework

VISION

To deliver **Integrated Health and Care** within the ICS, joining up strategic leadership and the transformation of health and care to improve outcomes for our population, ensuring decision making is led and integrated at the appropriate population level, with an emphasis on subsidiarity.

PRINCIPLES

Why we are taking this approach

- We will deliver improved outcomes and reduce health inequalities, driven by an understanding of the needs of our population
- We will optimise the use of our collective resource by reducing duplication, moving away from services commissioned and delivered in silos, making it easier for people to access the right support or care to meet their needs
- We will enable providers to work collaboratively to deliver improved quality and efficiencies

What we will do together

- We will work with our population to ensure they are involved in decision making at all stages of planning and delivery
- We will work as health and care partners, considering the opportunities for person centred integrated delivery for every decision we make
- We will focus on early intervention and prevention to support people to avoid increasing levels of support / cost
- We will use the best available evidence to support our decision making

How we will work

- Our Place Based Partnerships will drive our integrated health and care approach, bring together the planning and delivery of integrated care
- We will have transparency in our decision making, sharing financial and outcomes information to reach a collective decision
- We will hold ourselves accountable for working to these principles and for the delivery of integrated health and care, recognising the statutory responsibilities of each partner

VALUES

- We will be open and honest with each other
- We will be respectful in working together
- We will be accountable, doing what we say we will do and following through on agreed actions

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2021/22 BCF Plan Review

A review of the Better Care Fund took place between May and August 2022. This was a joint review between Local Authorities and the ICB and is a key component to developing system-wide collaborative commissioning approaches.

The aim of the BCF review was to ensure all schemes are clearly defined with a shared understanding of their intended outcomes; ensure there is a clear alignment of all schemes to ICS plans; and develop a shared understanding of opportunities for greater collaborative commissioning and integrated service delivery plans.

Following the review:

- **We have a defined shared ambition** to drive integration, recognising the BCF as key tool to system oversight and integrated delivery at Place

- We have a **collective understanding** of the BCF plans and 'in-scope' services and revealed further opportunity in improving how services are collaboratively commissioned

- We have c**onfirmed that our BCF plan includes evidence based interventions (at a service level)** as outlined in the SCIE Logic Model for Integrated Care

We have started to develop a **shared BCF dashboard** to include population health information for ASC and performance narrative from project level reporting. A joint arrangement has been put in place to collate data from ICB and LA and upload to a single system data dashboard (by Q3 22/23).

Recommendations from BCF Review

The 22/23 BCF Plan has been refreshed to reflect the outcome of the review in relation to the definition and labelling of BCF schemes. We now have aligned language in relation to our commissioned services. In order to maximise the opportunities of the BCF as a mechanism for integrated out of hospital services, a number of recommendations were made as detailed below.

Recommendation 1: Undertake a service review for the BCF priority areas to maximise opportunities for collaborative commissioning, pooled resources and the delivery of integrated services to improve outcomes for the population and achieve best value for money.

The reviews will be themed across the three areas that form the narrative plan:

1. **Prevention and early intervention services:** e.g. access, community workers, social prescribing
2. **Anticipatory Care Services** e.g. care co-ordination and navigation, crisis response, assistive technology,
3. **Discharge to assess services:** integrated discharge team, community beds, interim placements, reablement

Recommendation 2: Understand and scope the opportunities to use the BCF as a tool to achieve integrated delivery at Place Based Partnership level

During 22/23 Place Based Partnerships will continue to drive integrated delivery of BCF services/schemes. However, there is opportunity to co-ordinate and take a collective view across BCF scheme areas. The developing role of Place will maximise work with communities to understand local population needs and bring together partners, including providers, District Councils and voluntary sector. This provides an opportunity to tailor services to local population need and develop our local provider market. Place based approaches will be reflected in the 23-25 BCF Plan.

Recommendation 3: **Realise the full benefit of Health and Wellbeing Board oversight to ensure a focus on wider determinants and wellbeing and to maximise the input of all partners**.

The 22/23 BCF governance includes assurance and agreement to plans through the Health and Wellbeing Boards. As commissioning reviews progress and the role of Place matures, the relationship with the Health and Wellbeing Boards will develop. During 22/23 a number of papers and HWB workshops are planned which will ensure membership are fully informed, engaged and able to shape future plans.

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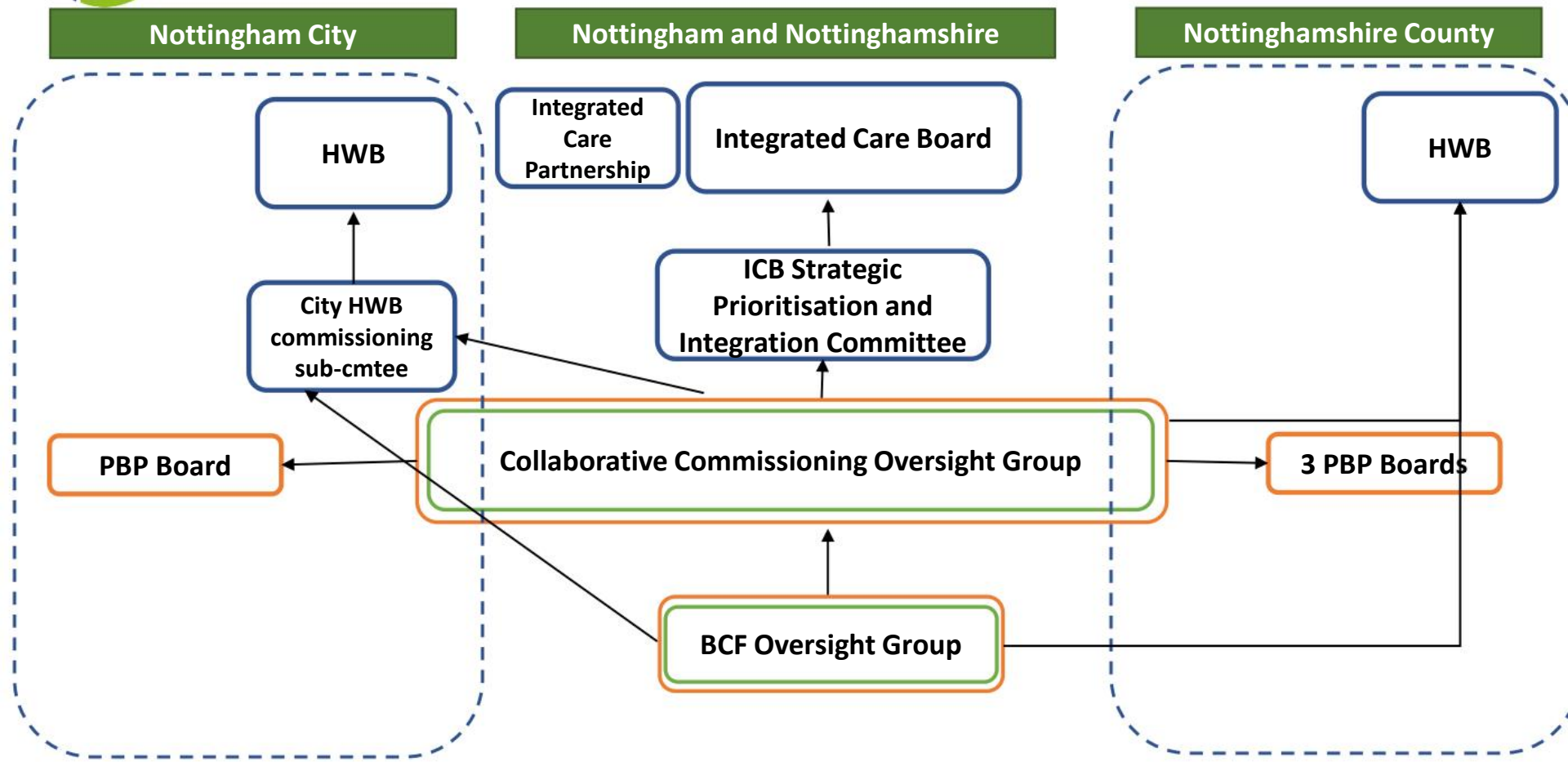
Collaborative Commissioning Governance

This slide shows the emerging governance and oversight which will align development of the integrated delivery at Place and strategic oversight to commissioning



Advisory | Statutory | Partnership

DRAFT

Governance of our 22/23 BCF plans

The City Health and Wellbeing Board has delegated responsibility for the BCF to the Health and Wellbeing Board Commissioning Sub-Committee. The Sub-Committee is jointly chaired by Nottingham City Council and Nottingham and Nottinghamshire ICB.

The Nottinghamshire County Health and Wellbeing Board is responsible for oversight of the BCF.

An ICS BCF Oversight Group meets quarterly to oversee planning and performance for the BCF. The group has representatives from commissioning, finance and transformation workstreams from the ICB and both local authorities. This group jointly plans and creates the BCF plan with input from wider commissioners and programmes. Expenditure and scheme level plans are produced at HWB level.

Wider partners including Providers, Local Authority service leads and the third sector are engaged in the plan at scheme level. Work will continue to develop collaborative commissioning approaches to Place Based Partnerships during 22/23 with the BCF as a key enabler to integration

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BCF Plans 22/23

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Developing our BCF plans for 22/23

The 22/23 BCF Plans provide an oversight of strategic commissioning and transformation plans. These cover a range of evidence based commissioned services, provisions and interventions (as per SCIE logic model Logic model for integrated care | SCIE). The range of services is focused under the following themes (note these headings are not those used in the BCF planning template):

- **Community based multidisciplinary teams** to provide proactive joint case management and to enable effective transfer of care from hospital
- **Personalised home care,** reablement and domiciliary packages
- **Navigation** and early help for people find appropriate services and support
- **Enablers** such as telecare, adaptations and equipment to support independence and self management

Our 22/23 plan also recognises that there is significant scope to fully embed key enablers and evidence based approaches to integrated delivery.

In 21/22 the ICS completed work to draft a Collaborative Commissioning and Planning Framework. This included a strategic review of local approaches to BCF, recognising BCF as a crucial tool to achieve integrated services and planning. By Q3 22/23 we will have established a focused programme of future collaborative commissioning, including agreeing a shared workplan and governance approach.

In Q1 22/23 the BCF Strategic review has provided a collective agreement of a forward plan to transform BCF planning. This will realise the potential for BCF to support effective integrated service delivery at Place and neighbourhood level, supported by system oversight.

Accelerating our Health Inequalities Approach

The ICS Health Inequalities Strategy sets out how the Nottingham and Nottinghamshire health and care system plans to work together to addresses significant gaps in health life expectancy. https://healthandcarenotts.co.uk/wp-content/uploads/2020/10/Notts-ICS-HI-strategy-06-October-v1.8.pdf The strategy recognises that reducing health inequalities is about more than access and quality of health and care services given that wider determinants contribute 80% towards health outcomes. A joint approach to address health, wellbeing but also employment, education, living situation and relationships is crucial. Our BCF plans are part of our approach to reducing health inequalities and this will continue to evolve as new approaches to delivery of care and support are developed.

Our approach to addressing health inequalities is embedded through a number of system approaches and across our BCF schemes.

- **The equality impact assessment** is applied whenever we change or introduce service provision. 22/23 will see work to review processes with a view to develop a system wide approach that supports partnership assessment and monitoring. Most recently, this has been applied to Carers support services, Discharge to Assess and Transfer of Care Hub work. The outputs of these assessments is to include work to monitor protected characteristics across models of care and assessed the need to target increased resource for pathway 1 patients to areas of higher deprivation.
- **PCN Health Inequalities Plans** include needs assessment and adjustments to care for people who experiencing health inequalities. Priority areas include management of long term conditions, identification of carers and improve health assessments of people with serious mental illness. This will be supported by alignment of a Prevention strategy and priorities at Place level, maximising joint efforts to enable community focused responses. This will support Development of care provision that is able to deliver in a culturally responsive way and assessing the needs for cultural specific care.
- **Anticipatory Care Model** will align with the population focus of the CORE20plus5. During 22/23 the programme will scope use population health approaches and data to identify those are at risk of poorer outcomes and build delivery approaches that are able to scale and flex interventions to meet their needs.
- During 22/23 the introduction of multi-disciplinary assessment, coordination and case management of health, care and housing for people experiencing **Severe Multiple Disadvantage** (interplay of homelessness, substance misuse, mental health and criminal justice) will support a multi-agency approach to cohort often at higher risk of hospital admission. This includes mobilisation of additional investment to support effective hospital discharge form people experiencing **homelessness**.
- **Carers services –** a joint EQIA process supported the review of existing provision and has led to strengthened outcome metrics relating to protected characteristics and commissioning of services in 22/23 with an emphasis on the ability to deliver in a personalised and strength based way, this will include focus on delivery culturally responsive provision.

How the 22/23 BCF supports delivery of our ICS Vision

ICS Vision

Our neighbourhoods, places and system will seamlessly integrate to provide joined up care. Every citizen will enjoy their best possible health and wellbeing

BCF objective

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

Priority work areas

- **Ageing Well** Anticipatory Care Model
- **Living Well** Prevention, maximising independence and 'early help'
- **Urgent Care** Discharge to Assess and Transfer of Care Hubs

Enabling System programmes

- **Community Transformation**
- **System development**
- **Data insight and interoperability**

Integrated Care System
Nottingham & Nottinghamshire

Our BCF priorities

We work with our people and communities to support people to live as independently as possible. We will offer support and rehabilitation to people at risk of hospital admission or who have been in hospital. We will ensure that people transfer from hospital to the community in a timely way and prevent unnecessary admission to hospitals and residential care

1. Living Well

Prevention and Early Intervention

- Wellbeing, independence and healthy lifestyle
- Single point of access for advice and information about range of care needs
- Wider determinants e.g. social prescribing

2. Ageing Well

Anticipatory Care

- **ICB 'out of hospital community services'**
  - **Care co-ordination and navigation** (risk stratification, planning MDT case management)
  - Urgent care/**crisis response** nursing
  - **Community nursing** (housebound) and **Long term conditions**
  - **Rehabilitation**
  - **ED 'Front door'** streaming
- **ASC** assessment, homecare (extended hours/day working, crisis)
- Assistive technology, telehealth and adaptations
- Support to **unpaid Carers (**Carers Assessments)
- **Council reablement services, maximising independence/ supported living**
- **Primary Care Enhanced Services -** case management for risk of admission, improving access for asylum seekers, SMD, safeguarding
- **Disabled Facilities Grant** (home adaptations)

3. Discharge to Assess

- **Integrated Discharge Team** at hospital (including LA funded roles and in-reach from community health services)
- ICB commissioned **community beds**
- **Housing schemes** e.g. ASSIST, Housing to Health
- LA **interim placements**, urgent/discharge homecare, reablement

1. Living Well – Prevention and Early Intervention Schemes

Prevention, as defined in the Care Act Statutory Guidance (2016), is about **the care and support system actively promoting independence and wellbeing**. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible

During 22/23 our review of Prevention strategies in partnership across the ICS will aim to align language, priorities and collaborative commissioning approaches. We'll look to maximise opportunities to support strength based and personalised approaches across health and social care to support independence, wellbeing and to prevent ill health.

Our 22/23 areas of focus within the BCF plan are support to unpaid Carers, early intervention, access to advice, information and coordinated support. This recognises the benefit brought by the Health and Wellbeing Board strategy to focus on the wider determinants on improving health and wellbeing through community focused approaches.

1. Living Well - Prevention & Early Intervention: Our Support to Unpaid Carers

During 22/23, a priority area of collaborative commissioning is to increase early intervention and improve services for unpaid carers.

This will be underpinned by the key system achievement in 22/23 of the completion of the **ICS Carers Strategy**
The ICS Carers strategy has been jointly developed between Nottingham City and Nottinghamshire Councils, ICB and co-produced with Carers. Carers voices and experiences are directly shaping the future of services and support, which are important to them. The strategy sets out what we will do together to improve the health and wellbeing of carers.

'Our vision is to support and work in true and active partnership with carers and their families for them to achieve healthy, balanced lives, to give them the confidence that they will be supported in a fair, respected and honest way by all the agencies they come into contact with.'

Scope of Services to Support Unpaid Carers
Carers Hub – a single point of access for information and advice. This will include assessment and support planning
- Education, training and engagement with schools, employers and health and care professionals
Carers respite- to provide breaks from caring with a flexible offer to include home based breaks and residential breaks.
Young Carers Service- information, advice, support and activities.

The strategy will provide guidance and structure to review existing BCF Carers Schemes and collaborative commissioning of high quality carers services during 22/23. This will lead to improved outcomes for carers, increased return on investment and opportunities to increase early intervention and integration across health and care.

1. Living Well – Prevention and Early Intervention Schemes

Nottingham City	
Early Intervention	*Scheme ID 2 Care Navigation and Planning* *Scheme ID 13 Carers, Advice and support, respite service* *Plus embedded early intervention and prevention approaches across delivery of adult social care schemes (note some scheme/spend shown in 2- Ageing Well – anticipatory care model)* *Integration of community connections, Primary Care Networks and support roles e.g. social prescribing*

Nottinghamshire County	
Early Intervention	*Scheme ID 12 Carers Short Breaks* *Scheme ID 19 Carers respite* *Scheme ID 21 Carer Advice and Support* *Scheme ID 22 'Supporting People'* *Scheme ID 27 Enabling Care Act statutory responsibilities* *Plus embedded early intervention and prevention approaches across delivery of adult social care schemes (note some scheme/spend shown in 2- Ageing Well – anticipatory care model)* *Integration of community connections, Primary Care Networks and support roles e.g. social prescribing*

Integrated Care System
Nottingham & Nottinghamshire

2. Ageing Well - Our Anticipatory Care model

Our priority for 22/23 is to shape effective anticipatory care models based on well embedded 'building blocks', including the **Primary Care practice level MDTs**, which focus on admission avoidance and frailty in particular. Whilst these are well embedded there are some gaps e.g. consistent attendance from social care and the VCS. We will be raising the profile of what anticipatory care means and the role it plays in the system.

During 22/23 we will be working across ICB, Local Authority, Provider and VCS partners to outline our implementation plan for submission to NHSEI by Q4 22/23. This will include scoping and **co-producing our approach with people with lived experience** to ensure we deliver this agenda in a personalised way.

We have clear Place based MDT model which requires us to risk stratify the population and at a place/neighbourhood level, work across health, social care, VCS, social prescribers etc. to proactively engage people and work with them to co-produce solutions in our target areas. We are going to be tracking data to evidence whether or not these interventions make a difference on the amount of social care/health input these people need over time.

Our priority areas are:
- Frailty
- Health inequalities (priorities linked to the CORE 20 plus 5)
- High frequency service users of UEC services (ambulance/ED)

We have a system wide approach to addressing health inequalities and a **really strong foundation of data through our Strategic Analytics and Information Unit** which is operational across the ICB. We can demonstrate that we know where each of our PHM target cohorts reside, the risk factors and link with touchpoints for NHS services. We are working hard as a system to expand this out into social care data too. The introduction of anticipatory care will also seek to engage with those in the most 20% deprived areas of the ICS, frailty and people with long term conditions utilising UEC services to manage their conditions.

This work will be supported by the **Community transformation work during 22/23**– increase integration between health and care services at Primary Care Network level, this programme is enabling strong partnerships and improved relationships by connecting commissioned delivery with local communities and joint delivery models with VCS organisations to enable joined up care that is connected to local communities.

The Ageing Well Anticipatory Care framework will be operational by 1st April 2023,

2. Ageing Well - Disabled Facilities Grant

Disabled Facilities Grants support independence through minor adaptations to a person's own home. Assistive Technology supports people to live independently.

There are a number of offers in place including telecare services and the dispersed alarm service. The provision supports both our Prevention & Early Intervention and Anticipatory Care priorities

Nottinghamshire County Council approach to DFGs is to transfer the apportioned budget to District Councils to administrate and arrange.

Alongside DFGs work is taking place across both BCF footprints to understand priorities and alignment of housing representatives to support system priority areas.

The Nottinghamshire County ASSIST scheme and Nottingham City Hospital to Home scheme enables health and social care providers to work in partnership to assess and support people to move into more suitable properties in a timely manner, enabling recovery and reablement at home, which reduces risk of admission to hospital and supports effective discharge from hospital. 22/23 will provide opportunity to review these as part of the Transfer of Care Hub development.

Focused areas of need

- Neurodiversity and dementia, e.g. sensory needs
- Promoting and developing independence e.g. preparing for independent living; adjusting after a major change; managing long term deteriorating conditions
- Short term housing support e.g. planned, crisis response, for assessment, for step up and step down.
- Housing related support – e.g. tenancy support and sustainment; money management, hoarding

2. Ageing Well – Our Anticipatory Care Schemes

(note historic scheme labelling means that City and County expenditure can not be compared on a scheme by scheme basis)

Nottingham City	
Care Coordination and Navigation	*Scheme ID 1 – CityCare 'Out of Hospital Contract' MDT, LTC case management, specialist nurses and NCGPA Social Prescribing*
Primary Care Enhanced Services	*Scheme ID 7- GP Practice enhanced services for case management, MDT and coordination with specialist teams*
Urgent Care/2 hr Crisis	*Scheme ID 3 – CityCare 'Out of Hospital Contract' 2hour response service*
Housing & Tech	*Scheme ID 10,11,12- Assistive Technology – telehealth, dispersed alarms, equipment* *Scheme ID 14 – Housing Health – Hospital to Home, supporting prevention and D2A* *Scheme ID 15- Disabled Facilities Grant*
Nottinghamshire County	
Care Coordination and Navigation	*Scheme ID 5 and 8 NHT South Notts/Mid Notts case management, MDTs and specialist nursing)*
Primary Care Enhanced Services	*Scheme ID 4 – GP Practice enhanced services for case management, MDT and coordination with specialist teams* *Scheme ID 20 Care Home Quality*
Urgent Care	*Scheme ID 6 British red cross 2 hour response* *Scheme ID 7 South Notts NHT 2 hour response* *Scheme ID 11 Evening and night nursing* *Scheme ID 13 ED Front Door and streaming (SFHT acute)*
Housing & Tech	*Scheme ID 26 – Disabled Facilities Grant* *Scheme ID 24- Supported accommodation younger adults* *Scheme ID 25 Direct Payments for older and younger adults*

3. Our Discharge to Assess model

Plans for improving discharge and ensuring that people get the right care in the right place:

A system D2A self assessment of 'What Good Looks Like in line with the High Impact Change Model' took place via a system workshop on the 21st July 2022, this was led by both the Local Government Association and ECIST. A feedback and next steps workshop took place on the 8th September 2022, the outputs will be incorporated to the system (ICB, LA and Provider) Discharge to Assess Operational Steering Group's system plan.

Integrated Delivery of **Transfer of Care Hub** models will go live in Q3 22/23 across all ICS Hospital Trusts. Preparation during 22/23has included system mapping of D2A pathways, reflecting issues, blockages and best practice implementation. This has included the development of a single transfer of care data set agreed to enable smoother and consistent communication across D2A pathways and Providers. During 22/23 improved relationships and pathways have been made with housing and specialist services such as homelessness and substance misuse to better support discharges for people with complex social needs.Q4 22/23 will ensure that projects and services to support specific cohort needs are linked into the developing Transfer of Care Hubs.

Collaborative Commissioning Progress: A collaborative commissioning review has resulted in a system wide agreement to a pooled funding investment for additional capacity across services to support improve delivery of the 'Pathway 1' integrated business case. This additional resource will be supported by a joint service specification, shared data monitoring and performance oversight. This is being supported by the ICS System Analytic Insight Unit and creation of a single Urgent Care dashboard.

Q3 22/23 will agree the approach to reflecting the additional resource in the BCF plan and BCF section 75 arrangements. There will also be a commitment to the intelligence information necessary to monitor performance across reablement, rehabilitation and homecare services. A partnership agreement will produce collective outcome framework and KPIs to monitor 'pathway 1' performance. This monitoring and oversight will align with the BCF metrics dashboard and feed into the Urgent Emergency Care Board and the Ageing Well Board.

Completion of the Intermediate Care Demand and Capacity modelling template has supported focus on alignment between programmes to address discharge and programmes for anticipatory care. There is significant challenge locally in balancing resource that meets the demands of hospital discharge with the intention to resource prevention and anticipatory interventions.

Integrated Care System
Nottingham & Nottinghamshire

3. Our Discharge to Assess schemes

(note historic scheme labelling means that City and County expenditure can not be compared on a scheme by scheme basis)

Nottingham City	
Integrated Discharge Team	*Scheme ID 4, 8,9- Facilitating Discharge, integrated enablement teams and supporting D2A. Mental Health integrated discharge*
Rehab/reablement	*Scheme ID 4, 6- reablement, rehabilitation and homecare provision.*
Community beds	*Scheme ID 4 City Care 'out of hospital' contract community beds*
Housing	*Scheme ID 15 Hospital to Home – housing advice to D2A, minor adaptations and 'handyperson' type support.*

Nottinghamshire County	
Integrated Discharge Team	*Scheme ID 3 Support to Integrated Discharge planning* *Scheme ID 15 Bassetlaw Mental health discharge roles* *Scheme ID 16,17, 18 Bassetlaw Discharge and assessment teams (across acute, mental health and community)*
Rehab/reablement	*Scheme ID 1- Short term rehab (NHT lot 10 South Notts)* *Scheme ID 9 and 10- Falls Prevention (NHT Mid Notts Community Rehab falls and South Notts East Bridgford Falls Rehab)*
Community beds	*Scheme ID 2- Community beds (NHT Lot 8- South Notts Lingsbar and Mid Notts Fernwood)* *Scheme ID 23- Nursing and dementia interim placement*
Housing	*Housing support to D2A 'ASSIST' under review*

Integrated Care System
Nottingham & Nottinghamshire

Summary of Changes to 22/23 Plans

22/23 Change to Nottinghamshire County HWB BCF Plan

As an output of the BCF review there was collective agreement to refresh the labelling of schemes in the Nottinghamshire County BCF Plan

The 22/23 Nottinghamshire County BCF Planning template will more clearly align with current commissioning arrangements for BCF services

This will provide improved clarity across schemes and consistency in labelling in readiness for more in-depth collaborative commissioning reviews of BCF services ahead of 23-25 plans.

22/23 Changes to Nottingham City HWB BCF Plan

The Nottingham City BCF scheme labelling did not require significant change
The review has led to Scheme ID 10 being removed. This line related to Programme Support costs, which are now considered 'core' workforce delivery.
Updated labelling of scheme ID 16 and 21 from 'other' to 'personalised budgeting and commissioning'

Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.
Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -
https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest level of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services at a given time.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:
- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23

- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

HM Government

NHS

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Nottinghamshire	
Completed by:	Naomi Robinson	
E-mail:	Naomi.Robinson2@nhs.net	
Contact number:	7816407052	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off	
If no, please indicate when the report is expected to be signed off:	Thu 13/10/2022	<< Please enter using the format, DD/MM/YYYY

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Cllr Dr, Chief Commissioning Officer, Corporate Director Social Ca
Name:	John Doddy, Lucy Dadge, Melanie Williams, Sarah Fleming, Kash A

How could this template be improved?	

