Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 01 February 2023 at 14:00

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

AGENDA

1	Changes to Membership To note that Dr Fiona Callaghan has replaced Dr Nicole Atkinson as a representative of the South Nottinghamshire Place-Based Partnership	
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers (a) Disclosable Pecuniary Interests (b) Private Interests (Pecuniary and Non-Pecuniary)	
4	Minutes of the Last Meeting held on 7 December 2022	3 - 10
5	Chair's Report	11 - 20
6	The 2022-23 Better Care Fund Adult Social Care Discharge Fund Planning Requirements	21 - 30
7	Taking Collective Action on Homelessness as a Health and Wellbeing Board Priority	31 - 44
8	The Nottinghamshire Covid Impact Assessment - Mental Health	45 - 100
9	Work Programme	101 - 108

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact 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 7 December 2022 (commencing at 2:00pm)

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

Nottinghamshire County Councillors

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

District and Borough Councillors

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

Nottinghamshire 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

NHS Partners

	Dr Dave Briggs	-	NHS Nottingham and Nottinghamshire Integrated Care Board
Ab	Dr Eric Kelly	-	Bassetlaw Place Based-Partnership
	Dr Thilan Bartholomeuz	-	Mid-Nottinghamshire Place-Based Partnership
	Victoria McGregor-Riley	-	Bassetlaw and Mid-Nottinghamshire Place-Based Partnerships
Ap	Dr Nicole Atkinson	-	South Nottinghamshire Place Based Partnership
	Helen Smith	-	South Nottinghamshire Place-Based

			Partnership
Ab	Oliver Newbould	-	NHS England

Healthwatch Nottingham and Nottinghamshire

	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

Dan Howitt for Sharon Cadell

Officers and colleagues in attendance:

Kashif Ahmed	-	Service Director for Strategic Commissioning and Integration, Nottinghamshire County Council
Rebecca Atchinson	-	Senior Public Health and Commissioning Manager, Nottinghamshire County Council
Sue Foley	-	Public Health Consultant, Nottinghamshire County Council
Briony Jones	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Adrian Mann	-	Democratic Services Officer, Nottinghamshire County Council
Vivienne Robbins	-	Deputy Director for Public Health, Nottinghamshire County Council
Naomi Robinson	-	Senior Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Integrated Care Board

1. Apologies for Absence

Dr Nicole Atkinson
Councillor Marion Bradshaw
Sharon Cadell
Colin Pettigrew
Councillor David Walters
Councillor Henry Wheeler
Melanie Williams

2. Declarations of Interests

No declarations of interests were made.

3. Minutes of the Last Meeting

The minutes of the last meeting held on 12 October 2022, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

The Chair observed that, in relation to item 4 of the minutes (Securing a Smokefree Generation for Nottinghamshire), approximately 15% of the population of Nottinghamshire are smokers. He noted, however, that the distribution is not even across the county and is higher in certain areas, such as 19.8% in Mansfield, and lower in others, such as 5.9% in Rushcliffe. The Chair commented that New Zealand has announced an aim to be smoke-free by 2025 though banning the sale of cigarettes to anybody born after 2008, and by using e-e-cigarettes as a means of supporting smoking cessation.

4. Chair's Report

Councillor John Doddy, Chair of the Nottinghamshire Health and Wellbeing Board, presented a report on the current local and national health and wellbeing issues and their implications for the current Joint Health and Wellbeing Strategy. The following points were discussed:

a) It has been found that the number of pregnancies affected by life-threatening issues such as spina bifida could fall significantly if folic acid is added to non-wholemeal flour. As a result, the Government has begun a consultation on proposals to add 250 micrograms of folic acid per 100 grams of flour.

b) Nottinghamshire County Council's Trading Standards Service receives funding from Public Health to carry out enforcement action in relation to illegal tobacco products. Increased action has also been taken regarding vaping products not meant for the UK market, which are limited to a capacity of 2ml (approximately 600 puffs). However, some products available contains up to 10,000 puffs and can be more harmful to users due to further additives being present.

c) The Office of the Police and Crime Commissioner has been successful in securing £1 million in funding to help children affected by domestic abuse. The money will be used to provide specialist training and support to nursery and primary school workers to help identify the signs of domestic abuse, as well as giving more children access to a wider range of therapeutic support services.

d) In November 2022, Nottinghamshire became a member of Sustainable Food Places (SFP), as part of a national project to improve local food systems. Developing a SFP forms part of the ambition to develop a healthy and sustainable Nottinghamshire, given the present nutritional emergency for children in the area – where around 40% of eleven-year-olds are overweight.

e) A £1.14 billion devolution programme has been confirmed for the East Midlands, which will provide the region with a guaranteed income stream of £38 million per year over a 30-year period. The development of health and wellbeing is not mentioned specifically within the current proposals, but it is hoped that the scheme will be able to bring important benefits and investment in these areas. Discussions between the member Councils are taking place on how to consult on how the new Combined Authority should meet its duty of improving health and wellbeing across its population.

f) Work is underway to raise awareness by informing and influencing everyone in Nottinghamshire to respond to suicide, self-harm and mental ill health appropriately, so that people can get the right support at the right time. A Mental Health Promotion Action Plan for 2022-25 is in place, as well as a guide and online course for championing both mental health awareness, and self-harm and suicide identification and prevention. It is also proposed to extend the support provided by the current children's NottAlone resource to adults in 2023.

g) The Board considered that initiatives such as adding folic acid to flour and fluoride to water are significant ways of supporting general health and wellbeing, so it is important that central Government develops these as national policy. It noted that a growth in both fast-food establishments and an increase in the home delivery services available as a consequence of the Covid pandemic could be contributing to greater inequalities in healthy eating, making the SFP an important initiative.

h) The Board commented that it is vital for good signposting to the right mental health support to be in place, particularly as the cost of living situation worsens, while targeted help is needed for people at risk of suicide (where numbers often spike in the New Year period). It noted that it is important that as many routes as possible to support are available – both through online and other means.

i) The Board welcomed the various responses underway in supporting the most vulnerable people during the cost of living crisis (particularly those who are homeless or sleeping rough), including support hubs, warm rooms and hot meal schemes. It noted that spending from the Public Health reserves has been approved to provide support to communities.

j) The Board observed, however, that the community and voluntary sector is itself struggling in meeting these needs, and work is required to assist the sector in providing support in a sustainable way. It suggested that the new Placed-Based Partnerships should be involved in considering how a number of these issues can be addressed at the community level, given the importance of local place to health and wellbeing.

Resolved (2022/030):

1) To note the Chair's Report and its implications for the Joint Health and Wellbeing Strategy 2022-26.

5. The Nottinghamshire 2022-23 Better Care Fund Planning Requirements

Kashif Ahmed, Service Director for Strategic Commissioning and Integration at Nottinghamshire County Council, and Naomi Robinson, Senior Joint Commissioning Manager at the NHS Nottingham and Nottinghamshire Integrated Care Board, presented a report on the latest Better Care Fund (BCF) planning requirements and the work to undertake a collaborative commissioning review of the services within its scope. The following points were discussed:

a) The current BCF planning template contains both transactional and transformational elements, as part of the overarching objectives to enable people to stay well, safe and independent at home for longer, and to provide the right care in the right place at the right time. The services provided through the local BCF plan must comply with the national requirements to maintain good social care, with the key performance metrics designed to achieve effective reablement, ensure appropriate admissions to residential care, mitigate against avoidable admissions to hospital, and enable discharge to a usual place of residence. The current BCF plan is on track to achieve these requirements in most areas.

b) There has been significant work on how the BCF can be used to drive transformation and integration, and the first phase of a collaborative commissioning review has been completed. The BCF Narrative Plan has been updated to reflect the outcomes of this review, which includes a refreshed local BCF ambition statement and focuses the BCF plans and services on three priority areas: prevention and early intervention services, anticipatory care services, and discharge to assess services.

c) The approach being taken through the BCF is to ensure that people are well and independent for as long as possible. This means that, at the system level, partners must work together jointly wherever possible to achieve the seamless operation of services. It is vital that all partners' services models and their outcomes are understood, so that the opportunities for integration can be identified fully. Connected services are being grouped together wherever possible, with both short-term and long-term commissioning intentions and collaboration opportunities being identified.

d) It is important that close consideration is given to how Place-Based Partnerships (PBPs), supported by the Health and Wellbeing Board, can make the most of joint commissioning to ensure that provision is tailored to the needs of the individual service user. Stakeholder working groups are in place to identify and develop greater alignment amongst partners, and engagement is underway with the PBPs and District and Borough Councils to identify how delivery can be improved at the local level and ensure that it is fit for purpose. A governance model is in place for reporting progress at the national level.

e) The Board noted that the BCF template sets out the financial contributions to its pooled budget by all of the Local Authorities in Nottinghamshire. It acknowledged, however, that individual District and Borough Councils also deploy additional funding on the basis of local requirements (as highlighted by Rushcliffe Borough Council), so it is important that this is reflected in the national reporting to ensure that the full scale of need is represented through the figures submitted. The Board considered that it is important that the additional related spend by individual organisations that does not form part of the pooled BCF resources is acknowledged in some way within the BCF reporting, so that the full extent of the local need is highlighted and understood.

Resolved (2022/031):

1) To endorse the Nottinghamshire 2022-23 Better Care Fund planning templates.

6. Quarterly Report - Joint Health and Wellbeing Strategy for 2022-26

Sue Foley, Public Health Consultant at Nottinghamshire County Council, presented a report on the progress to deliver the new Joint Health and Wellbeing Strategy (JHWS) from June to September 2022. The following points were discussed:

a) The ambition is for the JHWS to be a visible, living and coordinated effort to deliver good health and wellbeing for the people of Nottinghamshire. The purpose of the quarterly reports is to ensure the constant monitoring and evaluation of the progressing JHWS, and to track the emerging outcomes within the ongoing and evolving processes. It is also important that the voice of lived experience is emphasised as part of the regular reporting.

b) Currently, there is a strong focus on four ambitions, with progress including the 0-5 Children and Young People Best Start Learning Lab, Food Insecurity, the Mental Health Promotion Action Plan, and Making Every Adult Matter. A number of learning groups are in place to review areas of challenge, and it is important that vulnerable and marginalised populations (including those who are homeless) are engaged with effectively. It is hoped to introduce further ambitions relating to addressing domestic abuse and substance misuse, in the future. However, there are challenges presented due to the short-term nature of funding in some areas and the need to develop more sustainable funding models, particularly in the context of the current cost of living crisis.

c) It is important that partners engage as much as possible with the Learning Lab approach, consider how initiatives on making sure that every adult matters, (including those who are experiencing homelessness) can be expanded, and developing all opportunities for joint and pooled funding. Wherever possible, partners should seek to implement strong learning and feedback loops.

d) Draft Health and Wellbeing Plans are being produced by the Place-Based Partnerships (PBPs), alongside the development of the overarching Integrated Care Strategy. The JHWS will be delivered primarily through the PBPs, but a wide range of other partners are also involved. It is important that all partners seek to learn from each other, establish feedback loops and ensure that there is effective reporting back to the Board.

e) A great deal of work has started to support people during the cost of living crisis, with a strong focus on those who are particularly vulnerable or marginalised. However, efforts must be coordinated effectively and an overview is needed to ensure that there are no gaps left in provision. The County Council has invested £700,000 from the Public Health Grant to support households in improving their energy efficiency. Grants are being provided to voluntary and community sector organisations to support them in their work to alleviate issues of food insecurity, as they have the local knowledge and ability to reach the most vulnerable. Benefits advice and guidance services are being strengthened. Both the County and District and Borough Councils are using as many channels as possible to secure national funding to support people through the current crisis, with support being distributed via existing structures.

Resolved (2022/032):

1) To note the issues outlined in the Joint Health and Wellbeing Strategy 2022-26 quarterly report, and to encourage members to act on them as appropriate.

7. The Nottinghamshire Covid Impact Assessment - Domestic Abuse

Sue Foley, Public Health Consultant at Nottinghamshire County Council, and Rebecca Atchinson, Senior Public Health and Commissioning Manager at Nottinghamshire County Council, presented a report on the impact of the Covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire in the context of domestic abuse. The following points were discussed:

a) The Coronavirus pandemic gave rise to a number of significant challenges relating to domestic abuse, including victims becoming trapped with their abusers during periods of lockdown, so it is vital to ensure that the right services are commissioned to address the issues as effectively as possible. As such, it is important to review the impacts of the pandemic on Domestic Abuse services at different stages, and their effects on service providers, victims and perpetrators.

b) A report has been produced following an analysis of local, regional and national data, in addition to the available academic research, with the key finding that those who were disadvantaged before the pandemic were subject to a greater level of disadvantage during it – and that this higher level of disadvantage has persisted following the pandemic. The pandemic escalated and intensified cases of domestic abuse by reducing protective factors such as social contact and temporary means of escape (such as going to work). Perpetrators also took advantage of additional means of exerting control, and were aware that their victims had access to less support.

c) Service demand fluctuated during the pandemic, and it is important that the reasons for this are understood. Services needed to adapt quicky and flexibly, and their resilience was tested significantly. Calls to the 24-hour helpline for women doubled during the pandemic and still remain higher than pre-pandemic levels. Many callers were identifying as victims for the first time, due to the level of enforced close contact with their abusers.

d) Helpline staff had to work from home during the lockdown periods and handling this greater volume of calls in a domestic setting was a significant challenge. This impacted on staff wellbeing, as they were taking traumatic calls in isolation and were not able to receive in-person support from colleagues. Sickness levels amongst staff increased as a result, including long-term absence due to mental health issues. Ongoing recruitment has also proved to be difficult. The effects of the stresses of the pandemic on staff are still being felt, with demand remaining high while services are stretched.

e) It was not possible to provide in-person services during the periods of lockdown. However, face-to-face contact was resumed as quickly as possible, particularly in the context of children. Face-to-face services have now returned to normal

provision, but good quality virtual services remain in place and can be used by victims who prefer to access support in this way.

f) The Nottinghamshire Domestic Abuse Partnership Board (DAPB) has established a task and finish group to review the 8 recommendations of the report (including on effective resourcing and the identification of disproportionally affected groups) and develop an action plan to address them. It will also consider the system learning on how to ensure that services are able to maintain effective prevention and protection measures for victims during an extraordinary event like the Coronavirus pandemic, in the future. In addition, resilience must be built into services in the context of the cost of living crisis. The DAPB will update the Board on its progress in 3 months' time, as domestic abuse is a named priority of the Joint Health and Wellbeing Strategy.

g) It is intended that the next Covid Impact Assessment will focus on mental health, self-harm, and isolation and loneliness.

h) The Board raised concerns regarding the difficulty of assessing the level of unreported domestic abuse. The statistics collected do recognise that the data is incomplete and that there is a level of unreported abuse taking place. Steps are being taken to provide victims with every possible opportunity to disclose their abuse, including via covert means. A process of multi-agency risk assessment has been introduced, and it is likely that a system of multi-agency referrals will be required as the cost of living crisis continues, so discussions are underway between all services and partners on effective delivery.

Resolved (2022/033):

1) To note the issues outlined in the Nottinghamshire Covid Impact Assessment on Domestic Abuse, and to encourage members to act on them as appropriate.

2) To receive an update on progress from the Domestic Abuse Local Partnership Board, for consideration at the Nottinghamshire Health and Wellbeing Board meeting on 8 March 2023.

8. Work Programme

The Chair presented the Board's current work programme.

Resolved (2022/034):

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

There being no further business, the Chair closed the meeting at 3:19pm.

Chair:

Nottinghamshire County Council

Report to the Health & Wellbeing Board

1 February 2023

Agenda Item 5

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. The report provides an update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.

Information

LOCAL

Create Healthy and Sustainable Places

Newark and Sherwood District Council has successfully secured £3.28 million from the government's UK Shared Prosperity Fund

2. Newark and Sherwood District Council is set to establish a new Community Partnership, which will bring together key private, public and community groups across the whole of the district with the single aim of improving the quality of life and prosperity for residents and businesses across Newark and Sherwood. This has included developing an Investment Plan for Shared Prosperity Fund and developing collaborative plans for the challenges faced by the increasing cost of living.

3. Newark and Sherwood District Council has successfully secured £3.28 million from the government's UK Shared Prosperity Fund (UKSPF) to diversify communities and town centres, enhance local skills, improve infrastructure, and help to accelerate economic growth across the district.

Gedling District Council allocated £2.9 million through the UK Shared Prosperity Fund over the next three years.

4. The UK Shared Prosperity Fund is the successor to the European Structural Fund and Gedling Borough Council will receive £368,000 in the first year followed by £696,000 in year two and a final instalment of £1.8 million in year three.

5. The council's bid included a detailed investment plan that showed how it will spend the money in order to meet the government's funding criteria and what the benefits to the local community will be. The fund identifies three local priorities: communities and place, support for local businesses and people and skills.

Ashfield District Council has been awarded the first year's funding from the £3 million UK Shared Prosperity Fund allocated to invest across the Ashfield District.

6. Ashfield District Council has been awarded the first year's funding from the £3 million UK Shared Prosperity Fund allocated to invest across the Ashfield District. £387,000 has been confirmed for 2022/23, with a further £2.8m across the next two financial years (2023/24 and 2024/25).

7. The money will be spent across Ashfield including investing in community allotments, further enhancements to Selston Country Park, safer streets in Hucknall and Kirkby and a new park ranger at Kings Mill Reservoir to boost visitor numbers. Money will also be used to improve skills and turbo charge business start-ups.

8. Ashfield has also had £3.1 million funding confirmed from the Levelling Up Fund for a planetarium and educational centre at Sherwood Observatory.

Mansfield District Council secures £2.95 million investment for businesses and communities

9. Mansfield District Council has been allocated £2.955m from the UK Shared Prosperity Fund (UKSPF) for over three years. The funds will be used for community projects, business support, and to promote new skills and employment opportunities. It will also help to deliver the aspirations in the Making Mansfield strategy, which sets out council aims and ambitions between now and 2030.

10. Mansfield District Council has also been awarded a total of £20m from the Government's flagship Levelling Up Fund for Beales multi-agency hub project.

Bassetlaw District Council secures £3.4 million investment for business and communities

11. Bassetlaw District Council has successfully secured £3.4million from the government's UK Shared Prosperity Fund (UKSPF) to improve both pride in the district and people's life chances in Bassetlaw, over the next three years. The funding will be used to support three priorities across Bassetlaw focusing on communities and place, support for local businesses and people and skills.

12. In addition, Worksop is set to benefit from £20 million of investment, after the Government awarded Bassetlaw District Council an £18million Levelling Up fund grant to transform the town centre. The Council and partners will contribute an additional £2 million in funding to support the Levelling Up project, bringing the total to £20 million.

Broxtowe Borough Council has been allocated £2.56million from the Government's UK Shared Prosperity Fund and £16.5 million from the Levelling Up Fund

13. Broxtowe Borough Council has been allocated £2.56million from the Government's UK Shared Prosperity Fund. Last year, the Council submitted their Investment Plan to Government which identified how this Fund will be allocated to help level up in Broxtowe. The Investment Plan identified a range of projects and services that would address the needs within Broxtowe.

14. Kimberley will benefit from £16.5m investment after the Government announced it has been selected to receive £16.5m from the Levelling Up Fund, with additional support from Broxtowe

Borough Council totalling £20 million investment. This will be used for a Town Centre Improvement project, Digby Street Industrial Units and Swingate Farm sports facilities and Cycle Path Network and Bennerley Viaduct Eastern Ramp.

Everyone can access the right support to improve their health

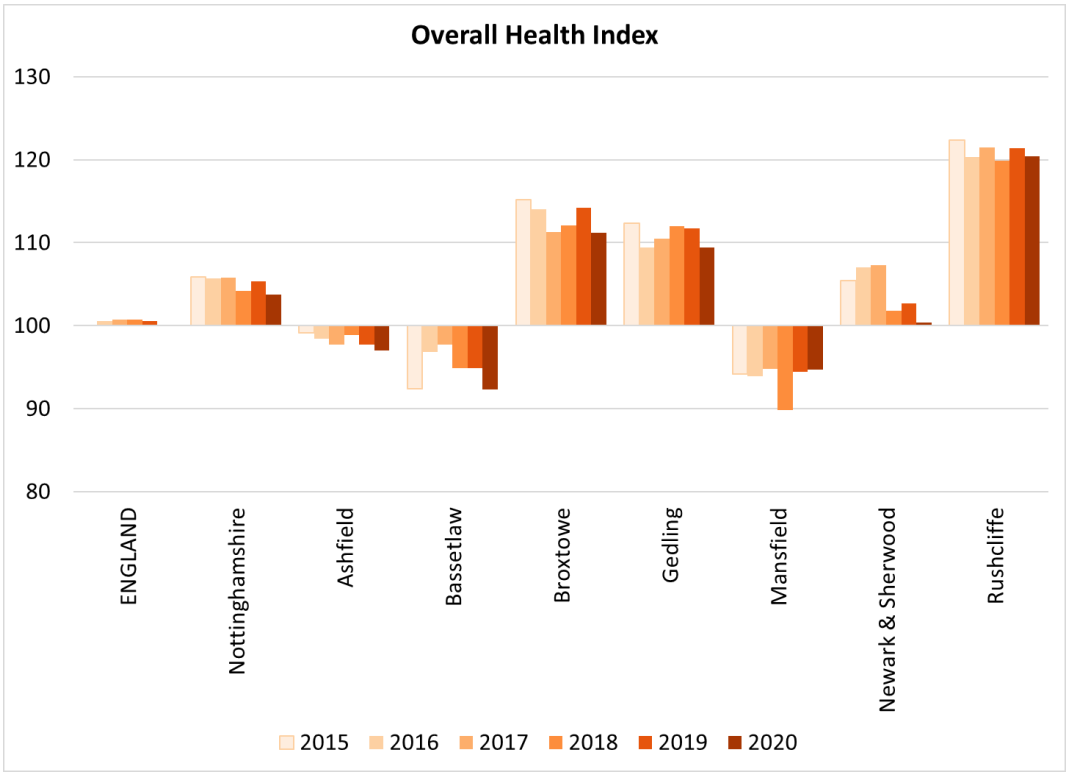
Health Index for England – Nottinghamshire Health Profile

15. The Health Index for England is a new measure of the health of the nation. It uses a broad definition of health, including: health outcomes, health-related behaviours and personal circumstances, wider drivers of health that relate to the places where people live. The Health Index provides a single value for health that can show how health changes over time. The overall Health Index score can be broken down into three areas of health, known as domains, which are:

- Healthy People (difficulties in daily life, mental health, mortality, personal wellbeing, and physical health conditions)
- Healthy Lives (behavioural risk factors, children and young people, physiological risk factors, protective measures)
- Healthy Places (access to green space, access to services, crime, economic and working conditions, living conditions)

16. Each of these is formed by groups of indicators that can be tracked over time. The latest release includes data from 2015 to 2020.

17. The score for the overall index and the domains is scaled so that England in 2015 = 100. Higher scores always mean better health and lower scores worse heath. This allows comparison over time and between England and local authorities. Health is measured at local authority, regional and national levels.



18. The graph shows that in Nottinghamshire:

    a) Nottinghamshire had better health than England for all years
    b) The Health Index was highest in 2015 and worst in 2020

19. We can see from the graph that in District & Boroughs:

    a) Health in Broxtowe, Gedling and Rushcliffe was better than Nottinghamshire in all years
    b) Health in Newark and Sherwood was better than England in all years
    c) Health in all local authorities declined between 2019 and 2020 apart from Mansfield, which experienced its best health index in 2020

20. This index can help in analysis of the health and wellbeing over time and between geographical areas, in conjunction with other data such as local health and lived experience case studies.

Keep our Communities Safe & Healthy

Nottinghamshire Safeguarding Children Partnership (NSCP) annual report 2021/22

21. The Nottinghamshire Safeguarding Children Partnership (NSCP) annual report 2021/22 sets out what the NSCP has achieved over the 2021/22 reporting period details its three key priorities and enablers.
    - Understanding and developing the role of the Safeguarding Partnership in evolving system arrangements
    - Preventing abuse and neglect
    - Improving safeguarding practice

22. For further information, please read the annual report here.

Nottinghamshire Safeguarding Adults Board Annual Report 2021 / 2022

23. Whilst recognising the continued impact that Covid-19 has had on the work of the Board this year, NSAB has continued to work towards the key aims identified within our one-year interim strategic plan:
    - Prevention
    - Assurance
    - Engagement

24. For further information, please read the annual report here.

NATIONAL

Homelessness

£654 million funding boost for homelessness

25. Tens of thousands of vulnerable people will be protected from homelessness by a £654 million funding package government announced 23 December 2022.

26. All councils in England will receive their share of funding from the Homelessness Prevention Grant to provide vital support to those who need it the most in their local areas over the next 2 years. The money will be used to provide temporary accommodation for families, help individuals at risk of becoming homeless pay deposits for new homes and mediate with landlords to avoid evictions. £24 million of the funding will help councils support homeless domestic abuse victims, ensuring no one has to stay with their abuser for fear of not having a roof over their head.

Mental Health

Mental health services boosted by £150 million government funding

27. A £150 million investment up to April 2025 will better support people experiencing – or at risk of experiencing – mental health crises to receive care and support in more appropriate settings outside of A&E, helping to ease pressures facing the NHS. The funding will allow for the procurement of up to 100 new mental health ambulances, which will take specialist staff directly to patients to deliver support on scene or transfer them to the most appropriate place for care.

28. It will also fund 150 new projects centred on supporting the provision of mental health crisis response and urgent mental health care. The new projects include over 30 schemes providing crisis cafes, crisis houses and other similar safe spaces, as well as over 20 new or improved health-based places of safety which provide a safe space for people detained by the police. Improvements to NHS 111 and crisis phone lines will also be rolled out.

Safeguarding pressures phase 8: special thematic report on children's mental health

29. The Association of Directors of Children's Services (ADCS) has used data included in the ADCS Safeguarding Pressures Phase 8 research to develop a supplementary thematic report on children's mental health. It draws together returns from 125 local authorities, 21 interviews with directors or assistant directors of children's services and supplements this with existing data to provide further evidence of a crisis in children's mental health. The report adds to the growing body of evidence highlighting a children's mental health system in need of urgent attention, investment, and change.

Rate of mental disorders among 17 to 19 year olds increased in 2022

30. The Mental Health of Children and Young People in England 2022 report, published today by NHS Digital, showed that among 17 to 19 year olds, the proportion with a probable mental disorder increased from 17.4% in 2021 to 25.7% in 2022. This is the equivalent of 1 in 4 17 – 19 year olds having a probably mental health disorder in 2022.

31. This report explores the mental health of children and young people in England in 2022 and how this has changed from 2017, 2020 and 20212. Views and experiences of family life, education, household circumstances, services and employment are examined.

NHS opens two new gambling addition clinics amid record referrals

32. New clinics are in Stoke and Southampton. New NHS figures show referrals were up 42% between April & September this year, with 599 patients referred compared with 421 patients

between Apr and Sept in 2021. NHS Long Term Plan pledged to open 15 clinics by 2023/24, with 7 now open.

33. Around 138,000 people could be problem gamblers according to Gambling Commission figures, with around 1.3 million people engaging in either moderate or low-risk gambling – although other research estimates that this figure could be higher. Earlier this year the head of mental health services in England, Claire Murdoch, announced the NHS would fully fund its own gambling services, removing funding from GambleAware, a charity funded directly by gambling companies.

Food Nutrition & Insecurity

Why preventing food insecurity will support the NHS and save lives

34. This long read from the NHS Confederation highlights how rising food insecurity is increasing the prevalence of physical and mental health conditions caused by hunger and unhealthy diets. Food insecurity is linked with malnutrition, obesity, eating disorders and depression. Obesity is now overtaking smoking as the number one cause of preventable death in England and Scotland. Spending on obesity is forecast to rise to £9.7 billion per year by 2050 and malnutrition is estimated to cost the NHS £19.6 billion per year.

Air Quality

Tackling local air quality breaches

35. This report from the Public Accounts Committee argues that it is too difficult for the public to find information about air quality in their local area or what is being done by central and local government to address persistent breaches of legal air pollution limits. Poor access to this information leaves people less able to take action to protect themselves. It finds that progress to address illegal levels of nitrogen dioxide pollution in 64 local authorities is slow, and that current policy measures are insufficient to meet 4 out of 5 of the 2030 emissions ceiling targets set for the UK as a whole.

We can and should go further to reduce air pollution says Chief Medical Officer

36. Professor Chris Whitty recognises progress in reducing outdoor air pollution, but stresses England needs to go further, and says tackling indoor air pollution should now also be a priority. The wide-ranging annual report on air pollution makes 15 recommendations across a range of sectors, including transport, urban planning, industry, and agriculture.

Health Inequalities

Health in England: 2015 -2020

37. This Health Index from the Office for National Statistics (ONS) provides a systematic, independent view of health in England. It enables users to compare health over time and across geographies. It provides a picture of health in its broadest sense, recognising the importance of health outcomes, risk factors and the social, economic, and environmental drivers to support health to improve now and for the longer term. The Health Index provides a framework to understand health pre-pandemic, including whether health issues were persistent, improving

or deteriorating and to explore how the pandemic impacted on health in 2020, and consider whether these changes are temporary or enduring.

Breaking point: securing the future of sexual health services

38. The Local Government Association (LGA) and English HIV and Sexual Health Commissioners'' Group (EHSHCG) have produced this report focusing on demand and funding pressures. The report delves into the trends since local authorities took responsibility for sexual health services in 2013, looking at the social and economic context in which they occur.

Papers to other local committees

39. Improving the Health Outcomes of People in Nottinghamshire
Adult Social Care and Public Health Select Committee
12 December 2022

40. Nottinghamshire Safeguarding Adults Board – Annual Report
Adult Social Care and Public Health Select Committee
12 December 2022

41. Nottinghamshire Safeguarding Children Partnership – Annual Report
Children and Young People's Select Committee
19 December 2022

42. Food Redistribution Schemes
Cabinet
15 December 2022

Nottingham and Nottinghamshire Integrated Care System

43. Board Papers
Nottinghamshire Integrated Care Partnership
16 December 2022

44. Board papers
Nottingham & Nottinghamshire Integrated Care Board
12 January 2023

Nottinghamshire Police and Crime Commissioner

45. Newsletter
December 2022

Other Options Considered

46. None

Reasons for Recommendation

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

Statutory and Policy Implications

48. 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

49. 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 – 2026 and consider whether there are any actions required by the Health & Wellbeing Board in relation to the various issues outlined.

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

For any enquiries about this report please contact:

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

Constitutional Comments (CEH 23/01/2023)

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

Financial Comments (DG 20/01/23)

51. 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

Nottinghamshire County Council

Report to the Health & Wellbeing Board

1 February 2023

Agenda Item 6

REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE & HEALTH

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

Purpose of the Report

1. To endorse the Nottinghamshire 2022-23 Better Care Fund Adult Social Care Discharge Fund planning requirements, which were submitted to NHS England on 16 December 2022.

Information

Aims of the Better Care Fund Adult Social Care Discharge Fund

2. The Better Care Fund (BCF) Adult Social Care Discharge Fund was announced on 16 November 2022. The fund is targeted at interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. The aim of the fund is to free up the maximum number of hospital beds, reduce bed days lost and to boost general adult social care workforce capacity through recruitment and retention where this reduces delayed discharges.

3. The funding will be released in two tranches with 40% released in December and the remaining 60% at the end of January 2023 subject to providing a planned spending report and fortnightly activity data. Spending against tranche 1 can commence once local plans have been agreed by the ICB and local authorities.

4. The funding allocations were calculated nationally to target areas with the most significant discharge challenges.

Process for agreeing the Discharge Fund Plans

5. Nottingham City Council, Nottinghamshire County Council and Nottingham and Nottinghamshire Integrated Care Board established a task and finish group to co-ordinate the submission for the Discharge Fund. Each organisation confirmed the opportunities for investment based on the system winter plans that have already been developed and any additional opportunities that could support an increase in discharge.

6. Submission of the plans to NHS England was due on 16 December and therefore plans were

approved by delegated authority. The plans were signed off by Adrian Smith, Chief Executive, Nottinghamshire County Council and Amanda Sullivan, Chief Executive, Nottingham and Nottinghamshire Integrated Care Board.

7. There is a national expectation of fortnightly reporting against the plans commencing on 06 January 2023.

8. The plans will be included in the BCF section 75 agreements which are due to be signed off by 31 January 2023.

Schemes funded by the allocation

9. The schemes need to be operationalised to impact on discharges over winter and within the current financial year to March 2023. The submission reflects opportunities based on the system winter plans that have already been developed and additional opportunities that could support an increase in discharges including assessment capacity, scaling up tech enabled care/digital solutions, increasing home care capacity by incentivizing the workforce and a recruitment campaign to increase the number of carers.

10. There is an opportunity to continue to adjust plans as we progress through the winter to ensure finding is targets on the opportunities that maximise discharge from hospital.

11. The Health and Wellbeing Board is asked to endorse the Better Care Fund Adult Social Care Discharge Fund plan.

Other options considered

12. None.

Reasons for Recommendation

13. To ensure the Nottinghamshire Health and Wellbeing Board has oversight of the Better Care Fund Adult Social Care Discharge Fund to 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 Adult Social Care Discharge Fund will be included in the pooled budget and has been agreed as £3,778,085 and is summarised in **Appendix 1.**

Legal Implications

16. 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 Adult Social Care Discharge Fund Planning templates that were submitted to NHS England on 16 December 2022.

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

For any enquiries about this report please contact:

Sarah Fleming
Programme Director for System Development
Nottingham and Nottinghamshire Integrated Care Board
sarah.fleming1@nhs.net

Constitutional Comments (LPW 23/01/23)

17. The Health and Wellbeing Board has the remit to consider the report and recommendations

Financial Comments (OC 19/01/2023)

18. The Financial implications are detailed throughout this report and are summarised within paragraph 15 and Appendix 1.

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
- Retrospective approval of the 2022/23 Better Care Fund (BCF) Planning Requirements – report to the Health and Wellbeing Board 7 December 2022

Electoral Division(s) and Member(s) Affected

- All.

Discharge fund 2022-23 Funding 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".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Nottinghamshire
Completed by:	Naomi Robinson
E-mail:	naomi.robinson2@nhs.net
Contact number:	07816 407052

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Chief Executive Nottinghamshire County Council; Chief Executive N
Name:	Adrian Smith; Amanda Sullivan

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair				
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off				
	Local Authority Chief Executive	Mr	Adrian	Smith	adrian.smith@nottscc.gov.uk
	LA Section 151 Officer				
*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 -->					

When all yellow sections have been completed, 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.

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board: Nottinghamshire

Source of funding		Amount pooled	Planned spend
LA allocation		*£2,939,225*	£2,939,000
ICB allocation	NHS Nottingham and Nottinghamshire ICB	£3,778,085	£3,778,085
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Increased assessment and reviewing staffing	Additional assessment and reviewing staffing capacity to support all hospital	Additional or redeployed capacity from current care workers	Costs of agency staff			Home care	Social Care	Nottinghamshire	Local authority grant	£260,000
2	Reablement capacity	Increased reablement capacity for hospital discharge	Increase hours worked by existing workforce	Overtime for existing staff.			Home care	Social Care	Nottinghamshire	Local authority grant	£90,000
3	New packages of Care	Source additional community care packages	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		60		Social Care	Nottinghamshire	Local authority grant	£600,000
4	Technology enabled care	Increased use of technology to faciliate discharges including virtual vists to free	Assistive Technologies and Equipment	Other		30-40		Social Care	Nottinghamshire	Local authority grant	£140,000
5	New package incentives	One off lump sum incentive for new homecare (to cover overtime/retention)/ new PA	Improve retention of existing workforce	Incentive payments			Home care	Social Care	Nottinghamshire	Local authority grant	£750,000
6	(All) Surge capacity and block hours	Working with lead providers to build bridging service	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		30		Social Care	Nottinghamshire	Local authority grant	£300,000
7	Increased staffing capacity to support flow	Including brokers, developing a bank of PA's, supporting provider led	Additional or redeployed capacity from current care workers	Redeploy other local authority staff			Home care	Social Care	Nottinghamshire	Local authority grant	£150,000
9	New interim beds	Additional interim beds to support discgharge	Residential Placements	Care home		30		Social Care	Nottinghamshire	Local authority grant	£400,000

10	Step down provision	For MH and acute hospital discharge	Residential Placements	Discharge from hospital (with reablement) to long		6		Social Care	Nottinghamshire	Local authority grant	£100,000
11	(LW) Tapered approach to contract extension	Moving Forward (mental health support service) contract extension to	Additional or redeployed capacity from current care workers	Costs of agency staff			Home care	Social Care	Nottinghamshire	Local authority grant	£30,000
13	(Countywide) Recruitment Campaign	Recruitment and retention and general social care workforce issues	Local recruitment initiatives					Social Care	Nottinghamshire	Local authority grant	£90,000
14	Admin	Fund admin and monitoring	Administration					Social Care	Nottinghamshire	Local authority grant	£29,000
15	Administrator to support SFH hub and CHC team to	This pilot needs x2 admin staff to support the delivery and function of a pilot into a	Residential Placements	Discharge from hospital (with reablement) to long		0.5 bed opportunity		Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£23,700
16	In reach services to "pull" patients out of acute trust with	Increased social worker capacity extending hours of service currently offered to	Increase hours worked by existing workforce	Overtime for existing staff.			<Please Select>	Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£4,800
17	Additional step up/down beds (Bassetlaw)	To fund 6 additional beds to support rehab/prehab service in community setting	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		1.1 bed opportunity		Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£88,000
18	PHB discharge grants	Discharge grants of up to £400 per person to be offered to expedite	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£15,283
19	Additional capacity in UCR service for the acute	NHCT can we ask for band 6 x 6 - 3 for north and 3 south to bolster UCR over winter	Increase hours worked by existing workforce	Overtime for existing staff.			<Please Select>	Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£132,378
20	Roving Services OOH (Bassetlaw)	With the support of the roving OOH service the following outcomes could be	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£150,000
21	MSK Rehab (Bassetlaw)	Increase services in the community to support prehab/rehab instead of	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£22,500
22	Additional ERS Capacity	1 x 10/12 hour shift Resource Monday-Saturday (possibly Tuesday-Saturday)	Increase hours worked by existing workforce	Overtime for existing staff.			<Please Select>	Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£85,751
23	County LA Homecare Block	£12 per hour top-up for hospital discharges/discharges from	Home Care or Domiciliary Care	Domiciliary care packages		105 additional packages of care per week		Community Health	Nottinghamshire	ICB allocation	£441,180
24	P1 Discharge Programme	Additional Capacity within P1 providers (NHT, CityCare, City Council, County Council)	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£1,423,493
25	P1 Discharge - Acute addition - NUH @ Home	Implement an NUH @ Home model which is targeted at patients being discharged at	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£202,000
26	P1 discharge - acute addition - CHS	Additional capacity with P1 providers to expand the service to provide 336 hours	Reablement in a Person's Own Home	Reablement to support to discharge – step down				Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£295,000
27	P1 Discharge - interim bed support - Ashmere	Additional extend current 25 beds for 3 months plus increase capacity by a	Bed Based Intermediate Care Services			30 bedded unit for 3 month period		Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£324,000

28	P1 Discharge - Interim beds support -	Opening of Lindhurst ward 2 months earlier than currently planned	Bed Based Intermediate Care Services			24 bedded unit for an additional 2 months		Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£418,000
29	P1 discharge - DISCO	Discharge Support Posts (double the current offer)	Increase hours worked by existing workforce				Both	Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£97,000
30	P1 discharge - Early Supported Discharge Team	Early supported Discharge Team (5 wte Band 3) to provide bridging of care	Increase hours worked by existing workforce				Home care	Community Health	NHS Nottingham and Nottinghamshire ICB	ICB allocation	£55,000

Nottinghamshire County Council

Report to Health and Wellbeing Board

01 February 2023

Agenda Item 7

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

TAKING COLLECTIVE ACTION ON HOMELESSNESS AS A HEALTH AND WELLBEING BOARD PRIORITY

Purpose of the Report

1. To provide feedback from the Nottinghamshire Health and Wellbeing Board workshop on 'Preventing Homelessness' held on 12 October 2022 (**Appendix 1**).

2. To propose a vision for the Board to adopt on homelessness: *To work together to ensure homelessness, in all its forms, is prevented wherever possible and to significantly improve health and wellbeing outcomes for those who experience it.*

3. To request that the Board provide strategic oversight to the Rough Sleeper Initiative including supporting its development to a sustainable embedded offer within the joint commissioning landscape.

4. To put forward a Framework for Action on Homelessness and Principles for Collaborative Working on Homelessness for the Board to consider endorsing.

Information

Feedback from the Health and Wellbeing Board Workshop on Homelessness

5. Homelessness is one of the nine priority areas of Nottinghamshire's joint Health and Wellbeing Strategy 2022-2026. On 12 October 2022 the Board held a workshop on preventing homelessness which brought together a range of strategic leaders, commissioners, and providers of homelessness related support, to consider how to best prevent people experiencing homelessness and enable those that do, to recover from homelessness.

6. The aims of the workshop were:

   a) To contribute to the development of a Framework for Action with tangible and specific actions for partners to tackle homelessness – prioritising primary prevention, promoting inclusion health and embedding a trauma informed approach.

b) To explore the impact of homelessness in Nottinghamshire and share local good practice in improving outcomes, including the Rough Sleeper Initiative.

c) To identify how all partners can work together to strengthen assets which can drive progress in tackling homelessness.

7. In addition to powerful testimony from individuals with lived experience, the Board heard from a range of partners from across the system. Collectively they presented the challenges alongside good practice from services commissioned through the Rough Sleeper Initiative that are already being delivered by partners in Nottinghamshire. The presentations highlighted the opportunity to strengthen this work by increasing strategic commitment to collaborative working, building relationships across the system, and identifying high impact strategic actions to strengthen delivery.

8. Workshop members were asked to explore three topics:

a) *Prevention*: What collective actions can we identify to prevent homelessness before people are even put at risk?

b) *Recovery:* What actions do we need to take as a system to be ready to continue to support people when the current short term funding ends (including that available through the Rough Sleeper Initiative) in 2025?

c) *Principles:* What principles do we need to underpin a joined up transparent system that is delivering the right outcomes for individuals?

9. Detailed notes from the workshop are outlined in **Appendix 1**. The key reflections from the Board and invited participants were:

- The reaffirmation of the need for homelessness as a health and wellbeing priority.
- The challenge of delivering upstream homelessness prevention and the need to build our collective momentum on this challenge.
- The need to do more to understand the challenge including the levels of need upstream and the individuals that we are not seeing, the 'hidden homelessness'
- That we will make most purchase with collective action and a real culture change around trauma informed practice.
- That many in the system would benefit from further training and development opportunities around homelessness, duty to refer and trauma informed practice.
- That we have levers in the system that we are not at present taking full advantage of including a wide range of frontline staff who are well placed to support this agenda if enabled.
- Place Based Partnerships are excellent places to discuss multifaceted challenges such as homelessness to develop responses unique to the challenges in their geographies.

- Taking a trauma informed approach and valuing and embedding lived experience within our system will help to ensure the right outcomes and that the system flexes for individuals.

Framework For Action

10. Following the workshop the draft Framework for Action was refreshed with further work undertaken with partners outside of the workshop. The proposed Framework for Action on Homeless for the Health and Wellbeing Board to consider is framed as 3 ambitions with key actions and commitments under these ambitions:

a) Ambition 1: To prevent more people from experiencing or being at risk of homelessness.

- Action 1.1: We will work to identify those at greatest risk of homelessness and identify the critical opportunities to provide evidence based interventions to these individuals.
  Commitment 1.1.1 Ensure that frontline health and social care staff are able to fulfil their duties under the Homelessness Reduction Act 2017.
  Commitment 1.1.2 Work across the health and social care system to track housing status and build our data and intelligence.
  Commitment 1.2.3. By the end of 2024 we will have defined some key interventions we can undertake as a system to prevent more people ever experiencing or being at risk of homelessness.
- Action 1.2: We will ensure that no one leaves a Public Institution to the streets.
  Commitment 1.2.1 By the end of 2024 all HWB organisations commit to undertake a Root Cause Analysis for each time where this occurs with the learning to be implemented across the system.
- Action 1.3: *Take oversight of the Rough Sleeper Initiative and maximise the opportunities to embed and develop its work.*
  Commitment 1.3.1 When rough sleeping occurs in Nottinghamshire it will be brief and non-recurrent.

b) Ambition 2: To improve our collective response to people who are experiencing homelessness – especially those with severe and multiple needs.

- Action 2.1: We will ensure that services are working more collaboratively – planning and delivering support for those who most need our support.
  Commitment 2.1.1 Develop a strategic and operational multi-disciplinary team (MDT) in line with the Making Every Adult Matter (MEAM) Approach. This will enable collective risk holding, gathering of information regarding gaps in provision, identify opportunities for critical time interventions and develop a body of evidence for the impact of this way of working for the individuals and the system.
- Action 2.2: We will improve the response to people experiencing homelessness in mainstream services.

Commitment 2.2.1 Improve access across the system by developing Embedded Practitioner roles who can support the development of continual improvement plans.
Commitment 2.2.2 Identify opportunities to improve equity of access. For example building on best practice where we have successfully negotiated expediated access to provision for individuals to meet their needs and achieve good outcomes.

- Action 2.3: We will develop our understanding of the effectiveness of our response for all groups of people experiencing homelessness.
  Commitment 2.3.1 Work with people with lived experience to understand how we can better enable their aspirations as a system.
  Commitment 2.3.2 Create an effective feedback loop from frontline staff so we can share best practice and identify challenges.
  Commitment 2.3.3 Work with communities to improve our understanding of hidden homelessness across Nottinghamshire and implement learning within service delivery and design.
- Action 2.4: We will promote opportunities for people experiencing homelessness to improve their health and wellbeing.
  Commitment 2.4.1 Work with key services to promote health prevention and promotion activities to individuals experiencing homelessness.

c) **Ambition 3: To work collaboratively to enable a joined up, sustainable, responsive and appropriately resourced system response to homelessness.**

- Action 3.1: We will develop our system approach to severe and multiple disadvantage – embedding homelessness as a key factor.
  Commitment 3.1.1: Develop our system response to trauma informed approaches.
  Commitment 3.1.2: Increase our strategic collaboration across the Domestic Abuse Partnership Board and the Combating Substance Misuse Partnership.
- Action 3.2: We will ensure that we enable the core components of an effective system that gives equitable access for homeless individuals delivering the right intervention, in the right place, at the right time.
  Commitment 3.2.1: Secure the appropriate level of strategic sponsorship to enable ambitions, actions and commitments.
  Commitment 3.2.2: Reduce our reliance on short term funded programmes and pilots by identifying opportunities for sustainable systems change.

Principles for Collaborative Working on Homelessness

11. The proposed principles to underpin collaborative working on homelessness were also refreshed following the workshop and are reflected both within the Framework for Action (e.g. 3.1.1. develop our system response to taking a trauma informed approach) and as standalone principles outlined below.

12. It is proposed that these principles will be key in guiding partners in developing the robust implementation plan which will follow from the Framework for Action on Homelessness.

a) **Rough sleeping must end for good**: No one in our society should have to suffer the injustice of living a life on the streets, deprived of shelter, warmth and basic necessities. As a local system we have the tools, skills and knowledge to ensure that where rough sleeping does occur it is brief and non-recurring.
b) **Prevention matters:** As a system we can collectively make an impact on preventing homelessness in all its forms. Responding to the acute needs of individuals to support their recovery from homelessness is a priority. However, only by moving further towards prevention will we ensure that no one has to experience homelessness. We will move our response upstream, responding to new and emerging evidence and local good practice. To do this we must develop a better understanding of what is happening for our population and ways to surface the need.
c) **Building blocks of health**: Meeting the health and care needs of an individual enables them to secure and sustain housing. Without housing, individuals are unlikely to be able to have all of their health and care needs met. Therefore we recognise that homelessness is not just a housing issue. Homelessness is not just a health issue. Without both good housing and good health people will not thrive. Working in step together we can put these building blocks in place.
d) **Equity of access:** To achieve good health and wellbeing outcomes for people who are homeless we must surface and address any structural barriers within our current system. We are beginning to understand where these blockages are, and we can develop a case for change.
e) **Lived experience**: Valuing and embedding the voice of people with lived experience of homelessness will create better outcomes within the system. We have invested in developing and strengthening our co-production approaches. Ensuring people's reflections are truly acted on will keep us all moving in the right direction. It will also help us to develop our understanding of 'what homelessness looks like' so we can recognise and respond to all forms of homelessness in all communities. We must go further in understanding hidden homelessness and whether our offer is right for all of our citizens.
f) **Trauma informed:** We recognise that people's behaviour and engagement with services is influenced by their traumatic experiences, socioeconomic circumstances and previous experiences of services. Therefore we must be trauma informed in our planning and delivery. We have good local experience on trauma informed practice and have committed to building on this.
g) **Strengths based:** In order to ensure everyone is able to achieve their potential we must embed shared decision making, building self-reliance and using strengths-based approaches to care. When we give people space to reflect on their strengths and empower them to realise these strengths, we know that they can thrive within their local communities.

Rough Sleeper Initiative

13. The Rough Sleeper Initiative (RSI) 2022-2025 is a multi-year government grant allocation received by Nottinghamshire's' district and borough councils as local housing authorities (LHAs). It provides funding to reduce the number of people sleeping rough and enhance services for those at risk of sleeping rough. The LHAs across Nottinghamshire have recently been successful in receiving funding for the RSI 2022-25 with the aim of providing a programme of services to reducing rough sleeping across the county.

14. In the recently published Ending Rough Sleeping for Good strategy (2022) the government is clear 'we will have ended rough sleeping when it is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent'.[1] By taking the strategic oversight for RSI the Health and Wellbeing Board will be well placed to support this ambition across the local system.

Reason/s for Recommendation/s

15. The Health and Wellbeing Board recognise that homelessness is a key priority in Nottinghamshire and partners are well placed to improve outcomes around homelessness.

Other Options Considered:

16. Homelessness is a Health and Wellbeing Board priority contained within the Joint Health and Wellbeing Board strategy 2022-26 and therefore action is required, so no other options were considered.