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet]

[^^ Link back to top]

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: Nottinghamshire

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	6582	6311	6582	6582	6048	6582
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	746	718	746	746	691	746
2: Step down beds (D2A pathway 2)	156	151	156	156	145	156
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	75	73	75	75	70	75

Any assumptions made:	The pathway and provider split is based on historical discharges.

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Demand - Discharge Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
(Please select Trust/s.....)	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		1842	1770	1842	1842	1698	1842
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS		1264	1219	1264	1264	1184	1264
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		2562	2434	2562	2562	2312	2562
OTHER		914	888	914	914	854	914
(Please select Trust/s.....)	1: Reablement in a persons own home to support discharge (D2A Pathway 1)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		183	175	183	183	167	183

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS		128	123	128	128	120	128
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		343	330	343	343	318	343
OTHER		92	90	92	92	86	92
(Please select Trust/s.....)	**2: Step down beds (D2A pathway 2)**						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		42	41	42	42	39	42
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS		29	27	29	29	26	29
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		65	63	65	65	60	65
OTHER		20	20	20	20	20	20
(Please select Trust/s.....)	**3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)**						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		24	23	24	24	23	24
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS		14	14	14	14	14	14
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		26	25	26	26	23	26
OTHER		11	11	11	11	10	11

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: Nottinghamshire

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	Includes services provided by both health and social care. There is a shared intention to improve data quality, accessibility and insight and take a strategic joint approach to collectin this in year to allow future planning and monitoring. Due to pressures on hospital discharge capacity all bed based intermediate care are step down beds

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	0	0	0	0	0	0
Urgent community response	322	333	333	343	343	343
Reablement/support someone to remain at home	407	437	467	509	539	569
Bed based intermediate care (Step up)	0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Nottinghamshire

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Current capacity is able to meet demand other than for pathway 1 services. The ICS are planning to increase pathway 1 capacity above demand levels in order to reduce the backlog and improve flow for the discharge to assess pathway.

Capacity - Hospital Discharge

Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
VCS services to support discharge	Monthly capacity. Number of new clients.	150	150	150	150	150	150
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	6437	6156	6437	6437	5882	6437
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	692	761	830	830	900	900
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	156	156	156	156	156	156
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	77	77	77	77	77	77

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board: Nottinghamshire

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Includes services provided by both health and social care. There is a shared intention to improve data quality, accessibility and insight and take a strategic joint approach to collectin this in year to allow future planning and monitoring. Due to pressures on hospital discharge capacity all bed based intermediate care are step down beds

Capacity - Community

Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	322	333	333	343	343	343
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	407	437	467	509	539	569
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board:	Nottinghamshire

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	
BCF related spend	

Comments if applicable	This request has presented a challenge to our system due to the current approach to categorising spend across budgets. Estimating intermediate care costs will require further discussion with Providers and further data work by Local

Nottinghamshire County Council

Report to Health and Wellbeing Board

7 December 2022

Agenda Item: 6

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

QUARTERLY REPORT: JOINT HEALTH AND WELLBEING STRATEGY FOR 2022-26

Purpose of the Report

1. The report provides a quarterly update on progress to deliver the new Joint Health and Wellbeing Strategy for 2022-26.

Information

Background

2. As part of the delivery on the new Joint Health and Wellbeing Strategy 2022-26 (JHWS), it has been proposed to establish a robust framework for its monitoring and evaluation to ensure oversight on its progress. This was agreed by the Health and Wellbeing Board at its meeting on 15 June and was based on the recommendations of the Task and Finish Group that was established in March 2022.[1]

3. The monitoring approach will be a multi-level (from system to place based partnerships) and mixed methods (both quantitative and qualitative) to gain a more complete picture of the effect delivery of the strategy is having on health and wellbeing, in particular health inequalities. The approach includes an annual and four quarterly reports that highlight successes, challenges, lived experience and next steps that will contribute to the ongoing delivery of the JHWS. Quarterly reports should be used to identify and provide opportunities for improvement of the delivery of the strategy at timely intervals.

4. The first quarterly report covering the period from approval of the JHWS in June 2022 to September 2022 is provided in **Appendix 1**. Key findings will be summarised in this report, alongside considerations for the Nottinghamshire Health and Wellbeing Board.

[1] This group has met 5 times with membership including representatives from Public Health (including Public Health Intelligence), Place Based Partnerships and the Nottingham and Nottinghamshire integrated Care System (Health Inequalities Strategy).

Summary

Successes

5. The quarterly report includes a number of contributions to the delivery of the JHWS from Place Based Partnerships (PBP) and wider partnership organisations. Key successes are outlined in the table below.

Ambition	Key Successes
Give Every Child the Best Chance of Maximising their Potential	• A 0-5 Children and Young People Best Start Learning Lab has been established. • Children, Young People and Maternity has been named key priority for Bassetlaw Place Based Partnership. • A Mid Nottinghamshire 'Best Start' Task and Finish group was launched in September 2022. • Primary Care Networks (PCNs) in South Nottinghamshire have identified Children and Young People's mental health as an issue and funded young people's social prescribing via Base 51.
Create Healthy and Sustainable Places	• Progress towards achieving the Nottingham and Nottinghamshire joint air quality strategy (2020 – 2030) and refreshing the Nottinghamshire Spatial Planning and Health Framework. • Publication of the Nottinghamshire Food Charter and application is in progress to become part of the national Sustainable Food Places Programme. • Collection of projects undertaken looking into tackling financial insecurity and cost of living across County, Bassetlaw, Mid Nottinghamshire and South Nottinghamshire. • Active Notts have been leading on work to embed physical activity and the shared vision, as set out in Making Our Move, across the County working with the 3 PBPs.
Everyone can access the right support to improve their health	• Development of a Mental Health promotion action plan (2022-2025), delivery of a new suicide prevention communications campaign in September 2022 as well as projects focusing on targeted work with men and older boys and people living with dementia. Each PBP has multiple community-based initiatives to support mental health (such as Bassetlaw's suicide prevention small grants scheme, Mid Notts Community Services Transformation Programme and South Nottinghamshire Mental Health Networks). • Uptake of signatories to the Tobacco Control Declaration. • An exercise to map locally commissioned alcohol treatment services has been completed, identifying 8 services supporting Nottinghamshire residents. • Increased positive health behaviour change outcomes for smoking cessation, weight management, physical activity, and alcohol reduction reported by Your Health Your Way.

Keep our communities safe and healthy	• Nottinghamshire has been successful in joining the Making Every Adult Matter (MEAM) Approach network. • A draft framework for action on homelessness is in development with the Nottinghamshire Health and Wellbeing Board following on from a workshop on homelessness in October 2022. • A Nottinghamshire Domestic Abuse Partnership Board has been formed with the responsibility for providing a multiagency approach to reducing harm from domestic abuse. • The JSNA on Substance Misuse (Young People and Adults) was approved by the Board and published with an accompanying Health Needs Assessment due to be completed in November 2022.

Challenges

6. The quarterly report also raises several challenges felt across the system for the delivery of the JHWS. These include short term funding; workforce capacity, recruitment, and sickness; availability of local data and intelligence; increasing service need; and identification of vulnerable residents. The cost-of-living crisis was raised by multiple partners as a challenge for services and organisations.

7. Regarding food insecurity, there has been an identified increased demand for food support through food redistribution schemes like FOOD Clubs and food aid through food banks as reported at the county. Feeding Britain and Mid Notts PBP has identified issues relating to closure of local food banks and increasing demand of people in crisis and requiring food parcels. The cost-of-living pressures, together with short term funding, means that this community food infrastructure requires ongoing support and facilitation to ensure it develops and becomes sustainable. To help prevent food insecurity before it occurs, there needs to be additional action to strengthen building blocks of health including education, employment, and financial resilience.

8. The current significant rise in the cost of food, fuels and other essentials disproportionately affects low-income households with children, people with long term health conditions, people living in deprived areas, people from black, Asian and minority ethnic communities, people with disabilities, older adults, and financially vulnerable families referred to as 'just about managing' families.[2] This, in turn, increases their risk of hardship and negative impacts to their health and mental wellbeing. Within the quarterly report, the identification and support for vulnerable adults has been raised as a challenge, with widening health inequalities an anticipated consequence of the cost-of-living crisis. This is an additional context that needs to be considered for the delivery of the Joint Health and Wellbeing Strategy.

9. There is a Nottingham and Nottinghamshire Integrated Care System group being established to look at the cost-of-living crisis, with work at a district and place level already being undertaken to support vulnerable residents across the county to better manage the increase in their cost of living and to build more community resilience. Nottinghamshire County Council has established a financial resilience group and Public Health are looking at proposals to develop resilience within vulnerable communities to help mitigate the negative impacts of financial insecurity due to cost-of-living pressures.

[2] Office for National Statistics 2022, National Institute of Economic and Social Research 2022.

Next Steps (system wide)

10. The quarterly report also includes a set of next steps for each specific ambition, with responsible owners and timeframes identified where appropriate. There are several strategies currently being developed to support partnership working and integration on the health and wellbeing agenda:

    a) Nottinghamshire County Council Adult Social Care Division is currently developing a Prevention Strategy that links into a wider prevention focus between health and social care.

    b) The Joint Strategic Needs Assessment (JSNA) and the JHWS for Nottinghamshire County and City, have been used to develop the Nottingham and Nottinghamshire Integrated Care Strategy that incorporates the objectives of both the Nottingham and the Nottinghamshire JHWS into its framework. This is currently under development and is due by 16 December 2022.

    c) Bassetlaw, Mid Nottinghamshire, and South Nottinghamshire Place Based Partnerships (PBP) are also developing their own health and wellbeing plans by April 2023. These will form the basis of much of the delivery plan for the Nottinghamshire JHWS and has been identified as key delivery mechanisms for the JHWS. Work is ongoing to mature the feedback loop between the PBPs and the Health and Wellbeing Board.

Conclusion

11. The next quarterly report to update the Health and Wellbeing on progress of the delivery of the Joint Health and Wellbeing Strategy for 2022-26 is scheduled for March 2023. In the interval, the Chair's Report will continue to provide regular updates on local and national news that relates to the JHWS. Members are asked to consider the contents of this report, determine any implications for the Joint Health and Wellbeing Strategy 2022-26 and consider whether there are actions required by the Health and Wellbeing Board.

Reason/s for Recommendation/s

12. The Health and Wellbeing Board has a statutory duty to produce a Joint Health and Wellbeing Strategy.

Statutory and Policy Implications

13. 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

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

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

1) To review the quarterly report and consider whether there are any actions required by the Health and Wellbeing Board in relation to the various issues outlined.

Councillor John Doddy
Chairman of the Nottinghamshire Health and Wellbeing Board

For any enquiries about this report please contact:

Vivienne Robbins
Deputy Director of Public Health
Nottinghamshire County Council
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Sue Foley
Public Health Consultant
Nottinghamshire County Council
E: sue.foley@nottscc.gov.uk

Constitutional Comments (CEH 15/11/2022)

15. The report and recommendation fall within the remit of the Health and Wellbeing Board.

Financial Comments (DG 14/11/22)

16. 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.

Second Nottinghamshire Joint Health and Wellbeing Strategy (6 December 2017)
Report to the Nottinghamshire Health and Wellbeing Board
The Refresh of the Nottinghamshire Joint Health and Wellbeing Strategy for 2022 – 2026 (1 September 2021)
Report to the Nottinghamshire Health and Wellbeing Board
The Joint Health and Wellbeing Strategy for 2022 – 2026 (23 March 2022)
Report to the Nottinghamshire Health and Wellbeing Board
The Nottinghamshire Joint Health and Wellbeing Strategy 2022 – 2026 (5 May 2022)
Report to the Nottinghamshire Health and Wellbeing Board
Delivery and Monitoring of the Joint Health and Wellbeing Strategy 2022 – 2026 (15 June 2022)
Report to the Nottinghamshire Health and Wellbeing Board

Electoral Division(s) and Member(s) Affected

- All

Joint Health and Wellbeing Strategy 2022 – 2026

Quarterly Report

(June – September 2022)

The purpose of this report is to inform the Nottinghamshire Health and Wellbeing Board on the progress of the Joint Health and Wellbeing Strategy 2022 – 2026 and provide an opportunity to highlight successes or challenges or actions required by the Health and Wellbeing Board since the launch of the strategy in June 2022.

Our Vision and Partnership Working

Vision:

Working together to enable everyone in Nottinghamshire to live healthier and happier lives, to prosper in their communities and remain independent in later life.

1) **Give every child the best chance of maximising their potential**
We will work together 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

2) **Create Healthy and Sustainable Places**
Everyone will grow, live, work and age in places that promote good health, tackle the causes of health inequalities, and address the climate crisis.

3) **Everyone can access the right support to improve their health**
Health, care, and community services will work together to strengthen their focus on promoting good health and wellbeing and preventing illness, by building on people's strengths.

4) **Keep our communities safe and healthy**
We will support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want.

Are We Moving Towards Our Vision?

Working together to enable everyone in Nottinghamshire to live healthier and happier lives, to prosper in their communities and remain independent in later life.

Key Successes

- Ambition 1: A "0-5 Children and Young People Best Start Learning Lab" approach has begun in September 2022 and will continue until the end of the year. The purpose of the Learning Lab approach is for system partners to come together to reflect and review how they are currently working to the principles developed for the Collaborative Planning and Commissioning Framework.
- Ambition 2: There has been significant partnership activity in relation to the strategic food priority, particularly in relation to the food insecurity response. This includes Feeding Britain partnerships in Bassetlaw, Newark & Sherwood; Ashfield and Mansfield and temporary food co-ordinators to facilitate this work.
- Ambition 3: Following a workshop for Health and Wellbeing Board members in July 2021, in which priorities were identified relating to Mental Health and Wellbeing, Public Health have developed a Mental Health promotion action plan (2022-2025) for Nottinghamshire.
- Ambition 4: Nottinghamshire has been successful in joining the Making Every Adult Matter (MEAM) Approach network which is funded through the National Lottery Community Fund and supports authorities to enable system change for adults with multiple disadvantage.
- The Place Based Partnerships (PBPs) have been developing their integrated partnership working and focus on the ambitions and priorities in the Joint Health and Wellbeing Strategy (JHWS).

Key Challenges

- Our Delivery Plan and Monitoring & Evaluation approach will be further evolved with partners as the strategy matures, particularly with regard to the new Integrated Care Strategy and Place Based Partnerships (PBPs) Health and Wellbeing Plans. This includes the feedback loop between partners and the Health and Wellbeing Board with regard to successes and challenges.

- Short term funding has been highlighted in a number of areas as a barrier to planning and implementing projects effectively, plus the availability of a suitably trained workforce.
- The cost of living crisis is causing great concern in terms of the health and wellbeing of the population but also in capacity of organisations to deliver actions and services.

Integrated Partnership Working

- The Joint Strategic Needs Assessment (JSNA), and therefore the JHWS, are required to be used to develop the Nottingham and Nottinghamshire Integrated Care Strategy. This is currently under development and is due by the end of December 2022. It is required to incorporate the objectives of both the Nottingham and the Nottinghamshire JHWS into its framework.
- In turn, PBPs must develop their own health and wellbeing plans by April 2023. These will form the basis of the majority of the delivery plan for the Nottinghamshire JHWS. Please see Appendix 1 for table showing the relevant strategies and delivery plans related to the JHWS.
- Therefore, there will be a fuller report on the progress of the JHWS at the March 2023 meeting of the Health and Wellbeing Board.

Key Successes

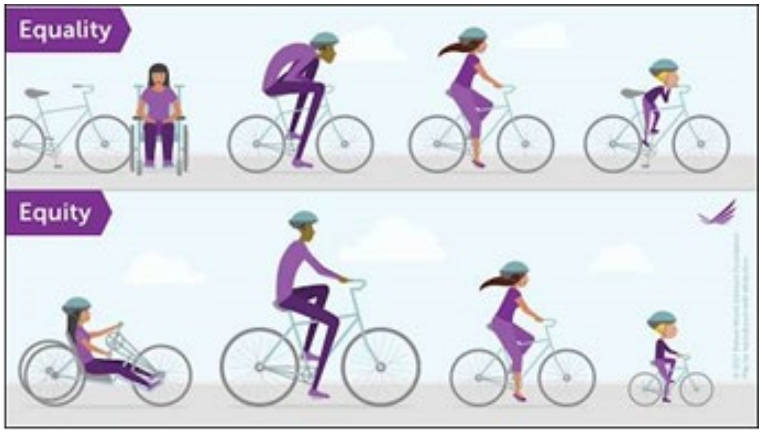
- Place Based Partnerships have been developing and evolving their ways of working and actions, based on the ambitions and priorities of the JHWS.

Key Challenges

- Further localised analysis is required in order for PBPs have sufficient intelligence to prioritise the JHWS ambitions and priorities for their areas.
- Short term funding has been highlighted in a number of areas as a barrier to planning and implementing projects effectively, plus the availability of a suitably trained workforce.
- The cost of living crisis is causing great concern in terms of the health and wellbeing of the population but also in capacity of organisations to deliver actions and services.

Consideration of Cross cutting themes (Equity & Fairness, Prevention, Environmental Sustainability)

- The ICS is introducing the Principle of Equity to its ways of working. Equity is defined as the quality of being fair, just, and impartial. It means that we tailor or adapt the service offer to meet the needs of the individual, community, or population.



The diagram shows this difference. Providing the same bicycle for everyone (equality) does not provide each person with the best opportunity to reach their destination. However, by adapting the bicycle to each person's specific needs (equity) it allows everyone the opportunity to ride their bike and reach their destination.

Source: Robert Wood Johnson Foundation (Better Bike Share, 2017)

- The cost of living is of great concern to the Nottinghamshire population, and a Cost of Living Group has been set up by Nottinghamshire County Council to examine what the Council and wider partners can do to support. Programmes of support are being developed. Also see the Ambition 2 Quarterly report.
- The Nottinghamshire County Council Adult Social Care Division is currently developing a Prevention Strategy that links into a wider prevention focus between health and social care.

Next Steps

1) Further maturity of JHWS M&E Plan including completion of Integrated Care Strategy and PBP Health and Wellbeing Plans and short, medium and long term actions.
2) Submission of a full JHWS report at the March 2023 HWB incorporating the ICS Strategy and PHOF Report.
3) Principle of equity to be incorporated into ICS ways of working.
4) Cost of living work programmes to be implemented.
5) Completion and commencement of implementation of Adult Social Care (ASC) Prevention Strategy.

Ambition 1: Give Every Child the Best Chance of Maximising their Potential

We will work together 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.

- A 0-5 Children and Young People Best Start Learning Lab has been established.
- Children, Young People and Maternity has been named key priority for Bassetlaw Place Based Partnership.
- A Mid Nottinghamshire 'Best Start' Task and Finish group was launched in September 2022.
- Primary Care Networks (PCNs) in South Nottinghamshire have identified Children and Young People's mental health as an issue and funded young people's social prescribing via Base 51.

Key Successes

NOTTINGHAMSHIRE BEST START PARTNERSHIP

- The Nottinghamshire Best Start Strategy (2021-2025) has ten ambitions and is co-ordinated by the Best Start Partnership Steering Group. Recent partner support for undertaking champion roles have been secured for ambition 2 (Mothers and babies have positive pregnancy outcomes), ambition 3 (Babies and parents/carers have good early relationships) and ambition 5 (Parents/carers experiencing emotional, mental health and wellbeing challenges are identified early and supported). Partners have been asked to put themselves forward to act as champions for the other remaining seven ambitions.
- A "0-5 Children and Young People Best Start Learning Lab" approach has begun in September 2022 and will continue until the end of the year. The purpose of the Learning Lab approach is for system partners to come together to reflect and review how they are currently working to the principles developed for the Collaborative Planning and Commissioning Framework.

BASSETLAW PLACE BASED PARTNERSHIP (PBP)

- Children, Young People and Maternity is one of Bassetlaw Place Based Partnership strategic priorities. Key outcomes and initiatives for 2022/23 can be seen from the Bassetlaw Place Priorities Reporting Dashboard below:
- **Bassetlaw PBP Children and Young People's Network development** - partners across all sectors work together with the shared aim of improving outcomes for children and young people (0-25 years) and working to develop integrated services that join up care.
- **Increased volunteering initiatives for younger people** - Point of View project (POV) delivered by Bassetlaw Partners, The Point of View project (POV) aims to build new, strong, and lasting relationships between Arts organisations and the wider voluntary community and social enterprise sector and will affect change by putting the voice and 'Point of View' of young people at the centre of all POV activities providing over 100 new volunteer opportunities.
- **Family Hub Networks in Nottinghamshire** - Bassetlaw has been confirmed as a 1 of 3 service design sites in Nottinghamshire with the hub being based in Retford Central Children's Centre from 2023.
- **Expansion of Bassetlaw 'APTCCO' (A Place to Call Our Own) service -** providing support for children and young people (CYP) pre and post diagnosis of ADHD, autism and SEND.
- **Bassetlaw Children and Young People Mental Health Alliance** – 47 local practitioners have been provided with free continued professional development (CPD) sessions focused on CYP

mental health to increase awareness of mental health needs, where and how to access support locally and wider health needs that impact on mental health.

- With support from Alliance members, the GP lead was able to secure funding to collaborative to co-produce with CYP local resources outlining CYP mental health support across Bassetlaw
- **Children and Young People 'sexual health' educational videos** - available across all local schools, developed by local GP and Sexual Health consultant.
- **Children and Young People Social Prescriber roles within PCNs** - Within 9 months of mobilisation 88 CYP had been supported with 358 contacts. 96% of CYP evidenced improved outcomes.
- **Key partners in the delivery of these objectives include -** VSCE partners, Early Years providers, Citizens Advice Bureau (CAB), Children's Centre Service, Healthy Family Teams, Public Health, Primary Care Networks (PCNs), housing providers, mental health services, young carers support services, district and county council and parents and carers.

MID NOTTINGHAMSHIRE PLACE BASED PARTNERSHIP

- Partnership delivery of the Mid Notts PBP strategic objectives, to give every child the best start in life, with two breakthrough objectives below. Updates are reported quarterly, and the objective leads advise the actions/objective is on track in terms of delivery.

    1. **Increase readiness for school and the number of children with skills needed to start school.**
       Key Partners: Early Years providers (schools and private, voluntary, and independent sectors), Children's Centre Service, Healthy Family Teams, Speech and Language Therapy Teams, Virtual School (for children looked after by the LA), voluntary sector e.g., Home Start; maternity services, Integrated Care Partnership and Public Health and of course parents and carers.
    2. **Mothers and Babies have positive pregnancy outcomes. Children and parents have good health outcomes.**
       Key Partners: Nottinghamshire County Council Public Health and Early Childhood Services; NHS services including Maternity Services and maternity voices partnership (MVP), Perinatal Mental Health, Healthy Families Teams, speech, language, and communication need (SLCN) teams, and NHS commissioners; District and Borough council representatives; Communication and engagement leads across NHS and Local Authority; Health and Wellbeing Board members.

- A Mid Notts 'Best Start' Task and Finish group was launched in September 2022 and includes partners from Nottinghamshire County Council (NCC), the three District Councils, Sherwood Forest Hospital Trust (SFHT), Integrated Care Board (ICB) Locality Team and Active Notts, bringing together data and knowledge from our local communities. A Terms of Reference (ToR) has been agreed and a local 'Place' Action Plan is being developed.

SOUTH NOTTINGHAMSHIRE PLACE BASED PARTNERSHIP

- Killisick Fun Day - Positively Empowered Kids (PEK) a local organisation that support children and families with resilience and mental wellbeing engaged with the community.
- NNE PCNs identified Children and Young People's mental health as an issue and fund young people's social prescribing via Base 51.
- During the Population Health Management (PHM) module of the Place Development Programme identified children between the ages of 15-19 with mild common mental health problems.
- Range of partners engaged in the Population Health Management work.

Case Study (via a Social Prescribing Link Worker):
13-year-old struggling with mental health issues including anxiety, low self-esteem, restrictive eating, gender dysmorphia as well as difficulty making/keeping friends, with previous incidence of self-harm. Signposting and support was provided by the Social Prescribing Link Worker.

"*This has really helped, I don't feel like it is forced on me and you really understand and want to help".*

Key Challenges

BASSETLAW PLACE BASED PARTNERSHIP

- Data availability at a place level.
- Workforce challenges; recruitment, sickness, and absence.
- Not all partner relationships matured at place to contribute to this ambition; still siloed in some areas.
- Education partners struggle to find capacity to engage.
- Funding for voluntary, community and social enterprises (VCSE) providers on annual basis and due to expire shortly.
- Cost of Living Crisis booklet developed as this underpins all current ambitions and a Bassetlaw Cost of Living Action Plan has been developed (More information can be found at https://www.bcvs.org.uk/costofliving).

MID NOTTINGHAMSHIRE PLACE BASED PARTNERSHIP

- **School readiness:** Data shows that children in Mansfield and Ashfield are less likely to be school ready compared to the national average. There is also concern about the children born in lockdown as anecdotal evidence suggests children have experienced developmental delays because of late identification of needs (e.g., speech, language, and communication).
- **Children Eligible for Free School meals:** All three District Councils in Mid Nottinghamshire had over 20% of pupils eligible and claiming free school meals, but this only gives us those who are eligible and claiming. We need to further understand why those eligible are not claiming and if this will change and rise due to the cost-of-living crisis. Average educational attainment for this cohort is also below the national average.
- **Year on year the proportion of SEN children is slowly increasing:** Both across Nottinghamshire and in Mid Notts and therefore understanding and developing plans for increasing support will need to be considered.

Next Steps

1.	BASSETLAW PLACE BASED PARTNERSHIP	Establish a best start workstream aligned to Bassetlaw Place Children, Young People and Maternity workstream.
2.	MID NOTTINGHAMSHIRE PLACE BASED PARTNERSHIP	Outcomes and recommendations from the Mid Notts Task and Finish Group to be shared.
3.		Continued objective reporting and working with objective leads and partners to review and address the key challenges.
4.		Development of a Place Dashboard for Place lead programme management of work to deliver Place vision, priorities, and objectives.

5.	SOUTH NOTTINGHAMSHIRE	Population Health Management CYP task and finish group established (first meeting took place on 14th October 2022).
6.	PLACE BASED PARTNERSHIP	In November 2022 a Killisick meeting with service providers will take place regarding feedback from the community.