Statutory and Policy Implications

17. 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

18. There are no direct financial implications arising from this report. The report does propose (paragraphs 13 & 14) that the Health and Wellbeing Board take strategic oversight of the Rough Sleeping Initiative, however this fund is received by local housing authorities (district and borough councils).

RECOMMENDATIONS:

19. The Health and Wellbeing Board is asked:

    a) To approve and adopt the vision: *To work together to ensure homelessness, in all its forms, is prevented wherever possible and to significantly improve health and wellbeing outcomes for those who experience it.*

    b) To commit the Health and Wellbeing Board to providing strategic oversight to the Rough Sleeper Initiative including supporting its development to a sustainable embedded offer within the joint commissioning landscape.

[1] Department for Levelling Up, Housing and Communities, *Ending Rough Sleeping for Good (2022)* Ending Rough Sleeping for Good (publishing.service.gov.uk)

c) To adopt the Framework for Action for Tackling Homelessness and Principles for Collaborative Working on Homelessness and commit to their ongoing development including a jointly developed implementation plan.

d) To receive a paper including an implementation plan developed from the Framework for Action alongside an overview of progress, challenges and successes to the Health and Wellbeing Board in July 2023.

For any enquiries about this report please contact:

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Eleanor Hedley
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Constitutional Comments (CEH 23/01/23)

19. The Health and Wellbeing Board has the remit to consider the report and recommendations.

Financial Comments (DG 20/01/23)

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

Background Papers and Published Documents

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

- Nottinghamshire Health & wellbeing Board workshop briefing paper (12 October 2022)

Electoral Division(s) and Member(s) Affected

- All

Appendix 1: Summary of the Homelessness Health and Wellbeing Board Workshop 12 October 2022

On 12 October 2022 the Health and Wellbeing Board held a workshop on tackling homelessness. The intended outcomes for the workshop were to have:

- Consensus on shared principles and a draft Framework for Action which can be developed further before approval at a future Health and Wellbeing Board meeting.

- Commitment that the Health and Wellbeing Board provide strategic oversight to the Rough Sleeper Initiative including supporting its development to a sustainable embedded offer within the joint commissioning landscape.

Homelessness Workshop Objectives
Dawn Jenkin, Consultant in Public Health at Nottinghamshire County Council outlined the objectives of the workshop:

a) To contribute to the development of a Framework for Action with tangible and specific actions for partners to tackle homelessness – prioritising primary prevention, promoting inclusion health and embedding a trauma informed approach.

b) To explore the impact of homelessness in Nottinghamshire and share local good practice in improving outcomes, including the Rough Sleeper Initiative.

c) To identify how all partners can work together to strengthen assets which can drive progress in tackling homelessness.

Dawn gave an overview of homelessness and reminded the workshop that the visible part that we traditionally consider when we think of homelessness (e.g. rough sleeping) is only the tip of the iceberg. It is often this visible aspect which gains the most attention, action and funding. She likened this approach to rescuing a drowning victim from a river, responding to the immediate crisis in front of us. Whilst we must respond to the crisis, she challenged the system to consider the reasons the person has ended up drowning in the river and what we could do as a system to prevent this. Dawn highlighted the need to plan, fund and deliver initiatives to support those experiencing homelessness and rough sleeping. But when acting only here, there has already been considerable harm to mental and physical wellbeing.

Lived Experience provided by Framework Housing Association
Participants were given the opportunity to reflect on the experiences of an individual who had been in contact with Rough Sleeper Initiative services and who had generously agreed to share his story in order to support reflection and learning.

Local Good Practice Examples:
Niki Dolan, Nottinghamshire Rough Sleeper Co-ordinator gave a presentation on the Rough Sleeper Initiative. Highlighting its impact Niki reported that across Nottinghamshire since 2019 – there has been a 35.4% decrease in rough sleepers on a 'typical' night in Nottinghamshire from 2017-2020. He outlined some of the structural and individual factors that contribute to rough

sleeping. Individual factors included relationship breakdown, experience of violence/abuse/neglect, substance misuse, bereavement and experience of care/prison/asylum systems. Structural factors included poverty, housing supply, housing affordability and unemployment. Niki provided a high level overview of the services commissioned through RSI and some of their intended outcomes.

Naomi Robinson, Joint Commissioning Manager at Nottingham, and Nottinghamshire ICB gave a presentation on homeless health in Nottinghamshire. She provided an oversight of some of the physical health needs of some of those who experience homelessness. These included: poor diet, high levels of stress, substance dependence, 'accelerated ageing', complex mental health issues, history of trauma, difficulty maintaining personal hygiene, respiratory and complex wound care. The challenges in accessing and maintaining a positive relationship with health provision was discussed including barriers such as stigma, no reliable contact information for follow ups, leading to high rates of 'failed' appointments. Naomi outlined the impact that Street Health teams have made for individuals by providing a model which includes assertive outreach – delivering healthcare 'where the person is at' whether this be in a soup kitchen, a hostel or on the street.

Mallory Seddon, Engagement and Development Officer at Mansfield District Council presented the work that has been undertaken in Mansfield around 1st Steps which is a Housing led project working within the principles of Housing First, an evidenced based intervention. She reflected on the core ways of working that made the scheme so different these included: separation of housing and treatment, flexible support for as long as required, active engagement without coercion and choice and control for service users. Mallory presented a video which articulated the impact that the scheme had on Mansfield and some of the life changing outcomes that it had delivered for individuals.

Principles and Framework for Action

Catherine O'Byrne, Senior Public Health and Commissioning Manager at Nottinghamshire County Council presented an initial draft of a high level framework for action for discussion. She broke down proposals into actions around prevention, recovery and joined up transparent system and posed questions to the workshop for joint discussion.

Group Discussions

After the presentations workshop members were asked to explore three topics:

a) *Prevention*: What collective actions can we identify to prevent homelessness before people are even put at risk?

b) *Recovery:* What actions do we need to take as a system to be ready to continue to support people when the current short term funding ends (including that available through the Rough Sleeper Initiative) in 2025?

c) *Principles:* What principles should we be working to in order to create a joined up transparent system that is delivering the right outcomes for individuals?

Feedback from group discussions:

Prevention: What collective actions can we identify to prevent homelessness before people are even put at risk?	Primary Prevention • Place Based Partnerships are all looking at action plans or ways their partnership could support people effected by the cost-of-living crisis. Bassetlaw PBP mentioned they are working on a 'fragility map' to identify areas or households at risk. • There are a lot of offers to help and support, this is difficult to stay on top of and signpost people to do when you are in 'time poor' professions like GPs. There was lots of support for the role of social prescribers helping to join the dots with support and between wider support roles. • Reflected that primary prevention offer looks very different depending on the present individual needs – those with lower risk additional disadvantage might cope well with simple signposting or brief intervention from social prescribers but those with high risks will need the support of specialist services. • Role for health in flagging and 'referring' people at risk of housing problems to the right place. • Support for the benefit of housing assessments that are completed with full health and care information, but data sharing needs to be made much easier – they are very lengthy forms and do not allow for multi-professional discussion about complex issues. Information is provided to a non-clinical person for assessment. • The group talked about the homelessness duty on prevention, focus being on accommodating quickly – are the options suitable for the person though? Secondary Prevention • Lots of talk about the potential for Place Based Partnerships to support multi-agency risk assessment and joint plans between primary care and specialist services e.g. a bit like frailty and anticipatory care models. • Keen to rethink the approach to the Primary Care Severe and Multiple Disadvantage Locally Enhanced Service (SMD LES) does this work e.g. having a contract with each individual practice – would it be better to have a Primary Care Network contract and enable Practices to work together in their response to the cohort? • Concern that there isn't a structure around identifying risks and discussing jointly with other agencies – who in the system is 'digging' into these multiple issues and coordinating help? • Learning and using what we already know, what has worked before for prevention and stopping people "jumping in the river" in the first place. Did the Homeless Prevention Service work and offer prevention? Did the local authorities understand when prevention was achieved as they didn't enter the "system"? • Where are the key points in the system, we can get the message of what is available across the county which we, are we providing the right information in the places like food banks, food clubs, warm spaces and advice centres.

	• Often people don't think about prevention, or that they could be at risk of homelessness until it becomes a crisis point, often stigma around needing help and support. • Training needs to be provided to services about what the pathways are and what expectations should be of what services can provide. For example, housing services often expect social care have all the answers around a case and social care will expect housing to resolve issues and concerns. • Duty to refer does help with some of the prevention work however this does always happen in a timely manner, this often places pressure on housing options teams to be placed to be more reactive than preventative. • Commitment from government to stop No Fixed Abode prison releases for example is ambitious but will have to be resourced effectively for this to happen. • Prevention needs to be recognised across the whole system, prevention will be different within Domestic Abuse services and Substance Misuse services versus cost of living and affordability concerns. • Commissioning and strategic thinking don't often line up as well as it could, if we could get this line up to a much for co-production style approach this would help minimise gaps in provision, join up interventions and move away silo working. • Use the wellbeing strategy as a driver to refresh the county homeless strategies and line up thinking on how prevention can be achieved jointly. Having this upstream approach to influence strategy will be best placed to deliver on prevention outcomes collectively. • Utilise empty accommodation to provide enough housing stock so demand on short term temp accommodation and housing lists are reduced. • Need to build trust in communities so people will ask for help and support and for cultural aspects to be considered when looking to provide advice and support.
Recovery: What actions do we need to take as a system to be ready to continue to support people when the current short term funding ends (including that available through the Rough Sleeper Initiative) in 2025?	• Better discharge system based on whole holistic assessment, not just fast discharge. • Challenging strategic stereotypes and ensuring that homelessness is 'everyone's business'. • Map service users' journeys to understand how we can make more effective early intervention. • Develop a strategic multidisciplinary team model to see the system through individual's eyes and enable changes to make the system fit the cohort not the other way around. • Prevention whilst people are still in tenancies using the Healthy Homes Hub, social prescribers, and discharge teams. • Collectively review training for homeless officers to look ensure preventative measures are consistently applied.

	• Review duty to refer system training to enable an earlier alert from professionals. • Housing needs a better understanding of the Health system and their support services, training and vice versa • Explore how we can support joint funding between health and housing for individuals.
Principles: What principles should we be working to in order to create a joined up transparent system that is delivering the right outcomes for individuals?	• Link equity and fairness as a principle – further clarity and understanding on how they are different to support a stronger Principle being put forward. • There needs to be a principle on awareness – about looking deeper – we can see what is on the surface - need to look harder to identify • What is missing is the "searching for the problem". How do we do it? How do we go and find those who are in need of the service? We need to look under the surface of the water before we can intervene at all or talk about prevention

Summary of Key Ideas from the discussion

1. Training and development sharing to understand what prevention is, making every contact matter and sharing resources.
2. Link in prevention and wider Health & Wellbeing strategy with the review of the homeless strategies across Nottinghamshire.
3. Line up commissioning streams to create a system wide approach.
4. Review and map all places of potential prevention contact and provide consistent up to date information.
5. Further discussion to be held around community champions who can provide a prevention message from a trusted person.
6. An addition to Principles with a focus on the action being taken to identify the missing individuals who are not receiving support or very limited support through services.
7. Further workforce Continuing Professional Development (CPD) opportunities to be developed to broaden knowledge on implications of wider system impacts.
8. Joint strategies to be developed along with joint funding which will enhance knowledge of support while providing services for support.
9. Change of culture mind shift is needed to enable our collective approach to work the best was to achieve this is to focus on trauma informed practice.
10. We must change the system to fit the cohort instead of an individual having to fit into the system. We need integrated path development with lived experience at its heart.

Next Steps

Dawn Jenkin, Consultant in Public Health at Nottinghamshire County Council outlined the next steps which were to bring a write up of the workshop alongside a Framework for Action to the Health and Wellbeing Board for sign off in February 2023.

Nottinghamshire County Council

Report to Health and Wellbeing Board

1 February 2023

Agenda Item 8

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

THE NOTTINGHAMSHIRE COVID IMPACT ASSESSMENT (CIA): MENTAL HEALTH

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 mental health.

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 mental health a priority for the Joint Health and Wellbeing Strategy 2022 – 2026. The full report on mental health is provided in **Appendix 1**. The assessment focuses on the impact the covid-19 pandemic has had on Children and Young People (5-24 years old), self-harm presentation and referral to services, loneliness, and social isolation impact on suicide risk for older adults, and marginalised groups (including serious mental illness).

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 August 2022. Initial key findings were brought to adult's mental health strategy group on 22 November 2022, and the children and young people's mental health executive on 8 December 2022.

Key Headlines

Impact on Children and Young People

5. NHS digital carried out a survey on the mental health of children and young people in England of five to sixteen-year-olds mental health in 2017 and this was followed up in 2020 and in 2022. Over this period the rates of children with a probable mental disorder[1] have increased from one in nine in 2017, to one in six in 2020, to one in four in 2022. Amongst 17 to 22 years old 20% were identified as having a probable mental disorder in 2020 and almost twice as many were in females as males. While this survey cannot offer County or district specific information, local service data supports this finding.

6. Local data shows an increase in referrals to Children and Adolescent Mental Health Services (CAMHS) (up to 18 years old) between January 2019 to July 2022, with higher rate of referrals for females and drop in male referrals evident during the pandemic. This trend was prevalent pre-covid too, but the pandemic has widened this inequality.

7. Both Kooth and Base 51 (children and young people mental health support services) had highest rate of referrals from females too. In addition, new registrations come from Ashfield and Mansfield and for young people identifying as an ethnic minority, registrations have increased since the pandemic started and remains higher than pre-pandemic.

8. Referrals for eating disorders doubled between March 2020 and July 2020 and overall, the trend for referrals has steadily increased. Referrals had been increasing prior to the pandemic, however by June 2022 referrals were over a third higher than April 2019. Similar trends have been seen nationally.

9. Recommendations for children and young people's mental health include:

    a) Consideration of the implications and mitigating actions required for increasing gender inequality between increasing low male and high female rate of referrals for CAMHS during the pandemic. This should include further qualitative exploration within services about appropriate accessibility, and the development of a gender appropriate communications, to address this gender inequality.

    b) Continuation and development of the Nott Alone Website and other digital platforms offering mental health support. 50% of the children and young people (CYP) who access the Nott Alone website do so for access to local mental health information. In addition, prior to the pandemic CYP heard of Kooth mainly via school, whereas during the pandemic internet searches have become a close alternative route to the site\service.

    c) Additional investigation on whether the long term sustained increase in eating disorder referral to CAMHS is due to increased detection whilst in lockdown within families, or whether there are other reasons for the long term increase and therefore implication for future service delivery.

[1] WHO (2022) A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm.

d) Investigation as to whether the long term trend of increased referrals to Kooth (now part of the Be U Notts contract) by CYP identifying as an ethnic minority is due to an increase in need or previous under reporting and representation of this group. This needs to be considered by the service as this may have implications for the service offer.

Impact on Covid-19 on self-harm presentation and referral to services

10. In the East Midlands the prevalence of self-harm (7.4%) is similar to England (7.3%). However East Midlands males have a higher prevalence (6.4%) than the England males at 5.7%. For females in the East Midlands the prevalence is similar to the England females at 8.5% and 8.9% respectively. Nationally various voluntary organisations have reported that during the pandemic there has been a rise in support calls regarding self-harm. Local data available reflects a varied picture for Nottinghamshire.

11. For the year 2019/20 there were around 1,500 admissions to hospital for intentional self-harm in Nottinghamshire which equated to a directly standardised rate of 200 per 100,000 population. Up until this time the rate had been steady but after then there were two consecutive drops totalling around 25 % (192 per 100,000 in 2019/20 to 172 in 2020/21 to 149 in 2021/22). Over this three-year period rates were higher in Mansfield, Ashfield and Newark and Sherwood and lower in the southern Boroughs (Rushcliffe, Gedling, Broxtowe). All areas bar Ashfield and Bassetlaw have shown a year on year drop-in rates.

12. The self-harm support service Harmless shows that there are gender inequalities and that genders experienced different impacts of the pandemic. Females and non-binary genders presented less during the pandemic and the re-opening lead to increased presentation (for males it was the reverse).

13. Self-harm emergency admissions (all ages) show a slightly different picture. Females continued to have a steady high rate from before COVID-19 through to the most recent data. Male admissions however increased during the pandemic, narrowing the gender inequality gap. In CYP admissions dropped.

14. Recommendations for self – harm and referral for services include:

a) Improve data quality and recording in commissioned services to reflect self-harm to ensure an improved understanding of need in this population.

b) Provider leads to work on waiting list management processes for services for people who self-harm to ensure support is offered whilst waiting. This may include use of wider services such as local and national, online, digital and phone support.

c) Commissioning leads to consider needs of different groups in relation to protected characteristics and access.

Impact on Loneliness and Isolation

15. During the pandemic those with pre-existing mental health diagnoses generally had the highest levels of loneliness, although for the UK by November 2021 levels were approaching the level before the first lockdown. The periods that showed the highest levels of loneliness

were during lockdowns, those with long-term conditions or pre-existing mental health conditions endured loneliness of 9-14% higher than those of the general population.

16. When it comes to gender generally women are often lonely more than men and throughout the pandemic it increased up to the winter of 2020/21 and after which it started to decrease which coincided with the beginning of vaccinations and lifting of restrictions. When it came to age it was the younger ages that experienced loneliness, again peaking in the winter of 2020/21.

17. In Nottinghamshire the level of loneliness broadly corresponds to levels of deprivation, the most deprived areas have higher levels of loneliness. In addition, data suggests that loneliness in adults increased over the pandemic period but with children having higher level of feeling lonely than adults (with girls feeling lonelier than boys too). Other factors such as ethnicity or disability had limited data so no conclusions could be drawn.

18. As a result of the pandemic charities which help older people to manage and alleviate feelings of loneliness had to transform. Telephone befriending schemes normally continued but face to face services often had to be suspended or switched to an online or telephone service. For many older people the digital option was very positive and enabled them to keep in touch with friends and join online groups and activities. But for a significant proportion of people who were unable to go online the pandemic excluded them from for meaningful contact. Among those aged over 75, two out of five (39%, around 2.1 million) do not use the internet.

19. Recommendations for loneliness and social isolation include:

    a) Schools should provide regular low level training for parents and guardians on how to identify signs of loneliness in young people, the agencies and helplines that provide assistance and ways in which they can help to prevent and respond to loneliness in young people.

    b) Local Authorities to actively address loneliness and social isolation by incorporating analysis and actions to address loneliness into other plans and strategies, particularly focussing on health inequalities. Ensure a co-ordinated response across the County and target resources in areas of deprivation and need.

    c) Ensure systematic and routine communications campaign to include the key messages of loneliness and social isolation for services. These include the misconception that young people are less likely to be lonely than other age groups.

Marginalised groups (including serious mental illness (SMI))

20. Marginalised groups is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities and people in contact with the justice system.

21. Persons with SMIs were clearly affected by COVID-19 and lockdowns when it came to A&E attendance. During the first lockdown there were no recorded attendances at A&E by this group. Attendances only slightly increase over the end of 2020 but around spring of 2021

attendances increased from around 100 to 600 per month and remained around 500 for most of 2021.

22. During the early days of covid-19 the 'Everyone in' campaign aimed to getting rough sleepers into accommodation to help them during the days of the first lockdown. By the end of the first lockdown this was rolled back and depended on the judgment of individual local authorities. Framework are a charity who provide housing support in Nottinghamshire. They periodically collect self-reported mental health disability in their homeless clients. There has been a nearly 10% increase in reporting of mental health disability between Apr-Sept 2019 to Apr-Sept 2021.

23. Gypsy, Romany, and Traveller communities are known to face some of the starkest health inequalities in the UK, with estimated life expectancies between 10 and 25 years shorter than the general population. To note, it is difficult to obtain information to help understand the impact of COVID-19 - Groups such as the Gypsy, Roma and Traveller community has very little information collected on them as neither the NHS nor OHID counts them as a specific ethnicity so they can remain hidden.

24. Recommendations for marginalised groups include:

a) Ensuring those with SMI have regular health checks to support physical health as well as their mental health.

b) An increase in attendances at A&E by persons experiencing serious mental illness during the latter pandemic suggests a possible increase in need, and/or possibly lack of opportunity for earlier access to support in service journey (prior to crisis) that needs further exploration (e.g. access to GP appointments).

c) Ensure services monitor, collect data, report and are responsive to the needs of and accessibility for marginalised communities (older people, LGBTQ+, ethnic minorities etc) to reduce health inequalities.

d) Undertake an evidence review on mental health (with specific focus on suicide) amongst Roma, Gypsy and Traveller communities as this group experiences health inequalities and greater risk of mental ill health.

e) Develop and incorporate a better understanding of digital poverty in inclusion health groups with support build into service planning, alongside appropriate alternative provision to digital first service delivery where required.

f) Further exploration from services as to trends and gaps within the data following the impact of covid-19 pandemic on mental health and any health inequalities (for example limited or lacking data on ethnicity, LGBTQ+, disability, deprivation).

Conclusion

25. The covid impact assessment on mental health has assessed the evidence, alongside gaps, and have proposed a set of recommendations. The full impact assessment and set of recommendations is provided in **Appendix 1**.

26. It is recognised that there is a need for further investigation to provide a full picture of the impact of the pandemic on mental health. This assessment is to be used as a baseline for further exploratory work, with the recommendations identifying the gaps that require focus.

27. 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. Mental health is a key priority of the joint health and wellbeing strategy 2022 – 2026 and reducing health inequalities a key statutory responsibility of the board.

Reason/s for Recommendation/s

28. The Health and Wellbeing Board has a statutory duty to produce and deliver a Joint Health and Wellbeing Strategy, with mental health identified as one of its priorities for 2022 – 2026.

Statutory and Policy Implications

29. 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

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

RECOMMENDATION/S

The Health and Wellbeing Board are asked-

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

For any enquiries about this briefing please contact:

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Constitutional Comments (CEH 23/01/23)

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

Financial Comments (DG 20/01/23)

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

Electoral Division(s) and Member(s) Affected

All

Covid-19 Impact Assessment – Mental health

Contents

Introduction

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.

This report outlines key findings from the assessment on mental health and focuses on the impact the covid-19 pandemic has had on Children and Young People (5-24 years old), self-harm presentation and referral to services, loneliness, and social isolation impact on suicide risk for older adults and marginalised groups (including serious mental illness). For these areas covered by each phase answer the questions:

- Were there inequalities in outcomes before COVID-19?
- Have these inequalities worsened during the COVID-19 pandemic, or have additional inequalities emerged?
- Is this a short-, medium- or long-term impact and are there any potential future impacts?
- What are the real and potential consequences of those impacts on the Nottinghamshire population?

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 August 2022.

Impact on Children and Young People

This section mainly focusses on the variation in referrals for Child and Adolescent Mental Health Services (CAMHS), registrations for online services and hospital admissions for mental health conditions and as such is an interim review of how COVID-19 has impacted on Children and Young people's inequalities.

Prevalence

NHS digital carried out a survey on the mental health of children and young people in England of five to sixteen-year-olds mental health in 2017 and this was followed up in 2020 and in 2022.[1] Over this period the rates of children with a probable mental disorder have increased from one in nine in 2017, to one in six in 2020, to one in four in 2022. Amongst 17 to 22 years old 20% were identified as having a probable mental disorder in 2020 and almost twice as many were in females as males. Also, nearly a third of children whose parents experienced psychological distress had a probable mental disorder whereas less than 10% of children whose parents had not experienced similar distress had a mental disorder. This was a national survey and as, yet it does not drill down to County or district level information. In the meantime, we can look at the various services which provide support to children and young people both NHS and the voluntary and community sector organisations. This is primarily activity data.

Nottinghamshire Healthcare Trust Child and Adolescent Mental Health Services covering 0-18 years old (CAMHS – Urgent care services)

CAMHS provision is now 'tier-less' in Nottinghamshire with all core services enabling self-referral. Nottinghamshire Child and Adolescent Mental Health Services are commissioned for people aged up to 18 years old. Advice in advance of submitting a referral can be obtained from a single point of access (SPA). Data about CAMHS has been obtained from the Nottinghamshire Healthcare NHS Foundation Trust and covers Nottinghamshire residents.[2]

CAMHS Single Point of Access -Referrals have increased nearly 25% from January 2019 to July 2022 with some dips that may relate to lockdown, and that also relate to seasonal variation and school holidays. There has been an increase in female referrals by 10% over the last four years, whereas males have dropped by approximately 5%.

[1] "Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey." NHS Digital, October 2022. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up
. 2022 Update: https://digital.nhs.uk/news/2022/rate-of-mental-disorders-among-17-to-19-year-olds-increased-in-2022-new-report-shows

[2] *Child and Adolescent Mental Health Services Data*. Nottinghamshire Healthcare NHS Foundation Trust. January 2019 – July 2022.