Ambition 2: Create Healthy and Sustainable Places

Everyone will grow, live, work and age in places that promote good health, tackle the causes of health inequalities, and address the climate crisis.

- Progress towards achieving the Nottingham and Nottinghamshire joint air quality strategy (2020 – 2030) and refreshing the Nottinghamshire Spatial Planning and Health Framework
- Publication of the Nottinghamshire Food Charter and membership to the national Sustainable Food Places Programme.
- Collection of projects undertaken looking into tackling financial insecurity and cost of living across County, Bassetlaw, Mid Nottinghamshire & South Nottinghamshire.
- Active Notts have been leading on work to embed physical activity and the shared vision, as set out in Making Our Move, across the County working with the 3 PBPs.

Key Successes

Air Quality

- Nottinghamshire has a joint air quality strategy with Nottingham City that was approved by both Health & Wellbeing Boards in 2019 and is incorporated into plans of all local authorities and the Integrated Care System. Progress has been made on various Nottinghamshire County Council transport initiatives contributing to air quality and active travel health and wellbeing benefits. These include.
    - ongoing delivery of the 2022/23 integrated transport and capital maintenance programmes, which include various active travel improvements, as well as bus infrastructure.
    - Completion of two new cycle routes on High Pavement, Sutton in Ashfield (May 2022) and Regatta Way, West Bridgford (August 2022) as part of the Council's Active Travel Fund (Tranche 2) programme.
    - Secured £0.774m of local electric vehicle infrastructure funding for the trial electric vehicle cable channel programme.
    - Public Health funding has also been made a viable for the Travel Choices Programme in Bassetlaw, Mansfield and Ashfield supporting people to take more active and sustainable modes of transport.

- Districts and Borough Councils have been busy collating data and writing their Annual Air Quality Status Report which were submitted to Department for Environment, Food, and Rural Affairs (DEFRA) in June 2022. For local authorities with Air Quality Management Areas this also includes reporting back on measures within the Air Quality Action Plans, which is carried out with the Nottinghamshire County Council Transport team.

Food Insecurity & Nutrition

- The Nottinghamshire Food Charter is now published with a set of webpages and there has been a successful application to become part of the national Sustainable Food Places Programme.
- There has been significant partnership activity in relation to the strategic food priority, particularly in relation to the food insecurity response. Nottinghamshire has a thriving, but fragile community

food infrastructure that developed during the COVID-19 humanitarian response. This includes Feeding Britain partnerships in Bassetlaw, Newark & Sherwood; Ashfield and Mansfield and temporary food co-ordinators to facilitate this work. At a county level this is supported by the Public Health led Nottingham and Nottinghamshire Food Insecurity Network[1] with specific networks for Community Gardens and Social Eating.

- The Nottinghamshire Childhood Obesity Trailblazer Project completed on several workstreams testing out levers to improve the food environment in the early years. One example is the Food for Life Early Years Award which requires a 'whole setting approach' to food. The evaluation found 5 of 7 nurseries evidenced an improvement in food, knowledge, confidence, and skills and 2 achieved the Food for Life Early years award. The Learning Tree is a large nursery (with around 65 children on roll) in Sutton-in-Ashfield. The nursery has been highly engaged in the Food for Life Early Years Award programme, with their manager actively participating in the *Community Food Hubs* project and were regular contributors to the *Early Years Community of Practice* led by the County Council. The Learning Tree achieved their Food for Life award on May 18th 2022, and there is also work to complete the evaluation of project and contribute to the national evaluation.

> *"Participating in Food for Life has given me the confidence to make changes in our menus and to share this learning with the three other nurseries in our chain. I understand about additives and the importance of freshly prepared food now."*
>
> Manager of the Learning Tree Nursery.

- This year has seen further development of food redistribution schemes across the county so that there are currently 37 known schemes including (Food Clubs, food pantries, food hubs and social supermarkets). Food redistribution schemes collect surplus food from food businesses and deliver it to those who have a need usually with a paid contribution. One innovative example are the 13 food hubs developed by the Bassetlaw Food insecurity Network and CVS. Like other food redistribution schemes, they get food supply from the national Fareshare network and in this case work with local schools which want to be a hub for their local community. Bassetlaw also has social eating opportunities allowing residents to connect and eat together. Slow Cooker courses- working in collaboration Bassetlaw partners have delivered x6 free slow cooker courses running for 6 weeks each. Cooking on a budget course to be run within Worksop between October – December. The Food For Life Project delivered by VCSE partner Oasis - this has been active since the first UK Lockdown and has to date given over 6000 of its food hampers out. Oasis also offers breakfasts.
- There is also a range of community food activities in the Mid Notts area. Since NCC vacated Trowell Court its hosts a FOOD club ran by Family Action, a coffee morning ran by Bellamy Tenants and Residents Association to support Residents and a wide range of other community activities. Mansfield Community and Voluntary Sector (CVS) also occupies Trowell Court as a base from which to coordinate activity in the delivery of the NHSEI Bellamy Prevent project. Holiday activities and food programmes across Mid Notts have had good engagement throughout the summer holidays. There are food clubs ongoing in Mansfield, one is based on the Oak Tree Lane estate. However, an area of concern is that some of the food banks are starting to close.
- South Notts reported that in Rushcliffe there is positive work with Branch and Bloom community garden in Keyworth. Increased demand due to food insecurity in Butlers Hill/Broomhill – food club started with 55 boxes given; within 8 weeks the number of boxes provided rose to 275.

Health Promoting Environments

[1] Will become known as the Sustainable Food Network. This will enable its focus on food insecurity to continue but will enable the network to develop its scope to other aspects of developing a sustainable food system in line with the Food Charter and help develop a more resilient food infrastructure.

- The Planning system presents a significant local lever to shape healthy and sustainable places through new developments and neighbourhood regeneration. Nottinghamshire has a track record in leading the work to ensure health and wellbeing is considering in Planning. Work is progressing to refresh Nottinghamshire Spatial Planning and Health Framework, and Public Health funding has been secured to evaluate the use and outcomes of the Framework to inform the refresh. To support the review a Spatial Planning and Health Framework (SPHF) Reference group, drawn from Planning Policy, Development Management Public Health Teams from across the local authorities has been formed.
- In Mid Nottinghamshire Place Based Partnership to maximise opportunities to develop the built environment into healthy places there are 2 breakthrough objectives of:
    1. Continue to ensure the physical environment within our communities is better used to ensure it has a positive impact on their health and wellbeing. (Objective Lead: Mariam Amos)
    2. Continue to ensure everyone lives in safe and suitable housing and there is increased availability of social housing.
- Bassetlaw have agreed a Statement of Common Ground with Bassetlaw District Council colleagues ensuring health and healthy spaces is included in all local developments (e.g., health infrastructure, green spaces, cycle routes).

Financial Resilience

There has been much attention at a County and Place level on responding to cost-of-living pressures to support both residents and the community infrastructure and services they rely upon. In turn, how this can be built upon to further develop community resilience and healthy and sustainable places.

- A June 2022 scoping study commissioned by Mansfield CVS into tacking financial insecurity in the county recommended the need to strategically prioritise the issue at a district and county level and develop county-wide partnership approach which should add value to place based networks. The is being explored by a County Council Financial Resilience project funded by Public Health. The Board may wish to determine its role in improving Financial Resilience.
- There has been cost of living events in Bassetlaw. Bassetlaw Citizens Advice have worked in partnership with Bassetlaw PBP to develop a pathway for supporting people experiencing poor mental health, providing advice on health-related benefits and money management. In the last 12 months the Positive Paths Adviser has provided an average of 6 hours of intervention to 1186 Bassetlaw patients, engaged in 2083 conversations based on providing support and helped them claim £540,757 of benefits.
- In South Notts, through the advice on Prescription scheme – additional Citizens Advice worker capacity linked to GP practices in each Primary Care Network (PCN) in Gedling and Hucknall and each neighbourhood in Broxtowe.

Employment

- **Workforce** – Workforce is one of six priorities for Bassetlaw Place Partnership. North Notts Skills and Employment Board (NNSEB) is the strategic body represented by senior employer, stakeholder, and partner representatives. The NNSEB helps prioritise skills and employment activity in Bassetlaw, influencing wider direction to improve employment and skills opportunities and performance. Bassetlaw Place Partnership has a task and finish group that sit under this group and are working to identify and address gaps in skills locally, support the local college to bridge a 36% shortfall in lecturers and develop a common induction pack.
- **Foundation School in Health** - Doncaster and Bassetlaw Teaching Hospitals (DBTH) and Bassetlaw Academy launch landmark partnership with second ‘Foundation School in Health’ in UK, to develop opportunities and widen participation for pupils from the Bassetlaw area wishing to pursue a career in the health and care service.

- **What's next careers event** - 2 events run each year aiming to support skills, careers, and employment activity across Bassetlaw, shaping the future workforce and helping provide a potential talent pipeline for local businesses and enabling people to make informed decisions. The events encompass the new education, skills, and employment activity of the North Notts Skills and Employment Board (NNSEB), Skills and Employment Partnership (NNSEP) and the North Notts Careers Hub.
- Newark & Sherwood and Rushcliffe CVS have secured lottery funding to strengthen their partnership and working. The CVSs are looking at their models for development projects and a Business Development Manager is in post to lead this work. The focus is on Gedling and Broxtowe as these areas have been identified as having under-investment.

Active Environments

- Active Notts have been leading on work to embed physical activity and the shared vision, as set out in Making Our Move, into the strategic objectives of Local Authorities and the Integrated Care System. This includes building advocacy to influence policy and practice with place-based partnerships to embed the value of Physical Activity in workstreams.
- Mid Nottinghamshire Place Based Partnership aims to tackle physical inactivity, by developing the understanding of barriers and motivations with 2 breakthrough objectives of:
  1. Increased awareness within targeted communities of the existing and new programmes and initiatives
  2. Building on our understanding of physical activity, work together to enable communities to move more.
- In all 3 districts in the PBP, they are now coming together to better understand what Physical Activity (PA) looks like in their areas and what needs to be done to enable communities to move more. In Mansfield a new PA collaboration met initially around the new leisure contract, but such was the energy in the group to was decided to broaden the work to ensure a true understanding is feeding into more strategic conversations as well as ensure collaboration and maximisation of resources. Better understanding is also being captured as part of the wider NHSE prevention work in Coxmoor in Ashfield and Bellamy in Mansfield but also through community work across the districts.
- The YMCA facility in Newark and Sherwood has now been successfully opened as has the new Kirkby Leisure Centre in Ashfield and the new community facilities at Oaktree Leisure centre in Mansfield. The leisure providers in Mid Notts across the 3 districts are working hard to ensure, that as part of their new contracts, they are working more effectively in communities rather than provision being focused on the Leisure centres. A Mid Notts PCN have been hosting community Park Run events for anyone from across the PCN geography being invited to come along and run or just meet up and talk at Brierley Country Park. Leisure centres continue to offer their discounted membership for GP referrals.

Community Capacity and Resilience

- Active Notts host a community of practice for community development workers to share good practice and develop skills.
- In Mid Notts the NHSEI project being delivered within Bellamy and Coxmoor Communities. To promote healthier and happier communities by identifying purposeful and sustainable approaches to tackle health inequalities through co-production with these communities. A horticulture course has been delivered and a food hygiene course. Residents are now growing vegetables on the estate to use and sell on the estate. There is a project to involve Diabetes Champions (currently being recruited) in Community Groups in Priority places (e.g., Bellamy Estate and Oak Tree Lane).
- Mid Notts PPG Quarterly Network meetings are established and provides an opportunity for PPGs to share their successes and good news stories in relation to supporting practices and primary

care networks promote good health and wellbeing. CVS colleagues and ICB Communications and Engagement are also planning some additional workshops working collaboratively with existing well established PPG groups to support developments such as recruiting new members and setting up and running PPGs in practice. Ashfield Voluntary Action have developed a pack of information to share with the Mid Notts Quarterly network on effective groups and recruitment

- In South Notts Community Development Worker post recruited in addition to current post, which previously covered all South Notts - now one post to cover Gedling and Hucknall, with the other to cover Rushcliffe and Broxtowe. Bids submitted to UK Shared Prosperity Fund from each district/borough council in South Notts. Gedling Borough Council has received £47,000 from NCC Social Recovery Fund to support community infrastructure. Community Champions/Wellness Wednesday's survey to identify what the population want in their local communities. The feedback will be used by several healthcare partners as part of integrated working, to determine what is currently available and what the gaps are. CVS and partners are visiting under-represented populations, such as some BAME communities, face-to-face with hard copies of the survey. Part of the work is exploring how to reach under-served groups and finding new ways to engage. 344 community groups are active in South Nottinghamshire and supported by the Community Development Worker. Community Development Worker supports community groups to accept an increasing number of referrals from social prescribing link workers. Small community growth fund being successfully used to support community groups.

Key Challenges

1) Cost of Living Pressures – Food Insecurity, Financial Resilience

This infrastructure is the foundation to the coordinated response to addressing food insecurity which has increased due to cost-of-living pressures. This infrastructure is an important community asset for developing healthy and sustainable places due to the role community food initiatives can in improving health and tackling health inequalities, beyond improvements in nutrition, for physical and mental wellbeing as well as improving social capacity, community cohesion and resilience.

There has been an identified increased demand for food support through food redistribution schemes like FOOD Clubs and food aid through food banks as reported at the county Feeding Britain and Mid Notts has identified issues relating to closure of local food banks and increasing demand of people in crisis and requiring food parcels.

The Health and Wellbeing Board should be aware that cost of living pressures, together with short term funding, means that this community food infrastructure requires ongoing support and facilitation to ensure it develops and becomes sustainable. In addition, if the Board wants to help prevent food insecurity before it occurs, there needs to be additional action to strengthen building blocks of health including education, employment, and financial resilience. The Board and its members should seek to support and influence the allocation of resources to help make these partnership workstream is sustainable in line with Health & Wellbeing Strategy priorities for this ambition.

Next Steps

1.		Develop a Healthy Sustainable Places Steering Group.
2.		Publish the Healthy Sustainable Places Framework for Action.
3.		Refresh the Nottinghamshire Spatial Planning and Health Framework.
4.	Air Quality	Consideration of joint funding opportunities through the government air quality grants.

5.	Food	Develop the Strategic Food Plan for Nottinghamshire.
6.		Application for Bronze award at Sustainable Food Places.
7.		Support and develop the community food infrastructure aligned with cost-of-living response.
8.		Develop a Joint Strategic Needs Assessment (JSNA) product for food insecurity.
9.	Financial	Support and develop the infrastructure aligned with cost-of-living response.
10.	Resilience	Develop a County Council approach and a county wide partnership.
11.	Sustainability	JSNA Chapter on Climate Change impact in Nottinghamshire.
12.		Development of links with Integrated Care System (ICS) Green Board, and Health and Wellbeing Board Plans.
13.	Housing	Developing JSNA products.
14.		Health in all polices approach to proposed Nottinghamshire County Council Housing Strategy.
15.	BASSETLAW	Assessment of partners sustainability impact currently being undertaken.
16.	MID NOTTS	Continued Objective reporting and working with Objective Leads and partners to review and address the key challenges.
17.		Continuation of the NHSEI project and reporting through the ICS Health Inequalities meetings and NHSEI.
18.		Development of a Place Dashboard for Place lead initiatives/programmes of work to deliver Place vision, priorities, and objectives.
19.		Mid Notts PBP partners to come together to enable a focussed discussion on the impact of the cost-of-living crisis and local actions/interventions.
20.	SOUTH NOTTS	Embedding the second Community Development Worker role.

Ambition 3: Everyone can access the right support to improve their health

Health, care, and community services will work together to strengthen their focus on promoting good health and wellbeing and preventing illness, by building on people's strengths.

- Development of a Mental Health promotion action plan (2022-2025), delivery of a new suicide prevention communications campaign in September 2022 as well as projects focusing on targeted work with men and older boys and people living with dementia. Each PBP has multiple community-based initiatives to support mental health (such as Bassetlaw's suicide prevention small grants scheme, Mid Notts Community Services Transformation Programme and South Nottinghamshire Mental Health Networks).
- Uptake of signatories to the Tobacco Control Declaration.
- An exercise to map locally commissioned alcohol treatment services has been completed, identifying 8 services supporting Nottinghamshire residents.
- Increased positive health behaviour change outcomes for smoking cessation, weight management, physical activity, and alcohol reduction reported by Your Health Your Way.

Key Successes

Mental Health

- Following a workshop for Health and Wellbeing Board members in July 2021, in which priorities were identified relating to Mental Health and Wellbeing, Public Health have developed a Mental Health promotion action plan (2022-2025) for Nottinghamshire.
- In July 2022 a Framework Agreement for the provision of mental health, self-harm and suicide prevention training was procured on behalf of Nottinghamshire County Public Health, Nottingham City Public Health and Nottingham and Nottinghamshire NHS.
- In September 2022 a new suicide prevention communications campaign was launched across Nottingham and Nottinghamshire. The logo and branding will be used to develop both universal and targeted communications to raise awareness, reduce stigma and enable people to access the right support.
- Launch of a 12-month pilot to provide targeted support to men and older boys experiencing suicidality/suicide crisis launched in the summer with the aim of increasing engagement in support among this group.
- The completion of a 12-month Better Care Funded project to raise the profile and awareness of advance care planning (ACP) for people living with dementia.

- **Bassetlaw place-based partnership** has adopted the Prevention concordat and the local Mental Health Alliances focus on CYP, adults and suicide prevention. The shared aim of the group is increasing the knowledge, competencies, skills of the local workforce and improving mental health outcomes across Bassetlaw. This has been underpinned by increased availability of free CPD sessions. Resources related to mental health support have been co-produced.
- At a service level in Bassetlaw there has been improved collaborative working and developed internal referral pathways into services, supporting the "no wrong door "approach. Suicide prevention training is mandated at Place and mental health and mental health first aider training in contracts across all place partners.

- At a community level Bassetlaw PBP hosts a suicide prevention small grants scheme and deliver community-based initiatives to increase access to low level support. Bassetlaw are delivering a bespoke version of Ripple.

  Mid Notts place based partnership has seen community level work commenced through the Community Services Transformation Programme to include dedicated swimming sessions for people with mental health issues to be widened out to people living with dementia.
- Increase the presence of Insight IAPT at community events, speaking to people and helping with self-referral.
- Sharing information about mental health support services for all ages available signposting to websites including Notts Alone Notts Help Yourself and CVS.
- Journey To Wellbeing course publicised in Communities.
- **Ashfield** Sign posting and sharing information on services – both digitally and community based, understanding people's history and background exploring current and proposed ways of communication across services, improving services for young people - baseline youth clubs and youth activities – services already available/uptake/services missing
- **Newark** initial focus Health literacy & access to information including transport, access to non-clinical helplines, access to public information and Web of support – summary of visits and contacts across system professionals
- **Mansfield** initial focus on **Empowering Communities** through access to transport, outreach services, knowing which services are available and flow of information across services.

- **South Nottinghamshire Place based Partnership** have commenced the Mental Health Transformation from April 2022 - Mental Health Networks established in all three South Notts areas.
- Broxtowe Borough Council have applied for the Prevention concordat.

Case Study

Patient attended Emergency Department (ED) at Bassetlaw Hospital and was subsequently triaged to the Nottinghamshire Healthcare NHS Trust Crisis Team for support with suicidal ideation. One of the areas of support identified related to the patient's accommodation, this resulted in a referral to the Voluntary and Community Services Advisor (Social Prescribing) based within the ED department. Further support areas were identified-

- Housing
- Bereavement
- Social support (had become increasingly socially isolated and in turn lonely)

Patient supported to attend the Rhubarb Farm and has not re-attended ED or presented to the Crisis Team.

"It was really good, actually it was amazing. I felt really anxious on my way and I felt like I was going to start panicking. When I got to Rhubarb Farm, this feeling slowly slipped away. XX was there if I needed her but it was also great to be independent and feel comfortable and confident by myself. I am going back this Friday, I can't wait!"

Tobacco, weight management and physical activity

- In the 6-month period to July 2022, the Integrated Wellbeing Service – Your Health, Your Way, (YHYW) achieved 4,754 positive health behaviour change outcomes for smoking cessation,

weight management, physical activity, and alcohol reduction. During this period, a total of 46.1% of referrals were from the most deprived areas of Nottinghamshire and referrals for adult weight management continued to increase.

- Your Health, Your Way continue to work closely with the three Place Based Partnerships. Your Health, Your Way has been working to further integrate the service within Secondary Care settings including the establishment of pathways to support for cancer prehab patients and pathways with MSK together, the development of a pilot within Accident & Emergency (A&E) to promote lifestyle change to reduce future admissions and providing smoking cessation support for patients identified as smokers through the Lung Health Check Programmes in both Bassetlaw and Mid-Nottinghamshire.

- **Bassetlaw** hosted an obesity summit aimed at developing a localised action plan for tackling obesity and support parents, young people, and families. Work continues to be delivered through the Bassetlaw PBP Weight Management Group.
- 8 Bassetlaw VCSE organisations are delivering Green and Blue social prescribing initiatives across the district aimed at increasing physical activities.
- Men's and Women's and mixed gender Walk Talk groups and running across Bassetlaw x3 times per week aimed at increasing physical activity reducing social isolation and improving mental health. Walking tennis and football groups have been established to promote physical activity across citizens of all ability and fitness levels.
- Bassetlaw 'Move More in May' initiative - Programme of community activity engagement events and comms delivered throughout the month of May with information stalls on physical activities, weight management available across Bassetlaw.
- Piloting cookery with Primary school children based in one of Bassetlaw's deprived areas.
- Tobacco Declaration signed on behalf of the partnership**.**
- 154 referrals into local stop smoking service were made through the Lung Health Check programme over a 6-week period. Brief intervention training provided to the nurses that administer the lung health check.
- Purchased new C02 monitors for maternity staff and purchasing more for community midwifes.
- Quit programme, a stop smoking service for in patients, is being delivered in Doncaster and Bassetlaw Hospital.
- 4 pharmacies signed up for the nicotine replacement therapy (NRT) E-Vouchers scheme.

- **Mid Nottinghamshire Place Based Partnership's** Project in Bellamy with YHYW to deliver weight management course within the estate
- Mansfield targeted piece of work with pre diabetic patients undertaking group and individual sessions
- The Mid Notts Health Inequalities Oversight Group has produced its Health Inequalities Plan to be incorporated within the ICS Strategy.

- **South Nottinghamshire Place Based Partnership** has seen A South Notts Care Home Steering Group has been established with care home representation and developed further with focused discussions identified by PCNs, partners and system intelligence from the Care Home Dashboard.
- Clinical Pharmacist in post to help reduce waiting times for patients with heart failure. Within first quarter of being in post, waiting list of patients reduced from 95 to 33 (reduced by 35%) and waiting times reduced from almost 12 months to 15-17 weeks.
- Opportunity for South Nottinghamshire to become Early Adopter or Accelerator Site for Managing Heart Failure @ home initiative.
- £350k non-recurrent funding approved to support Heart Failure/Cardiac Rehabilitation service across Nottingham and Nottinghamshire ICS.

- All South Notts Adult Social Care teams have been innovation sites for strength-based approaches. Now working with health colleagues to support embedding the same.

Case Study

Your Health, Your Way has received a range of positive feedback from clients over the past quarter. A sample is provided below:

"Well, what can I say! I have lost nearly a stone and am feeling a lot better in health and mobility. A well run set up with great staff"
"Since starting this course I have given up smoking and lost some weight. I look forward to coming to the gym and exercise class"
"This service has been a brilliant help in getting my mind switching in the right direction for self-help the trainers I've been working with are brilliant, kind, knowledgeable and very supportive"

Alcohol

- **Alcohol Intervention Mapping -** An exercise to map locally commissioned alcohol treatment services has been completed, identifying 8 services supporting Nottinghamshire residents and the links and pathways between these services – three community-based services, three hospital-based teams, one residential rehabilitation setting and one inpatient detox setting. An overview of the findings is as follows:
    - Key features & expected benefits:
        - Community services aim to reduce alcohol intake and related harm. Support is offered to family members either directly or through signposting to other relevant services.
        - The length of support offered by Change, Grow, Live (CGL) and the Alcohol Related Long Term Conditions Team varies based on need. ABL provides support over a 12-week period.
        - Holistic support includes the Individual Placement Scheme offered by CGL and advice on sleep hygiene, nutrition and benefit entitlement offered by the Alcohol Related Long Term Conditions Team.
        - Hospital based teams aim for early identification and referral into treatment, limitation of complications due to alcohol withdrawal and reduction of hospital stay and repeat admissions.
    - Challenges:
        - Staffing and recruitment issues
        - Lack of local alcohol-related brain injury (ARBI) pathway
        - Concerns around meeting increasing demand

- **Alcohol Related Brian Injury Pathway**- Some members of the Alcohol Harm Reduction Group have formed a working group to develop a local alcohol related brain injury pathway. This work is currently in the early stages, focusing on diagnostic pathways. Once these are agreed focus will move towards identifying services that may be required to support people with this condition.

Key Challenges

Bassetlaw

1) Increased pressures and demand for children and young peoples' mental health
2) Lack of financial sustainability across Bassetlaw VCSE providers
3) Recruitment into Primary Care Network mental health roles

4) Challenges regarding tobacco control relate to the use of E-Cigarettes/Vapes and nicotine replacement therapy. Use of these products through secondary schools.

Mid Nottinghamshire

5) Resource to continue with the Mid Notts Community Services Transformation Programme and development of understanding of next steps and future strategic commissioning approaches for community services
6) MSK: recurrent funding uncertainty - without financial mechanisms in place to move resources from areas of low to high value based on the decisions of the population stewardship forum the investment into some of the placed based rehab delivery may be limited.

South Nottinghamshire

7) Ongoing discussions re Primary Care Mental Health Practitioner (PCMHP) roles in NNE, risking potential inequalities in service provision
8) Engagement with Care Home providers, initially care home representation was difficult, which was reflected across the wider system and there is still much work to be done here. The 'Lived Experience' group have started some engagement with our work, and we hope to build on this relationship.

Next Steps

1.	BASSETLAW	Maternity pathway for Bassetlaw General Hospital (BGH) is under way, to make a seamless service for patients coming through with a smoking status at time of booking.
2.		Working with ABL current stop smoking providers in increasing presence and facilities on the ward for direct referral. Aim to ensure referrals are processed and sent to ABL within 24 hours.
3.		Provision of brief intervention training for midwifes to support smoking cessation conversations with patients and up to date knowledge is shared.
4.	MID NOTTS	Continuation of the NHSEI project and reporting through the ICS Health Inequalities meetings and NHSEI.
5.		Continuation of the Mid Notts Community Services Transformation Programme.
6.		Continuation of the Mid Notts Health Inequalities Group.
7.		Development of a Place Dashboard for Place lead programme management of work to deliver Place vision, priorities, and objectives.
8.	SOUTH NOTTS	MH Transformation - work ongoing to establish approach to engagement and co-production.
9.		Continue to explore what is important for the health and wellbeing of Killisick and Butlers Hill/Broomhill residents to support the uptake of preventative services/activities.
10.		Working with NNE health colleagues to support embedding strength-based approach.

Recommendations for Health and Wellbeing Board:

Mental Health

1. Sign up to the prevention concordat.
2. Support the suicide prevention campaign by utilising the resources in public facing settings.

3. Engage with the Nottingham and Nottinghamshire County mental health communications group.
4. Promote Nott Alone for Children and Young People.
5. Ensure organisations are represented on the Nottingham and Nottinghamshire suicide prevention stakeholder network.
6. Encourage all staff to undertake zero suicide alliance training.

Integrated wellbeing (Tobacco, Weight, Physical Activity)

7. Actively promote and refer to Your Health Your Way for smoking cessation, weight management and physical activity.
8. Signing up to Tobacco declaration.
9. Influence schools to participate in Intent smoking and vaping prevention programme.
10. Engage with smoking cessation provider groups via the Tobacco Control alliance.

Ambition 4: Keep our communities safe and healthy

We will support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want.

This means we will focus on the most marginalised groups in our communities, particularly those with severe and multiple disadvantage (SMD). SMD refers to people with two or more of the following issues: mental health issues, homelessness, offending and substance misuse. SMD can include other sources of disadvantage, for instance poor physical health, and for women, domestic and sexual abuse - and for Black, Asian and Minority Ethnic (BAME) people, community isolation (Everitt and Kaur, 2019).

- Nottinghamshire has been successful in joining the Making Every Adult Matter (MEAM) Approach network.
- A draft framework for action on homelessness is in development with the Nottinghamshire Health and Wellbeing Board following on from a workshop on homelessness in October 2022.
- A Nottinghamshire Domestic Abuse Partnership Board has been formed with the responsibility for providing a multiagency approach to reducing harm from domestic abuse.
- The JSNA on Substance Misuse (Young People and Adults) was approved by the Board and published with an accompanying Health Needs Assessment due to be completed in November 2022.

Key Successes

Make Every Adult Matter (MEAM)

- Nottinghamshire has been successful in joining the Making Every Adult Matter (MEAM) Approach network which is funded through the National Lottery Community Fund and supports authorities to enable system change for adults with multiple disadvantage. Through this we have access to support, training and a network of other authorities taking a similar approach. The MEAM approach is a framework used by local partnerships across England to develop a coordinated approach to tackling multiple disadvantage in their local area. The primary focus for the present will be homelessness.

Mental Health

- Bassetlaw Mental Health Alliances (Children and Young People and Adults) and Suicide Prevention Alliance:
    - Co-production of LGBT+ inclusive mental health local resources outlining mental health support across Bassetlaw- both digital and hard copies.
    - Development of a Bassetlaw Suicide Prevention Alliance and Steering Group.
    - Development of a Place wide Bassetlaw Place Suicide Prevention digital pledge wall to update on support and commitment from Place partners.
    - Hosting a Suicide Prevention Small Grants scheme and delivering community-based initiatives.
    - Implementing a Bassetlaw bespoke version of Ripple at Place, an online tool that intercepts searches online for phrases related to self-harm or suicide with signposting to mental health support at a time when people are most vulnerable.

- Launching the first Bassetlaw month long campaign to run from World Suicide Prevention Day (10th September) and World Mental Health Day (10th October) aligning this with Public Health Suicide Prevention Strategy.
- Hosting a Suicide Prevention Small Grants scheme and delivering community-based initiatives.
- Launching the first Bassetlaw month long campaign to run from World Suicide Prevention Day (10th September) and World Mental Health Day (10th October) aligning this with Public Health Suicide Prevention Strategy.

Implementation of the following:

- Task and finish Health Improvement Team severe mental illness (SMI) team in partnership with all 3 local PCNs Bassetlaw to work across each of the PCN's.
- High Intensity, Admiral Nurses, and Mental Health Practitioner roles in PCN's.
- Men's mental health support groups.
- Bereavement support services.
- Street Watch Programmes.
- VCSE mental health services and projects.
- Peer support workers.
- Community based Health & Wellbeing Coaches.
- Long Term Conditions (LTC) Support Team.

Homelessness

- Tender for Support Service for Single Homeless Adults in Temporary Accommodation has now been published with much greater emphasis on supporting the health and wellbeing of those who use the service.
- A draft framework for action is in development with the Nottinghamshire Health and Wellbeing Board following on from a workshop on homelessness. This will reflect the population intervention triangle and identify opportunities for action across the three domains (civic, community and service interventions).
- Mid Notts Rough Sleeper Accommodation Programme (RSAP) - Govt funding of specialist supported accommodation to help vulnerable rough sleepers. There are now 6 units in Ashfield. Newark and Sherwood.
- Mid Notts Homelessness/rough sleeping - Mansfield's Housing First project 'First Steps' is going very well with plans to increase from 12 to15 units this year.

Domestic Abuse

- Nottinghamshire Domestic Abuse Partnership Board was formed in April 2022 with the responsibility for providing a multiagency approach to reducing harm from domestic abuse and supporting Nottinghamshire County Council in meeting its duty under Part 4 of the Domestic Abuse Act (DAA). Accountability is to Nottinghamshire County Council.
- The Board is implementing the Nottinghamshire Domestic Abuse Strategy 2021-2024.
- Completion of the Domestic Abuse Phase of the Nottinghamshire COVID Impact Assessment with a number of recommendations to take forward.
- Mid Notts PBP NHSEI project – Working within the communities – discussions with the community are already areas where domestic abuse is identified. The Community Officer in Bellamy is starting door knocking especially in the bungalows on the estate to invite people down to Trowell Court as they are aware there are people being missed that would benefit from the cost-of-living roadshows and to start to build relationships.

Case Study (Mental Health Social Prescriber (MHSP) intervention impact)

- A working aged person was referred to the Social Prescribing for financial and weight loss support.
- The person had lost their job over the Covid pandemic and had developed low confidence, self-esteem, and a lack of motivation.
- They had recently been in a domestically abusive relationship, which had a major impact on their well-being, both mentally and physically.
- The person wanted to be more active and have some social interaction.
- They were referred to the local leisure centre (attending 4 sessions per week) and a women's support group (attending twice a week) which also allowed the person to make the social connections. After a month of attending the sessions, they said they have made a positive impact on both their mental and physical well-being.
- The person has also been experiencing issues within their workplace. They were asked to keep a journal of their mental health at work and wrote a letter which resolved these issues with their employer.

Alcohol (Substance Misuse)

- The JSNA on Substance Misuse (Young People and Adults) was published with an accompanying Health Needs Assessment due to be completed in November 2022.
- The Nottinghamshire Combating Substance Misuse Partnership has been formed with its inaugural meeting held on 5th October. A local fourth priority concerning health inequalities and vulnerable populations has been added to the three national priorities of the From Harm to Hope Strategy that the Partnership has local responsibility for implementing.

Equality and Fairness - Inclusion Health

- Bassetlaw PBP Pride events- Bassetlaw partners have supported in the delivery of x2 free community Pride events during 2022, one of which was launched this year with plans for continued growth and an equality parade.
- South Notts- CVS and partners are visiting under-represented populations, such as some BAME communities, face-to-face with hard copies of the Wellness Wednesday's survey. Part of the work is exploring how to reach under-served groups and finding new ways to engage.
- SN PBP Community Development Worker is working alongside CVS organisations to map what is available, identify gaps, support emerging and established voluntary groups and link and coordinate with PCN social prescribers what is available in their area.

Housing (Mid Notts PBP)

- The Private Sector Housing team and the Housing Needs team are working together on the Mansfield 'Healthy Housing Hub'. The aim of the hub is to triage and respond to housing related issues that impact upon health and wellbeing and co-ordinate existing council services and link/signpost to partners. It hopes to prevent premature death and ill health caused by poor housing conditions and to co-ordinate services and complex case support for those that are vulnerable including those experiencing homelessness, domestic abuse, mental health issues, disability, and financial hardship. There Hub is dealing with 20 cases involving vulnerable residents living in poor or unsafe housing conditions.

- Decarbonisation of private homes - Phase 1a, 1b and Phase 2 Green Homes Grant projects have been completed with external wall insulation, loft insulation and cavity wall insulation provided for 140 owner occupied and council owned properties helping to lower fuel bills/reduce carbon emissions. A successful bid was submitted for Phase 3 which will fund external wall/loft insulation in another 70 properties across Mansfield and will run until March 2022. Decarbonisation of social homes - MDC successfully bid for funding to retrofit 3 blocks of flats on Bellamy estate, works are currently on site with a second bid submitted for a further 16 properties

Key Challenges

1) One of the main challenges identified by the PBPs and Priority Partnerships/Boards is the identification of vulnerable residents.
2) The nature of short-term funding as opposed to long term investment has been cited as an ongoing issue. For example, Transport funding from Mansfield CVS is being used to support vulnerable people who are seen by the Rosewood severe and multiple disadvantage (SMD) team to transport them to appointments they would either not attend or could not afford to attend via other transport routes. The funding for this was short term from COVID monies but has been continued short term from Mansfield District Council but will need long-term investment.

Next Steps

1.		Further work is needed to link the work of the priorities in Ambition 4 together, recognising the link with Nottingham City severe multiple disadvantage (SMD) work. This will include using the principles of MEAM.
2.		Co-production needs to take centre stage in developing actions, but a robust and sensitive process needs to be developed in order that vulnerable and marginalised populations voices are heard and they truly are co-producing plans.
3.	Homelessness	Public Health are working with other Nottinghamshire commissioners to develop a strategic multi-disciplinary team (MDT) approach to management of people who are experiencing homelessness alongside severe multiple disadvantage (SMD). This means those who are experiencing homelessness alongside multiple other complexities for example substance misuse, serious mental illness and/or domestic violence.
4.		Rough Sleeper Initiative Launch event November 2022.
5.		Bassetlaw PBP representatives are key members with the Notts Wide RSI group and Housing Group. Outcomes of these are Winter planning / Severe Weather Emergency Protocol (SWEP) which will be live from 31st of October to the 31st of March to street homeless/rough sleepers. 5 units from current stock in Bassetlaw will be utilised with additional capacity through the use of a local Travelodge for overflow. Plans in development to work in partnership with Department for Work and Pensions (DWP) to assess number of local citizens declaring no fixed abode (NFA) on benefit claims to increase understanding of wider homelessness and housing needs across Bassetlaw.
6.	Alcohol	The Nottinghamshire Combating Substance Misuse Partnership will develop a local From Harm to Hope Strategy and Delivery Plan which will include how the services and work involving substance misuse can be further linked to those for domestic abuse, homelessness, and mental health.
7.		The Nottingham and Nottinghamshire Alcohol Harm Reduction Group will develop an updated action plan from the recommendations of the Joint Strategic Needs Assessment (JSNA) and Health Needs Assessment (HNA).

Appendix 1 Strategies and Plans Related to Ambitions and Priorities (draft)

AMBITION	**Give Every Child the Best Chance of Maximising their Potential**	**Create Healthy and Sustainable Places**		**Everyone Can Access the Right Support to Improve their Health**				**Keep Our Communities Safe and Healthy**		
PRIORITY	**Best Start**	**Air Quality**	**Food Insecurity & Nutrition**	**Healthy Weight**	**Tobacco**	**Alcohol**	**Mental Health**		**Homelessness**	**Domestic Abuse**
Strategic Approaches: Articulating our vision, defining parameters, objectives, priorities, success criteria	Nottingham and Nottinghamshire Integrated Care Strategy									
	Best Start Strategy 2021 - 2025	Nottingham and Nottinghamshire Air Quality Strategy 2020 - 2030	Nottinghamshire Food Charter		Tobacco Declaration	Nottinghamshire From Harm to Hope Strategy (in development)	Prevention Concordat		Homelessness Reduction Strategy	Nottinghamshire Domestic Abuse Strategy 2021 - 2024
Outcomes-led plans and actions to ensure delivery of policies, strategies and/or strategic objectives	Delivery Plans (for 10x ambitions)				Tobacco Control (Clear Process) Framework for action (October 22)	Nottinghamshire From Harm to Hope Delivery Plan (in development) Nottinghamshire Alcohol Harm Reduction Plan (being updated)	Mental Health promotion action plan 2022-2025.	Suicide Prevention Action Plan	(Framework for Action under development)	Domestic Abuse Commissioning Plan
	Nottinghamshire Place Based Partnerships Health and Wellbeing Plans (due April 2023) Nottinghamshire Districts and Boroughs Health and Wellbeing Plans									

Nottinghamshire County Council

Report to Health and Wellbeing Board

7 December 2022

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

THE NOTTINGHAMSHIRE COVID IMPACT ASSESSMENT (CIA): DOMESTIC ABUSE

Purpose of the Report

1. The report provides an assessment of impact of the covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire, with a specific focus on domestic abuse.

Information

Background

2. The aim of the Nottinghamshire Covid Impact assessment (CIA) is to assess the impact of the covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire to inform public health and partner strategies, plans and commissioning. A phased approach to this work has been undertaken with eight areas:

    a) Direct Impact of Covid-19
    b) Domestic Abuse
    c) Mental Health and Wellbeing
    d) Behavioural risk factors
    e) Life Expectancy and Healthy Life Expectancy
    f) Pregnancy and childbirth (including Early Years)
    g) Social determinants of health
    h) Healthy and Sustainable Places (including air quality and food insecurity)

3. This report outlines key findings from this assessment, with Domestic abuse a priority for the Joint Health and Wellbeing Strategy 2022-26. The full report on domestic abuse is provided in **Appendix 1**. The assessment focuses on the impact the covid-19 pandemic has had on domestic abuse services and providers, as well as risk/protective factors for victims and opportunistic factors for perpetrators.

4. The methodology for the CIA involved analysis of local, regional, and national data and a literature review of current academic research from early 2020 to May 2022. Initial key findings were brought to the Domestic Abuse Partnership Board (DAPB) on 23 June, with the final report and recommendations on 15 September.

Key Points

Impact on domestic abuse services over time and different phases

5. Covid-19 and domestic abuse have had a large impact on the community and the last two years have been challenging, however, this is not reflected equally across the services. This may be due to the hidden nature of domestic abuse, the ways in which staff of services were subjected to challenging and new working conditions and the way individuals acted and reacted to the pandemic through the peaks and troughs of multiple lockdowns and changing guidance. This has highlighted the need for further exploration from each service as to why there are differing trends within the data and exploration as to why this may have occurred.

Impact on Those Who Provide Services

6. Due to nature of their work, providers of domestic abuse support services usually require careful psychological and professional support. Much of this disappeared during the pandemic, especially informal peer support. Prior to the pandemic people's homes tended to be viewed as a kind of sanctuary from work and then it became work and vice versa.

7. Those practitioners from ethnic minorities were more likely to have additional stresses due to their direct impact of the virus and cultural circumstances. In addition, those providing informal support to survivors of domestic abuse and the impact on them should not be forgotten, especially as they may have stepped in to fill gaps left by formal services.

8. Future concerns surround the funding and resilience of services in future crises (flexibility and adaptability will be key) and the resilience of current support arrangements for practitioners working from home.

Risk and Protective Factors for Survivors

9. Domestic abuse increased globally during the pandemic, though reporting type and times differed and there continues to be under-representation of the issue in the data.

10. Violence has been found to increase during times of emergency and disaster need to consider domestic abuse in this, especially regarding the current cost of living crisis. The pandemic acted as an escalator and intensifier of existing abuse and removed usual protective factors such as the ability to get away from the abuse even for a short time (e.g., going to work) and social contact and support from friends and family.

11. Those at higher risk of were overall at even greater risk during the pandemic, though sometimes this is an assumption due to lack of research.[1]

12. There was less face-to-face access to services and wider referral agencies, though the services worked hard to overcome barriers. The switch from mainly face to face to digital and online services had a mixture of challenges (assessment of risk, connectivity) and benefits (increased access options).

[1] Please see Appendix 2 of the CIA on domestic abuse report for further information on NICE Guidance Risk Factors and Impact of COVID 19 Pandemic.

13. Concern that services lack financial and workforce resilience to work flexibly, needing to adapt to be more effective during emergencies. There were also concerns regarding lack of funding to effectively support vulnerable groups such as ethnic minorities and LBTQIA+.

Opportunities for Perpetrators

14. Research found that in the case of perpetrators, the motives behind their actions remained the same but covid-19 presented different methods and reasoning for coercive and violent behaviour.

15. In terms of perpetrator treatment services, like those for survivors there were benefits and drawbacks to the switch to digital and internet services.

Recommendations

16. The Nottinghamshire Domestic Abuse Partnership Board was asked to consider the eight recommendations within the report:

    1) Policymakers should resource and prioritise domestic abuse within emergency planning and disaster response frameworks and inter-agency coordination.

    2) There needs to be recognition of the disproportionate effect of the covid-19 pandemic on marginalised victims: older people, LGBTQ+, ethnic minorities etc. There needs to be a focus on reducing inequalities in support.

    3) Evidence based interventions for perpetrators to reduce perpetration need to be explored and implemented.

    4) Online capacities, service innovations and partnership implemented or strengthened in crisis-mode during the covid -19 pandemic should inform the development and resilience of responsive services systems to help prevent gender-based violence post-covid and in future crises.

    5) Resilience of support to domestic abuse providers needs to be addressed as well as the resilience of the service itself, e.g., supervision, training, peer support and shadowing. Focus on the needs of those in specific groups such as ethnic minorities must be considered.

    6) Examination of local data has highlighted the need for further exploration from each service level as to why there are differing trends within the data and exploration as to why this may have occurred.

    7) Further review the courts and the impact of covid on the courts/criminal justice system and in turn for survivors particularly for domestic abuse and sexual violence to develop a plan for addressing any issues this highlights by March 2023.

    8) Qualitative review of the role and impact of covid-19 on informal providers of support for survivors of domestic abuse to ascertain how their influence can be incorporated into current actions plans by March 2023.

Next Steps

17. The Nottinghamshire Domestic Abuse Partnership Board (DAPB) will take forward the following actions from the CIA Report:

    a) Establishing a task and finish group to review recommendations and develop an action plan to deliver on the recommendations with the report.

    b) The system considering and learning from the impact of extraordinary circumstances (like covid-19) on domestic abuse to improve our response regarding prevention and protection.

18. Considerations for the Nottinghamshire Health and Wellbeing Board include how it can support this priority area and ensure that the above recommendations are taken forward. It is recommended that the DAPB provide an update to the Health and Wellbeing Board in the new year.

Reason/s for Recommendation/s

19. The Health and Wellbeing Board has a statutory duty to produce and deliver a Joint Health and Wellbeing Strategy, with domestic abuse identified as one of its priorities for 2022-26.

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.

Financial Implications

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

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

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

2) To receive an update on progress from the Domestic Abuse Local Partnership Board at its meeting on 8 March 2023.

Jonathan Gribbin
Director of Public Health

For any enquiries about this briefing please contact:

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Constitutional Comments (CEH 15/11/22)

22. The report and recommendations fall within the remit of the Health and Wellbeing Board.

Financial Comments (DG 14/11/22)

23. 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.

Background Papers and Published Documents

Nottinghamshire Joint Strategic Needs Assessment (JSNA) Work Programme 2022 – 2023 (15 June 2022)
Report to the Nottinghamshire Health and Wellbeing Board

Nottinghamshire Covid Impact Assessment Report: Phase 2 Domestic Abuse (15 September 2022)
Report to the Domestic Abuse Local Partnership Board

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Nottinghamshire COVID Impact Assessment: Health and Wellbeing and Health Inequalities

Phase 2: Domestic Abuse

Nottinghamshire County Council Public Health Team

August 2022

Nottinghamshire County Council

Contents

Nottinghamshire County Council

Executive Summary

Introduction

The overall aim of the Nottinghamshire COVID Impact assessment (CIA) is to assess the impact of the COVID 19 pandemic on the health and wellbeing of the population of Nottinghamshire, with particular regard to health inequalities in order to inform public health and partner strategies, plans and commissioning.

Phase 2 of the CIA centres on Domestic Abuse, with the focus on three areas:

a. Impact on DA services over time and different phases

b. Impact on those who provide services

c. Impact on risk/protective factors for victims and opportunistic factors for perpetrators

Impact on Nottinghamshire DA Services Over Time and Different Phases

Key Points

- Covid and Domestic Abuse have had a large impact on the community and the last two years have been challenging, however this is **not reflected equally across the services**.
- This may be due to the hidden nature of domestic abuse, the ways in which staff of services were subjected to challenging and new working conditions and the way individuals acted and reacted to the pandemic through the peaks and troughs of multiple lockdowns and changing guidance.
- This has highlighted the need for further exploration from each service level as to why there are differing trends within the data and exploration as to why this may have occurred.
- Looking ahead the challenges are most likely to be exacerbated and the issues of challenge are likely to increase, therefore it may be recommended that in the light of the cost of living, there may be an opportunity to explore this further in terms of the further impact on services themselves.

Impact on those who provide services

Key Points

- Due to nature of their work, providers of DA support services usually require careful psychological and professional support. Much of this disappeared during the pandemic, especially informal peer support.
- Home tended to be viewed as a kind of sanctuary from work prior to the pandemic and then it became work and vice versa.
- Those practitioners from ethnic minorities were more likely to have additional stresses due to their direct impact of the virus and cultural circumstances.
- Those providing informal support to DA survivors and the impact on them should not be forgotten, especially as they may have stepped in to fill gaps left by formal services.
    - Future concerns surround:
    - Funding and resilience of services in future crises- flexibility and adaptability will be key
    - Resilience of current support for DA practitioners

- There are number of caveats to the national research that prevent very conclusive recommendations being drawn.

Impact on risk/protective factors for victims

Key Points

- DA increased globally during the pandemic, though reporting type and times differed.
- There continues to be underrepresentation of the issue in the data.
- Violence as a whole has been found to increase during times of emergency and disaster- need to consider DA in this, especially regarding the current cost of living crisis.
- The pandemic acted as an escalator and intensifier of existing abuse and removed usual protective factors such as the ability to get away from the abuse even for a short time and social contact and support from friends and family.
- Those at higher risk of DA (see Appendix 2) were overall at even greater risk during the pandemic- though sometimes this is an assumption due to lack of research.
- There was less access to service for a number of reasons though practitioners worked hard to overcome barriers.
- The switch from mainly face to face to digital and online services had a mixture of challenges (assessment of risk, connectivity) and benefits (increased access options).
- Concern that services lack resilience to work flexibly, needing to adapt to be more effective during emergencies.
- Concern regarding lack of funding in order to effectively support vulnerable groups such as ethnic minorities and LBTQIA+.

Opportunistic factors for perpetrators

Key Points

- Research found that in the case of perpetrators, the motives behind their actions remained the same but COVID presented different methods and reasoning for coercive and violent behaviour.
- In terms of perpetrator treatment services, like those for survivors there were benefits and drawbacks to the switch to digital and internet services.

Recommendations

1. Policymakers should resource and prioritise domestic abuse within emergency planning and disaster response frameworks and inter-agency coordination.

2. There needs to be recognition of the disproportionate effect of the COVID pandemic on marginalised victims: older people, LGBTQ+, ethnic minorities etc. There needs to be a focus on reducing inequalities in support.

3. Evidence based interventions for perpetrators to reduce perpetration need to be explored and implemented.

4. Online capacities, service innovations and partnership implemented or strengthened in crisis-mode during the COVID-19 pandemic should inform the development and resilience of responsive services systems to help prevent gender-based violence post-COVID and in future crises.

5. Resilience of support to DA providers needs to be addressed as well as the resilience of the service itself, e.g., supervision, training, peer support and shadowing. Focus on the needs of those in specific groups such as ethnic minorities must be considered.

6. Examination of local data has highlighted the need for further exploration from each service level as to why there are differing trends within the data and exploration as to why this may have occurred.

Additional recommendations:

7. Further review the courts and the impact of covid on the courts/criminal justice system and in turn for DA survivors particularly for domestic abuse and sexual violence to develop a plan for addressing any issues this highlights by March 2023.

8. Qualitative review of the role and impact of COVID on informal providers of support for survivors of DA to ascertain how their influence can be incorporated into current actions plans by March 2023.

1 Introduction

- The impact of the COVID 19 public health emergency on domestic abuse (DA) has often been called the "pandemic within a pandemic" (Wilson, 2022), a "shadow pandemic" (Wake and Kandula, 2022), a "perfect storm" or a "lose-lose situation" (Sower and Alexander, 2021) for survivors. This motivated a number of charities to write an open letter to the Prime Minister in 2020 citing the urgency of the situation (Horley et al, 2020).

- This phase of the wider Nottinghamshire COVID Impact Assessment therefore examines the far-reaching impact of the pandemic on DA survivors, the tactics and dynamics on perpetrators and the effect on those providing support to survivors and treatment services to perpetrators.

- N.B. Because terminology globally differs, we use the term domestic abuse (DA) in this report, but this also encompasses the terms domestic violence (DV) and intimate partner violence (IPV). The definition used by the Nottinghamshire Domestic Abuse Partnership Board (DAPB) is from the new Domestic Abuse Act 2021:

A person's behaviour towards another is defined as domestic abuse if both people are aged 16 or over and are personally connected to each other, and the behaviour is abusive. In addition:

- The definition encompasses people who have been in a relationship or are relatives.
- Abuse is defined as "physical or sexual abuse, violence or threatening behaviour, controlling or coercive behaviour, economic abuse or psychological, emotional or other abuse"
- There is no upper age limit.

Shepperd, 2021.

2 Scope of COVID Impact Assessment

- The overall aim of the Nottinghamshire COVID Impact assessment (CIA) is to assess the impact of the COVID 19 pandemic on the health and wellbeing of the population of Nottinghamshire, with particular regard to health inequalities in order to inform public health and partner strategies, plans and commissioning.
- Phase 2 of the CIA centres on Domestic Abuse, with the focus on three areas:
    a. Impact on DA services over time and different phases

    b. Impact on those who provide services

    c. Impact on risk/protective factors for victims and opportunistic factors for perpetrators

- Because children are not part of the Domestic Abuse Act 2021 definition of DA, they do not feature extensively in this report. However, phase 3 of the CIA concerns mental health which will cover some aspects of the impact of the pandemic of children experiencing or witnessing DA.

3 Literature Review

3.1 OHID COVID Knowledge and Library Service

- The office for Health Improvement and Disparities (OHID) has a research repository for COVID academic research. Its literature search facility was used to ask 2 questions regarding the pandemic impact on domestic abuse:

1. What has the impact of the COVID 19 pandemic been on domestic abuse risk and protective factors for victims and opportunistic factors for perpetrators in the UK?