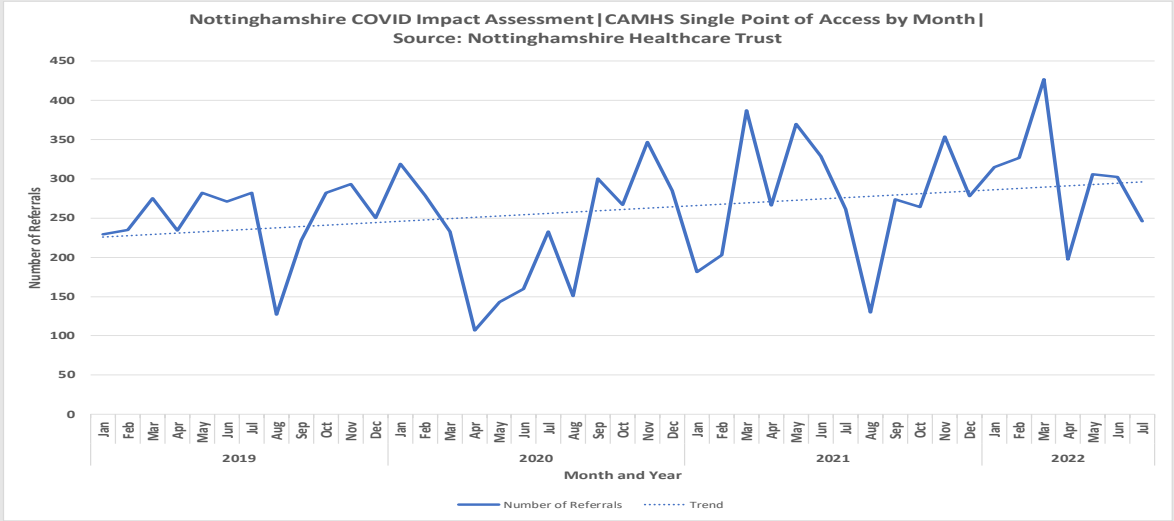


Figure 1. CAMHS Single Point of Access by Month (January 2019 – July 2022).[3]

CAMHS- Crisis and Home Treatment Resolution Team - Referrals to these teams generally peaked in winter of 2020. However, increase in female referrals has continued but males have since decreased.

CAMHS -Liaison service - Over the course of the last 4 years referrals to the liaison team has steadily increased. Numbers are small however since January 2019 to July 2022 referrals have doubled.

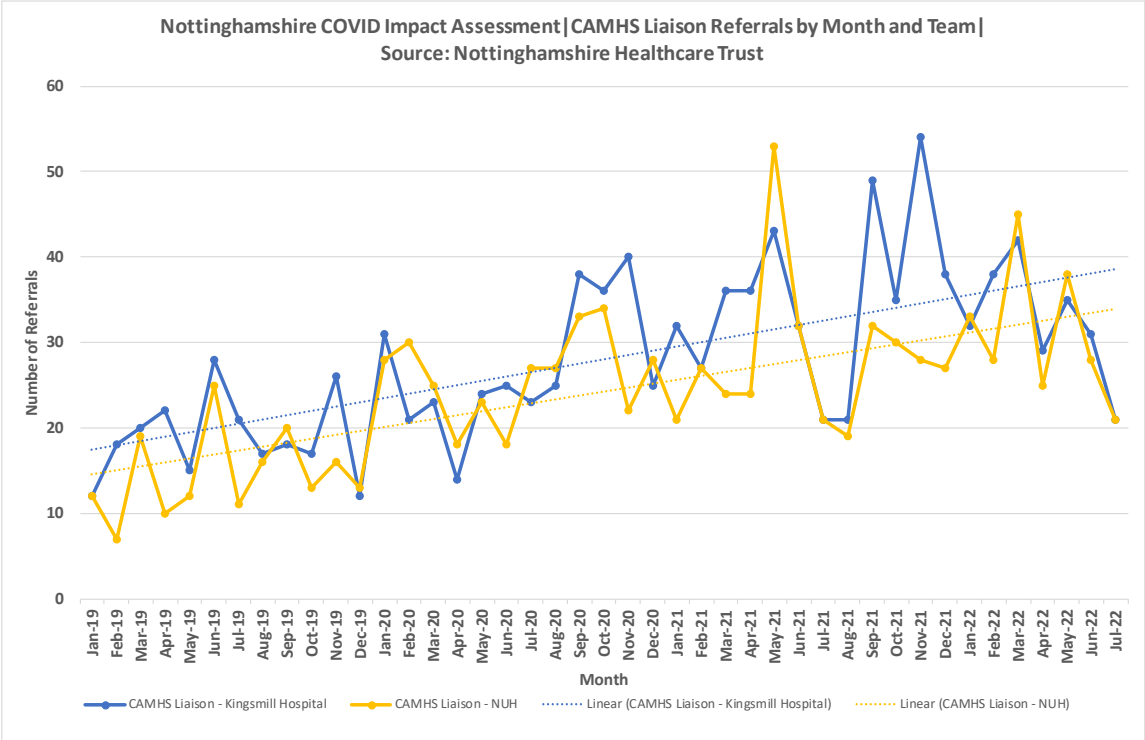


Figure 2. CAMHS Liaison referrals by Month (January 2019 – July 2022).[4]

[3] Nottinghamshire Healthcare NHS Foundation Trust, *Child and Adolescent Mental Health Services*
[4] Nottinghamshire Healthcare NHS Foundation Trust, *Child and Adolescent Mental Health Services*

CAMHS Liaison –Reasons for referrals

In 2019 over 90% of CAMHS liaison referral were for those in crisis, in 2020 it dropped to just over 60% and by 2022 less than 1% was recorded as in crisis. However, there may have been an issue in data recording as in 2019 around 6% of referrals did not have a reason recorded, whereas in 2022 over 85% did not have a reason recorded. Other reasons for referral do not show such a stark difference. Hospital liaison showed an increase from 9.9% in 2020 to 29% in 2021, before lowering to 11% in 2022.

Self-harm and suicide attempts recorded as reasons for referrals has increased 2.5 and 3% respectively between 2020 and 2021, and like hospital liaison are seen as reducing in 2022.

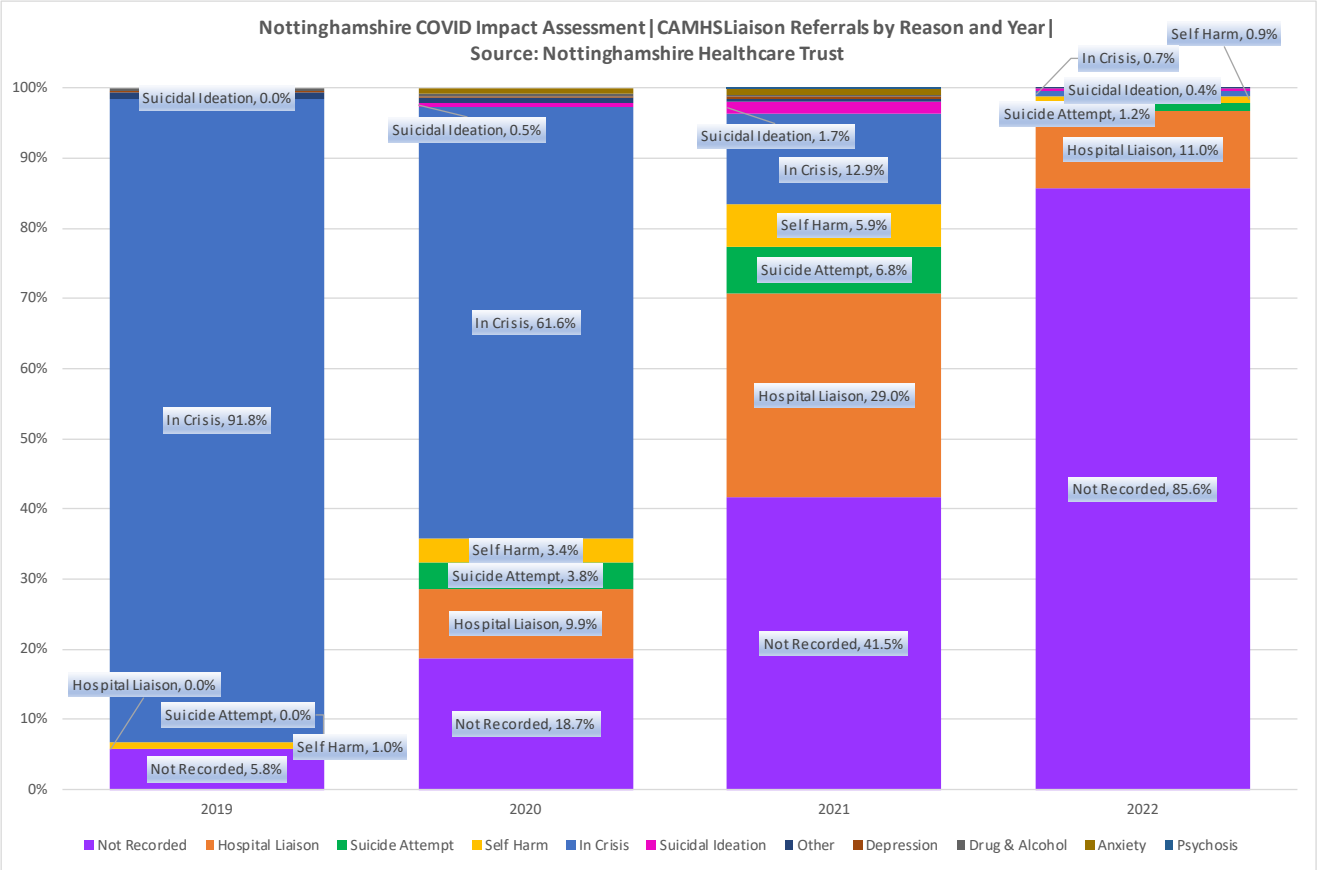


Figure 3. CAMHS Liaison Referrals by reason and year (January 2019 – June 2022).[5]

CAMHS -Eating Disorders

Referrals for eating disorders had been increasing prior to COVID-19 appearing. However, after the first lockdown started referrals nearly doubled between March 2020 and July 2020 and remained high throughout 2020. Although referrals dropped from these highs in spring 2021, the overall trend upwards steadily increased. By June 2022 referrals were over a third higher than April 2019. Similar trends have been seen nationally.

[5] Nottinghamshire Healthcare NHS Foundation Trust, *Child and Adolescent Mental Health Services*

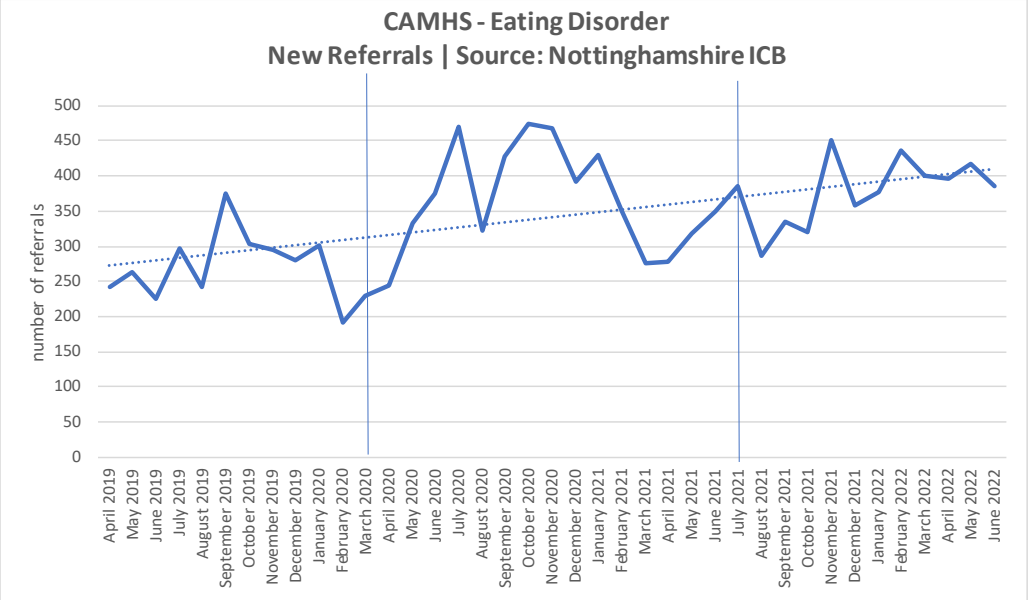


Figure 4. New Referrals to CAMHS for Eating Disorders (April 2019 – June 2022). [6]

Young people – Mental health hospital bed days

Over the last four years the number of under 18s bed days on CAMHS tier 4 wards has on average, gradually increased. During the first quarter of 2020/21, which corresponds to the first national lockdown, there was a big dip. This low continued and it was not until the end of 2020/21 that pre-pandemic levels were re-established.

Hospital admissions (not individuals) for mental health conditions (<18years)

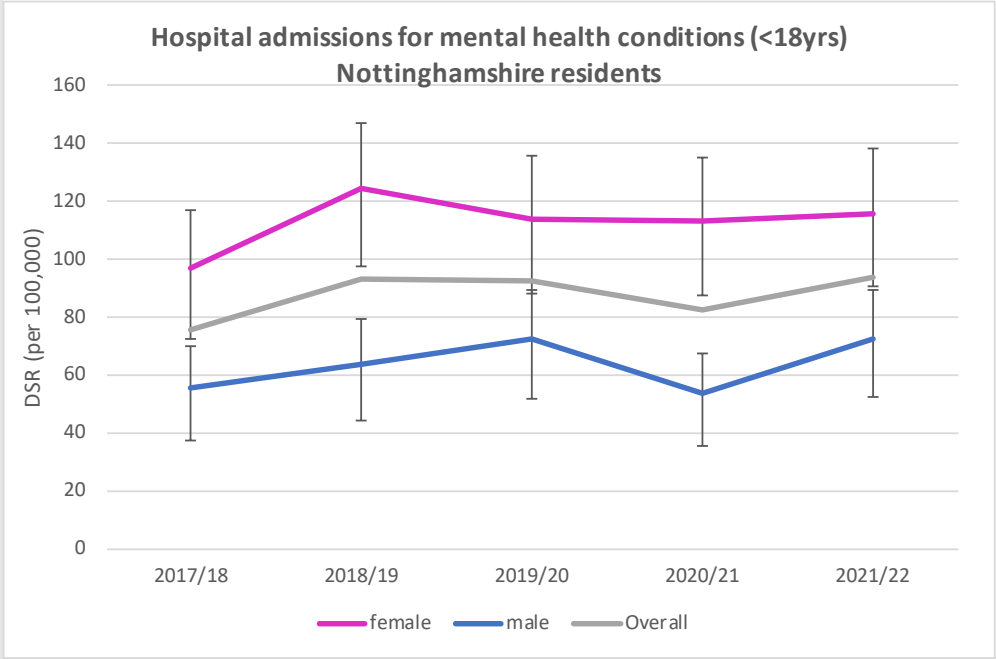


Figure 5. Hospital Admissions for Mental Health Conditions (2017 – 2022). [7]

[6] *New Referrals to CAMHS for Eating Disorders*. Nottingham and Nottinghamshire Integrated Care Board. April 2019 – June 2022.
[7] *Hospital Admissions for Mental Health Conditions amongst Nottinghamshire Residents (<18 years).* Hospital Episode Statistics (HES) Data Warehouse. 2017 - 2022.

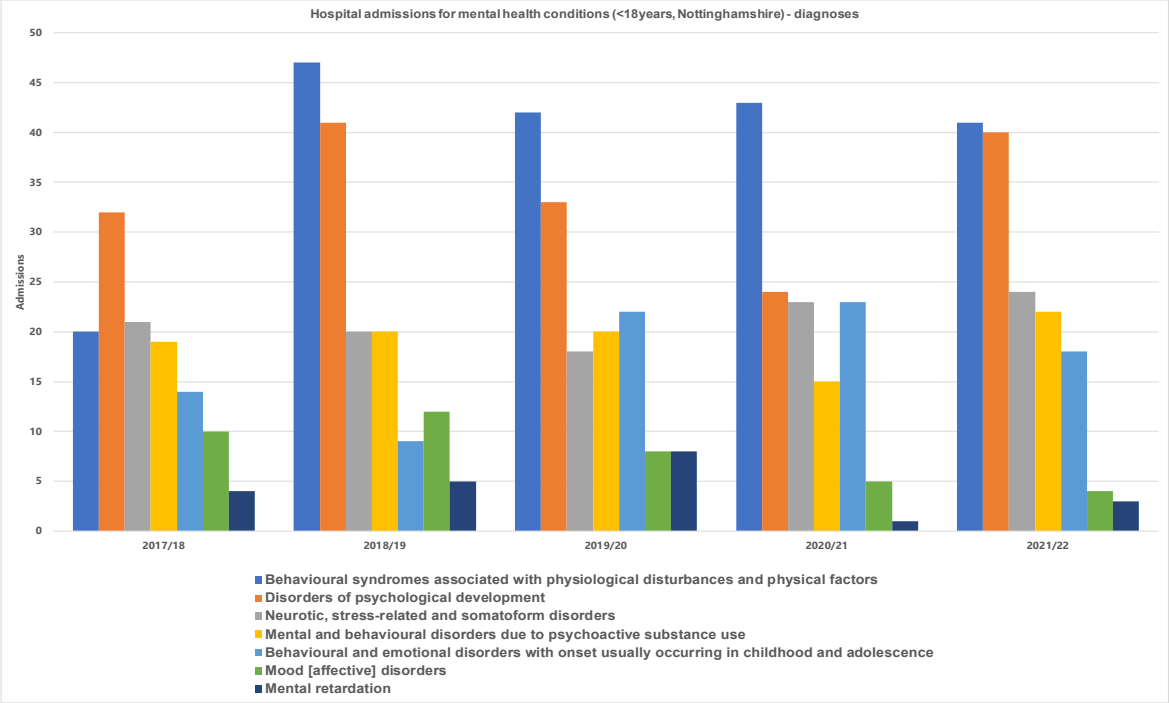


Figure 6. Diagnoses for Hospital Admissions for Mental Health Conditions (2017-2022). [8]

The overall trend for admissions to hospital for mental health conditions dipped into 2020/21 then recovered to pre-pandemic levels the following year. Females had a steady rate of admissions however males dipped before rising again. Numbers were highest in those of white ethnicity however data quality on ethnicity means it is hard to interpret accurately.

Fifty percent of the diagnoses were for behavioural syndromes associated with physiological disturbances and physical factors and disorders of psychological development. Over time levels remain broadly similar with variation due to low numbers. Noticeable is a dip and rise into and out of 2020/21 for 'Disorders of psychological development'.

Generally, the admissions for different conditions have returned to pre-COVID levels, only mood affective disorders remain low. This was not unexpected as many hospital services were reduced to allow for COVID-19 admissions to be prioritised and when the major waves passed, more areas of treatment were opened up. The inequalities between male and females have remained consistent therefore it would seem that COVID 19 has not impacted on the gender inequality in hospital admissions significantly in the longer term.

Voluntary and community sector services

Commissioning of emotional wellbeing early support changed as of April 2022. ABL Health Ltd are the new Lead Provider and work with a range of delivery partners across Nottingham and Nottinghamshire (excluding Bassetlaw) to deliver the Be U Notts service.

[8] *Diagnoses for Hospital Admissions for Mental Health Conditions amongst Nottinghamshire Residents (<18 years).* Hospital Episode Statistics (HES) Data Warehouse. 2017 - 2022.

The information below relates to historical commissioning arrangements with Kooth and Base 51. Nottingham City and Nottinghamshire County contracts with these providers ended 31st March 2022. Kooth continues to be commissioned directly within Bassetlaw.

Kooth and Base 51

Kooth provided an online Mental Health wellbeing community support platform available to all children and young people aged 10-24 across Nottingham and Nottinghamshire including Bassetlaw. Within Nottingham City they also offered face to face support.

Base 51 is a charity and counselling service that supports young people aged 11-25 years old in **Nottingham City and Nottingham South (Rushcliffe, Gedling, Broxtowe).**

At the start of the COVID-19 pandemic Kooth and Base 51 adapted to various platforms other than face to face, although face to face remained for those for which it was essential.

Base 51 -Referrals increased throughout 2020/21 but levelled out after this but have not returned to pre-pandemic levels by the end of the contract (31 March 2022). The majority of the 2020/21 increase was made up of 12–18-year-olds and mostly females.

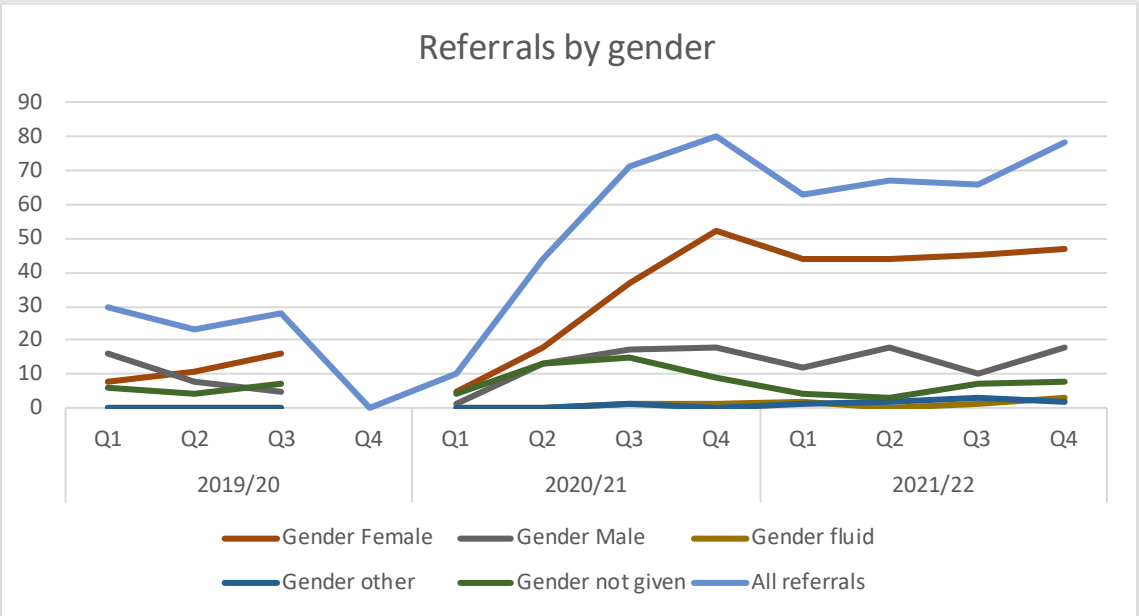


Figure 7. Referrals to Base 51 by gender (2019 – 2022).[9]

Although referrals initially increased in the first quarter of 2020/21 by the third quarter it had dipped, and from there on the numbers of young people waiting for treatment has consistently increased. This has been despite an initial increase in the sessions offered (both counselling and drop-in). The number of drop- in sessions has tailed off during 2021/22. This could be, in part, due to the change in commissioning arrangements at that time and the transfer to a new service.

[9] *Referrals to Base 51 by gender*. Base 51. 2019 - 2022.

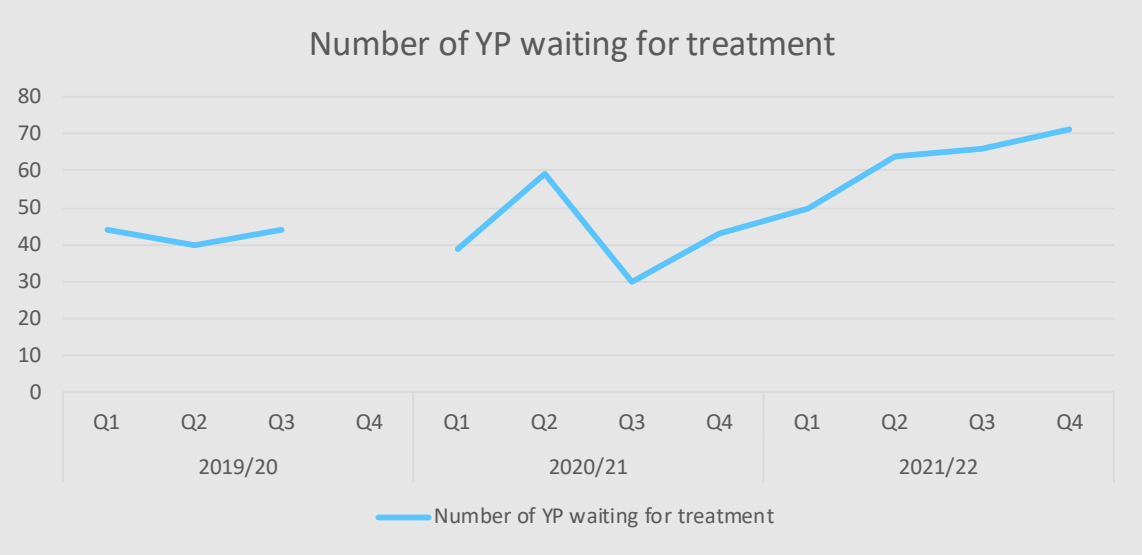


Figure 8. Number of Young People waiting for treatment by Base 51 (2019 – 2022).[10]

Kooth -Kooth too adapted to offer full digital delivery. New registrations remained cyclical during the pandemic period, lower in the summer holidays and higher through the winter. Most of these registrations are female, males show less of a seasonal effect.

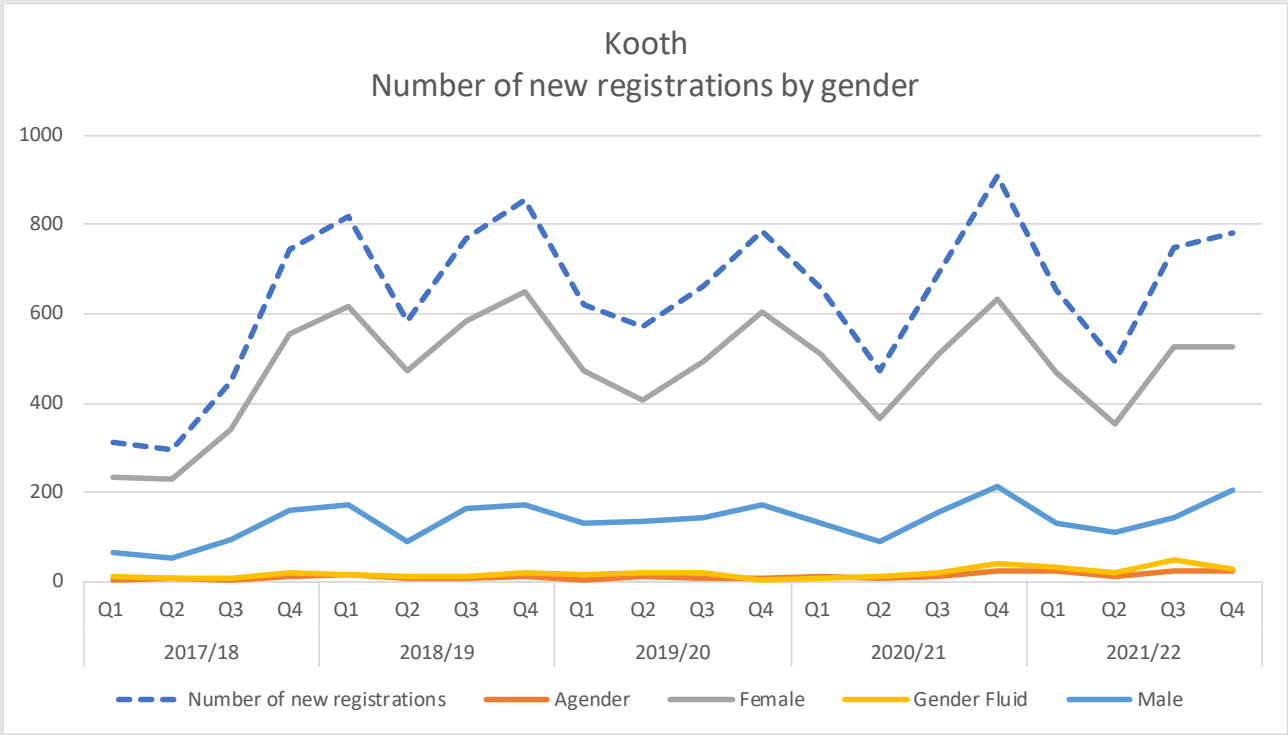


Figure 9. Number of new registrations for Kooth (2017 – 2022).[11]

From a district perspective most, new registrations come from Ashfield and Mansfield. Initially during the pandemic registrations fell but peaked again in the autumn\winter 2020/21 and again the following autumn\winter 2021/22. For those identifying as Ethnic minority,

[10] *Number of Young People waiting for Treatment*. Base 51. 2019 - 2022.
[11] *Number of new registrations for Kooth by gender.* Kooth. 2017 - 2022.

registrations have increased since the pandemic started and remains higher than pre-pandemic.

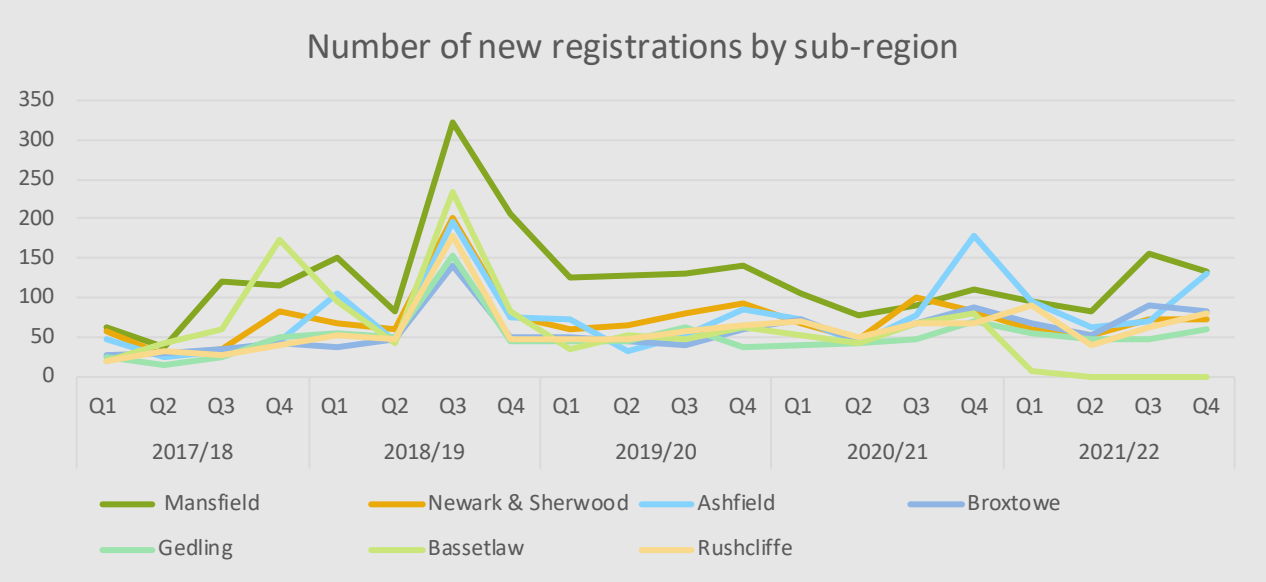


Figure 10. Number of new registrations to Kooth by district (2017 – 2022).[12]

The most common reason for registering before and during the pandemic was anxiety and stress. During the latter half of 2020/21 self-harm and suicidal thoughts became more common reasons to register. Children and young people heard of Kooth mainly via school prior to the pandemic but during the first lockdown internet searches became a close alternative route to the site\service. As of April 2022, Kooth became a delivery partner as part of the wider Be U Notts offer delivered by ABL Health Ltd.

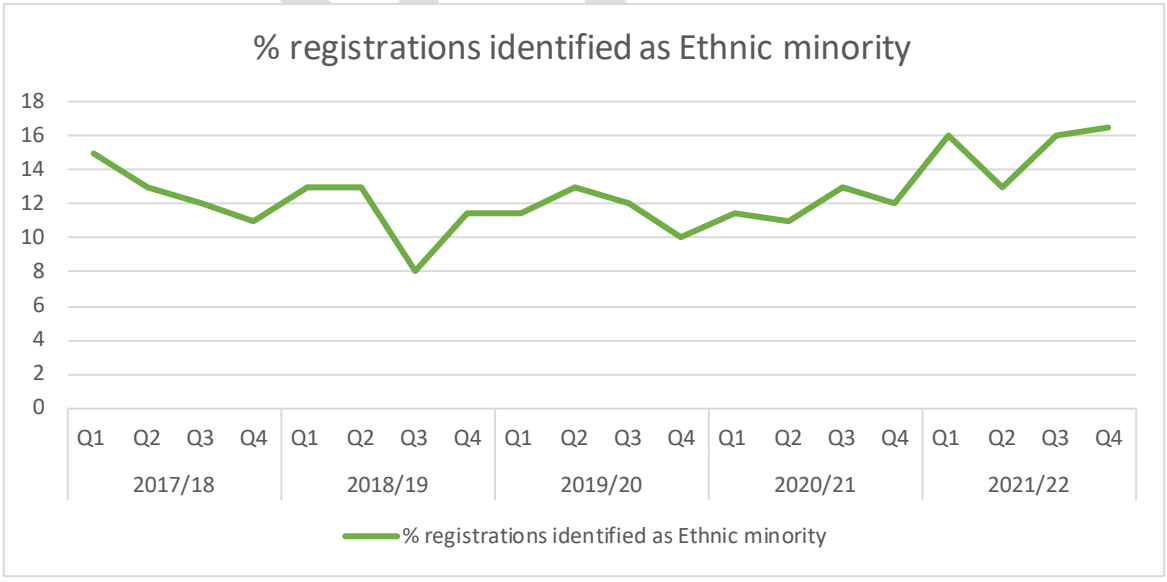


Figure 11. Registrations of minority ethnic residents to Kooth (2017 – 2022).[13]

Whilst gender trends for registrations in the Kooth service remained on average steady, those identifying as Ethnic minority continues to grow. Whether Ethnic minority CYP were

[12] *Number of new registrations for Kooth by district.* Kooth. 2017 - 2022.
[13] *Registrations to Kooth by Minority ethnic residents.* Kooth. 2017 - 2022.

previously underrepresented in the service or whether there is an increased need it is not possible to establish. This could have implications for services and whether there is culturally appropriate support available.

Nott alone

The Nott alone website was developed and co-produced with young people and parents. It is intended for children and young people, carers, and parents to access information and resources around mental health.[14] It was launched in the summer of 2021, access to it peaked that autumn and dropped in the new year and then stabilising at around 1500 users per month. Almost fifty per cent of the website traffic is for local mental health advice and help for young people in Nottingham and Nottinghamshire, with the most visited topic pages being anxiety and panic attacks, anger, and low Mood/depression. [15]

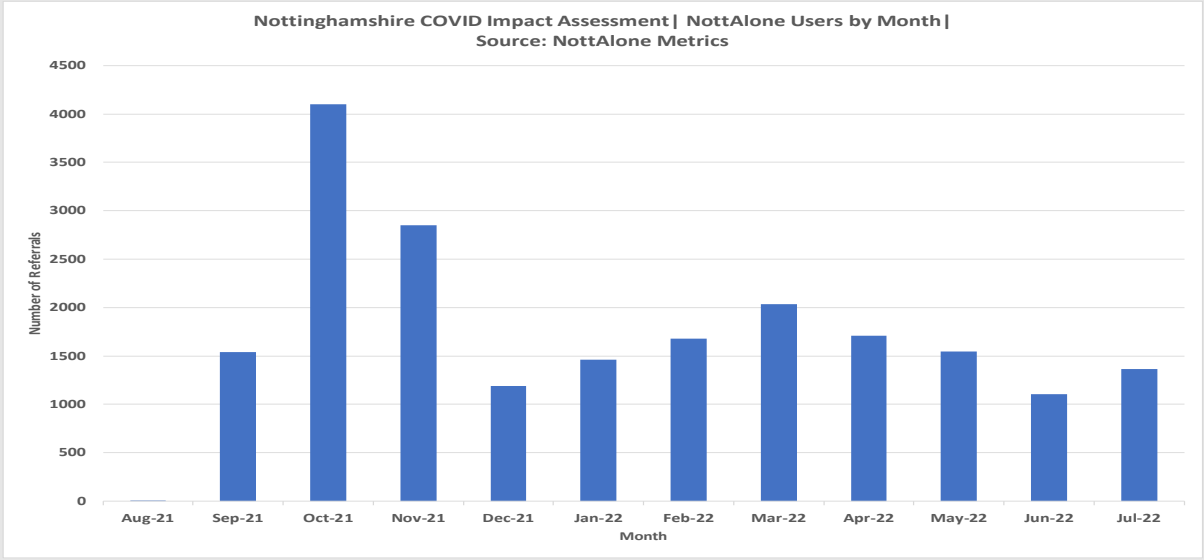


Figure 12. Number of users for the Nott Alone website (August 2021 – July 2022).[16]

Covid impact survey on Children - Parents and carers, and professionals

These surveys were carried out to gather parents, carers, and professional perceptions on how COVID-19 impacted on children's health, mental health, and development. Although these surveys were aimed at the early years age group (0 – 5 years - separate impact assessment phase) it also included parents and carers of, and professionals working with older children.

Overall, the picture was a mix of those with 'clingy' 'shy' children with reduced social skills and some who benefited with quality family time especially with fathers during lockdowns. The survey suggests there is a degree of anxiety coming out of the pandemic and adjusting to previously normal stresses.[17]

[14] "Local mental health advice and help for young people in Nottingham and Nottinghamshire." Nott Alone. 2022. https://nottalone.org.uk/?a=yp
[15] "Nott Alone Metrics" Google Data Studio. August 2021 – July 2022.
[16] "Nott Alone Metrics" Google Data Studio. August 2021 – July 2022.
[17] "Covid Impact on Early Years Survey". Nottinghamshire County Council. October 2022.

Below are a selected sample of parent and professionals' mentions on the impact of COVID-19 on children's mental health:

'My teenage son has really struggled with anxiety and extra stress as he was the first GCSEs cohort to sit exams after the pandemic.'

'My eldest has really struggled with anxiety since the pandemic.'

'I think it may have made her more clingy to me and also very unsure about strangers or family and friends that she hasn't met much.'

'Some children and parents described relief from anxiety at not having to go to school.
These were mainly children who were bullied at school or had significant existing school
and social anxiety as part of autism.'

Overall Picture

In all of the CAMHS services documented in this assessment, there was an initial drop off people being assessed which is unsurprising due to the covid-19 protocols and communications to stay at home, save the NHS, save lives. However, the overall trend seems to increase possibly due to more services adapting to online and more phone assessments.

Referrals in females has always been higher than in males so it is discouraging that males dropped further increasing the inequalities in gender.

The self-harm referrals drop off since the first lockdown in contrast the data from services such as Harmless show a consistently high rates of referral, Kooth showed an increase in this reason during the latter half of 2020/21. Another team that has had a significant drop off is the Hospital liaison team, it is not clear at the moment why this is the case, those experiencing a crisis are already at risk of further harm.

Additional Findings - National Literature Review

- There has been a rise in mental health presentations during the second (05.11.2020 - 02.12.2020) and third (05.01.2021 - 08.03.2021) lockdown periods compared to the last four years.
  (Cuellar, B., Henderson, S. & Briggs, E. 2021)

- There was a concerning signal that child suicide deaths may have increased during the first 56 days of lockdown, but the risk remains low and numbers too small to reach definitive conclusions.

  (NCMD. 2020)

- Previous research has highlighted suicide risk in people with autism. It is estimated a quarter of individuals both pre and post lockdown had ASD or ADHD. Although the finding of increased risk is unconfirmed statistically, clinicians and services should be aware of the possible increase and the need for vigilance and support.

  (NCMD. 2020)

- LGBTQI+ youth may be disproportionately affected by mental health challenges associated with the pandemic owing to the loss of safe spaces and difficulties accessing health and psychosocial support services.

  (EBPU. 2020)

- Over a million young people face risks from any of the so-called 'toxic trio' of living in households with addiction, poor mental health, and domestic abuse. Moreover, there are 83,000 young people living in temporary accommodation while 380,000 are homeless or at risk of homelessness.

  (National Youth Agency. 2020).

- Adolescent carers in the UK may have experienced psychological distress owing to increased caring burden and loss of a break from their caring role. Worse outcomes were associated with poor sleep quality, attempted suicide at baseline, low social support, and a strong feeling of loneliness during the pandemic. These factors were significantly more likely to be observed among adolescent carers than noncarers.

  (Nakanishi, M., Richards, M., Stanyon, D., et al. 2022)

- A representative survey of British 13 to 19 year-olds found that, in August –September 2020: 32 per cent of young people said relationships with family or household members had improved (compared with 13 per cent who said they had got worse); and 54 per cent said lockdown had a positive impact on spending time with members of their family or household. Other possible positive impacts include children and young people feeling less anxious, safe and protected at home rather than at school e.g. bullying, exposed to covid-19 etc

  (Mental Health Foundation. 2020)

- A representative survey by the YMCA found that 93 per cent of young people in the UK aged between 11 and 16 enjoyed spending more time at home during the first lockdown.

  (YMCA. 2020)

Impact on Covid-19 on self-harm presentation and referral to services

Self-harm, the *"act of self-poisoning or self-injury… irrespective of motivation"*, is an enormous clinical and public health concern, which can have a devastating impact on the individual, family members, friends, and broader society.[18]

Nationally various voluntary organisations have reported that during the pandemic there has been a rise in support calls regarding self-harm. The Samaritans report that 22% of contacts in the previous year mentioned self-harm. Of these 35% of callers that discussed self-harm were aged under 18 compared with 7% of adults.[19] However, this behaviour does not only occur in young people, in 2019 a systematic review carried out to analyse self-harm in the elderly, one of the main conclusions were that as with younger people most cases occurred in females and increased with loneliness and isolation.[20] Whilst there were these similarities, there are also important differences, older people are more likely to repeat self-harm.

Prevalence and risk

From the Adult psychiatric morbidity survey for England, it states that under 25 year olds have the highest prevalence with males at 10% and females at 25%.[21] For ethnicity the highest prevalence is in Black/British males at 8.7% and in White British females at 9.5%. There is limited intelligence on prevalence at lower geographies. For the East Midlands the prevalence overall, 7.4%, is similar to England at 7.3%. However East Midlands males have a higher prevalence, 6.4%, is higher than the England males at 6.4%. For females in the East Midlands is similar to the England females at 8.5% and 8.9% respectively. There is no information on the statistical significance.

Previous research identifies in the first year after self-harming there is an increased risk of suicide of between x60-100 times and if self-harm was repeated this too led to an increased risk.[22] Therefore, if self-harm has increased over the pandemic, it has potentially large impact on future suicide attempts.

Self-harm services

Harmless are a charity that provides short term and long term evidence based interventions for people that self-harm, their friends and families and professionals. They are accessed by self-referral and signposting by GPs, hospital doctors, mental health nurses and other professionals such as teachers. They collect data at a Nottinghamshire, enabling assessment of any changes throughout pre, during and post-pandemic.

[18] "Self-Harm" National Institute for Health and Care Excellence. August 2020. https://cks.nice.org.uk/topics/self-harm/
[19] "Coronavirus, young people and self-harm". Samaritans. https://www.samaritans.org/about-samaritans/research-policy/coronavirus-and-suicide/one-year-on-data-on-covid-19/coronavirus-young-people-and-self-harm/
[20] Troya M, Babatunde O, Polidano K, Bartlam B, McCloskey E, Dikomitis L, Chew-Graham C. "Self-harm in older adults: systematic review" The British Journal of Psychiatry, 2019. pp.115. https://doi.org/10.1192/bjp.2019.11.
[21] "Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014." NHS Digital, 2016. https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014
[22] "Joint Strategic Needs Assessment Suicide Prevention." Nottinghamshire Insight. 2016. https://nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/suicide-prevention-2016/

The data received from harmless were a percentage of those who engaged with the surface, so may only be a tip of the iceberg of need in the County.

Gender

From a gender perspective engagement from females dropped slightly during the pandemic from nearly 74% to 73%, but in the post covid-19 time period engagement and enquiries rose to nearly 80%. In males, engagement rose from 20% in pre covid-19 time-period to 25% during covid-19, this then fell to lower than pre pandemic levels to just under 15%. Those who identified as non-binary has steadily increased from 0.25% in the pre pandemic up to 0.45% during and then to 1.36% after the pandemic.

	Female	Male	Non-Binary	Gender Not Stated
Pre-Covid-19 (Jan – Dec 2019)	73.71%	19.66%	0.25%	6.39%
During-Covid-19 (Jan – Dec 2020)	72.73%	25.00%	0.45%	1.82%
Post-Covid-19 (Jan – Dec 2021)	79.96%	14.59%	1.36%	4.09%

Figure 13. Engagements and Enquiries with Harmless Service by gender (January 2019 – December 2021).[23]

	Age: 0-17	Age: 18-25	Age: 26-40	Age: 41-50	Age: 51-59	Age: 60+
Pre-Covid-19 (Jan – Dec 2019)	32.39%	29.93%	20.07%	8.80%	6.69%	2.11%
During-Covid-19 (Jan – Dec 2020)	27.70%	34.27%	15.96%	13.62%	6.10%	2.35%
Post-Covid-19 (Jan – Dec 2021)	42.37%	31.99%	14.62%	7.42%	3.39%	0.21%

Figure 14. Engagements and Enquiries with Harmless Service by age (January 2019 – December 2021).[24]

Age has a varied journey through the pandemic. Those aged 18-25, 41-50 and 60+ years had the highest levels of engagement and enquiries during the pandemic. Whereas 26-40 and 51-59 years gradually decreased during this time period. The only age group that had lower engagement through the pandemic than post pandemic was the 0–17-year-olds, with post pandemic approximately 10% higher. With the closure of schools during this time the under 18s may have spent more times with their families which can be a protective factor.[25] The 18-25 and 41-50 year age group saw an increase of around 5% during the pandemic.

Secondary care admissions for self-harm including emergency admissions

The Office for Health improvement and disparities (OHID) fingertips tool includes two standard metrics around self-harm which can be examined at District or County level. To get the most up to data for these indicators these can be recreated using Hospital Episode statistics (HES).

[23] *Engagements and Enquiries with Harmless by gender.* Harmless. January 2019 – December 2021.
[24] *Engagements and Enquiries with Harmless by age*. Harmless. January 2019 – December 2021.
[25] "Joint Strategic Needs Assessment Self Harm". Nottinghamshire Insight. 2019. https://nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/self-harm-2019/

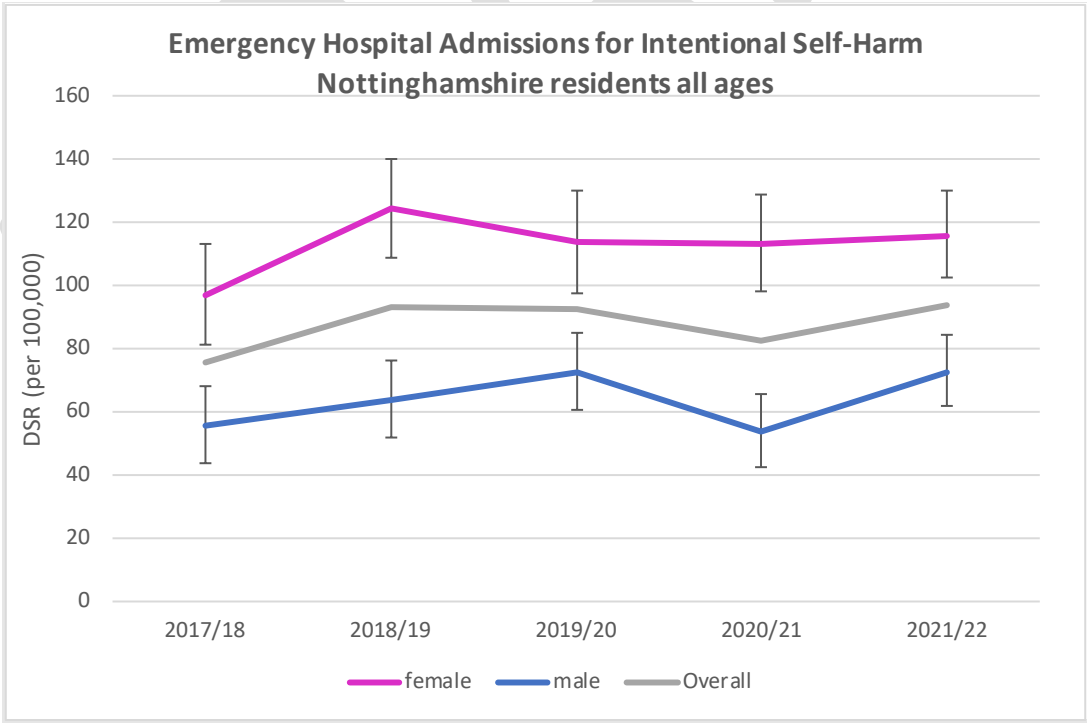
Emergency admissions for intentional self-harm

Approximately 99% of hospital admissions (all ages) for intentional self-harm are emergencies and as mentioned previously there is a significant and persistent risk of future suicide following an episode of self-harm. [26] However, it excludes that have a zero length of stay and regular attenders.

For the year 2019/20 there were around 1,500 admissions which equated to a directly standardised rate of 200 per 100,000 population. Up until this time the rate had been steady but after then there were two consecutive drops totalling around 25%, the DSR went from 192 per 100,000 in 2019/20 to 172 in 2020/21 to 149 in 2021/22. Over this three-year period rates were higher in Mansfield, Ashfield and Newark and Sherwood and lower in the southern Boroughs (Rushcliffe, Gedling, Broxtowe). All areas bar Ashfield and Bassetlaw have shown a year on year drop-in rates.

Females had the highest rates of emergency self-harm admissions; 2018/19 females' admission rates were approximately twice that of males. Rates were at their lowest in 2020/21 at which point rates in males started to increase reducing the gap to the female rate but remained significantly lower.

The most deprived quintile (figure 16) had significantly the highest rates of admissions year on year however these showed decreases from 2019/20 onwards. The three least deprived quintiles had significantly fewer emergency admissions year on year compared with the most deprived quintile.