2. What have the health and wellbeing effects of the COVID 19 pandemic been on health and care professionals working with and providing services for victims of domestic abuse in the UK?

- See Appendix 1 for UKHSA Knowledge and Library Services: Search Results. Articles were selected on the basis of relevance to the purpose of the CIA in Nottinghamshire. Additional articles were from articles from these search results.

3.2 Types of Articles

Impact on Providers of DA Services		Impact on Risk/Protective Factors for Victims and Opportunities for Perpetrators	
Type of Article	Percentage of all articles	Type of Article	Percentage of all articles
Narrative Review/ Academic Evidence Review	11%	Narrative Review/ Academic Evidence Review	31%
Primary Research/Evidence drawn from Primary Research	66%	Primary Research/Evidence drawn from Primary Research	26%
Systematic Review	11%	Systematic Review	3%
Other	11%	Mixed Methods: Literature Review and primary research	8%
		Other	31%
Total number of articles	9	Total Number of articles	35

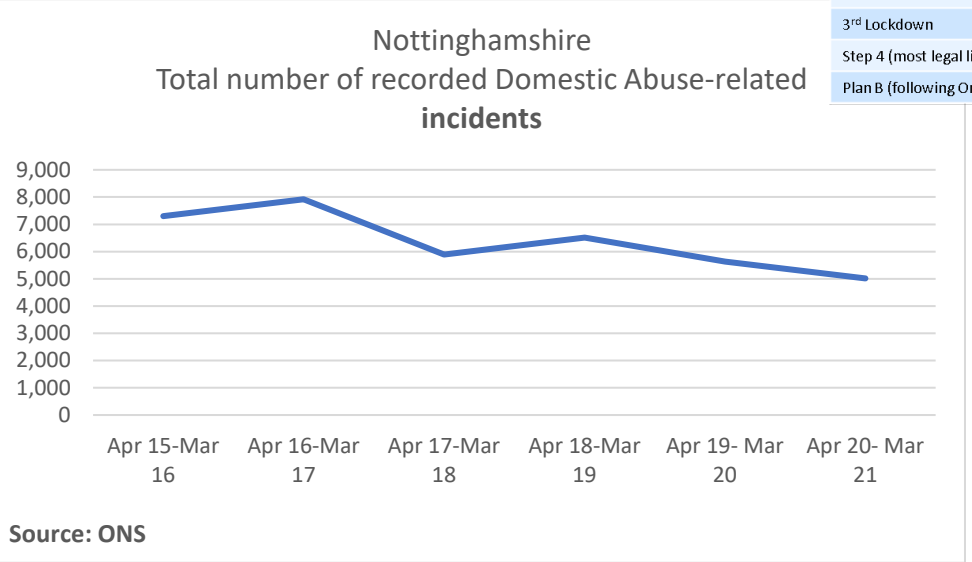
*Numbers have been rounded

4 Impact on Local DA Services over Time and Different Phases

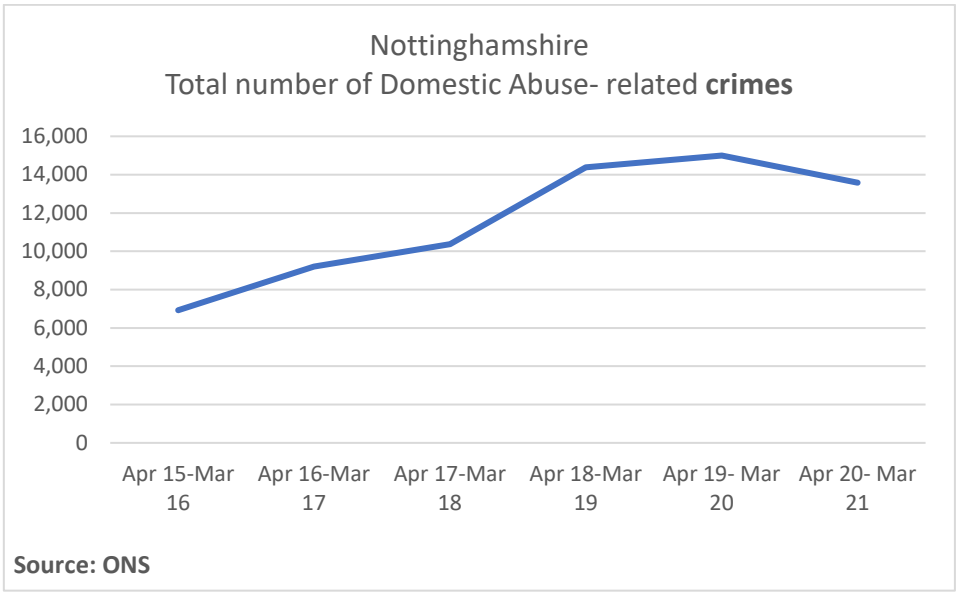
4.1 Police and Crime

Event	Key date
1st Lockdown	23rd March 2020
2nd Lockdown	5th November 2020
3rd Lockdown	6th January 2021
Step 4 (most legal limits removed)	14th June 2021
Plan B (following Omicron)	8th December 2021

4.1.1 Nottinghamshire Wide Recorded Incidents and Crimes



- The total number of recorded domestic abuse-related incidents recorded by Nottinghamshire Police had been steadily decreasing since the financial year April 2016 to March 2017, however this continued to decline in the financial year April 2020 to March 2021 during the Covid-19 pandemic[1].



- The total number of domestic abuse-related crimes recorded decreased in the financial year April 2020 to March 2021, from 14,998 in April 19- March 2020 to 13,585 in April 2020 to March 2021. This is a decrease of 9.4%. This could be due to the pandemic and under

[1] *Source*: ONS Domestic abuse prevalence and victim characteristics - Office for National Statistics (ons.gov.uk)

1. Nottinghamshire Police 2020/21 Crime Plan and Performance Report 2021.03 Police and Crime Plan Perfomance Report Q4 to Mar 2021 (pcc.police.uk)
2. Domestic abuse prevalence and trends, England and Wales: year ending March 2021Domestic abuse prevalence and trends, England and Wales - Office for National Statistics (ons.gov.uk)

reporting of offences as victims struggle to come forward due to lockdown measures. Other trigger factors such as pub closing times, football matches and social aspects surrounding alcohol and public order, will also have had an impact on figures[1].

- These figures conflict with national trends. The police recorded a total of 1,459,663 domestic abuse-related incidents and crimes in England and Wales in the year ending March 2021. Of these, 845,734 were recorded as domestic abuse-related crimes, an increase of 6% from the previous year (2019/2020), representing 18% of all offences recorded by the police in the year ending March 2021[2]. Some of this increase may be, in part, driven by general police improvements in offence-recording practices, as well as an increase in domestic abuse-related incidents coming to the attention of the police. Therefore, it cannot be determined whether this increase can be directly attributed to the coronavirus pandemic.

Prevalence/ rate of domestic abuse-related incidents and crimes recorded by Nottinghamshire Police (Financial Year Ending)	
Year	**Rate**
2017	15 incidents and crimes for every 1,000 people in the population
2018	14 incidents and crimes for every 1,000 people in the population
2019	18 incidents and crimes for every 1,000 people in the population
2020	18 incidents and crimes for every 1,000 people in the population
2021	16 incidents and crimes for every 1,000 people in the population

Prevalence/ rate of domestic abuse-related crimes recorded by Nottinghamshire Police (Financial Year Ending)	
Year	**Rate**
2017	8 crimes for every 1,000 people in the population
2018	9 crimes for every 1,000 people in the population
2019	12 crimes for every 1,000 people in the population
2020	13 crimes for every 1,000 people in the population
2021	12 crimes for every 1,000 people in the population

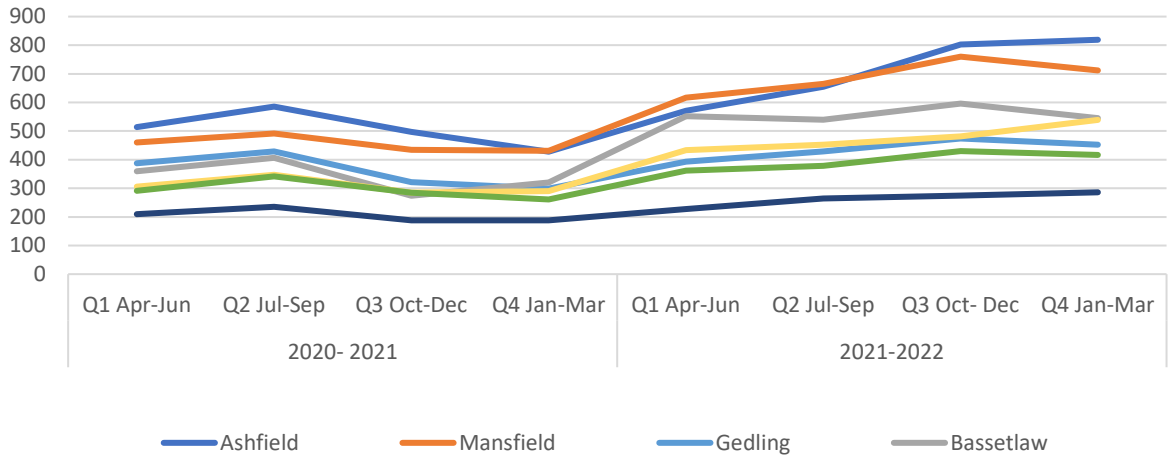
- Although crime rates decreased in 2021, it is important to remember that rates now mirror that of prevalence pre-pandemic (2019 figures).

- Throughout the pandemic there has been swathes of negativity around policing, events such as Sarah Everard, the police involvement and such like may have discouraged certain individuals from approaching the Police in the first instance[2]. See section 6.2 on risk/protective factors for survivors.

- Caveats to Police data: As described in the literature review above, domestic abuse is often a hidden crime that is not reported to the police. Therefore, data held by the police can only provide a partial picture of the actual level of domestic abuse experienced. Many cases will not enter the criminal justice process as they are not reported to the police. Data is based on police force for Nottinghamshire so this will also include both City and County.

[2] Caveats: Police recorded crime data are not classified as National Statistics. Incidents and crimes have been combined to get a total picture of the demand upon the police that relates to domestic abuse. This includes both domestic abuse-related crimes (incidents for which a crime has been recorded) and domestic abuse-related incidents recorded by the police that were not classified as crimes. These statistics show rates of domestic abuse-related crimes recorded by the police in a financial year. This is a subset of the combined incident and crime data shown in the table above.
Source: ONS Domestic abuse in England and Wales – Data tool - Office for National Statistics (ons.gov.uk)
Policing in the pandemic- The police response to the coronavirus pandemic during 2020 Policing in the pandemic – The police response to the coronavirus pandemic during 2020 - HMICFRS (justiceinspectorates.gov.uk)

4.1.2 Volume of DA Incidents and Offences per Community Safety Partnership (CSP) Area

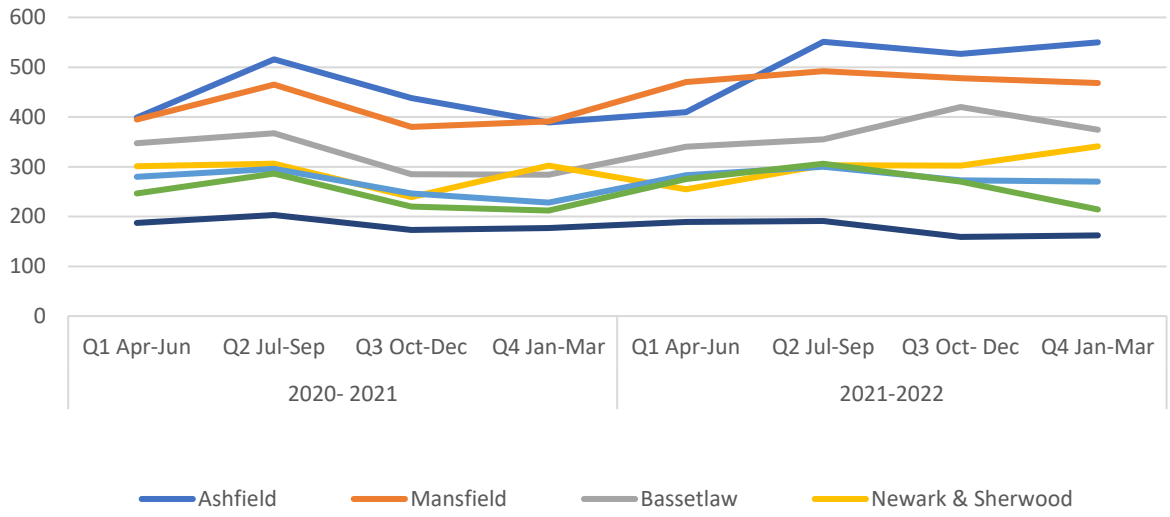


Source: Neighbourhood Policing Hub

Definition of **Incident data-** DA reported to/ investigated by the police that did not result in a crime being recorded under the National Crime Recording standard (NCRS)

- Volume of DA incidents decreased during Q2 and Q3 of 2020-21. Q3 is where there was a second national lockdown (November 2020).
- Volume of DA offences generally increased in Q1, 2 and 3 2021-22 (as restrictions were lifted), following Q4 2020-21, and the third national lockdown (January 2021).
- Mansfield and Ashfield have the highest volume of DA incidents. Rushcliffe has the lowest volume of DA incidents.
- At the start of the pandemic, Districts had less variation in incidents (Q1 2020-2021) when compared to the most recent data available (Q4 2021-2022). The disparity between areas has increased[3].

[3] Caveats: Police data was unobtainable pre pandemic (April 2020). Unknowns have been taken out of the data presented on this slide.



Source: Neighbourhood Policing Hub
Definition of **Offence data-** crimes recorded under the NCRS that were flagged as domestic abuse-related

- Volume of DA offences decreased between Q2 and Q3 2020-21 (during which period when the first lockdown occurred).
- Volume of DA offences generally increased throughout Q4 2020-21 (where there was a third national lockdown in January 2021) and into Q1 and Q2 2021-22 (as most restrictions were lifted), before generally plateauing or decreasing in Q3 and Q4 2021-22.
- Mansfield and Ashfield have the highest volume of DA offences. Rushcliffe has the lowest volume of DA offences.
- Similarly to incidents at the start of the pandemic, Districts had less variation in the number of offences (Q1 2020-2021) when compared to the most recent data available (Q4 2021-2022). The disparity between areas has widened during the course of the pandemic.[4]

[4] Notes and caveats: Police data was unobtainable pre pandemic (April 2020). Unknowns have been taken out of the data presented on this slide.

4.2 Helpline

4.2.1 Juno (Women's Aid)

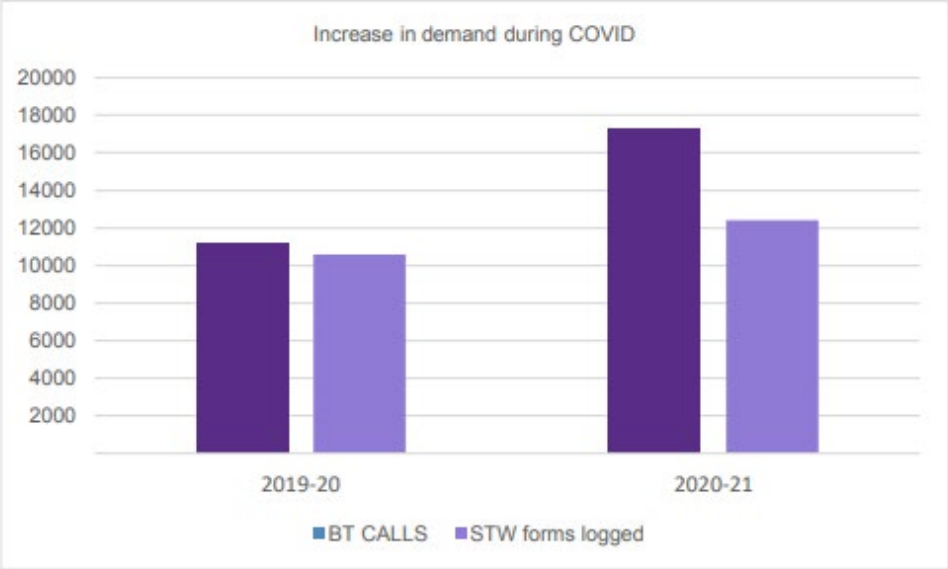


Figure 1: Comparison 2019/20 and 2020/21 levels of demand on the helpline

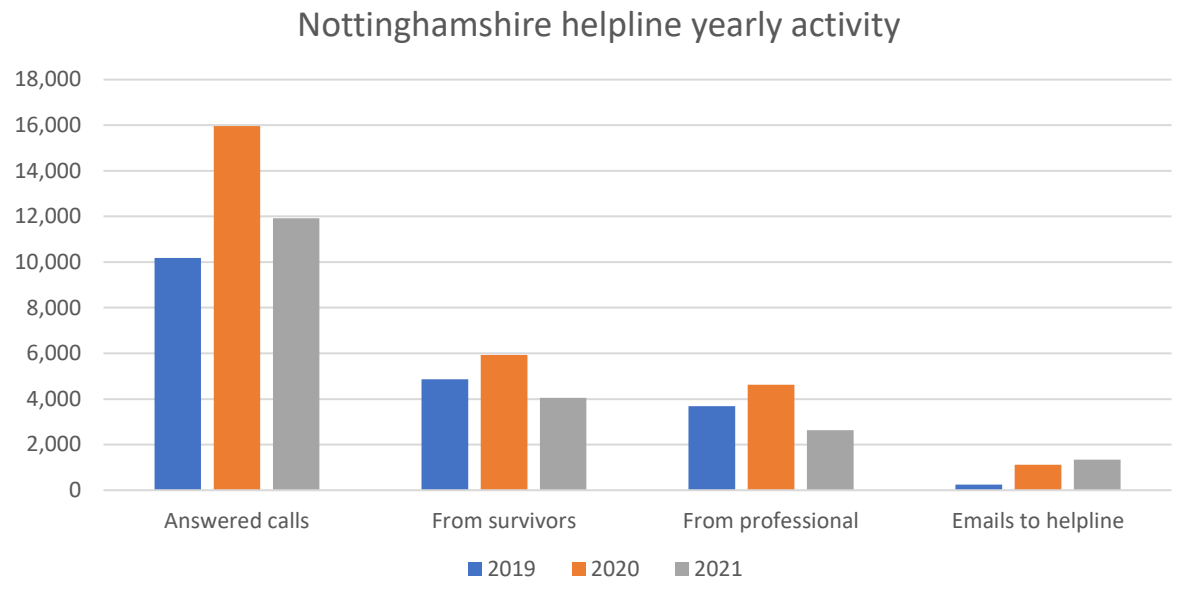
- The Helpline report highlights that the impact of COVID-19 on all Violence Against Women and Girls (VAWG) services and VAWG survivors will be felt for years to come.

- For the JUNO helpline there is clear evidence of an increase in demand in the 2020/21 year which is the year involving the greatest number of government-mandated COVID-19 restrictions (see Figure 1). The service was able to capture extremely high levels of demand through the BT inbound architect system which recorded an over 50% increase in BT calls made into the service (from 11,224 effective calls in 2019/20 to 17,320 calls in 2020/21). Furthermore, when compared with statistics for 2019/20, the service noted an increase in overall helpline activity, with a close to 20% increase in STW (Short Term Work) forms (from 10,574 forms logged overall to 12,398).

- However, during Covid-19, professionals and agency workers were asked to contact the 24/7 helpline rather than the helpline for agency enquiries and referrals, something that may be reflected in the surge in calls to the 24/7 number during this time. The significant increase in volume of calls coming into the service should be closely monitored following the return to the usual telephony system and ending of government restrictions to understand more about whether what is being shown here is an ongoing increase in demand following Covid-19 and the awareness that was raised during the pandemic about domestic abuse[5].

[5] A caveat with the Helpline data is that different amounts of demographic data are recorded for each caller, depending on the needs of the caller and the risks identified by the worker. The rapid change to remote working combined with a reduced staff team due to COVID, and an increase in demand on the service also resulted in variance over the 2020/21 year as to the demographic data being recorded for callers. Staff with responsibility for overseeing the monitoring of the service noticed a decrease in the amount of demographic data being recorded for callers, something they attributed to workers needed to deprioritise data input to respond to need.

4.2.2 Nottinghamshire DSVA Helpline (provided by Juno Women's Aid)



Source: Nottinghamshire DSVA helpline

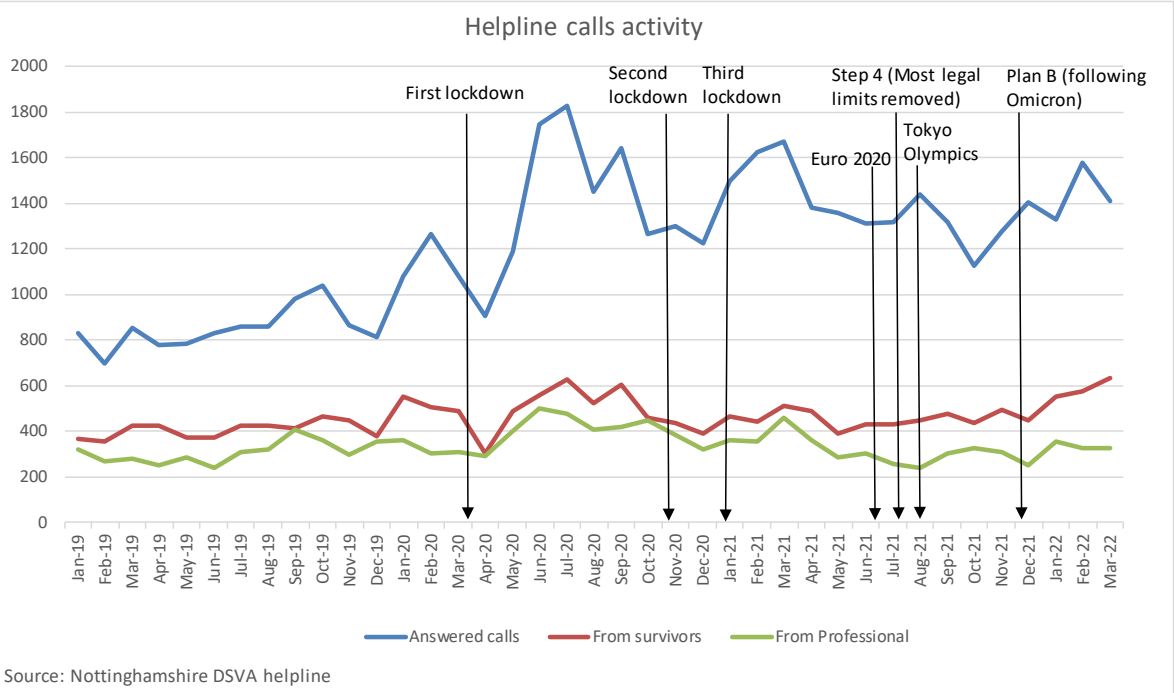
Helpline Activity	2019	2020	2021	% change 2019-2020	% change 2020-2021
Answered calls	10,178	15,961	11,927	57% increase ↑	25% decrease ↓
From survivors	4,864	5,931	4,043	22% increase ↑	32% decrease ↓
From professional	3,685	4,619	2,636	25% increase ↑	43% decrease ↓
Emails to helpline	250	1,122	1,340	349% increase ↑	19% increase ↑

- Activity can be observed across the service and through various mediums of communication (calls and emails)
    - Answered calls increased by 57% between 2019 and 2020, however figures decreased by 25% between 2020 and 2021.
    - Similarly calls from both survivors and professionals increased by 22% and 32% respectively between the years 2019 and 2020, however subsequently figures decreased when comparing 2020 to 2021 yearly figures.
    - Emails to the helpline increased by 349% between 2019 and 2020. They have continued to increase by a further 19% when comparing 2020 and 2021 figures.

- However, pre-covid emails to the service were solely professionals, post-covid the emails to the service were used by both professionals and survivors. This may indicate why there has been an increase year on year.

- Throughout the pandemic, individuals and professionals were finding better ways of communicating. However, it is important to remember that for each call that 'comes in' there are 'calls going out'. The workload is not solely taking a call from a survivor or a professional there are calls and further investigations to be made to respond to the query, for example finding a refuge[6].

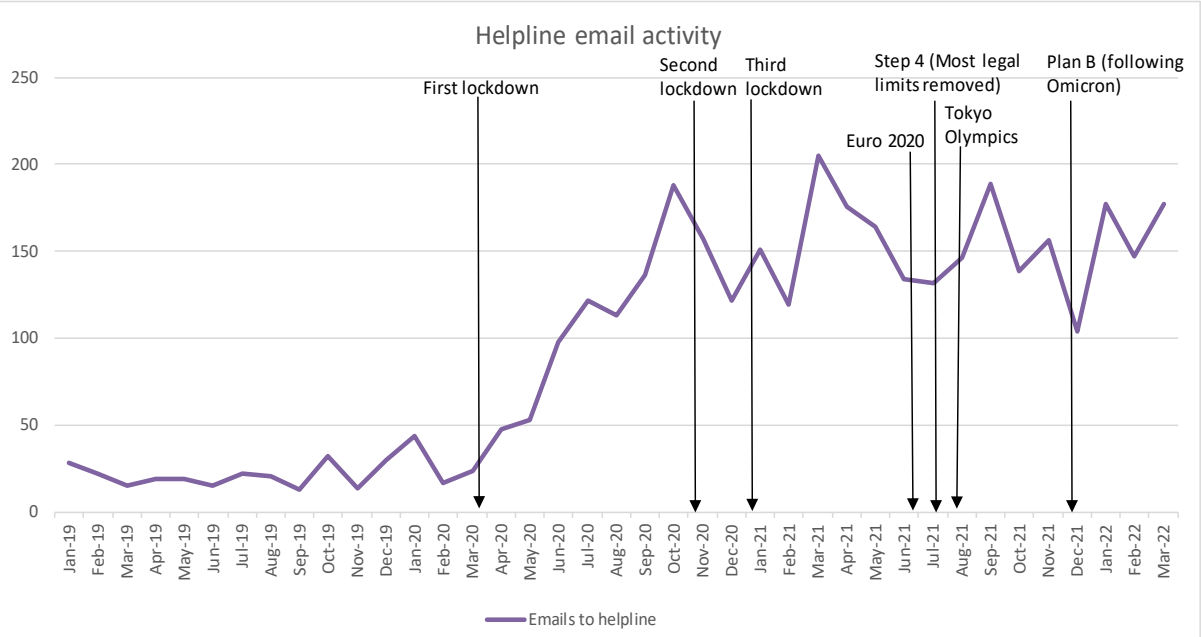
[6] Caveat: It is important to remember that the Juno Nottinghamshire helpline is not the only helpline and therefore it only captures a fraction of calls. Other helplines including those at a National level are available and there is a variety of choice for those wishing to seek help. The Juno helpline has a underrepresentation from individuals living in the North of the County compared to the South of the County. The helpline also covers both Nottingham County and Nottingham City.