[26]"Fingertips Public Health Data – Emergency Hospital Admissions for Intentional Self Harm". Office for Health Improvement & Disparities. April 2021 – April 2022. Public health profiles - OHID (phe.org.uk)

Figure 15. Emergency Hospital Admissions for Nottinghamshire residents for Intentional Self-harm (2017 – 2022).[27]

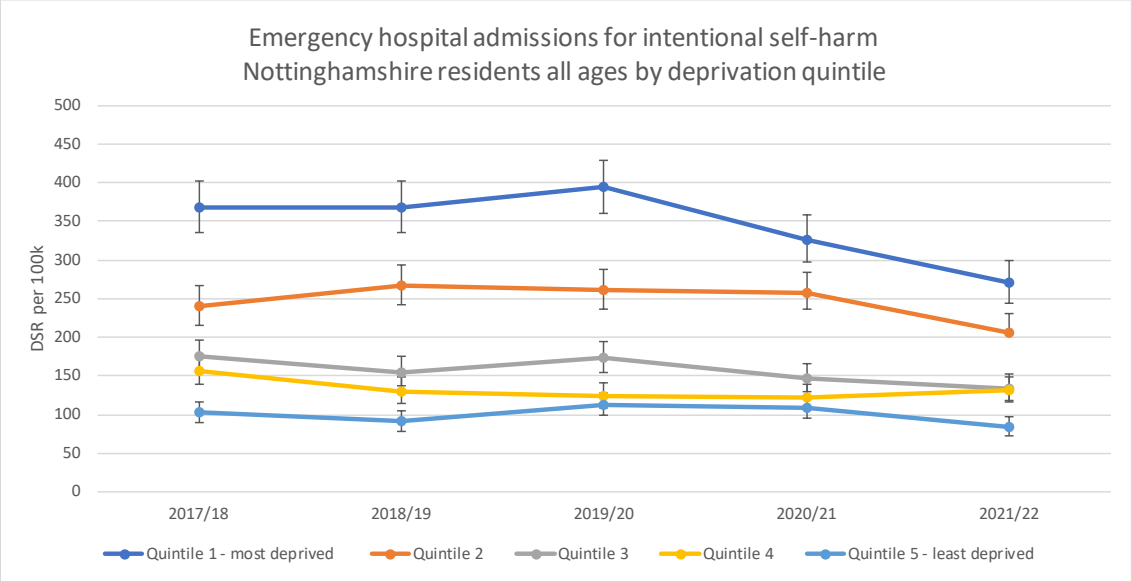


Figure 16. Emergency Hospital Admissions for Nottinghamshire residents for Intentional Self-harm by deprivation (2017 – 2022).[28]

Whilst some ethnicity data is available, a large proportion of ethnicity data was incomplete or 'not stated' which makes interpretation in 'non white' ethnicities inappropriate.

Hospital admissions as a result of self-harm (10-24 years)

This metric does not measure how many people have been admitted but how many admissions have been made, therefore some people may have been admitted multiple times.

Rates of self-harm admissions were significantly higher in 15-19 and 20-24 year age females from 2019/20 onwards. Before COVID-19, males had significantly fewer admissions than all the females. However, females aged 10-14 showed a noticeable drop in 2020/21 and remained not significantly higher than males aged 15-24 years.

[27] "Fingertips Public Health Data – Emergency Hospital Admissions for Intentional Self Harm." Office for Health Improvement & Disparities. April 2021 – April 2022. Public health profiles - OHID (phe.org.uk)

[28] "Fingertips Public Health Data – Emergency Hospital Admissions for Intentional Self Harm." Office for Health Improvement & Disparities. April 2021 – April 2022. Public health profiles - OHID (phe.org.uk)

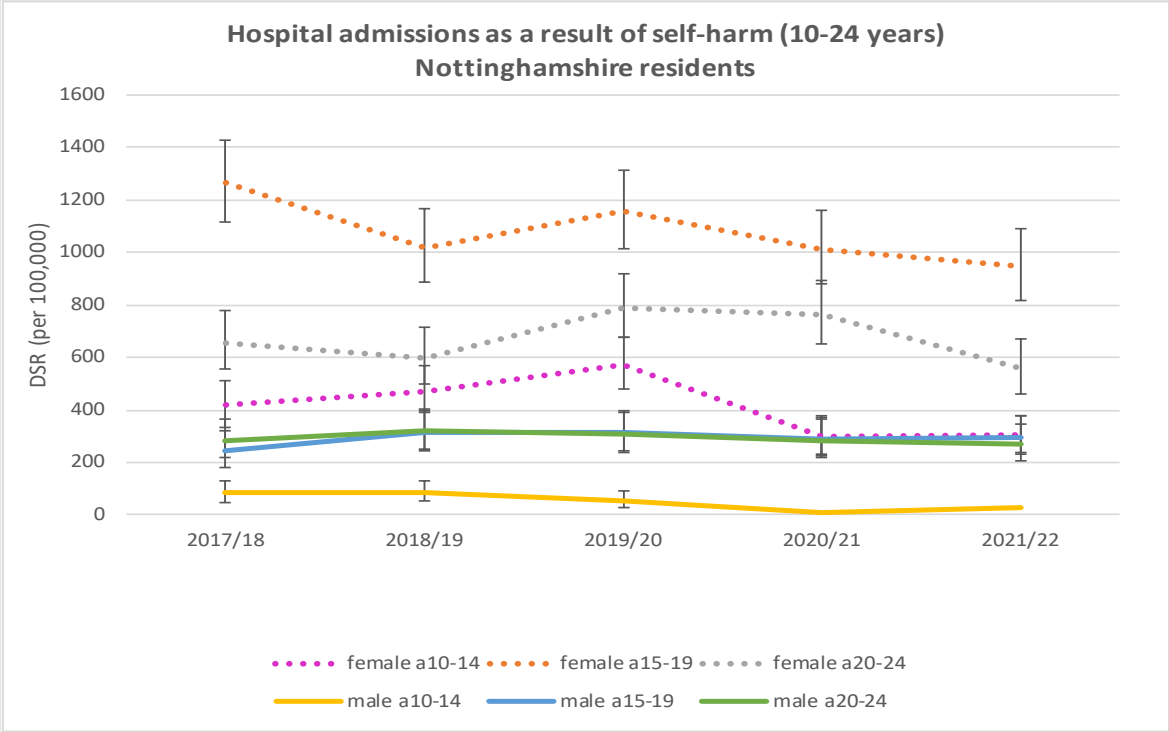


Figure 17. Hospital Admissions for Nottinghamshire residents (10 – 24 years old) as a result of self-harm (2017 – 2022).[29]

Self-harm – Overall picture

The self-harm support service Harmless shows that there are gender inequalities and that genders experienced different impacts of the pandemic. The biggest changes are from during to post-pandemic, females and non-binary genders presented less during the pandemic and the re-opening lead to increased presentation. Whereas in males it was the reverse.

Self-harm emergency admissions (all ages) show a slightly different picture with females continuing from before COVID-19 as a steady high rate through to the most recent data, males however, increased narrowing the gender inequality gap. In children and young people admissions dropped.

During lockdowns children were around their families more, whereas all age category may include more adults who were living on their own. The CAMHS services also saw a drop in children and young people with self-harm referrals.

[29] "Fingertips Public Health Data – Emergency Hospital Admissions for Intentional Self Harm." Office for Health Improvement & Disparities. April 2021 – April 2022. Public health profiles - OHID (phe.org.uk)

Additional Findings - National Literature Review

- Increase in young people using self-harm as a coping mechanism (new & returning).

  (Samaritans. 2021)

- There has also been an increase in the number of young people reporting self-harm in surveys of the general population, especially older girls. These increases in self-harm have been paralleled by increases in suicide in older teenagers (15–19-year-olds), rising from 4.1 to 6.7/100,000 between 2010 and 2018.
  (Ougrin, D. 2020)
- There needs to be a challenge to the perception "that self-harm does not happen to older people" – a study found that over-65s who hurt themselves were about 150 times more likely to die by suicide than adults who had not - and that was about three times higher than young people who hurt themselves. The self-harm organisation Harmless, which supports individuals ranging from young children to those in their 80s, describes over-65s as a "forgotten" group.

  (BBC. 2021)

- Individuals from ethnic minority communities have also reported more thoughts of death or self-harm. The levels are the highest since the start of the first lockdown and were still rising by the end of January 2021. In addition to experiencing one of the greatest increases in loneliness and higher levels of anxiety and depression symptoms, individuals from ethnic minority communities have also reported more thoughts of death or self-harm.
  (The Health Foundation. 2021).

- service users from BAME backgrounds are showing higher levels of self-harm, suicidal thoughts, depression, and anxiety than white service users compared to the same time period in 2019. Specifically, suicidal thoughts among BAME youth increased by 27 per cent under lockdown; depression increased by 9 per cent; self-harm concerns were up by 30 per cent on previous year; anxiety and stress have seen an 11 per cent increase among BAME young people who also experienced a 27 per cent increase in issues around family relationships.

  (KOOTH. 2020)

- Despite concerns about a steep rise in suicide during the pandemic, the most up-to date research, covering a subset of the population only, does not indicate an escalation in suicide figures (this also tallies with international data).

  (GOV.UK. 2021)

- Worldwide, older adults have higher rates of suicide than the general population and these risks are especially pronounced in older white males and individuals with psychiatric disorders, chronic health problems, and/or those who are socially isolated. The COVID-19 pandemic is an unprecedented stressor that has necessitated significant changes to daily life.

  (Julia L Sheffler, PhD, Thomas E Joiner, PhD, Natalie J Sachs-Ericsson. 2021)

Loneliness and isolation

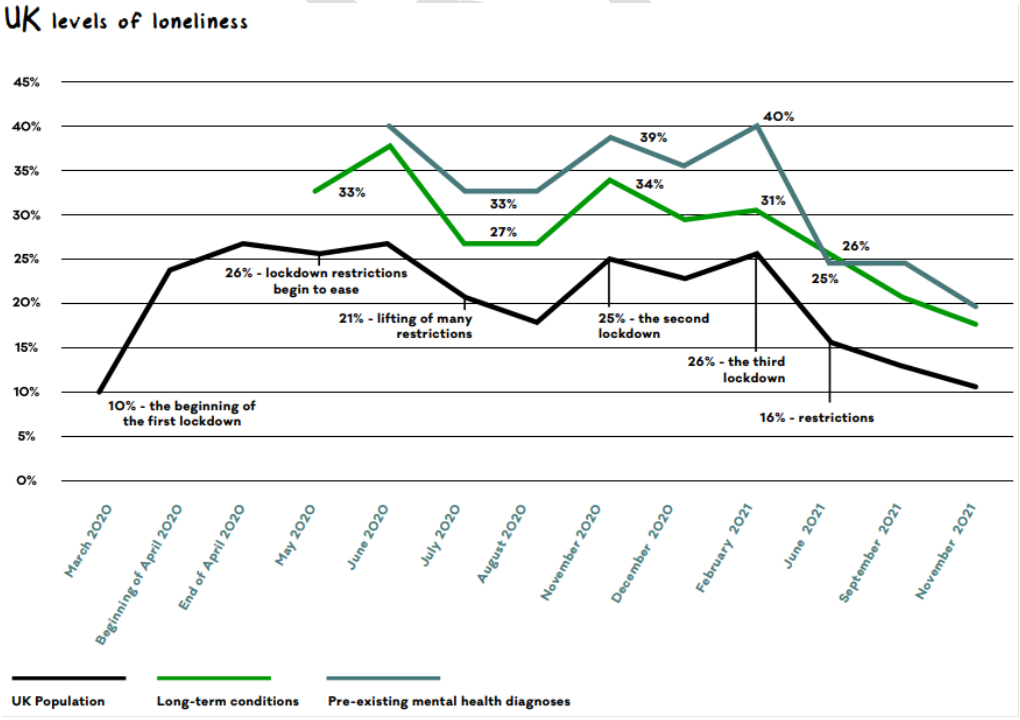
The words “loneliness” and “social isolation” are often used interchangeably, but loneliness is not the same as social isolation. People can be isolated (alone) yet not feel lonely. People can feel lonely and yet be surrounded by people. The difference between these two concepts is important for the design of services and support for older people.

Whilst everyone can feel lonely there are some risk factors that will increase the likelihood of more severe loneliness that can affect people’s mental health.

These include being:

- Widowed, single or living alone
- Living in rented accommodation
- Unemployed or low income
- Between 16 and 24 years old
- A carer
- From an ethnic minority community
- LGBTQ+
- Having a long-term health condition or disability including illnesses such as depression or anxiety. [30]

During the pandemic those with pre-existing mental health diagnoses generally had the highest levels of loneliness. Although for the UK by November 2021 levels were approaching the level before the first lockdown. The periods that showed the highest levels of loneliness were during lockdowns, those with long-term conditions or pre-existing mental health conditions endured loneliness of 9-14% higher than those of the general population.



[30] *Loneliness and Mental Health report – UK.* Mental health Foundation. 2022. https://www.mentalhealth.org.uk/our-work/research/loneliness-and-mental-health-report-uk

Figure 18. Levels of loneliness in the UK (March 2020 – November 2021).[31]

Loneliness in Nottinghamshire

Nottinghamshire

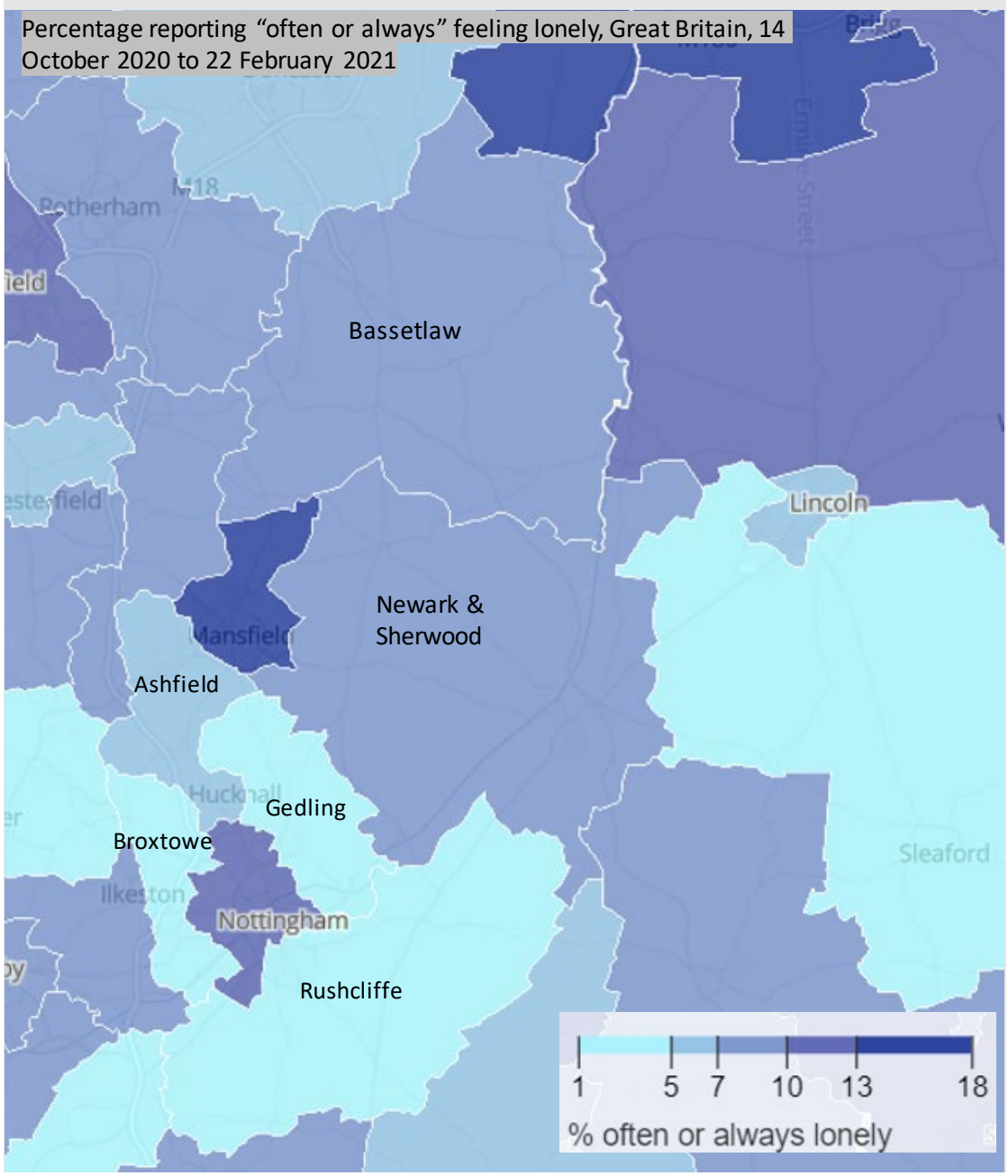


Figure 19. Map of residents reporting feeling often or always lonely in Nottinghamshire (Oct 2022 – February 2021).[32]

[31] "Levels of loneliness in the UK" Mental Health Foundation. March 2020 – November 2021.
[32] "Opinions and Lifestyle Survey" Office for National Statistics. October 2022 – February 2021. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07

The opinions and lifestyle survey collected data on how lonely people felt. In Nottinghamshire the level of loneliness broadly corresponds to levels of deprivation, the most deprived areas have higher levels of loneliness.[33]

The Office for Health Improvement and Disparities published the wider impact of covid-19 on health (WICH) tool, this contains information about how many people described being often lonely and breaks it down by demography and income, employment, and tenure of housing.[34]

When it comes to gender generally women are often lonely more than men and throughout the pandemic it increased up to the winter of 2020/21 and after which it started to decrease which coincided with the beginning of vaccinations and lifting of restrictions. When it came to age it was the younger ages that experienced loneliness, again peaking in the winter of 2020/21.

Those with underlying health conditions experienced some of the highest levels of loneliness and according to the opinions and lifestyle survey this continued to increase into the summer of 2021.

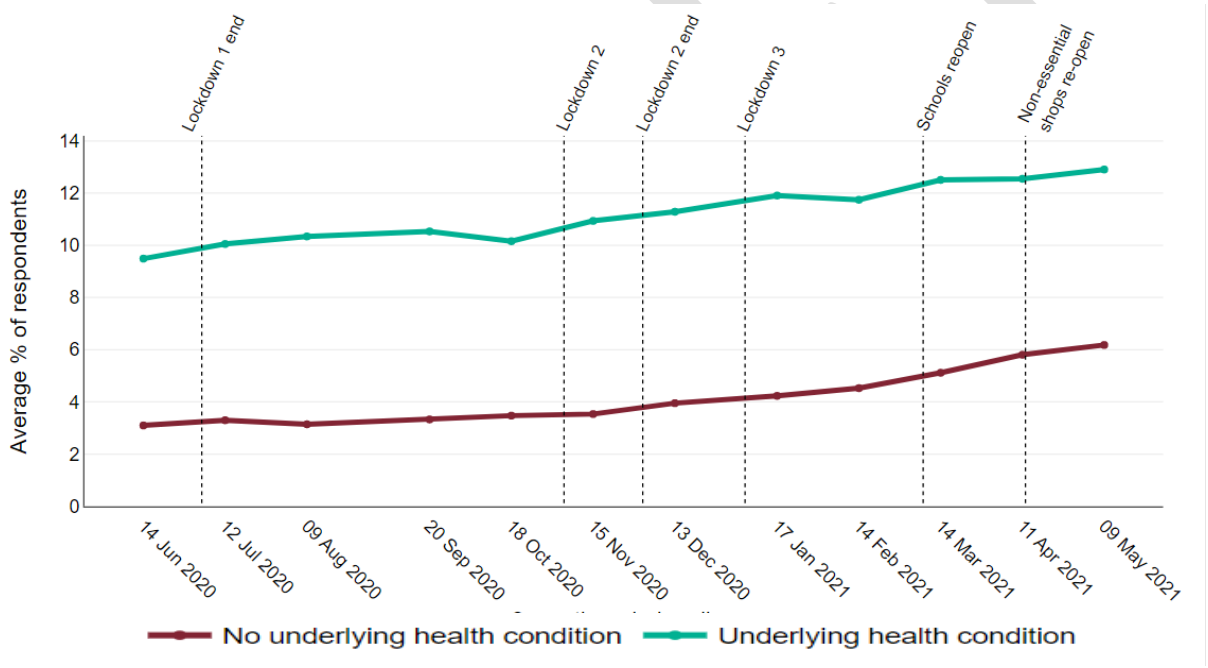


Figure 20. Respondents who reported feeling often lonely and underlying health conditions (June 2020 – May 2021).[35]

When looking at ethnicity it seemed that loneliness varied over the pandemic in no pattern, except for those of mixed ethnicity who demonstrated a peak of loneliness in the summer of 2021 which was when restrictions were fully eased.

[33] Ibid.
[34] "Wider Impacts of COVID-19 on Health (WICH) monitoring tool". Office for Health Improvement and Disparities. https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/
[35] "PHE / OHID analysis of Opinions and Lifestyle Survey Data" Office of National Statistics.

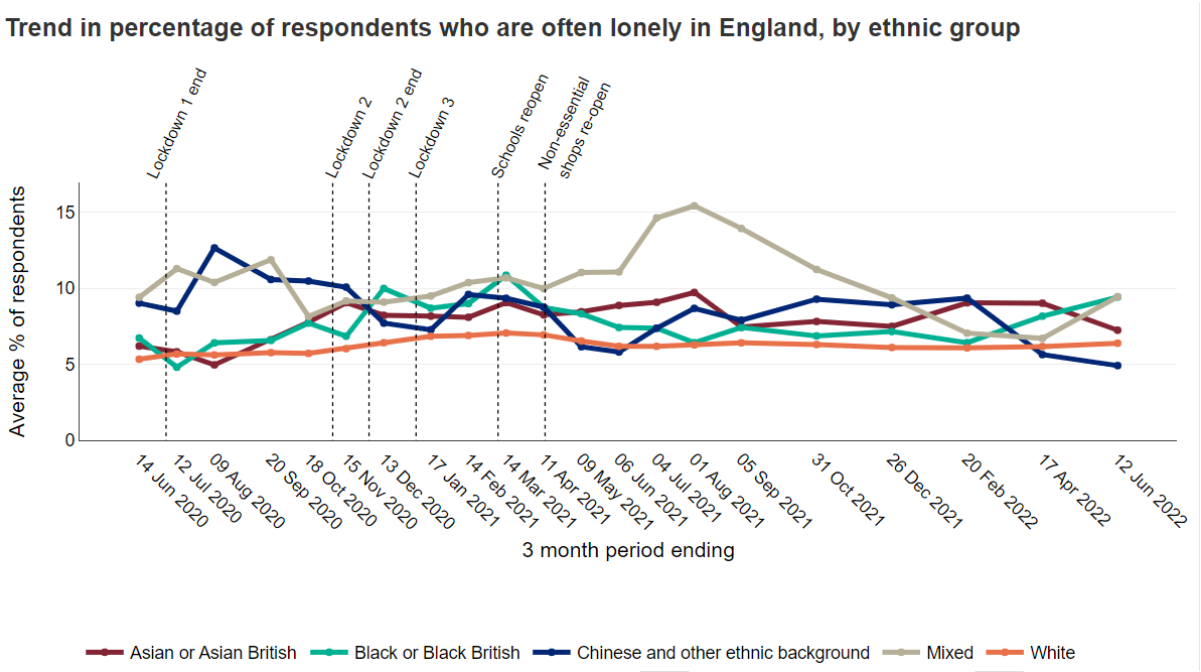
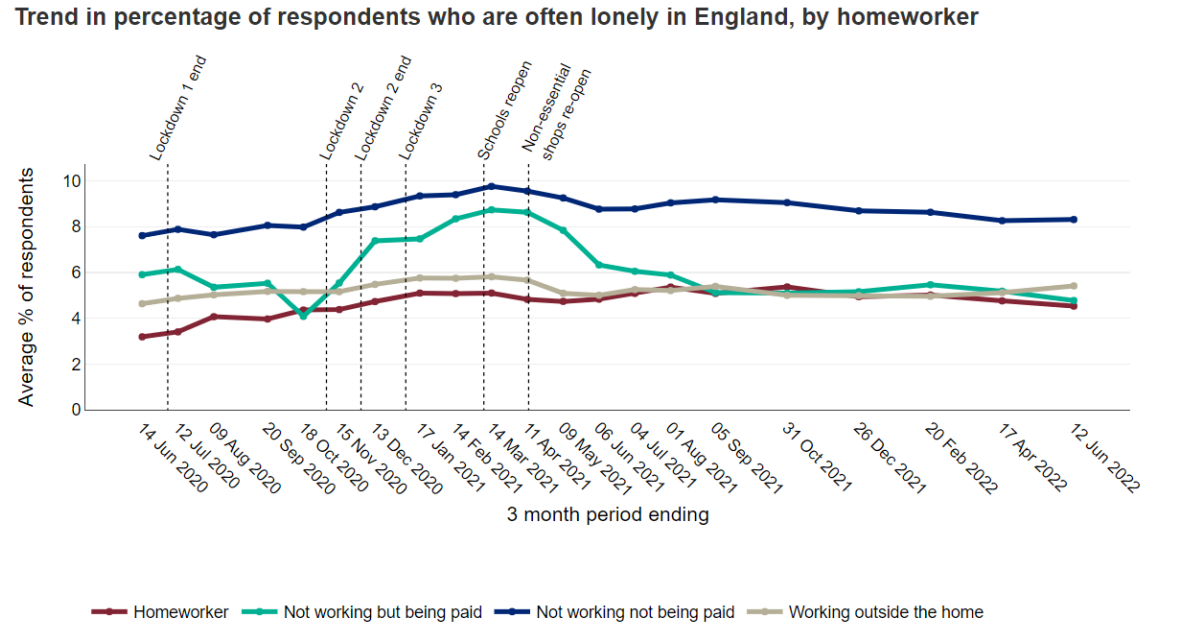


Figure 21. Respondents who report feeling often lovely by ethnic group (June 2020 – June 2022).[36]

When it comes to income the lower income groups experience higher levels of loneliness, most income groups showed an increase in levels of loneliness through 2020 but after those levels have remained stable since. For employment those working at home had the lowest levels of loneliness although the percentage of these did increase through 2020 and 2021. Understandably those who received no income had higher levels of loneliness. Those not working but being paid, mostly those on furlough, had a large increase in levels of loneliness over the end of 2020 and the first half of 2021 which covers most of the second and third lockdown periods and did not drop until restrictions began to be fully lifted.



[36] Ibid.

Figure 22. Respondents who report feeling often lonely by working arrangements (June 2020 – June 2022).[37]

When it came to accommodation the standout group most affected by high levels of loneliness is those who rent their homes, at times during the pandemic their loneliness levels were 2-3 times other homeowners.

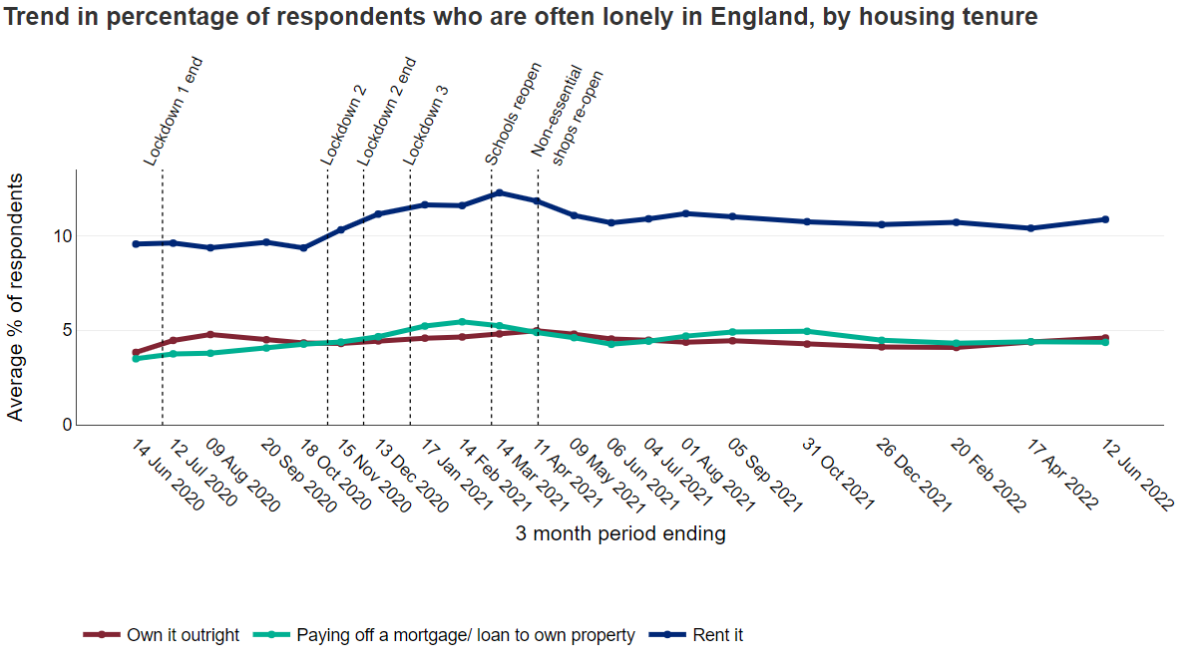


Figure 23. Respondents who report feeling often lonely by housing (June 2020 – June 2022).[38]

Active Lives Survey (Nottinghamshire)

For adults (16+) that reported that they felt often/ always lonely or some of the time lonely, more reported feeling this way between November 19/20 to November 20/21.Numbers of those that reported feeling hardly ever or never lonely in November 2019/20 reduced by November 2020/21 suggesting that over the pandemic period adult's loneliness increased.

For Children (Secondary School Year 7 to 11, ages 10 to 16) that reported feeling often/always lonely there was a slight increase between 2019/20 and 2020/21 (academic years) whereas numbers of those reporting never or hardly ever lonely increased from 38% to 40.8%. This could indicate a polarising effect over time increasing the inequality.

Other results from this survey included girls feeling lonelier than boys. In 2020/21 feeling lonely often/always or sometimes girls at 44% were 18% more so than boys 26%. For those feeling lonely never or hardly ever boys reported 55% and girls 28%. Both boys and girls showed an improvement in loneliness from 2019\20 to 2020\21 (never/hardly ever). Children also had higher levels of feeling lonely often/always or sometimes than adults. Other factors such as ethnicity, disability or deprivation had limited data so no conclusions could be drawn.

[37] Ibid.
[38] Ibid.

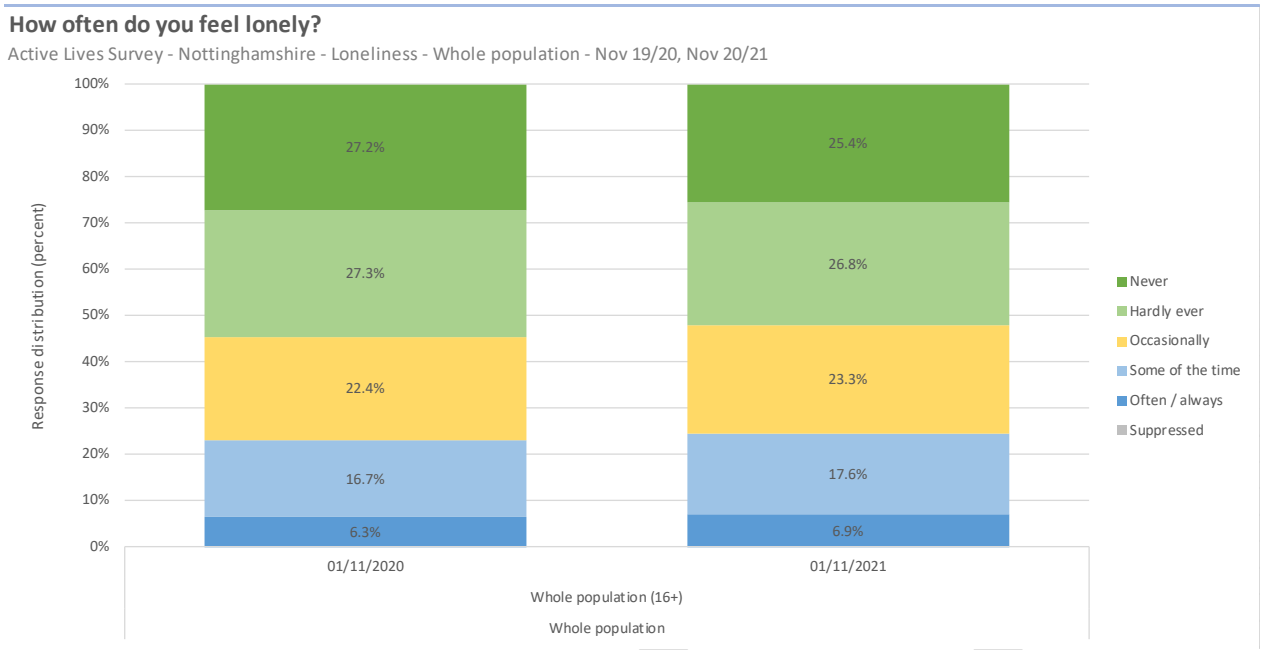


Figure 24. Respondents reporting on how often they feel lonely in Nottinghamshire (November 2020 – November 2021).[39]

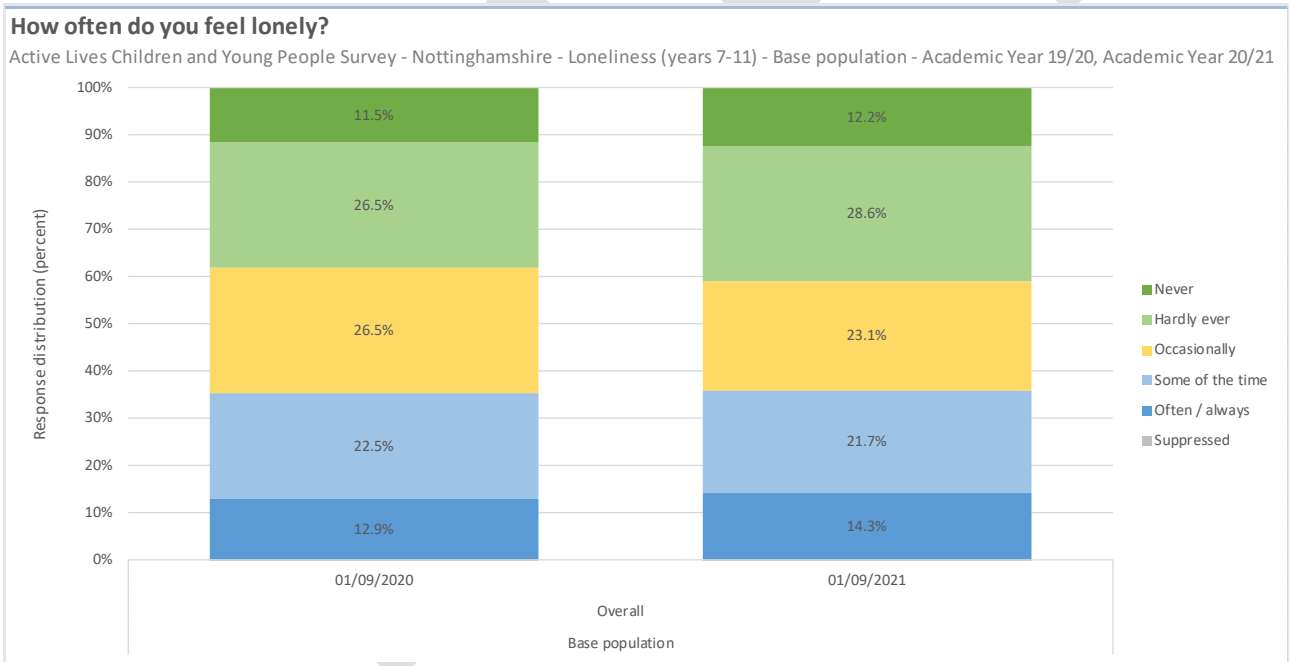


Figure 25. Children and Young People reporting on how often they feel lonely in Nottinghamshire (September 2020 – September 2021).[40]

Overall picture

The opinions and lifestyle survey does not particularly pick up loneliness and isolation in older people except for where they may be widowed or divorced, or have long term conditions or low incomes, perhaps this suggests age, in itself, is not an indicator of loneliness and isolation. As a result of the pandemic charities which help older people to manage and alleviate feelings of loneliness had to transform. Telephone befriending schemes normally

[39] "Active Lives Survey" Sport England. November 2020 – November 2021.
[40] "Active Lives Children and Young People Survey" Sport England. September 2020 – September 2021.

continued but face to face services often had to be suspended or switched to an online or telephone service. For many older people the digital option was very positive and enabled them to keep in touch with friends and join online groups and activities. But for a significant proportion of people who were unable to go online the pandemic excluded them from for meaningful contact. Among those aged over 75, two out of five (39%, around 2.1 million) do not use the internet.[41]

Digital exclusion appeared to be quite important in connecting during the pandemic, which may be why those in lower income groups and with long term conditions and pre-existing mental health conditions report feeling lonelier and more isolated that other demographic groups.

For younger people, they also had a feeling of missing out on their social lives and connecting at school, contributing to their feelings of loneliness and isolation.[42]

Loneliness goes hand in hand with mental illnesses such as depression this could produce an extra load on mental health services, loneliness peaked during lockdowns.

[41] "Dataset: Internet Users." Office for National Statistics. April 2021. https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/datasets/internetusers
[42] "Official Statistics – Compliance with Coronavirus (Covid-19) guidelines." National Government. April 2021. https://www.gov.uk/government/statistics/compliance-with-coronavirus-covid-19-guidelines

Additional Findings - National Literature Review

- Even before the COVID-19 pandemic, social isolation and loneliness were so prevalent in Europe, the USA and China, that it has been termed a 'behavioural epidemic'.
- According to the Office for National Statistics the majority of deaths involving COVID-19 have been among people aged 65 years and over - It is possible that the effects of social isolation will be more harshly experienced by this age group as a result of losing, either temporarily (e.g., admission to hospital) or permanently (e.g., death) friends or family in the same age group.
- Social isolation is going to have an immediate impact on mental health, including anxiety, caused by concerns about the outbreak, possible illness, and loneliness caused by self-isolation and social distancing. Over the longer-term it is also anticipated there will be other mental health problems, including PTSD, depression, increased risk of suicide and self-harm, and grief caused by bereavement.
  (Vrach, I. T. & Tomar, R. 2020)
- Areas with a higher concentration of younger people and areas with higher rates of unemployment tended to have higher rates of loneliness, especially working age young adults living alone.
  (ONS. 2021)
- Adults most at risk of being lonely, and increasingly so over this period, have one or more of the following characteristics: they are young, living alone, on low incomes, out of work and, or with a mental health condition. Research also found that risk factors for loneliness were near identical before and during the pandemic. Young adults, women, people with lower education or income, the economically inactive, people living alone, and urban residents had a higher risk of being lonely. Further, being a student emerged as a higher risk factor during lockdown than usual.
  (LGA. 2020)
- There are barriers preventing people from connecting – such as a lack of accessible green spaces, parks and gardens, public toilets, playing areas, local bus services, and ramps for people with disabilities. Too many people face barriers to digital connection as a result of lack of access to mobile technology and the internet, as well as a lack of digital skills and confidence. Poorly designed or unsuitable housing and neighbourhoods can make it hard for people to meet each other, maintain social connections and develop a sense of belonging. Some communities and groups were highlighted as facing particular disadvantage in relation to transport and mobility.
  (APPG. 2021)
- Nearly half of people with a learning disability (47%) said the pandemic had made them feel lonelier. However, for many people with a learning disability, feeling lonely did not end with the lifting of lockdown restrictions and the return to everyday life.
  (HFT.2021)
- Damaging impact that the loss of social and family contact is having for people with dementia. Social stimulation and regular face to face contact with loved ones not only helps people living with dementia to feel secure and improve anxiety and mood, but also helps them to maintain basic cognition and communication skills and maintain independence.
  (The Alzheimer's Society. 2020)
- Autistic people were 7 times more likely to be chronically lonely than the general population; and 6 times more likely to have low life satisfaction.
  (National Autistic Society. 2020)

Marginalised groups

This section includes some marginalised groups such as inclusion health groups, which is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, people in contact with the justice system.

People in these groups tend to have very poor health outcomes, often much worse than the general population. This contributes considerably to increasing health inequalities. Poor access to health and care services and negative experiences can also be common for these marginalised groups due to barriers which are often related to the way services are delivered.

By the very nature of the barriers, it is difficult to obtain information to help understand the impact of COVID-19 on these groups. Groups such as the Gypsy, Roma and Traveller community has very little information collected on them as neither the NHS nor OHID counts them as a specific ethnicity so they can remain hidden.

Serious mental illness (SMI)

The phrase severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. SMI in England is slightly more prevalent in males and much more prevalent in those in 34-74 years old and it increases with increasing deprivation. [43]

Knowing how covid-19 has impacted on the incidence of SMI can inform us on how this could affect the prevalence going forward and any additional needs required. For local information eHealthscope accesses GP systems and can produce GP recorded incidence data over time amongst other metrics such as A&E attendances.

General practice incidence over the last five years shows an increase in females in Nottinghamshire and Bassetlaw ICS during the pandemic (2020/2021) but has started to tail off, males have decreased incidence from 2019.

The prevalence of persons with SMI that are recorded on GP disease registers is recorded as a quality outcome framework (QOF) measure, which is the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.

This covers all ages and is not split down any further. From the QOF prevalence below Nottinghamshire ICB tends to trend similarly to England although significantly offset by approximately 0.2% lower, however, Nottinghamshire's prevalence is starting to show an upward movement into 2021/22 whereas England's does not.

[43] "Research and analysis - Severe mental illness (SMI) and physical health inequalities: briefing" National Government. September 2018. https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing

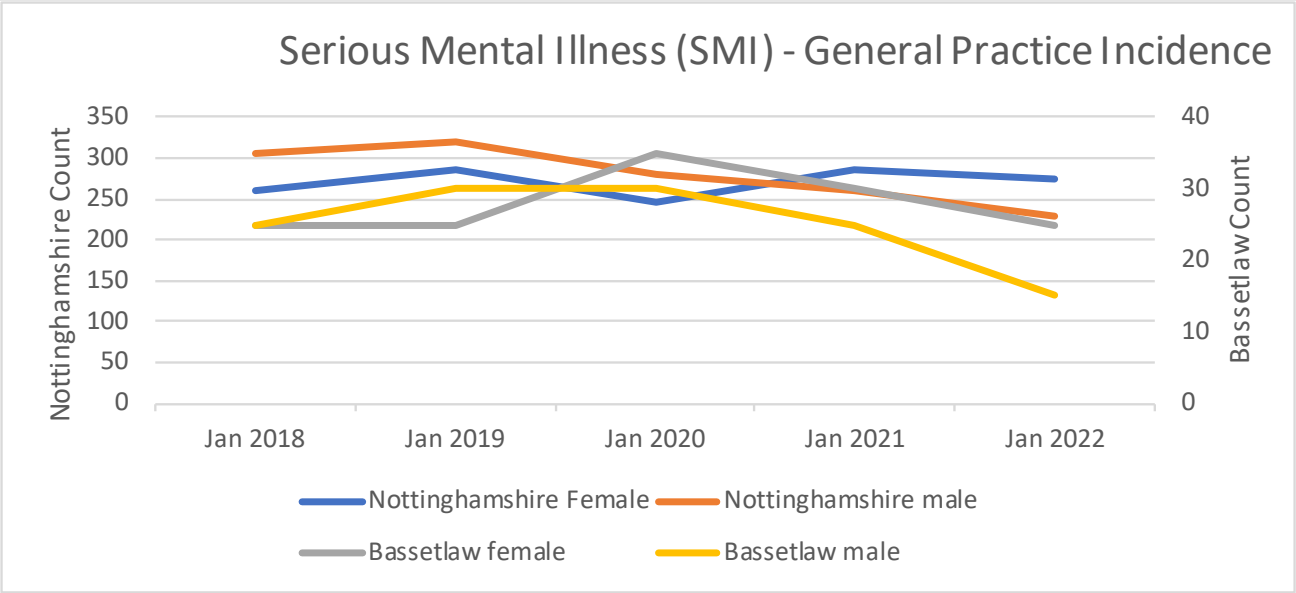


Figure 26. Number of general practice incidence relating to serious mental illness in Nottinghamshire (January 2018 – January 2022).[44]

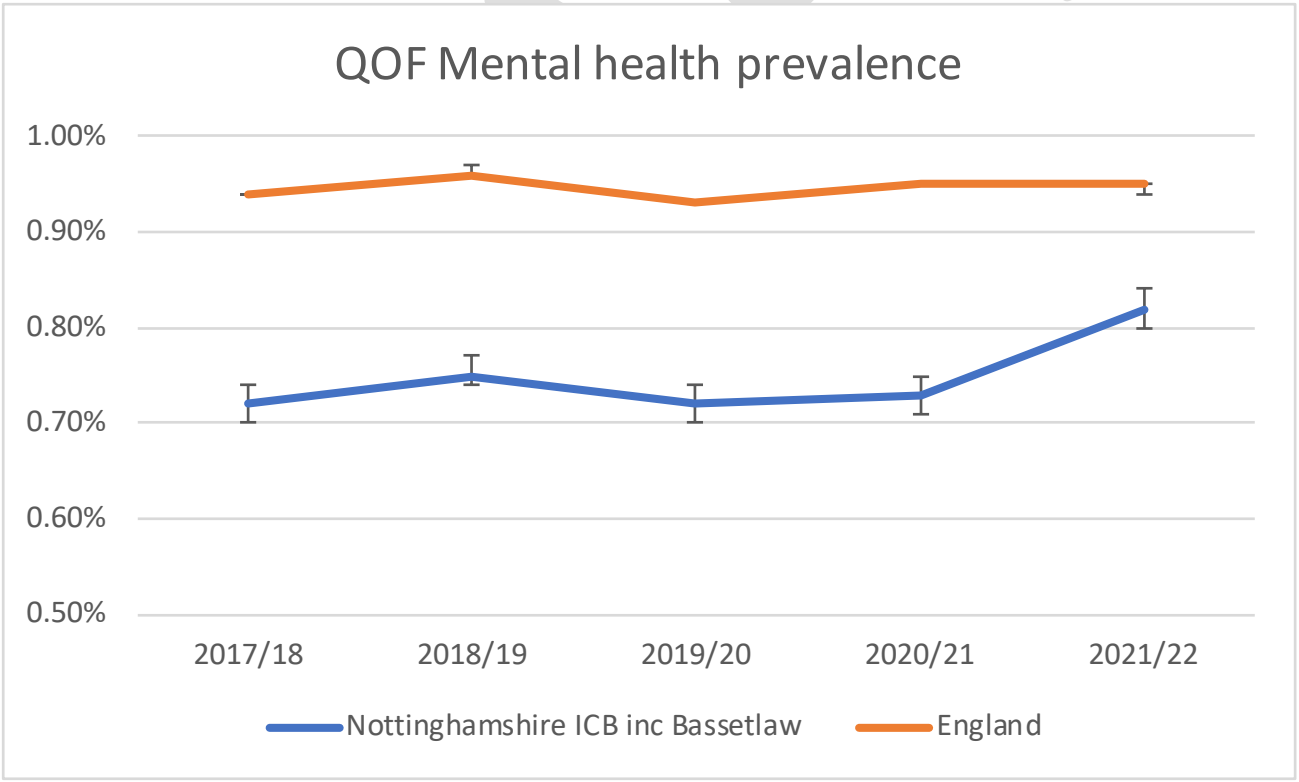


Figure 27. prevalence of persons with SMI that are recorded on GP disease registers in Nottinghamshire compared to England (2017 – 2022).[45]

Persons with SMIs were clearly affected by COVID-19 and lockdowns when it came to A&E attendance. During the first lockdown there were no recorded attendances at A&E by this

[44] *Number of general practice incidence relating to serious mental illness in Nottinghamshire*. Ehealthscope. January 2018 – January 2022.
[45] *Prevalence of persons with SMI recorded on GP disease registers as a quality outcome framework (QOF) measure in Nottinghamshire compared to England*. NHS digital. 2017 – 2022.

group. Attendances only slightly increase over the end of 2020 but around spring of 2021 attendances increased from around 100 to 600 per month and remained around 500 for most of 2021. It has been suggested that as GP appointments were hard to obtain for this group that they attended A&E instead. Gradually as things began to open numbers have begun to stabilise in the region of 400.

When broken down by gender the pattern and numbers show very similar trends.

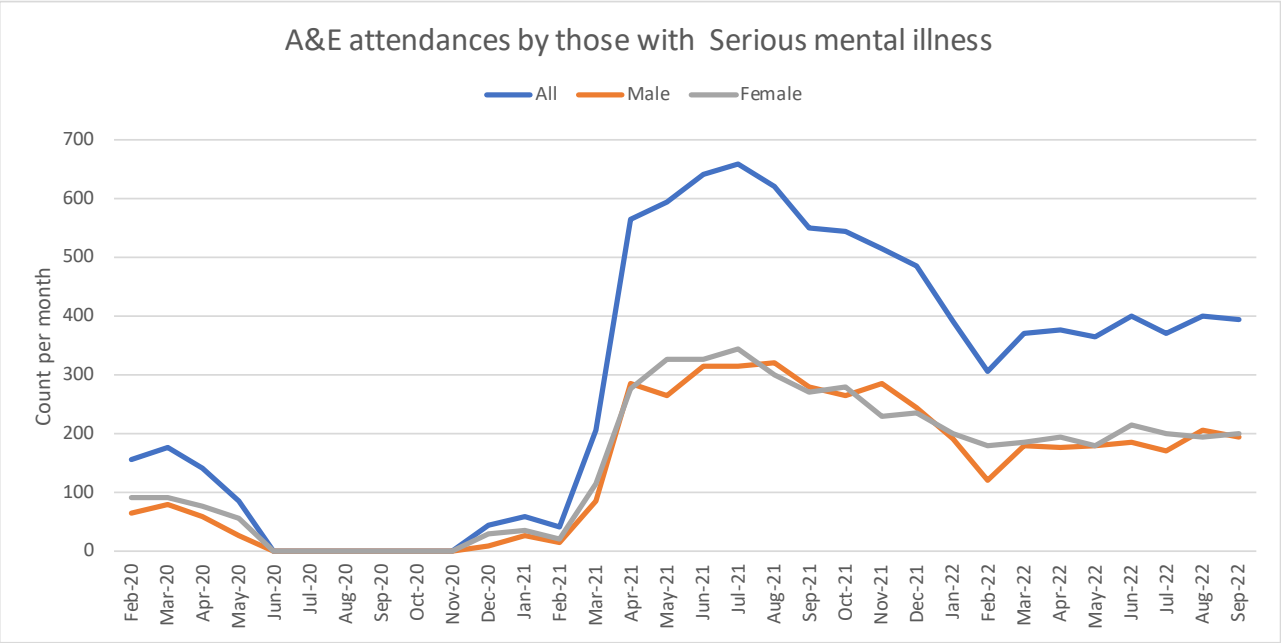


Figure 28. Counts of Accident and Emergency attendances by residents with serious mental illness (February 2020 – September 2022).[46]

Homelessness

People who are homeless can be considered one of the inclusion health groups and are likely to have multiple barriers when seeking help to access services. Homelessness can include unintentionally homeless, sofa surfers as well as rough sleepers

During the early days of covid-19 the 'Everyone in' campaign aimed to getting rough sleepers into accommodation to help them during the days of the first lockdown. By the end of the first lockdown this was rolled back and depended on the judgment of individual local authorities. Official guidance suggested that only those who were considered 'extremely clinically vulnerable should have a legal 'priority need' for accommodation.