Source: Nottinghamshire DSVA helpline

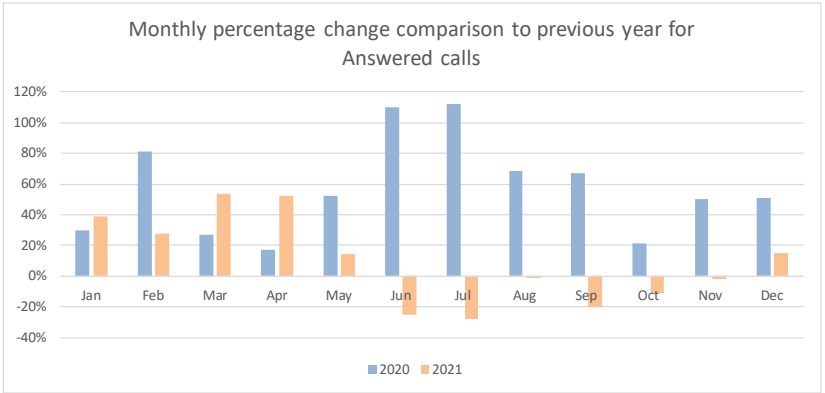
-

- Activity in answered calls and calls from both survivors and professionals increased in activity until the beginning of Summer 2020. April 2020 also saw the launch of a new telephone system. Calls subsequently declined throughout August and September 2020. Generally, see October as a quieter period although the baseline is higher now in 2021 and 2022 than it was before March 2020 for example. Calls subsequently increased after December 2020 to March 2021 before declining in the Summer of 2021. Calls increased slightly during July and August, albeit from the professionals. Calls from October 2021 have continued to generally increase, despite a small decrease around Christmas/ December 2021.
- Helpline calls activity has been maintained and has not dropped to pre-pandemic levels.



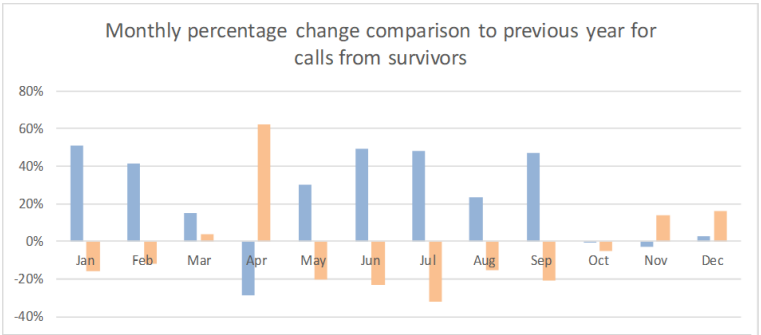
Source: Nottinghamshire DSVA helpline

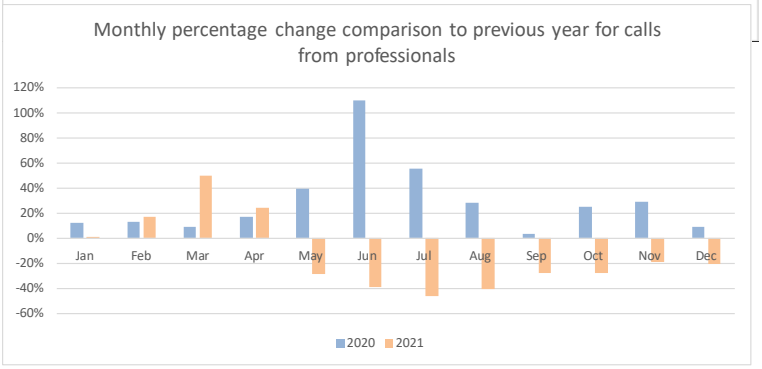
- Emails to the helpline rose sharply between March 2020 and October 2020 and then saw a slight decrease in activity over the Winter period between the second and third national lockdowns. February and March 2021 saw an increase in email activity as rules were relaxed. Heading into the Summer months activity declined however started to increase in July and August 2021 as most legal restrictions had been removed and large sporting events such as the delayed Euro 2020 and Tokyo Olympics took place. Heading into the Winter activity decreased, however it increased once more following the announcement of Plan B in light of the Omicron variant. Helpline email activity has been maintained and has not dropped to pre-pandemic levels.
- Throughout all calendar months of 2020, calls to the Helpline increased, particularly throughout June and July 2020, when compared to the same month in 2019.



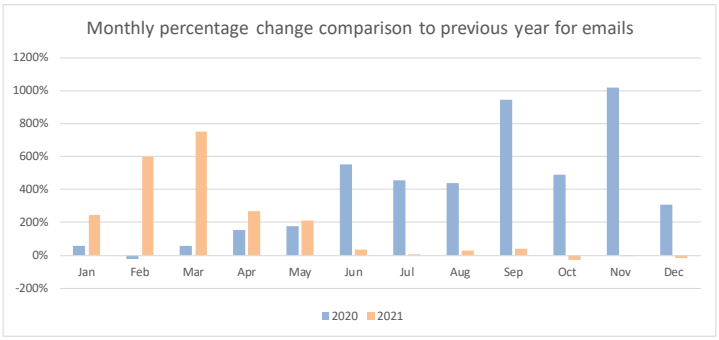
- Calls continued to increase into 2021, however saw a reduction when compared to the same month in 2020 from June 2021 to November 2021. December 2021 saw a further increase when compared to December 2020 figures although less of a percentage change.
- Calls from survivors saw an increase during the first three months of 2020 when compared to 2019. Subsequently calls saw a decrease in April 2020 when compared to 2019. Calls from survivors increased throughout the Summer and into September 2020 before seeing a small reduction in October and November 2020. Calls from survivors slightly increased in December 2020 when compared to December 2019.
- Calls from survivors saw a reduction in January and February 2021 when compared to 2020 figures before increasing slightly in March and April 2021. May, June, July, August,

September and October 2021 saw fewer calls from survivors when compared to 2020. Although November and December 2021 saw a percentage increase compared to 2020.





- Throughout all calendar months of 2020, calls from professionals to the helpline saw an increase when compared to 2019 figures. The largest increase was seen in June 2020.
- Calls from professionals continued to increase into 2021, however saw a reduction when compared to the same month in 2020 from May 2021 to December 2021.
- The profile of Domestic Abuse was raised in the press, particularly during and following the first lockdown in March 2020. This heightened awareness may have raised the number of calls from professionals following the large amounts of information generated both nationally and locally in the press.
- Throughout all calendar months of 2020, emails to the helpline saw an increase when compared to 2019 figures. The largest increase was seen in November 2020, this coincides with the second national lockdown.



- Emails continued to increase into 2021, however saw a slight reduction from October 2021 to December 2021 when compared to the same month in 2020.

4.2.3 Nottinghamshire Women's Aid-The Farr Centre

- NWAL has a women's centre in Bassetlaw, this provides both community space and NWAL's office base, although NWAL do have other colocation offices.

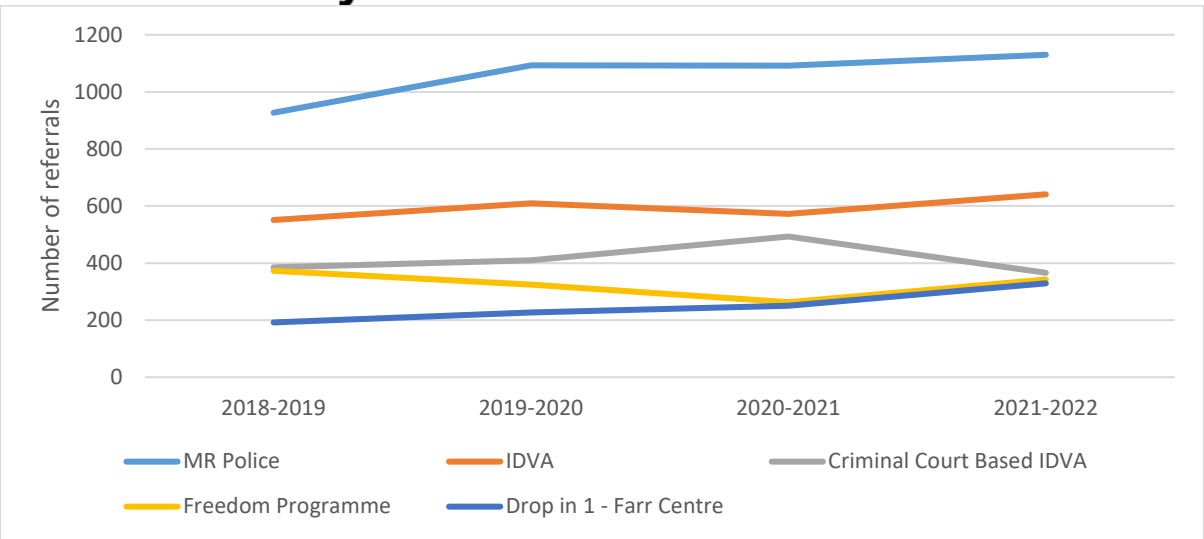
- The Farr Centre number is promoted and provided to the local community. NWAL data accompanied with Juno data shows that women in their service area (Bassetlaw, Mansfield and Newark and Sherwood) ring the Farr Centre directly for support. The Farr centre is staffed Monday - Friday 9.00 -16:30, it is not funded or classified as a helpline and so does not have helpline monitoring mechanisms attached to it. Preceding March 2020 NWAL do not have data with regards to the volume / context of calls that came to or out of the Farr Centre.

  - NWAL started to monitor the type and volume of calls to the Farr Centre in March 2020, this was to support both the public and our professional communities. The below detail was gathered throughout COVID 19 from telephone monitoring which was manually inputted into.
  - NWAL has experienced ongoing contact from the survivor community and the professional community throughout this time. This is positive as there was a concern that media in the public was stating that DV services were 'overwhelmed' by need, which could deter survivors to seeking support at this time.
  - Averaging around 2 /3 calls a day from new survivors and 2 / 3 calls a day from existing survivors.
- High levels of contact to the Farr centre to update with regards to sickness policy etc from NWAL professionals as well as staff asking generalised logistical calls; contact re finance as finance have no mobiles, questions etc.
- Ongoing contact from external professionals with regards to referrals and asking for support to contact NWAL professionals.
- Minimal contact from any individual with regards to the subjects of: child contact, MARAC, food banks, loneliness.
- Week commencing 20th -24 April 2021 saw an increase in external professional enquiring about NWAL referral pathways.
- Average 77 calls a week[7].

4.2.4 Nottinghamshire Women's Aid- NWAL Service

Number of referrals per year				
	2018-2019	**2019-2020**	**2020-2021**	**2021-2022**
MR Police	927	1093	1092	1130
IDVA	551	609	573	641
Criminal Court Based IDVA	385	410	493	366
Freedom Programme	373	324	263	342
Drop in 1 - Farr Centre	192	227	251	329

[7] Note: Please note that this data is throughout the Easter season including bank holiday which affects data trends and so data rhythms are affected. Source: Nottinghamshire Women's Aid Farr Centre Services (nottswa.org)



- The NWAL data demonstrates evidence of the increase in volume of referrals and need.
- NWAL has 25 referral routes including the newly constructed 5 new services within 'COVID 19 timeline's DA car, STEA (Short Term Emergency Accommodation that NWAL was funded to offer for a short amount of time within 2021/22), project horizon, housing liaison workers and Domestic Violence Disclosure Service (DVDS).
- The referral route with the most referrals was MR (Medium-Risk) Police, followed by IDVA, Criminal Court Based IDVA, Freedom Programme and Drop in 1- The Farr Centre.

Figures for these can be seen in the table and corresponding chart above[8].

4.3 Multiagency Risk Assessment Conference (MARAC)

Data by Police force area (Nottinghamshire)	2017	2018	2019	2020	2021
Cases discussed at MARACs per 10,000 adult females (aged 16+)	30	33	33	44	44
% of cases discussed at a MARAC that involved a male victim	N/A	5%	5%	5%	6%
% of cases discussed at MARAC repeat cases	23%	26%	26%	25%	33%
% of cases discussed at MARAC that were referred to the MARAC by police	44%	40%	40%	32%	31%

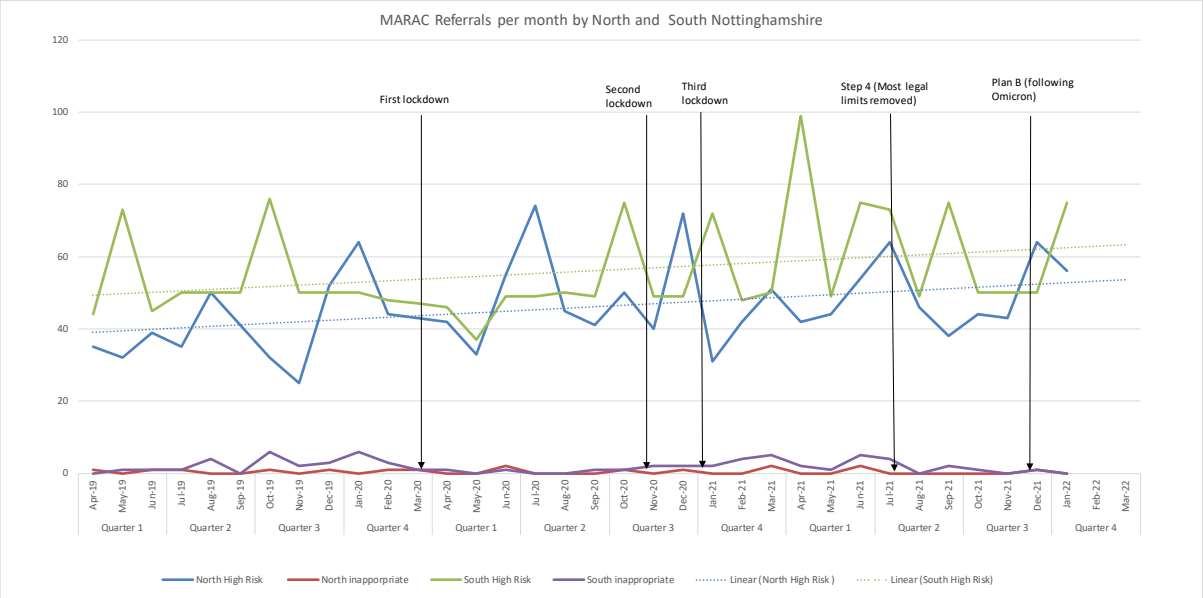
- MARAC repeats have noticeably increased from 25% to 33% between 2020 and 2021. However, a third of cases discussed are repeats. It is also important to be mindful that a third of cases being heard are not being resolved through the MARAC system.
- Decreases in percentage of cases discussed at MARAC that were referred to the MARAC by police mirror that of decreases observed in the number of recorded crimes and incidents of domestic abuse (see slides 3 and 4). Less being reported, less referred to MARAC. However, Police changed their operating processes in November 2021.

[8] Please note for some of the services, the referral volume is dependant on external prior action i.e. police action, cases going to court. For example, IOMS - from IOMS panel, IDVA - referrals from survivor facing agencies, Criminal court - referrals from the courts and Hospital IDVA - health practitioners in Kingsmill
NWA: We were not able to deliver groups with teens and children virtually due to safeguarding procedures. NWAL have been critically reflecting on the data and identified services where a reduction of referrals was noted and are working with referrers to support increase back to 'typical' pre COVID 19 levels.

Referral source/ sector	2018-19	2019-20	2020-21	% change 2019-20 to 2020-21
Police	32.9	32.0	30.7	↓decrease -4%
IDVA (Independent DA Advisor)	19.8	22.9	22.1	↓decrease -3.5%
Secondary Care Acute trust services	10.7	15.3	14.3	↓decrease -6.5%
Primary Care Services	10.3	5.9	5.8	↓decrease -1.7%
Voluntary Sector	5.4	5.7	10.4	**↑increase 82.5%**
Other	4.8	2.9	3.0	**↑increase 3.5%**
Children Social Care Services	4.7	2.8	3.1	**↑increase 10.7%**
Housing	4.3	3.9	3.6	↓decrease -7.7%
Mental Health services	2.6	3.9	3.2	↓decrease -17.9%
Substance Abuse Services	1.9	1.4	1.1	↓decrease -21.4%
Probation	1.4	1.7	1.0	↓decrease -41.2%
Adult Social Care Services	0.9	1.3	1.5	**↑increase 15.4%**
Education	0.3	0.2	0.2	No change
MASH	0	0.0	0.1	**↑ increase 0.1%**

- The majority of Referrals to MARAC in Nottinghamshire are from the Police, followed by IDVA and Secondary Care Acute Trust Services, however this decreased between 2019-20 and 2020-21. These reductions may be due to the fact that lockdowns and restrictions meant that individuals found it difficult (and perhaps in some instances still find it challenging to see their GP) and the restrictions in hospitals translated into seeing fewer domestic abuse cases being referred to MARAC.
- The majority of Referrals from sources in Nottinghamshire decreased between 2019-20 and 2020-21, however Children's Social Care Services, Adult Social Care Services, other and MASH saw an increase, although the Voluntary sector the most substantial increase. The Voluntary sector definition in this context is 'This includes other specialist DV services and any non-statutory body that is not included elsewhere on this spreadsheet. This also includes specialist BAME / LGBT+ organisations from the voluntary sector. If the Idva who refers is from a voluntary agency, it is still recorded under 'Idva' rather than under 'Voluntary Sector' as provided to us by SafeLives.
- Despite both increases and decreases observed in the data it is difficult to attribute a cause-and-effect relationship (i.e., whether this could be said with absolute certainty that it was due to the pandemic).[9]

[9] Notes and caveats with SafeLives and MARAC data: SafeLives is a charity that aims to end domestic abuse. There are approximately 290 Maracs across the UK. Marac data is data submitted to SafeLives, by individual Maracs and this data is a summary of Marac data by Police Force area, more specifically Nottinghamshire so this data covers both Nottingham and Nottinghamshire. SafeLives data is not classified as official statistics. All MARACs fall within police force area boundaries, but police force areas can have more than one MARAC (in Nottinghamshire this is the case).
Source: ONS Domestic abuse in England and Wales – Data tool - Office for National Statistics (ons.gov.uk) (Table 1)
Source: SafeLives Latest Marac National Dataset | Safelives (Table 2)



- The data presented above shows the number of MARAC referrals heard per month by North and South Nottinghamshire between April 2019 and January 2022.

- During the start of the pandemic (March 2020) MARAC operations changed and many face-to-face practices transferred to online. The data peaks and troughs as the number of MARAC meetings each month affects the number of cases heard, however there is a general increase although this increase can also be observed nationally[1]. There has been an increase in the complexity of cases and a step-change in the cases heard, more serious cases. There may be an opportunity to review the MARAC process in the light of ongoing capacity and staffing resources in addition to the challenges of additional complexity with the cases.

- Moving forward there will be post-covid challenges. There is a concern that some individuals have managed their own abuse over the last two years. With the cost of living crisis and a war in Europe and the concern some have manged their abuse over the pandemic (who may now be ready to come forward), these factors are expected to create ongoing challenges[10].

Percentage change for MARAC referrals heard per quarter for all Nottinghamshire MARACs compared to 2019/2020 baseline data

	Q1 Apr- Jun	Q2 Jul- Sep	Q3 Oct-Dec	Q4 Jan-Mar
% Change 2020-2021	-2.2%	11.6%	-24.9%	-0.7%
% Change 2021-2022	35.4%	25.0%	5.6%	33.5%

- Since March 2020, the Covid-19 pandemic and the subsequent national lockdowns has had a significant impact on the everyday functioning of MARACs.

[10] Caveats with MARAC data: The challenge with MARACs is that the number of meetings each month affects the number of cases heard. Meetings have a cap of 25 cases, which results in cases being delayed to the next meeting if extra meetings are not schedules. This has become an issue over the last 6 months, which is why we have scheduled additional meeting to avoid delays. Furthermore MARAC referrals heard may be repeats and therefore the total does not reflect 'cases'. Furthermore, MARACs are not solely intimate partner violence, they also cover violence within families.
Safe Lives MARAC data- Key findings April 2020- March 2021 Marac Data Key Findings External April 20 to March 21.pdf (safelives.org.uk)

- The first quarter in 2020 saw a small decrease in comparison to the previous year's quarter, this coincides with the first lockdown in March and April 2020.
- Quarter 2 saw an increase of 11.6%, this may be due to the easing of lockdown restrictions which took place across most of the UK from June to October 2020. With the reopening of statutory services and schools, this may have allowed easier access to MARAC referral routes than during lockdown and impacted the rise in cases heard[1].
- Subsequent MARAC's referrals heard decreased in Quarter 3 and 4 perhaps due to National lockdowns in November 2020 and January 2021, which impacted the number of MARAC's heard.
- The first quarter April to June 2021 saw an increase of 35.4% of referrals heard when compared to 2019/2020 baseline. Lockdown restrictions subsequently eased as did restrictions and MARAC referrals rose sharply for the rest of the financial year 2021/22[11].

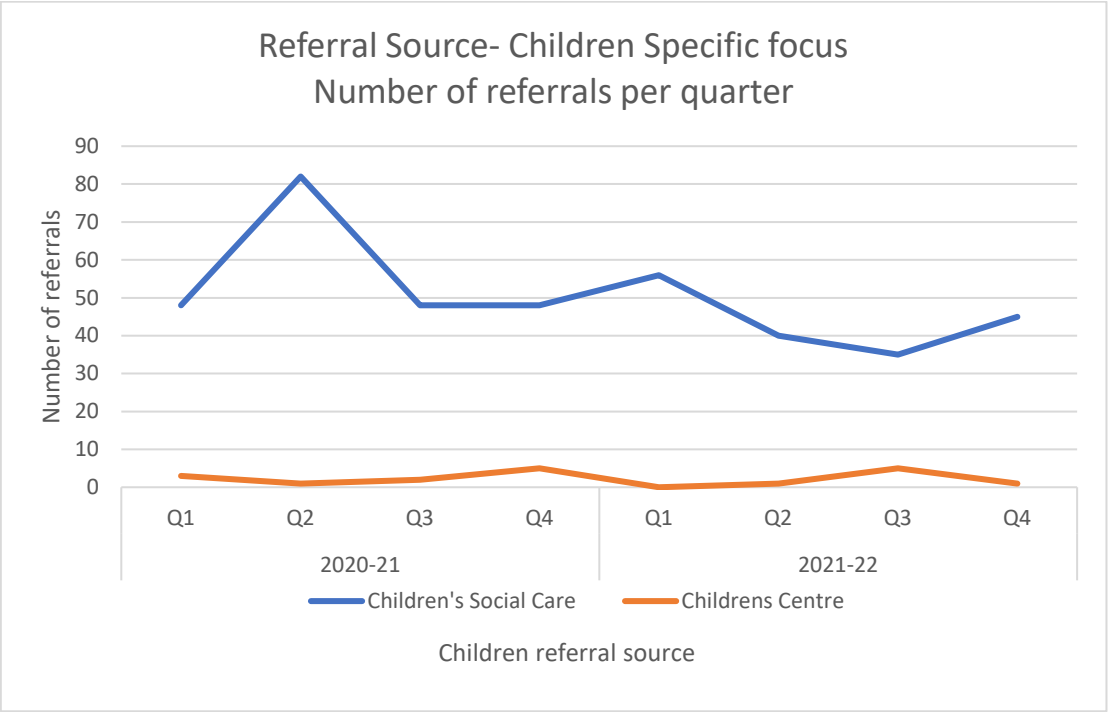
4.4 Domestic Homicide Reviews (DHRs)

This information is data sensitive and therefore not included in this version

[11] Safe Lives MARAC data- Key findings April 2020- March 2021 Marac Data Key Findings External April 20 to March 21.pdf (safelives.org.uk)

4.5 Children and Young People

4.5.1 Number of Referrals



There are multiple referral sources from both Juno and NWA. However, data shown in this chart focusses on CYP referral sectors.

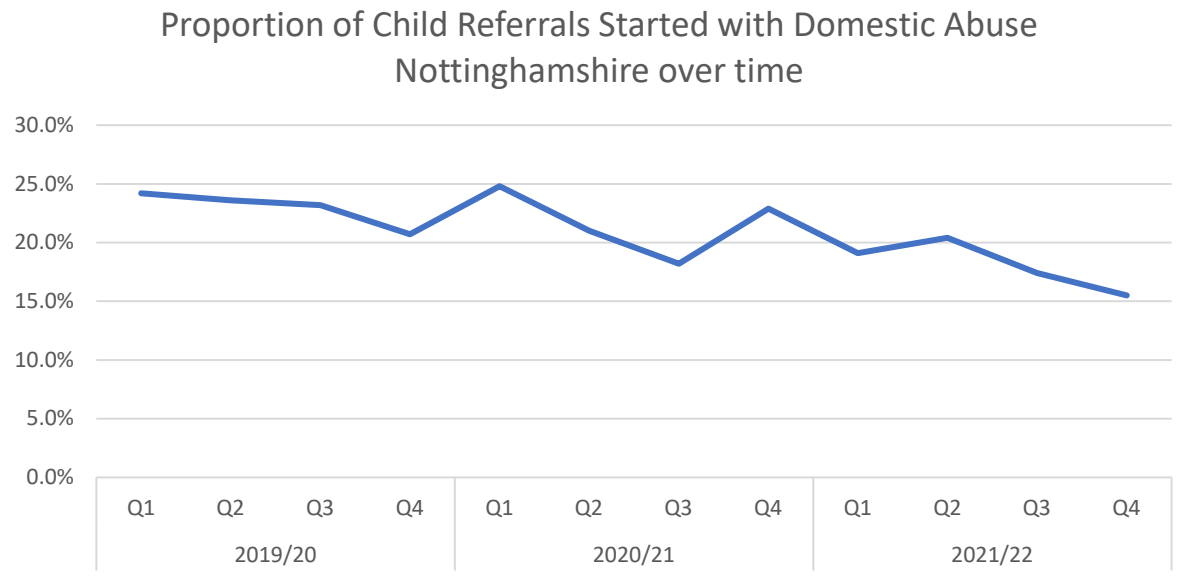
Percentage change by quarter between 2020-21 and 2021-22 for Children's Social Care

% Change from previous year's quarter- Children Social Care			
Q1	**Q2**	**Q3**	**Q4**
-16.6%	-51.2%	-27.1%	-6.3%

- The number of referrals from Children's Social Care generally decreased throughout 2020-21 and 2021-22. Although referrals decreased on the whole (including new referrals to the service). It is important to note that agencies stopped seeing children and visits were greatly reduced due to social care staff navigating covid restrictions and social distancing. Staff were subjected to challenging working environments due to the restrictions.
- Although figures for CYP look low, generally uptake from Children is low[12].
- Note: Figures are too small to compare Children's Centres

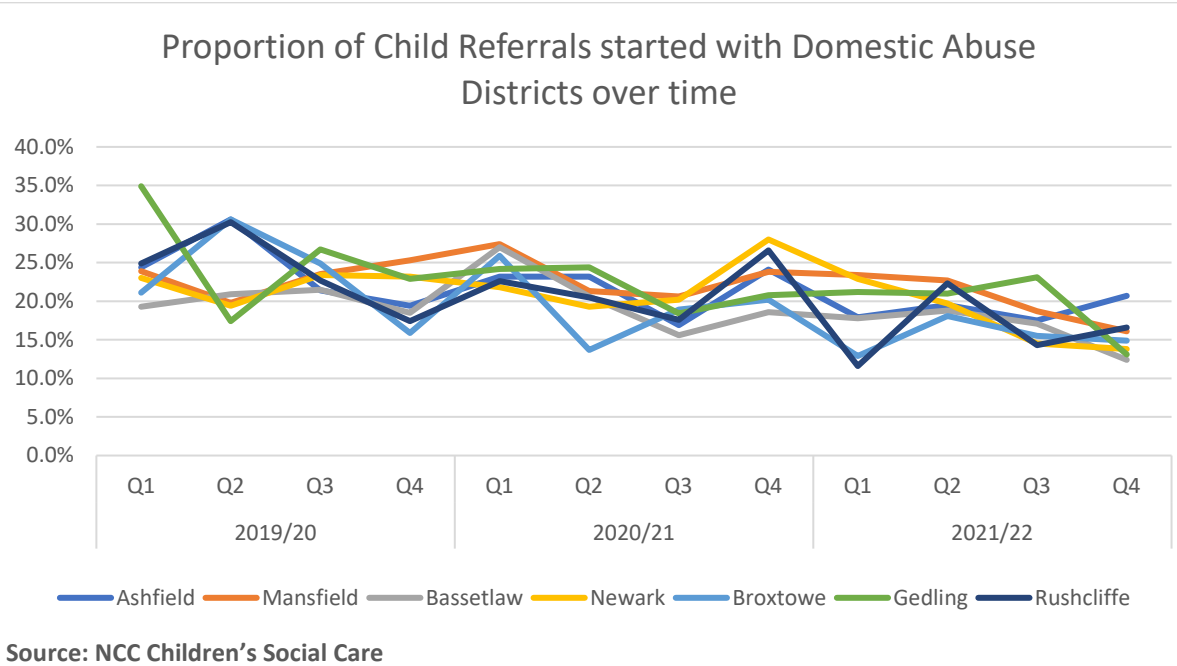
[12] Caveats with services and service performance data (Juno and Notts Women's Aid (NWA)):
The service data performance reviews and data now capture and record those that are new into the service. The old contracts combine both joining and existing individuals.
Unfortunately the timing of the contracts came into play when the pandemic hit. It is therefore difficult to compare and draw conclusions when the fundamental data and principles have changed pre and post pandemic. Juno and NWA contract data shown in this slide has been combined to show trends in the data from both contracts over time. Despite this focussing on CYP, the data relates to the children of the main survivor.

4.5.2 Proportion of Referrals



Source: NCC Children's Social Care

- Pre pandemic throughout 2019/20 the proportion of referrals with Domestic Abuse started to decrease.
- The proportion/ percentage of Child Referrals Started with Domestic Abuse continued to generally decrease throughout 2020/21 and 2021/22.
- This could be due to the lack of professional availability and the overall supply of the workforce rather than reflecting the real need from Children. The workforce were subjected to challenging work conditions as they continued to work from home and were unable to detect the visible signs of abuse.



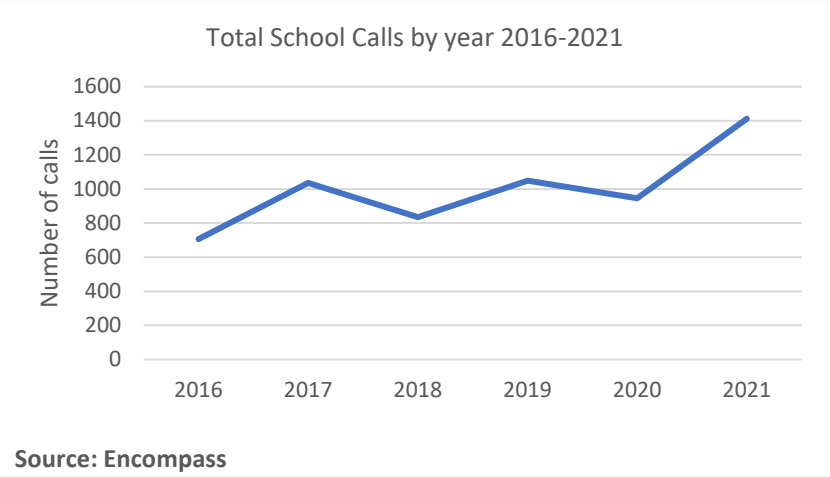
Source: NCC Children's Social Care

- Variation or the disparity between districts is to a lesser extent, however Child Referrals started percentage of referrals with Domestic Abuse generally decreased throughout 2020/21 and 2021/22.
- The latest available data Q4 2021/22 shows that the proportion in all Districts is lower than that of pre-pandemic figures[13].

4.6 Encompass

4.6.1 Total School Calls

Numbers relate to numbers of children, as each child is logged separately. The number of notifications has risen, and this is the highest annual total by far (2021).

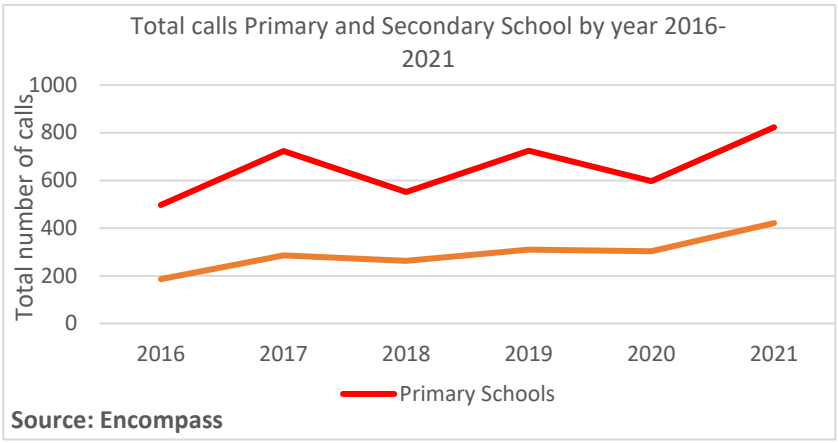


Source: Encompass

However, there is less filtering than previously when MASH did not usually notify schools if young people didn't see or have contact with either party involved.

Therefore, it is difficult to see whether this represents a real increase in children affected by DA incidents.

The largest proportion of calls across all educational settings are made to Primary and Secondary schools, more so Primary. Both school settings have seen calls increase in 2021 when compared to 2020 figures.



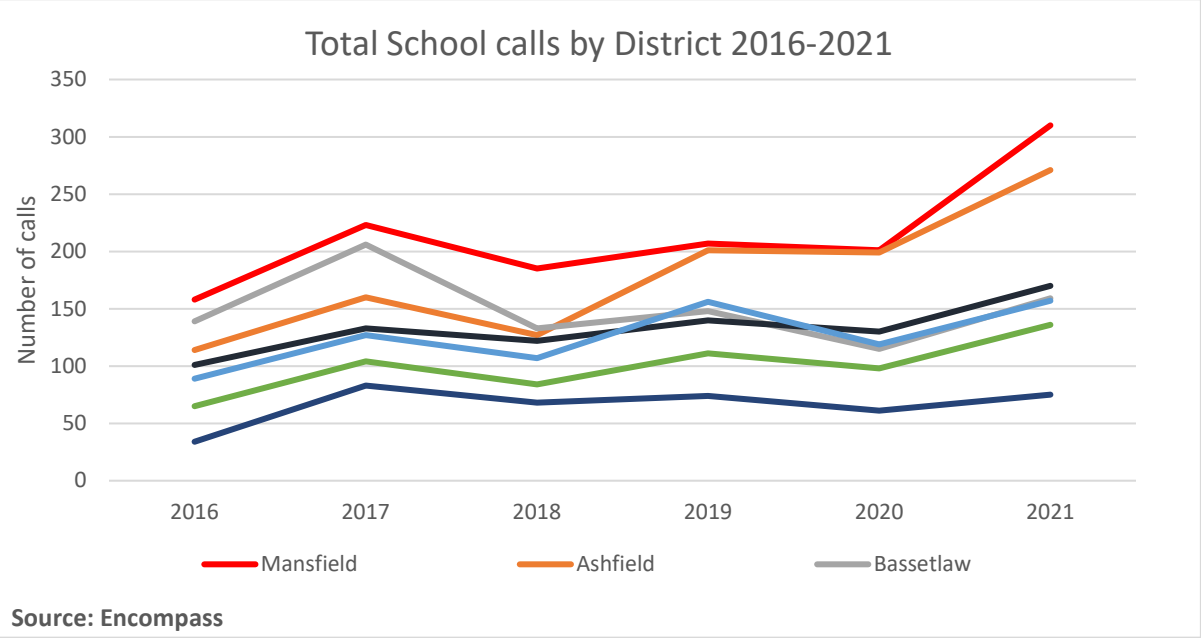
Source: Encompass

Colleges remain difficult to identify as this information is not obtained from the police at the point of notification, furthermore there is no search facility available in MASH. Data for other educational settings is limited and figures are small to be able to draw on year on year trends. However please see table below for raw data.

[13] NB: The latest available yearly report produced by NCC Children's Social Care can be accessed here:

	2016	2017	2018	2019	2020	2021
Special Schools	10	5	3	3	11	22
Colleges	8	11	6	9	7	11
Alternative Provision	N/A	N/A	N/A	N/A	10	7
Not Specified	N/A	N/A	N/A	N/A	N/A	113
Independent Schools	5	12	2	0	N/A	3
Elective home Educated	N/A	N/A	N/A	N/A	N/A	12

4.6.2 Calls by District



Source: Encompass

- The number of notifications is variable by District. Over time Mansfield has had the highest number of calls to schools situated in the District. Conversely, Rushcliffe has had the lowest.

District	% Change 2020 to 2021
Mansfield	54% increase
Ashfield	36% increase
Bassetlaw	38% increase
Gedling	31% increase
Newark & Sherwood	32% increase
Broxtowe	39% increase
Rushcliffe	23% increase

- However, all Districts in Nottinghamshire saw an increase in calls in 2021 when compared to the previous year (see table opposite).

- All Districts have seen an increase in school calls when comparing data from 2020 to 2021. However, Mansfield has observed the sharpest increase in 2021 (54%) when compared to 2020[14].

[14] General Caveats regarding Encompass data:
Encompass is the data received on children who have witnessed or are present when DA takes place in the home. Data gives an indication of impact not prevalence. The data is not incidents so there can be more than one notification in a year per child and multiple children in a family. Data is sent to the MASH (Multi- Agency Safeguarding Hub) who identify the schools that children attend. Schools are informed by the MASH the following day to support children. Recurring incidents will be counted individually.
Furthermore, during Summer 2020, the method of notification changed. Previously, it was a phone call to schools after there had been a DA focussed meeting in the MASH with police, social care and probation. This then changed to a system of everything conducted by email and it has removed the filtration. For example, there would now be a notification on anything that police share with MASH unless MASH can't identify a school via Capita, so LAC (looked after children) children might be included, or children who live with another party or have no contact with parties involved.

4.7 Summary

4.7.1 Key Points

- Covid and Domestic Abuse have had a large impact on the community and the last two years have been challenging, however this is **not reflected equally across the services**.
- This may be due to the hidden nature of domestic abuse, the ways in which staff of services were subjected to challenging and new working conditions and the way individuals acted and reacted to the pandemic through the peaks and troughs of multiple lockdowns and changing guidance.
- This has highlighted the need for further exploration from each service level as to why there are differing trends within the data and exploration as to why this may have occurred.
- Looking ahead the challenges are most likely to be exacerbated and the issues of challenge are likely to increase, therefore it may be recommended that in the light of the cost of living, there may be an opportunity to explore this further in terms of the further impact on services themselves.

4.7.2 Police and Crime

- The total number of domestic abuse-related incidents recorded by Nottinghamshire Police continued to decrease in the financial year April 2020 to March 2021.
- The total number of domestic abuse-related crimes recorded by Nottinghamshire Police decreased in the financial year April 2020 to March 2021.
- The volume of domestic abuse incidents generally decreased during 2020-21, however has since increased in 2021-22.
- The volume of domestic abuse offences generally decreased during 2020-21, however has since increased and subsequently plateaued in 2021-22.

4.7.3 Helpline

- Helpline activity increased in 2019-2020. Activity continued to increase into 2020-21 for emails, however activity decreased for answered calls, from survivors and from professionals.
- Nevertheless, across the helpline activity has not dropped to pre-pandemic levels.

4.7.4 MARAC

- MARAC repeats have noticeably increased from 25% to 33% between 2020 and 2021. Therefore, a third of cases discussed are repeats.
- The majority of referrals from sources in Nottinghamshire decreased between 2019-20 and 2020-21, however Children's Social Care Services, Adult Social Care Services, other and MASH saw an increase, although the Voluntary sector the most substantial increase.
- The data peaks and troughs as the number of MARAC meetings each month affects the number of cases heard, however there is a general increase, and this increase can also be observed nationally.

4.7.5 Children and Young People

- The number of referrals from Children's Social Care generally decreased throughout 2020-21 and 2021-22. Although referrals decreased on the whole (including new referrals to the service).
- The proportion/ percentage of Child Referrals Started with Domestic Abuse continued to generally decrease throughout 2020/21 and 2021/22.

4.7.6 Encompass

- The number of notifications has risen and this is the highest annual total by far (2021).

- The largest proportion of calls across all educational settings are made to Primary and Secondary schools, more so Primary. Both school settings have seen calls increase in 2021 when compared to 2020 figures.
- All Districts have seen an increase in school calls when comparing data from 2020 to 2021. However, Mansfield has observed the sharpest increase in 2021 (54%) when compared to 2020.

4.7.7 Data Access

- There have been various data sources that we have not reviewed due to difficulties obtaining the data and the time constraints we were working towards. We have only looked at data we have access to.
- The data sources or areas that we have not explored are as follows:
    - Court data. This is an area where the data is very difficult to obtain, and we unfortunately did not look at.
    - We did not explore coercive control. Restrictions themselves were restrictive and this then gave perpetrators opportunities to exert power and control.
    - Reduction in support available. People's ability to gain support and help outside own household was restricted. The fear that covid risked wider family and if any were vulnerable, then this reduced opportunities and was further reduced by individuals themselves for the sake of keeping others safe from the pandemic.
- Some of these areas are explored from a national or international evidence base perspective in sections 6 and 7.

5 Impact on Those Who Provide Services

5.1 Key Points- local and national evidence

- Due to nature of their work, providers of DA support services usually require careful psychological and professional support. Much of this disappeared during the pandemic, especially informal peer support.
- Home tended to be viewed as a kind of sanctuary from work prior to the pandemic and then it became work and vice versa.
- Those practitioners from ethnic minorities were more likely to have additional stresses due to their direct impact of the virus and cultural circumstances.
- Those providing informal support to DA survivors and the impact on them should not be forgotten, especially as they may have stepped in to fill gaps left by formal services.
    - Future concerns surround:
    - Funding and resilience of services in future crises- flexibility and adaptability will be key
    - Resilience of current support for DA practitioners
- There are number of caveats to the national research that prevent very conclusive recommendations being drawn.

5.2 National Evidence

5.2.1 Funding and Resilience of Services

- A lot of the primary research of providers of DA support services cited concern around current and future government funding and fundraising abilities (Davidge, 2020) and concern around sustained future demand after the pandemic (Davidge, 2020; Dewsey-Hewitt et al, 2021). The short timescales for spending emergency funding during the

pandemic were not considered helpful (Davidge, 2020). Evidence of local partnership working regarding this can be found in section 5.2.2.

- Providers had to use methods of support such as online or telephone that were not accepted as routine prior to the pandemic (Cortis et al, 2021) and so had to use high levels of innovation (Pfitzner et al, 2022). For example, very short catch-up calls during the day (Healy et al, 2022). Further examples from local services can be found in section 5.2.
- Importance of monitoring emerging approaches to establish which service adaptations are effective for different groups of people, and to determine good practice for combining remote and face-to-face service options in the longer term (Cortis, 2021).

5.2.2 Mental Health and Work/Life Balance

- Crivatu et al (2021) found that even prior to the pandemic, those working with survivors of sexual violence experienced mental and social impacts due to their work including: trauma symptoms, disrupted social relationships, behavioural changes, and emotional and psychological distress.
- The switch to digital and phone service delivery was found to be very tiring for staff, especially as there was a lack of framework or evidence base for instigating new support methods (Cortis et al, 2021).
- Articles cited the challenges around practitioners having caring roles at home and so having to juggle work around this, including home schooling (Davidge, 2020; Dewsey-Hewitt et al, 2021). This is reflected in evidence from local services in section 5.2.
- A number of practitioners experienced a sense of isolation and intrusion as work was now at home and vice versa (Davidge, 2020; Pfitzner et al, 2022). They were also more likely to work longer hours due to having to work around client and their own circumstances (Davidge, 2020; Pfitzner et al, 2022).
- Prior to the pandemic, workers in a sexual assault referral centre cited they would need supervision, training, peer support and shadowing[15] to minimise the negative impacts of their work (Horvath et al, 2020). This is similar to other support workers (Healy, 2022). In the pandemic, these aspects of work would have either stopped or been severely curtailed. Pollock et al (2020) in a Cochrane Review, found that high quality research was lacking for effective interventions for mental health resilience after a pandemic. However, when selecting interventions aimed at supporting frontline workers' mental health, organisational, social, personal, and psychological factors may all be important.
- Statistically, workers in caring, leisure and other service occupations had the highest sickness absence rate in 2020, at 3.3% (ONS, 2020).

5.2.3 Practitioners from Ethnic Minorities

- Research showed these practitioners to have particular challenges on top of the ones highlighted above:
    - High levels of multigenerational households
    - High level of underlying conditions that are especially dangerous vis a vis COVID
    - High risk of death or serious illness with COVID
    - High level of employment in services which means working from home is not possible
    - Longer hours to accommodate particular client circumstances
    - Likely to have less funding if they work for more specialist services for DA survivors from ethnic minorities

[15] Short term observation of someone doing their job (i.e. in another related team)

(Anitha and Gill, 2021).

5.2.4 Informal Providers of Support to Survivors

- A lot of support for survivors of DA comes from informal sources such as friends, family, and colleagues.
- Research analysed by Gregory and Williamson (2021) discovered they found it more difficult to read the situation and risk for the survivor due to reduced social contact, had less capacity to help due to their own situation and fear of the virus. However, there were also instances of stepping in to provide more support due to formal services being reduced.

5.2.5 Caveats to Research

- Most research done during pandemic so tailored to the situation at the time.
- Most articles found in the literature search, although published during the pandemic, referred to research conducted before it.
- There was far less research on providers of services generally and a number of articles were behind pay walls.
- A lot of surveys were done rapidly due to nature of the pandemic
- Most are narrative reviews, so selection bias
- Because of all the above, we can't draw definitive conclusions but it's a start to understanding the impact.

5.3 Local Evidence

5.3.1 Nottinghamshire Women's Aid (NWAL Refuge)

(Statement from the Refuge)

5.3.1.1 Background

- NWAL has 2 commissioned refuges they are both based in North Nottinghamshire, throughout COVID NWAL maintained: high quality support of families in the refuge, supported families, and women and children in their own right, this included providing free lateral flow tests for women and children to support them to look after their own physical health. Support continued for survivors so recovery was supported throughout this uncharted social experience. High quality support around families entering the refuge, NWAL created and maintained an effective COVID 19 procedure which included identifying some refuge units as isolation sites. The families could then move onto another unit in our refuge system high quality support of families exiting, or leaving for refuges this includes COVID 19 risk assessments etc.

5.3.1.2 Technology

- NWAL recognised that some of the families in refuge did not have access to Wi-Fi /internet which was hampering children's and adults social and educational opportunities and so NWAL did the following. NWAL safely made Wi-Fi available in the communal refuges adults, Children and teens were provided age-appropriate technology to use, this included putting safe restrictions on communal technology such as computers.

5.2.3.3 Physical environment

- PPE equipment was found and used by NWAL staff. Cleaning items were provided to families with no cost to the families. Professional cleaners clean communal and family spaces. NWAL also opened and managed and concluded one of the Short-Term Emergency Accommodation sites which was commissioned by Nottinghamshire County Council.

5.2.3.4 Health and safety

- Over the COVID 19 period we supported people who contracted COVID 19 but there was no major breakout in either refuge over the period. This displayed the effectiveness of the

communication and agile management of the situation. NWAL also supported their staff to be able to operate and deliver their roles within health and safety procedures and COVID 19 guidelines.

- To this day NWAL is supporting survivors, with the individual effects and impact of COVID 19 to the larger effects including the stalling of housing availability. NWAL has supported survivors through COVID 19 from the construction and building up of COVID 19 restrictions to the reduction and the cessation of them. This has been achieved through mutual communication pathways, trust, and respect between NWAL and the community we work for.

5.3.2 Juno Women's Aid Nottingham and Nottinghamshire

From: Juno Women's Aid Dec 2021

- Juno women's Aid staff at every level have worked relentlessly to ensure the services remained open and that there was continuity even where social distancing and other restrictions imposed limits.
- The team at Juno took great personal risks at the very beginning of the pandemic, before domestic abuse workers were recognised as key workers and entitled to priority PPE and to school access for their own children, and kept the refuges, Helpline and support and advice services running.
- Juno's refuge staff were on hand throughout the lockdowns and responded to the changing government guidance on running support services such as refuges.

Partnership working has been key to getting through this crisis:

- Nottinghamshire County Council alongside Nottingham City Council and the Nottinghamshire Police and Crime Commissioner supported Juno with additional needs, ensured that emergency grants were made available to help vital Juno services to continue to run and aided with the transition to ensure Juno staff were able to work from home.
- Juno staff members were also interviewed about their experiences of working through the pandemic:

> "There were no thoughts for people in temporary accommodation such as refuge. Domestic Violence stats have gone through the roof because of lockdown and there wasn't any bigger picture thinking that the pressure points on refuge are going to impact greatly as a result"
>
> "Covid thwarted the progress these women and children were making."
>
> "… the pandemic has slowed everything down for her"

- Initially staff were frustrated and were further unsatisfied with their work due to them being asked to work remotely because of the no contact and social distancing rules.
- Furthermore, staff were also nervous of contacting covid itself.
- Staff were also placed under various pressures of working from home, with their own childcare issues, having difficult conversations with survivors virtually at their home and the quality of work may have been impacted through these changes to their working environment.

- Despite these circumstances Juno remained open and worked well regionally, this was exemplary as this was not the case nationally. It is also important to acknowledge that Equation (domestic abuse services for men) also remained open throughout this time.

6 Impact on risk/protective factors for Survivors

6.1 Key Points

- DA increased globally during the pandemic, though reporting type and times differed.
- There continues to be underrepresentation of the issue in the data.
- Violence as a whole has been found to increase during times of emergency and disaster- need to consider DA in this, especially regarding the current cost of living crisis.
- The pandemic acted as an escalator and intensifier of existing abuse and removed usual protective factors such as the ability to get away from the abuse even for a short time and social contact and support from friends and family.
- Those at higher risk of DA (see Appendix 2) were on the whole at even greater risk during the pandemic- though sometimes this is an assumption due to lack of research.
- There was less access to service for a number of reasons though practitioners worked hard to overcome barriers.
- The switch from mainly face to face to digital and online services had a mixture of challenges (assessment of risk, connectivity) and benefits (increased access options).
- Concern that services lack resilience to work flexibly, needing to adapt to be more effective during emergencies.
- Concern regarding lack of funding in order to effectively support vulnerable groups such as ethnic minorities and LBTQIA+.

6.2 General Points

- See Appendix 2 for NICE usual risk factors for domestic abuse and how the current research shows to what extent this risk has changed during the COVID 19 pandemic.

6.2.1 Increase in Domestic Abuse

  - Many reports from across the globe about increases in domestic abuse during the COVID pandemic (Moreira and Pana da Costa, 2020; Healy et al, 2022; Wake and Kandula, 2022; Kourti et al., 2021; Usta et al, 2021).
  - However, the means of seeking help differed which meant different patterns in data depending on what was analysed. For example, in the USA, Sorensen et al (2021) found that there was a decrease in help-seeking for sexual assault and assault in general but not for domestic violence during the initial phases of the COVID-19 outbreak. Differences also occurred depending on the restrictions in place, for example a drop in referrals when schools closed was considered by some likely to be more to do with childcare responsibilities than a drop in level of violence (Moreira and Pana da Costa, 2020) [16] or because teachers being the more likely reporters of DA (Kourti et al, 2021). This difference is also reflected in the local data (section 4.7.1).
  - Researchers also acknowledge data is highly likely to be an underrepresentation due to victims being less able to access help or believe services have been stopped (Arenas-Arroyo, 2021). This is reflected in the local police data in section 4.1.

[16] Identification and Referral to Improve Safety (IRIS) DVA programme- only available to around 20% of GP Practices in the UK

- Research shows that violence, including DA tends to increase in times of disasters and emergencies (Moreira and Pana da Costa, 2020; Campbell, 2021; Pfitzner et al, 2022). Although Cortis et al (2021) points out that in the case of COVID, physical infrastructure remained intact, it was the human contact that was restricted. Particular consideration must be given to other emergencies such as the current cost of living crisis.
- Domestic homicides do not appear to have increased excessively, at least from 2020 to 2021 (Bates et al., 2021; Dewsey-Hewitt, 2021).

6.2.2 Focus of UK COVID Response

- It was pointed out that home often is often viewed by public and media as a place of sanctuary (Bradbury-Jones and Isham, 2020) and the increased emphasis and resources on traditional healthcare mean that support services such as those for DV are lessened (Usta et al, 2020). - for example, the use of the slogan "Stay Home-Protect the NHS-Save Lives".
- However, Government funding was made available for DV charities (Davidge, 2020).