Local authorities have a duty to prevent homelessness. Where a local authority is satisfied that an applicant is threatened with homelessness and eligible, it must take reasonable steps to help the applicant secure accommodation. For Nottinghamshire housing is dealt with at District level. Assessment of vulnerability due to mental health problems will require co-operation between housing authorities, social services authorities, and mental health agencies. Housing authorities should consider carrying out joint assessments or using a

[46] *Counts of Accident and Emergency attendances by residents with serious mental illness*. Ehealthscope. February 2020 – September 2022.

trained mental health practitioner as part of an assessment team.[47] This information is collected by the Department for Levelling Up, Housing & Communities on a quarterly basis.

Over the period of the first lockdown and beyond the number of households that were covered by the history of mental health need varied considerably depending on which District in which they lived. Bassetlaw had the highest number of households owed a homelessness duty, six months before the first lock they had around 50 households, during 2020/21 this dropped to around 25-30 households, but the following winter increased again. Most of the other Districts

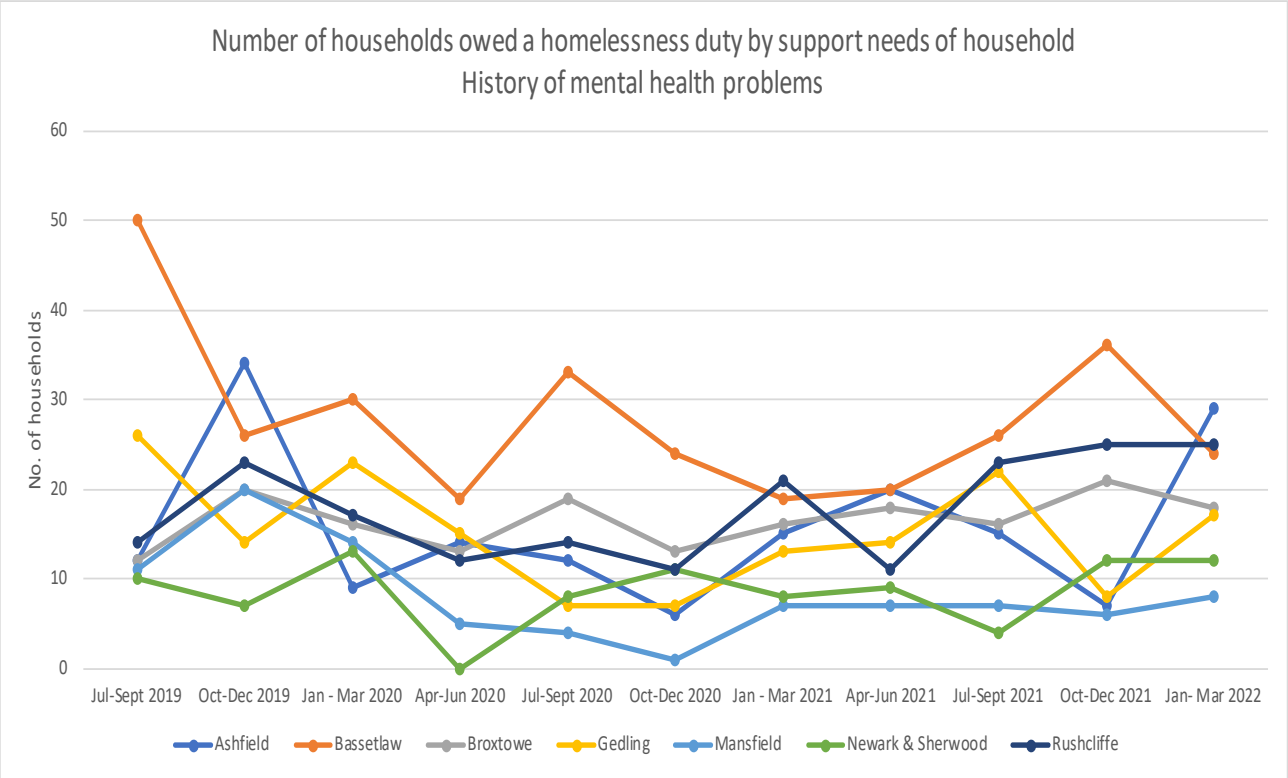


Figure 29. Number of households owed a homelessness duty and support needs with a history of mental illness (July 2019 – March 2022).[48]

followed a similar pattern. However, it is not clear about the impact on individuals' mental health. These are relatively small numbers of households involved so it should be interpreted with caution.

Framework are a charity who provide housing support in Nottinghamshire. They periodically collect self-reported mental health disability in their homeless clients. There has been a nearly 10% increase in reporting of mental health disability between Apr-Sept 2019 to Apr-Sept

[47] *Homelessness code of guidance for local authorities*. National Government. February 2018 https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-8-priority-need

[48] *Households that had a history of mental health needs owed a homeless duty by their local authority due to their support needs – Quarterly Reporting*. Department for Levelling Up, Housing & Communities. July 2019 – March 2022.

2021. Although an increase over 3 years cannot be definitively attributed to Covid-19, it is a possible impact.

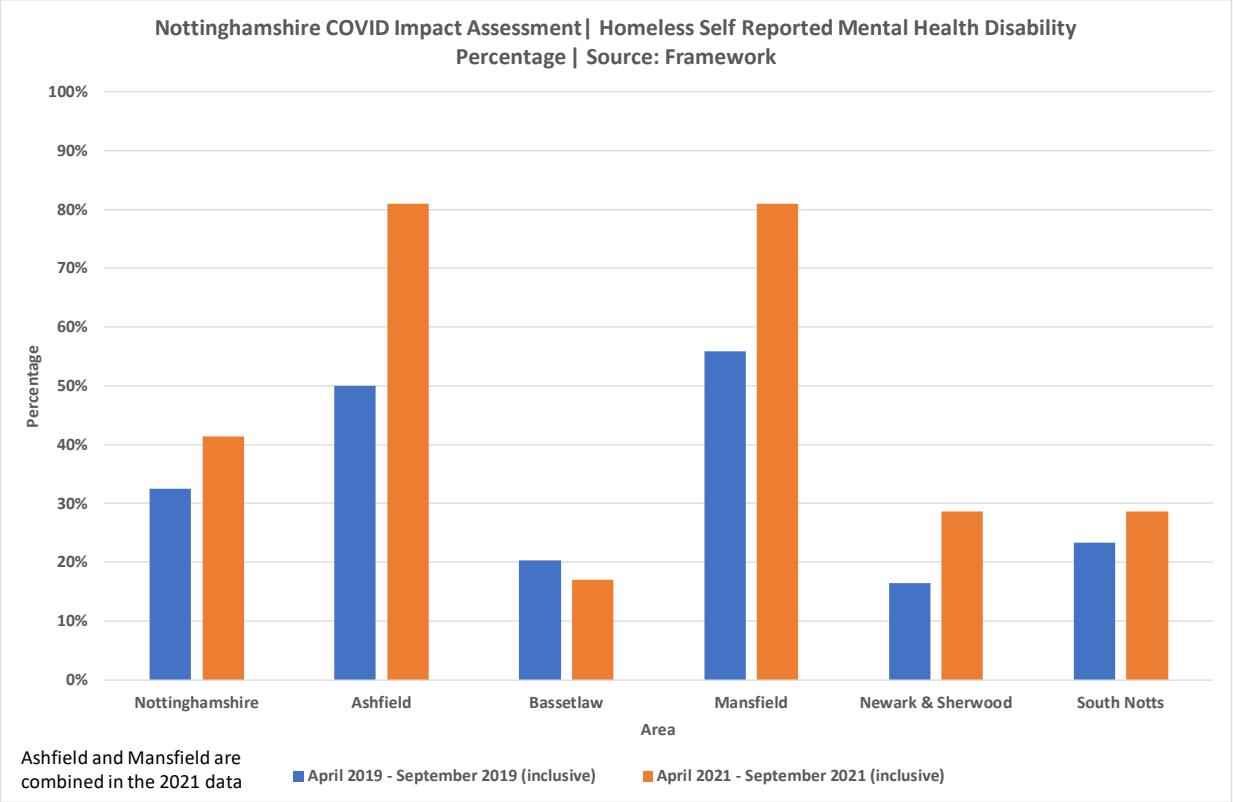


Figure 30. Self-reported mental health disability by homeless residents.[49]

Gypsy, Roma travellers and other transient inclusion groups

Gypsy, Romany, and Traveller communities are known to face some of the starkest health inequalities in the UK, with estimated life expectancies between 10 and 25 years shorter than the general population. [50]

Many people from Romany and Traveller communities have low literacy levels including digital literacy, services not offering accessible information and support can be a major barrier to accessing healthcare. [51] Within the context of COVID-19, the move towards digital-first service delivery has exacerbated this. Especially as many live in overcrowded accommodation and lack privacy to access services even if they could get online.

Gypsy and Traveller communities are widely recognised to be more likely than the general population to be facing a variety of social risk factors, or wider determinants, of poor mental health, including, poverty, unemployment, lower educational attainment, insecure or lack of culturally appropriate accommodation, and extreme stress.

It is believed Gypsy, Roma, travellers are:

[49] *Homeless Self-Reported Mental Health Disability by Percentage across Nottinghamshire*. Framework. 2019 – 2021.
[50] "Tackling Suicide Inequalities in Gypsy and Traveller Communities." Friends, Families, Travellers. September 2022. https://www.gypsy-traveller.org/wp-content/uploads/2022/09/Suicide-Inequalities-agencies-report.pdf
[51] "How to tackle health inequalities in Gypsy, Roma, and Traveller Communities – A guide for Health and Care Services." Friends, Families, Travellers. https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf

6 x more likely to die by suicide

2 x more likely to experience depression and

3 x more like to experience anxiety than the rest of the population.[52]

With the barriers they experienced and the movement of many mental health support services moving online during the pandemic it is likely that their mental health will have been disproportionately affected.

[52] Ibid.

Additional Findings - National Literature Review

- Groups more likely to experience poor or deteriorating mental health during the pandemic, especially the first part of the pandemic include women, young adults (aged between 18 and 34), adults with pre-existing mental or physical health conditions, adults experiencing loss of income or employment, adults in deprived neighbourhoods, some ethnic minority populations, adults with personality traits that were more 'extraverted' or 'open to experience', and those who experienced local lockdowns.
  (OHID. 2022)
- Pre-pandemic vulnerable groups: middle aged men, people who self-harm, children and young people, people with a mental illness. It is emerging that there are two categories of vulnerable individuals in the context of COVID-19 – those for whom the pandemic has exacerbated existing problems, and those for whom the pandemic has resulted in significant and specific new issues, that are potential drivers of suicide. For example, job loss, unmanageable or mounting debts as a result of reduced income, bereavement and loneliness or social isolation.
  (GOV.UK. 2021)
- LGBTQI+ youth may be disproportionately affected by mental health challenges associated with the pandemic owing to the loss of safe spaces and difficulties accessing health and psychosocial support services. Non-binary and gender queer young people may be more likely to report high levels of PTSD symptoms and suffer losses of peer support.
  (EBPU. 2020)
- Service users from BAME backgrounds are showing higher levels of self-harm, suicidal thoughts, depression, and anxiety than white service users compared to the same time period in 2019. Specifically, suicidal thoughts among BAME youth increased by 27 per cent under lockdown; depression increased by 9 per cent; self-harm concerns were up by 30 per cent on previous year; anxiety and stress have seen an 11 per cent increase among BAME young people who also experienced a 27 per cent increase in issues around family relationships.

  (KOOTH. 2020)
- The UK eating disorder charity Beat reported a 195% increase in demand for their helpline services in March 2021 in comparison with February 2020.
  (Davies, H., Hubel, C., Purves, K., et al. 2021)
- The pandemic has led to a high mental health burden especially amongst health and care professionals and higher suicidal ideation and lower wellbeing in general public which warrants further investigation and management globally, highlighting an emerging critical public health issue.
  (Phiri, P., Ramakrishnan, R., Rathod, S., et al. 2021)
- A review across five regions in England and Wales noted that 66% of Gypsy, Roma Travellers had bad, very bad or poor health. Health access is incredibly difficult for people in these communities, which means that such problems are often not picked up until much later in the illness trajectory, leading to poorly managed chronic conditions. As well as physical health impacts, there are mental health consequences that come from the COVID-19 pandemic that are likely to disproportionately affect Gypsy, Roma Travellers.
  (The Conversation. 2020)

  Children and young people's mental health has deteriorated during the pandemic, however children in care are more vulnerable to health inequalities, and exhibit significantly higher rates of mental health issues, emotional disorders (anxiety and depression), hyperactivity and autistic spectrum disorder conditions *(RCPCH. 2022)* alongside children and young people with SEND.
  (Gov.uk. 2021)

Summary

Were there inequalities in outcomes in mental health before COVID-19? Have these inequalities worsened during the COVID-19 pandemic, or have additional inequalities emerged?

There were inequalities in mental health prior to the pandemic that were increasing, however data shows these have been exacerbated in some cases during the covid-19 pandemic. Many marginalised groups experienced worse outcomes before the pandemic: These include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, people in contact with the justice system. It is difficult to obtain information to help understand the impact of covid-19 pandemic on these groups due to poor access or barriers to health and care services, however national literature evidences a negative impact for these communities during the last 2 years.

The covid impact assessment has summarised these gaps locally and also highlighted other health inequalities in outcomes in mental health. These include higher rates of females seeking support for mental ill health than males and increasing referrals from young people identifying as Ethnic minority.

National evidence has shown that inequalities within mental health have widened during the covid-19 pandemic and risk factors heightened (such as unemployment, social isolation etc). Additional inequalities within mental health have been identified for LGBTQ+, students, people with disabilities, SEND and ADHD. It also recognises the impact of the pandemic on health, care and emergency workers' mental health during this time.

What are the short-, medium- or long-term impacts and are there any potential future impacts?

Short term impact is the increasing need of services, and within in the context of the pandemic the requirement of services to adapt its service delivery (such as digital offer).

Midterm impact is that for most services this has led to increasing waiting lists, especially for children and young people (e.g. CAMHS) and a heightened risk of people not identified or accessing services when needed and presenting with severe mental illness.

The long term impact is a few trends are expected to continue and keep a sustained increase after the pandemic. These include mental health worsening for the general population, a rise in referrals for eating disorders nationally and a specific focus on the increasing need for children and young people's worsening mental health.

What are the real and potential consequences of those impacts on the Nottinghamshire population?

If not addressed, these impacts will lead to an increased prevalence and need of services across mental health for the whole population. Specifically children and young people's mental health, people who identify as an ethnic minority and, while there's a lack of data recorded, for those identifying as LGBTQ+ and from Gypsy, Roma and Traveller communities too.

Locally there are a number of key plans and strategies in place focusing on improving mental health in Nottinghamshire. These include;

- Nottinghamshire Joint Strategic Needs Assessment – Loneliness and Social Isolation in older people (2016)
- Nottinghamshire Joint Strategic Needs Assessment – Suicide Prevention (2016)
- Nottinghamshire Joint Strategic Needs Assessment – Mental Health of adults and older people (2017)
- Nottinghamshire Joint Strategic Needs Assessment – Self Harm (2019)
- Nottinghamshire Joint Strategic Needs Assessment – Children and Young People's emotional and mental health (2021)
- Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young people's emotional wellbeing and mental health 2016 – 2023

In addition to the above, a set of recommendations based on the findings of this covid impact assessment on mental health have been provided in the following section.

Recommendations

1. Continue the development of online capacities and service innovations as well as develop a better understanding of digital poverty in inclusion health groups. Ensure support is built into service planning, alongside appropriate alternative provision to digital first service delivery where required.
   (Recommendation from Covid-19 Impact Assessment)
2. Undertake a qualitative review of the role and impact of covid-19 on informal/community providers of support for mental health and ensure services are co-produced with communities.
   (Recommendation from Covid-19 Impact Assessment)

Children and Young People

3. Investigate recording of reasons for referral to CAMHS Liaison in 2022. In addition, an investigation into the reduction in referrals recorded for self – harm (from 5.9% in 2021 to 0.9% in 2022) to be undertaken to establish if this is due to miscellaneous reporting (41% no reason recorded in 2021 increased to 85.6% not recorded in 2022) or reduction in need, or young people choosing to access support online.
   (Recommendation from Covid-19 Impact Assessment – Mental Health)
4. Consideration of the implications and mitigating actions required for increasing gender inequality between increasing low male and high female rate of referrals for CAMHS during the pandemic. This should include further qualitative exploration within services about appropriate accessibility, and the development of a gender appropriate communications, to address this gender inequality.
   (Recommendation from Covid-19 Impact Assessment – Mental Health)
5. Continuation and development of the Nott Alone Website and other digital platforms offering mental health support. 50% of Children and young people who access NottAlone website do so for access local mental health information. In addition, prior to the pandemic children and young people heard of Kooth mainly via school, whereas during the pandemic internet searches have become a close alternative route to the site\service.
   (Recommendation from Covid-19 Impact Assessment)
6. Additional investigation on whether the long term sustained increase in eating disorder referral to CAMHS is due to increased detection whilst in lockdown within families, or whether there are other reasons for the long term increase and therefore implication for future service delivery.
   (Recommendation from Covid-19 Impact Assessment)
7. Investigation as to whether the long term trend of increased referrals to Kooth by children and young people identifying as Ethnic minority is due to an increase in need or previous under reporting and representation of this group. This needs to be considered by service as may have implications for service offer.
   (Recommendation from Covid-19 Impact Assessment)

Self-Harm

8. Ensure systematic and routine communications campaign to include the key messages of self-harm for services that have been highlighted in this CIA. These include people who self-harm, older people who self-harm is at greater risk of suicide than adults who do not

self-harm and young people who self-harm and misconception that self-harm is most prevalent amongst younger people.
(Recommendation from Covid-19 Impact Assessment – Mental health)

9. Improve data quality and recording in commissioned services to reflect self-harm to ensure an improved understanding of need in this population.
(Recommendation from self-harm JSNA)
10. Provider leads to work on waiting list management processes for services for people who self-harm to ensure support is offered whilst waiting. This may include use of wider services including local and national, online, digital and phone support.
(Recommendation from self-harm mapping exercise in ICS)

Loneliness & social isolation

11. Ensure systematic and routine communications campaign to include the key messages of loneliness and social isolation for services that have been highlighted in this CIA. These include the misconception that young people are less likely to be lonely than other age groups.
(Recommendation from Covid-19 Impact Assessment – Mental health)
12. Schools should provide regular low level training for parents and guardians on how to identify signs of loneliness in young people, the agencies and helplines that provide assistance and ways in which they can help to prevent and respond to loneliness in young people.
(Recommendation from loneliness in young people – Loneliness Policy, Mental Health Foundation)
13. Local Authorities to actively address loneliness and social isolation by incorporating analysis and actions to address loneliness into other plans and strategies, particularly Health Inequalities. Ensure a co-ordinated response across the County and target resources in areas of deprivation and need.
(Recommendation from Covid-19 Impact Assessment – Mental health)

Marginalised Groups

14. Ensuring people experiencing serious mental illness (SMI) have regular health checks to support physical health as well as their mental health.
(Recommendation from The Five Year Forward View for Mental Health - Independent Mental Health Taskforce)
15. An increase in attendances at A&E by persons experiencing serious mental illness during the latter pandemic suggests a possible increase in need, and/or possibly lack of opportunity for earlier access to support in service journey (prior to crisis) that needs further exploration (e.g. access to GP appointments).
(Recommendation from Covid-19 Impact Assessment – Mental health)
16. Ensure services monitor, collect data, report and are responsive to the needs of and accessibility for marginalised communities (older people, LGBTQ+, ethnic minorities etc) to reduce health inequalities.
(Recommendation from Covid-19 Impact Assessment – Mental health)
17. Undertake an evidence review on mental health (with specific focus on suicide) amongst Roma, Gypsy and Traveller communities as this group experiences health inequalities and greater risk of mental ill health.

(Recommendation from Covid-19 Impact Assessment – Mental health)

18. Explore the engagement of health & wellbeing champions within the Roma, Gypsy, and Traveller communities to generate lessons and opportunities for service development. *(Recommendation from Covid-19 Impact Assessment – Mental health)*
19. Further exploration from services as to trends and gaps within the data following the impact of covid-19 pandemic on mental health and any health inequalities (for example limited or lacking data on ethnicity, LGBTQ+, disability, deprivation). *(Recommendation from Covid-19 Impact Assessment – Mental health)*

Glossary of services

Service	Description	Ages covered
NottAlone	A website with local mental health advice and help for young people in Nottingham and Nottinghamshire, all in one place.	Under 25
KOOTH	Online Mental Health wellbeing community support platform available to all CYP	10-24
Base 51	Base 51 is a charity that supports young people aged 11-25in Nottingham and the surrounding areas. Recognising that young peoples' wellbeing is more than just addressing their physical health needs but is about their whole person. This includes their emotional health, having settled accommodation, healthy relationships and ultimately making a positive transition to adulthood.	11-25
All Age Self-Harm Service (Harmless)	If you are experiencing a suicide crisis, our team at The Tomorrow Project aims to respond to your needs sensitively and empathically.	All Age
Community Child and Adolescent Mental Health Services (CAMHS), (Nottinghamshire Healthcare NHS Foundation Trust)	CAMHS provision is 'tier-less' in Nottinghamshire and allows self-referrals for all CAMHS services, including specialist services. Nottinghamshire Child and Adolescent Mental Health Services are for people up to 18 years old.	0-18
CAMHS Single point of access (SPA)	Advice in advance of submitting a referral can be obtained from a single point of access (SPA)	0-18
CAMHS -Hospital Liaison service teams	CAMHS Liaison – Kingsmill hospital CAMHS Hospital Liaison - NUH	0-18
CAMHS -eating disorders	Eating Disorders service for adults and adolescents aged 14+ who are suffering from Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder.	14+
CAMHS Crisis Resolution, Home Treatment and Liaison (Nottinghamshire Healthcare NHS Foundation Trust)	This service is for young people who are experiencing a mental health crisis.	0-18
Mental health hospital bed days for children and young people	Bed days for children and young people in CAMHS expressed as a rate per 100,000 population aged 0-17, an indicator of rates of admission to CAMHS.	0-17
Emergency admissions for Intentional self-harm	Emergency Hospital Admissions for Intentional Self-Harm, directly age standardised rate, all ages. This indicator is a measure of intentional self-harm as it has not been possible to include a suitable indicator representing all aspects of mental health and well-being. Self-harm results	All ages

	in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions. Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self-harm. These are self-harm events severe enough to warrant hospital admission. These hospital admissions are being used as a proxy of the prevalence of severe self-harm, these are only the tip of the iceberg in relation to the health and well-being burden of self-harm.	

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Nottinghamshire County Council

Report to the Health & Wellbeing Board

1 February 2023

Agenda Item 9

REPORT OF THE SERVICE DIRECTOR: CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Health & Wellbeing Board's work programme for 2023.

Information

2. The County Council requires each committee, including the Health & Wellbeing Board, to maintain a work programme. The work programme will assist the management of the Board's agenda, the scheduling of the Board's business, and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reasons for Recommendation

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

Statutory and Policy Implications

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

RECOMMENDATION

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

Marjorie Toward
Service Director: Customers, Governance and Employees

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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: 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
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	
Better Care Fund: Adult Social Care Discharge 2022 - 2023	To endorse the Nottinghamshire 2022-23 Better Care Fund Adult Social Care Discharge Fund planning requirements.	Melanie Williams	Naomi Robinson	
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	

Report title	Purpose	Lead officer	Report author(s)	Notes
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	
Workshop: Working together - Health and Wellbeing Priorities & Plans		Cllr Doddy	Briony Jones	
Q2 MEETING: Wednesday 19 April 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	
Nottinghamshire Combating Substance Misuse Strategy and Delivery Plan		Jonathan Gribbin	Lisa Burn	
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	

Report title	Purpose	Lead officer	Report author(s)	Notes
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	
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**
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	
Director of Public health: Annual Report		Jonathan Gribbin	Bryony Adshead	
Workshop: Inclusion Health	To discuss partnership working and support for residents with severe and multiple disadvantage.	Cllr Doddy	Sue Foley	
Q3 MEETING: Wednesday 5 July 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
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	
Inclusion Health	To discuss the outcomes of the workshop and agree a set of recommendations for board members to undertake on Homelessness.	Cllr Doddy		
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	
Homelessness: Implementation Plan		Cllr Doddy	Dawn Jenkin	
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