6.2.3 Risks Already Existing

- A lot of the dynamics for perpetrators, and risks and protective factors for victims are already well known, however the pandemic presented unique circumstances for both (Sower and Alexander, 2021, SEA, 2021). Pandemic "acted as an escalator and intensifier of existing abuse" (Bates et al, 2021)[17].
- Risk factors or inequalities already existing likely only exacerbated by the pandemic (Wake and Kandula, 2022) for example for LGBTQIA+ (Harvey et al, 2014) and those with disabilities (Dockerty et al, 2015).

6.2.4 Access to Help

- Access to help restricted and may be more dangerous for victim (Moreira and Pana da Costa, 2020). Victims may disclose abuse in places where they may not have done before, such as banks (SEA, 2021). The UK Govt therefore introduced the ANI (Action Needed Immediately) Codeword scheme for pharmacies in 2021 (UK Gov, 2022).
- Leaving the abuse home increased risk of contracting the virus, and many survivors postponed their decision to leave (Sower and Alexander, 2021; Moreira and Pana da Costa, 2020; Davidge, 2020).
- Less capacity in shelters due to social distancing, staffing issues and lack of PPE among other factors (Davidge, 2020)
- Less capacity for restraining orders etc due to courts and legal services being restricted (Sower and Alexander, 2021). Local data on this was not able to be obtained (see section 4.7.7).

6.2.5 Switch to Digital and Online Services

- The switch to online healthcare contact was less effective for many survivors of DA as there were difficulties regarding: disclosure for victim, reading of cues by healthcare professional, thinking anxiety is because of the pandemic and not DA,

[17] Bates et al (2021) examined each and every death identified by police in England and Wales as meeting their definition between 23rd March 2020 and 31 March 2021: domestic murder by a (current or ex) partner, family member or co-habitee, also counted child deaths in a domestic setting, unexplained or suspicious deaths, and suspected suicides of individuals with a known history of domestic abuse victimisation.

presence of the perpetrator and connectivity issues (Moreira and Pana da Costa, 2020; Cortis et al, 2021). This was found to be especially the case for survivors from ethnic minorities, though in some cases, creative use was beneficial (Thiara and Roy, 2022). Community Ambassadors were developed by Women's Aid to try and address the issue of reduced access (Women's Aid, 2020).

- Services can now offer bigger range of options for contact but there are safety/risk concerns that need to be addressed (Cortis et al, 2021).
- Campbell (2021) questioned whether service difficulties in the pandemic showed interventions lack resilience. Narrative reviews and primary research with practitioners did highlight the difficulties and concerns regarding the ability of the services to flex and cope in a crisis (Dewsey-Hewitt et al, 2021).

6.2.6 Service Funding

- Reduction in funding for charities and shelters (Moreira and Pana da Costa, 2020) and emergency funding not ring-fenced for specialist charities serving marginalised groups (Women's Aid et al, 2021).
- Concerns around housing and refuge options (Dewsey-Hewitt et al, 2021).

6.3 Marginalised Groups

6.3.1 LGBTQIA+

- LGBTQ+ in Wales found to be underrepresented even before the pandemic (Harvey et al, 2014). This was due to specific individual and interpersonal barriers to accessing services on top of universal barriers, structural and cultural issues in the system targeted towards cis gender women and intersecting barriers such as race, young people, and mental health (Harvey et al, 2014).
- IPV prevention materials for CYP not designed for LGBTQIA+ group (de Brun, 2019).
- Dawsey-Hewitt et al (2021) found that due to the social isolation, some LGBTQIA+ survivors were being kept form their usual social circles and pressured into heterosexual relationships by family members.
- In their study, Bates et al (2021) found 3% of domestic homicides were LGBTQ+[18].

6.3.2 Males

- The vast majority of research focusses on women and male victims can be marginalised (Graham-Kevan et al, 2021).
- UK findings from two international studies conducted during the first COVID lockdown (Graham-Kevan, 2021) showed:
  - Male victims experience persistent and severe patterns of coercive control similar to those experienced by female victims but also suffer stigmatisation from society and also services
  - More research is required which identifies differences between males of different ethnicities
- Work in Nottinghamshire is already underway to improve the accommodation needs of male survivors, including those who are LBGTQIA+ (Martin, 2022).

[18] Note that data completion rates were low for protected characteristics apart from ethnic group (victims and suspects)

6.3.3 Socio-Economic Status

6.3.3.1 Economic Stress

- Arenas-Arroyo et al (2020) in their study of Spanish victims of DV[19], found economic effect of lockdowns increased levels of violence especially if both victim and perpetrator suffer economic stress. The increase in domestic violence was higher among couples with children, couples without previous positive levels of violence and for low educated women. They also found a large but statistically imprecise estimates of a large increase of domestic violence when the relative economic position of the man worsens, especially in contexts where that position was already being threatened. These findings were echoed by Wake and Kandula (2022) and Usta et al (2020). Women were also more likely to be in jobs affected by the pandemic restrictions (Pfitzner et al, 2022) and thus have less resilience economically (Moreira and Pana da Costa, 2020).
- The impact of the pandemic was found to be worse for those of lower socio-economic status as they were likely to have the internet or smart phone (Moreira and Pana da Costa, 2020; Cortis et al, 2021)
- Landlords could threaten eviction or pressure people for sex in place of rent (Sower and Alexander, 2021).
- Local Nottinghamshire data in sections 4.1.2 and 4.6.2 show higher levels of DA in more deprived areas during the pandemic.

6.3.3.2 Economic Abuse

- SEA (2021) found that economic abuse[20]increased, with 72% reporting that their financial situation had worsened. Also, the shift to contactless payments was detrimental to many. Often plans to leave abusers were put on hold because of the economic difficulties brought on by the pandemic.
- The economic abuse continued for many who were post-separation, particularly around child maintenance. Anecdotally, there have been some post separation DA survivors who were actually helped by the pandemic, in that they could legally report their ex-partner to the police for breaking COVID rules by coming round their house (SEA, 2021).

6.3.4 Ethnic Minorities

- Survivors from ethnic minorities were already starting from a place of inequality according to Thiara and Roy (2022). They reported on a small piece of research conducted with charities for ethnic minorities and victims of DA. Particular issues included underfunding, increase in no recourse to public funds cases, lack of knowledge of particular needs, difficulties with immigration authorities and the importance of support networks being taken away due to COVID restrictions.
- Anitha and Gill (2021) conducted a small piece of research with providers of DA support to BAME women during the pandemic. Themes and issues specific to these women included:
  - Women had additional psychological stress of they and their children being more at risk from the virus.

[19] Spain had earlier, longer and more restricted lockdowns than the UK

[20] Economic abuse is a form of coercive control through which domestic abuse perpetrators seek to reinforce or create economic dependency and/or instability. This, in turn, limits the choices that victim/survivors can make and their ability to access and build economic safety. The term 'economic abuse' recognises that it is not just money and finances that a perpetrator can control (known as 'financial abuse'), but also the things that money can buy, like food, clothing, transportation and housing. Control takes three forms: restriction, exploitation and/or sabotage (SEA, 2021).

- Women suffering more DA from other family members during lockdown, including psychological pressure into forced marriage and actual forced marriage as these could be done in more secretive circumstances.
- More women having no recourse to public funds (NRPF) and facing DA or homelessness, especially if their immigration status is shaky.
- Links were also made to the Black Lives Matter movement, in that there is distrust of the police and mainstream services. Victims may be reluctant to call as they want the abuse to stop but they don't want to perpetrator harmed in custody. This is reflected in comments on low police reporting on local data in section 4.1.

- In their narrative review and research Dewsey-Hewitt et al (2021) found that women from ethnic minorities had "several barriers to support including a lack of understanding and will to work with migrant women, racist and discriminatory practices, a hostile data sharing environment, a failure to uphold statutory requirements and depleted access to interpreters."
- Bates et al (2021) found that nationally the proportion of BAME victims since Covid appears to be higher than the previous 15-year domestic homicides average, the 2019/20 domestic homicides data, and the general population. Child deaths and adult family homicides had the highest proportion of BAME victims (44% and 30% respectively). Victims were also less likely to be already known to the police.

6.3.5 Mental Health

- Victims and perpetrators with previous mental health issues were likely to have had these exacerbated by the pandemic (Moreira and Pana da Costa, 2020). Depression was a risk factor for domestic violence, and pandemic was likely to have exacerbated this (Wake and Kandula, 2022).
- Davidge (2020) found that over 50% of those who had survived abuse in the past had mental health issues brought on my memories triggered by the pandemic.

6.3.6 Geography

- Experiences of DA in rural areas may be worse due to less support (Sower and Alexander, 2021). However, the switch to online services may have improved access, although connectivity could be an issue (Cortis et al, 2021).

6.3.7 Age

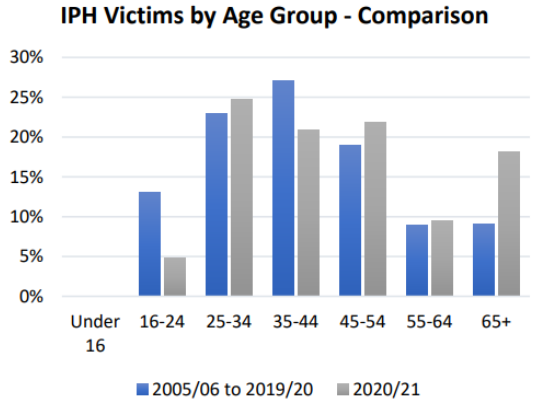
6.3.7.1 Young People

- During the first year of the pandemic 2020/21 there appears to have been a comparative decrease in the number of DA deaths nationally involving younger victims aged 16 to 24 years old (13% down to 5%) and suspects (10% down to 6%). This may indicate suppression of abuse amongst younger couples due to pandemic restrictions on movement and socialising (Hoeger et al, 2022).
- Schools have been advocated as the best setting for DA prevention work, but also recognised that educational establishments and campuses can be settings for DA (De Brun, 2019).

6.3.7.2 Older People

- In their national study of intimate partner homicides, Bates et al (2021) found the age of the victim and perpetrator was less likely to be young and more likely to be older than in previous years before the pandemic. In their in-depth analysis of the data, Hoeger et al (2022) found that during the pandemic, the findings suggest that older people were at increased risk of being victims of domestic homicide, especially within an intimate partner context.

- Police findings as to reasons for older person homicide during first year of pandemic: Covid-related impacts identified amongst older intimate partner homicide (IPH) and adult family homicide (AFH) victims included:
    - The suspect's or victim's deteriorating mental and/or physical health during the pandemic
    - The suspect using Covid restrictions as an excuse not to access medical help for a partner or family member with serious (non-Covid) illness, and the suspect or victim described as struggling to care for a partner or family member with serious mental and/or physical illness based on lack, or disruption, of support from specialist services.
    - These findings suggest that the pandemic may have put older victims at greater risk through (at least the perception of) reduced health and care support. This fits with the broader impact of the pandemic on older age groups, who were more likely to experience disruption to health services (Propper, Stockton and Stoye, 2020) and become less 'visible' to external agencies whilst shielding at home (Hoeger et al, 2022).
- In their in depth analysis of VKPP data, Hoeger et al (2022) found overall AFH deaths involved an even split by sex of the victim (male and female victims each representing 50%). However, when examining AFH of older victims, the proportion of female victims increased to a level similar to that of IPH. The proportion of male suspects remains high across all IPH and AFH deaths.



- Older victims may also already be disadvantaged due to systematic invisibility, dependency and caring issues and services not meeting their needs (Safe Lives, 2016), also greater risk and fear of virus itself (Sheppard, 2021).

6.3.8 Disability

- Overall, 17% of domestic homicide victims nationally were recorded as having a special need, either physical (6%), mental (8%), or both (3%) (Bates et al., 2021).
- Reflecting their disadvantage before the pandemic, Dockerty et al (2015) found:
    - They are often in particularly vulnerable circumstances that may reduce their ability to defend themselves, or to recognise, report and escape abuse. Impairment can create social isolation, which, along with the need for assistance with health and care and the potential increased situational vulnerabilities, raises the risk of domestic abuse for disabled people.
    - Physical and environment inaccessibility, stigma and discrimination can also exclude and isolate them. Their reliance on care increases the situational vulnerability to other people's controlling behaviour and can exacerbate difficulties in leaving an abusive situation (Dockerty et al, 2015).
- Davidge (2020) cited 2 studies conducted during the pandemic. Although small numbers were interviewed the main findings were perpetrators would withhold medication, and that they were also affected by the health and social care COVID impact.

- On a positive note, access to support may have improved for those with disabilities with the switch to online or telephone services (Cortis et al, 2021).

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7 Opportunities for Perpetrators

NOTTINGHAMSHIRE CASE STUDY: Mum and her 2 children were referred into the family court support service in January 2021, right in the middle of the second lockdown during the COVID pandemic. One of the children was the only child subject to court proceedings as it was her father who was wanting to have contact with her. Mum was in a very abusive relationship with the only child's dad, he was controlling and physically and emotionally abusive. Mum stated at the start of the support that she had safeguarding concerns over the way that Dad treated his other children too and there was an allegation of potential sexual abuse from Dad to his daughter.

Due to COVID 19, family court hearings became hybrid hearings. This caused a lot of anxiety for mums in particular as it meant they were not protected as such from having to see the alleged perpetrator as 'special measures' such as a physical curtain in court were not an option. This was used often by perpetrators to continue to exert power and control over survivors as they knew that they would be able to see their faces. This particular court case was adjourned several times due to COVID issues and staffing. This had a huge impact on the family as mum was incredibly anxious already about court and due to it being delayed this heightened her anxiety. Mum was dialled into court hearings where dad was present and mum found this uncomfortable and intimidating. Mum also reported that it was uncomfortable to know that dad could see her surroundings/background in her home etc.

It is important to note that throughout the covid pandemic we have seen many perpetrators using the lockdown guidelines to continue to exert power and control as a whole. For example, where contact had been granted through the courts and children went to see their fathers, they were then refusing to return the children back to mums care due to 'covid and lockdown guidelines' or insisting that mum or the child had covid symptoms. In one particular case, dad refused to send the child back to mum after having contact and made mum stand at the bottom of the drive to talk to her daughter. This went on for weeks until mum could take dad back to court but the psychological impact on mum and daughter was profound.

Reflections on the case study:

- It is evident that children were used as pawns throughout the pandemic. Children were refused to be moved between families and perpetrators who used control continued to exert their control further by using the child as a vehicle.

- Unfortunately covid facilitated the perpetrators actions. The pandemic to some extent justified the perpetrators actions because restrictions were placed on every individual regardless of what challenges people were facing. Furthermore, this has also negatively impacted on the children's experience throughout the pandemic.

7.1 Key Points

- Research found that in the case of perpetrators, the motives behind their actions remained the same but COVID presented different methods and reasoning for coercive and violent behaviour.
- In terms of perpetrator treatment services, like those for survivors there were benefits and drawbacks to the switch to digital and internet services.

TABLE 1. NEW ABUSIVE TACTICS SEEN DURING COVID-19

Types of tactics	*Examples*
Intimidation	Forcing partners to excessively wash their hands, exploiting the vulnerabilities and fears of their partners about COVID-19, lying about test results, etc.
Emotional abuse	Faking symptoms of COVID-19, going against public health policies, refusing to share soaps/sanitizers/cleansers with their partners, purposefully exposing family members to COVID-19, etc.
Isolating	Cutting off or regulating internet or phone service, monitoring activity, refusing to allow their partners to leave the home to run errands or go to appointments, etc.
Minimizing, denying, and blaming	Gaslighting their victim(s) by saying they are "just following orders," blaming their actions on stress, normalizing extreme control, etc.
Using children	Applying for modified COVID-19 custody orders, insisting on sheltering with the children or refusing to return the children, threatening to take the children, etc.
Economic abuse	Refusing to let their partner work outside of the home or refusing to work remotely themselves, stealing the emergency assistance intended for their partner, filing false COVID-19 reports to immigration, employers, or other officials, etc.
Male privilege	Using the entire study/workspace in the home, demanding absolute quiet during work hours, refusing to share resources, etc.
Coercion and threats	Threatening to expose loved ones to COVID-19, faking COVID-19 symptoms, coughing in the victim's face, etc.

Examples from the Battered Women's Justice Project video on "Coercive Control during COVID-19: New Tactics" (2020).

7.2 Actions by Perpetrators

- Although the table above is from the USA, we can see the range of new opportunities for perpetrators that have been used- these are echoed by research in other countries (Moreira and Pana da Costa, 2020; SEA, 2021; Bates et al, 2021; Anitha and Gill, 2021; Pfitzner et al, 2022). They were also found to have been observed by informal providers of support (Gregory and Williamson, 2021).
- The pandemic aided coercive control of perpetrators (Sower and Alexander, 2021; Moreira and Pana da Costa, 2020), as the lockdown mimicked forms of abuse. COVID used "as a weapon" (Bates et al., 2021). Concerns were also raised that the external enforcement of lockdowns by the national government created a feeling of lack of control among some perpetrators (Healy et al, 2022).
- It has been pointed out that perpetrators in BAME groups may be more likely to suffer financial hardship (Anitha and Gill, 2021):

> "We have a significant percentage of our communities where the husbands, men in their family, are taxi drivers (…) they can't work (…) Financially things are really tough. And I think people forget, in a household it could be a ticking time bomb"

- Domestic Abuse Homicides:
  - The proportion of BAME suspects in the national study of domestic homicides appears to be higher than in the general population, and higher than the 10-year average, although in line with 2019/20 data on suspect ethnicity in domestic homicides. As with victims, adult family homicide and child deaths contained the largest proportion of BAME suspects with 33% and 31% respectively (Bates et al, 2021).

- 2% of suspects were recorded as being LGBTQ+ and 3% as being pregnant or having given birth within the previous six months. Overall, 15% of suspects were recorded as having a special need, either physical (1.3%), mental (12.3%) or both (1.3%) (Bates et al, 2021).

7.3 Treatment Services for Perpetrators

- There were difficulties in moving to online and digital services for providers who work with perpetrators, including increased complexity (Dewsey-Hewitt et al, 2021). However, others reported the opportunity for others the move to online service provision may have reduced pre-existing barriers to engagement and therefore enhanced their likelihood to engage (or re-engage) (Healy, 2022). E.g., extended phone contact with those waiting to go onto programmes.
- This may have also helped in equalities in that usual group discussions could be restricted for those with language barriers or mental health problems/learning difficulties, whereas 1 to 1 and e-learning could be adapted.
- NICE advocates for perpetrator interventions (NICE, 2016) but it is thought only around 1% of perpetrators receive specialist help (O'Grady, 2021).

7.4 Caveats to Research on Risk/Protective Factors for Survivors and Opportunities for Perpetrators

- Majority of research at this stage done at the height of the pandemic, and so may be less strong in terms of research rigor.
- Vast majority of research was about victims or survivors in already abusive situations, not those whose relationships became abusive during lockdown, so we could not get a picture of this (although Cortis et al (2021) in Australia reported an increase in new referrals).
- We cannot draw a lot of definitive conclusions but there are some synergies between national/international evidence base and local data.

8 Recommendations

1. Policymakers should resource and prioritise domestic abuse within emergency planning and disaster response frameworks and inter-agency coordination.

2. There needs to be recognition of the disproportionate effect of the COVID pandemic on marginalised victims: older people, LGBTQ+, ethnic minorities etc. There needs to be a focus on reducing inequalities in support.

3. Evidence based interventions for perpetrators to reduce perpetration need to be explored and implemented.

4. Online capacities, service innovations and partnership implemented or strengthened in crisis-mode during the COVID-19 pandemic should inform the development and resilience of responsive services systems to help prevent gender-based violence post-COVID and in future crises.

5. Resilience of support to DA providers needs to be addressed as well as the resilience of the service itself, e.g., supervision, training, peer support and shadowing. Focus on the needs of those in specific groups such as ethnic minorities must be considered.

6. Examination of local data has highlighted the need for further exploration from each service level as to why there are differing trends within the data and exploration as to why this may have occurred.

Additional recommendations:

7. Further review the courts and the impact of covid on the courts/criminal justice system and in turn for DA survivors particularly for domestic abuse and sexual violence to develop a plan for addressing any issues this highlights by March 2023.

8. Qualitative review of the role and impact of COVID on informal providers of support for survivors of DA to ascertain how their influence can be incorporated into current actions plans by March 2023.

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What has the impact of the COVID 19 pandemic been on domestic abuse risk and protective factors for victims and opportunistic factors for perpetrators in the UK?	Impact COVID 19 domestic abuse risk a
What have the health and wellbeing effects of the COVID 19 pandemic been on health and care professionals working with and providing services for victims of domestic abuse in the UK?	Covid Impact on Healthcare Workers ir

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Appendix 2 NICE Guidance Risk Factors and Impact of COVID 19 Pandemic

Risk Factor	Impact of COVID 19 Pandemic
Female.	Increased amount and complexity of DA
Aged 16–24 years (women) or 16–19 years (men).	Little research on these specific groups found- though specific question not asked
Has a long-term illness, a disability, or a mental health problem	Disability: perpetrators used pandemic to withhold medication This group found to be disadvantaged also by the effect on the health and social care sector.
Is a woman who is separated from her partner — there is a higher risk of abuse around the time of separation.	Reduced ability or motivation to leave due to fear of virus
Is pregnant or has recently given birth — although pregnancy appears to offer protection for some women, it increases the risk for others.	Very little research found- but if disadvantaged before pandemic so evidence suggests more at risk during pandemic.
Sexual orientation	Disadvantaged before pandemic so evidence suggests more at risk during pandemic.
Escalation of violence — previous domestic violence and abuse is the clearest indicator that further domestic violence and abuse will occur	No data on DA started in lockdown or during pandemic. All research on previously existing DA- evidence is violence got worse
Cultural factors	Family members also inflicted DA on survivors
Relative poverty	Evidence that poverty meant higher risk of DA during pandemic, especially if perpetrator economic standing was affected Survivors less able to seek and engage with services as likely to have digital poverty. Economic abuse increased during pandemic.
The role of alcohol or drug misuse in domestic violence and abuse is poorly understood	Very little research found- though specific question not asked

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 December 2022

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR: CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Health and Wellbeing Board's work programme for 2022/23, as set out in Appendix 1 to the report.

Information

2. The Council requires each committee, including the Health and 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: the maintenance of a work programme is a requirement of each Council committee.

Reasons for Recommendation

5. To assist the Health and Wellbeing Board in preparing and managing its business.

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 and Wellbeing Board's work programme (as set out in Appendix 1 to the report) be noted, and consideration be given to any changes that the Board wishes to make.

Marjorie Toward
Service Director for Customers, Governance and Employees

For any enquiries about this report please contact:

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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: 2022-2023

Please see Nottinghamshire County Council's website for the board papers, the Healthy Nottinghamshire website for information on the Health & Wellbeing Board and its Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) chapters are available on Nottinghamshire Insight.

Report title	Purpose	Lead officer	Report author(s)	Notes
Q4 MEETING: Wednesday 7 December 2022 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Approval of the 2022/23 Better Care Fund Planning Template	To approve the 2022/23 Better Care Fund Planning Template and Better Care Fund Narrative plan.	Melanie Williams	Kash Ahmed Naomi Robinson	
Covid-19 Impact Assessment: Domestic Abuse	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Sue Foley	
Workshop: Integrated Care Strategy	To present the draft proposal for the new Integrated Care Strategy.	Melanie Williams Jonathan Gribbin Cllr Doddy	Joanna Cooper Vivienne Robbins	
Q1 MEETING: Wednesday 1 February 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	

Report title	Purpose	Lead officer	Report author(s)	Notes
Homelessness	To discuss the outcomes of the workshop and agree a set of recommendations for board members to undertake on Homelessness.	Cllr Doddy	Dawn Jenkin	
Covid-19 Impact Assessment: Mental Health	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley	
Q1 MEETING: Wednesday 8 March 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Vivienne Robbins	
Domestic Abuse Local Partnership Board Report	To provide an update on the progress of the Domestic Abuse Local Partnership Board.	Jonathan Gribbin	Maggi Morris Rebecca Atchinson	
Covid-19 Impact Assessment: Pregnancy & Early Years	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley Lucy Hawkin	
Covid-19 Impact Assessment: Behavioural Risk Factors	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley Safia Ahmed	
JSNA Chapter: Special Educational Needs and Disabilities	To consider and approve the JSNA chapter on special educational needs and disabilities for publication on Nottinghamshire Insight.	Cllr Doddy	Amanda Fletcher Katherine Browne	

Report title	Purpose	Lead officer	Report author(s)	Notes
Q2 MEETING: Wednesday 19 April 2023 (2pm)				
Workshop: Inclusion Health	To discuss partnership working and support for residents with severe and multiple disadvantage.	Cllr Doddy	Sue Foley	
Q2 MEETING: Wednesday 24 May 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Vivienne Robbins	
Best Start Strategy Annual Progress Report	To review progress of the delivery of the Nottinghamshire Best Start Strategy 2021 – 2025, since the Board's endorsement in January 2021.	Colin Pettigrew Jonathan Gribbin	Laurence Jones Louise Lester	
JSNA Chapter: Looked After Children and Care Leavers	To consider and approve the JSNA chapter on looked after children and care leavers for publication on Nottinghamshire Insight.	Cllr Doddy	Amanda Fletcher Ann Berry	
JSNA Annual Work Programme for 2023-2024	A report to present the results from the prioritisation process undertaken January – February 2023 and to seek approval of the JSNA work programme for 2023/2024.	Jonathan Gribbin	Vivienne Robbins	**To be confirmed**
The Better Care Fund End of Year Template 2022 - 2023	To seek approval of the Nottinghamshire 2022-23 Better Care Fund Year End reporting template.	Melanie Williams	Naomi Robinson	**To be confirmed**
Q3 MEETING: Wednesday 5 July 2023 (2pm)				

Report title	Purpose	Lead officer	Report author(s)	Notes
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Inclusion Health	To discuss the outcomes of the workshop and agree a set of recommendations for board members to undertake on Homelessness.	Cllr Doddy		
Covid Impact Assessment	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning	Jonathan Gribbin		
JSNA Chapter: Carers	To consider and approve the JSNA chapter on carers for publication on Nottinghamshire Insight.	Cllr Doddy	Dan Godley	**To be confirmed**

Business Cycle 2022 / 2023

Wednesday 27 July 2022 (2pm)
Wednesday 7 September 2022 (2pm)
Wednesday 12 October 2022 (2pm)
Wednesday 7 December 2022 (2pm)
Wednesday 1 February 2023 (2pm)
Wednesday 8 March 2023 (2pm)
Wednesday 19 April 2023 (2pm)
Wednesday 24 May 2023 (2pm)
Wednesday 05 July 2023 (2pm)

Contact

For queries or requests for the Nottinghamshire Health and Wellbeing Board's work programme, please email briony.jones@nottscc.gov.uk