

Health and Wellbeing Board

Wednesday, 05 July 2023 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
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| 1 | Apologies for Absence | |
| 2 | Declarations of Interests by Members and Officers | |
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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>

Meeting: Nottinghamshire Health and Wellbeing Board

Date: Wednesday 25 May 2023 (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

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

District and Borough Councillors

Ap	David Walters	-	Ashfield District Council
	Lynne Schuller	-	Bassetlaw District Council
	Colin Tideswell	-	Broxtowe Borough Council
Ap	Henry Wheeler	-	Gedling Borough Council
Ap	Angie Jackson	-	Mansfield District Council
Ap	Tim Wildgust	-	Newark and Sherwood District Council
	Jonathan Wheeler	-	Rushcliffe Borough Council

Nottinghamshire County Council Officers

	Colin Pettigrew	-	Corporate Director for Children and Families Services
Ap	Melanie Williams	-	Corporate Director for Adult Social Care And Health
S	Sue Batty	-	Service Director for Ageing Well and Community Services
Ap	Jonathan Gribbin	-	Director for Public Health
S	Vivienne Robbins	-	Deputy Director for Public Health

NHS Partners

Ap	Dr Dave Briggs	-	NHS Nottingham and Nottinghamshire Integrated Care Board
S	Dr Stephen Shortt	-	NHS Nottingham and Nottinghamshire Integrated Care Board
Ab	Dr Eric Kelly	-	Bassetlaw Place Based-Partnership
	Victoria McGregor-Riley	-	Bassetlaw and Mid-Nottinghamshire Place-Based Partnerships

	Dr Thilan Bartholomeuz (Vice Chair)	-	Mid-Nottinghamshire Place-Based Partnership
Ap	Fiona Callaghan	-	South Nottinghamshire Place-Based Partnership
	Helen Smith	-	South Nottinghamshire Place-Based Partnership
Ab	Oliver Newbould	-	NHS England

Other Partners

Ap	Sharon Caddell	-	Office of the Nottinghamshire Police and Crime Commissioner
	Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire

Substitute Members

Sue Batty for Melanie Williams
Vivienne Robbins for Jonathan Gribbin
Dr Stephen Shortt for Dr Dave Briggs

Officers and colleagues in attendance:

Sarah Fleming	-	Programme Director for System Development, NHS Nottingham and Nottinghamshire Integrated Care Board
Briony Jones	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Lisa Marshall	-	Integrated Discharge Lead, NHS Nottingham and Nottinghamshire Integrated Care System
Adrian Mann	-	Democratic Services Officer, Nottinghamshire County Council

1. Appointment of the Chair and Vice Chair

The Committee noted the appointment by Full Council on 11 May 2023 of Councillor John Doddy as Chair of the Nottinghamshire Health and Wellbeing Board for the 2023/24 municipal year.

Resolved (2023/010):

- 1) To appoint Dr Thilan Bartholomeuz as Vice Chair of the Nottinghamshire Health and Wellbeing Board for the 2023/24 municipal year.
- In the absence of Councillor John Doddy at the start of the meeting, Dr Thilan Bartholomeuz took the Chair.

2. Apologies for Absence

Councillor John Doddy
Councillor David Walters
Councillor Henry Wheeler

Councillor Angie Jackson
Councillor Tim Wildgust
Melanie Williams
Jonathan Gribbin
Dr Dave Briggs
Fiona Callaghan
Sharon Caddell

3. Declarations of Interests

No declarations of interests were made.

4. Minutes of the Last Meeting

The minutes of the last meeting held on 8 March 2023, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

5. Membership

Dr Thilan Bartholomeuz, Vice Chair of the Nottinghamshire Health and Wellbeing Board, presented a report on the Board's current membership and Terms of Reference. The following points were discussed:

- a) It is proposed to appoint the Chair of the Voluntary, Community and Social Enterprise (VCSE) Alliance for Nottingham and Nottinghamshire as an additional permanent member to the Board. The Alliance functions as a single point of contact for a partnership group of VCSE organisations that work with communities to improve health and wellbeing and reduce health inequalities. As VCSE organisations play a significant role in the provision of services locally, the Alliance's representation and participation on the Board will represent a vital part of achieving a full partnership and place-based approach to the delivery of the Joint Health and Wellbeing Strategy at the neighbourhood level.

Resolved (2023/011):

- 1) To note the current membership of the Nottinghamshire Health and Wellbeing Board, as set out in section 4 to the report.
- 2) To note the Board's Terms of Reference, as set out in Appendix 1 to the report.
- 3) To appoint the Chair of the Nottinghamshire Voluntary, Community and Social Enterprise Alliance as a permanent member of the Board.

6. Better Care Fund Governance Arrangements for Delegated Approval

Sarah Fleming, Programme Director for System Development at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), and Vivienne Robbins, Deputy Director for Public Health at Nottinghamshire County Council, presented a report on the proposed arrangements for the taking of urgent decisions relating to the Better Care Fund (BCF). The following points were discussed:

- a) The BCF is a collaborative, pooled budget between the NHS and local authorities to develop the integration of health and social care to achieve person-centred care, sustainability and better outcomes for people and carers, and to reduce the barriers created by separate funding streams. Both the Nottingham City and the Nottinghamshire Health and Wellbeing Boards have oversight of the local BCF and take decisions in relation to its use. A joint City and County Council BCF oversight group is in place to review its performance, finance and metrics, which is also attended by representatives of the ICB.
- b) However, in some cases, decisions concerning the BCF are required urgently in order to ensure the provision of funding and commissioning of services in a timely manner. In instances where a decision cannot wait to be made at the next scheduled meeting of the Board, it is proposed that delegated authority is granted to the Chair of the Board, the County Council's Corporate Director of Adult Social Care and Health, and the Chief Executive of the ICB collectively to take urgent BCF decisions between Board meetings, when required. The three role-holders (and their deputies) will only be able to use these powers delegated from the Board in compliance with the procedures governing their decision-making authority within their own organisations.

Resolved (2023/012):

- 1) To delegate authority to the Chair of the Nottinghamshire Health and Wellbeing Board, Nottinghamshire County Council's Corporate Director of Adult Social Care and Health, and the Chief Executive of the NHS Nottingham and Nottinghamshire Integrated Care Board collectively to take urgent decisions relating to the Better Care Fund between Board meetings, when required.

7. Use of the Nottinghamshire County National Discharge Grant 2023-24

Sue Batty, Service Director for Ageing Well and Community Services at Nottinghamshire County Council, Sarah Fleming, Programme Director for System Development at the NHS Nottingham and Nottinghamshire Integrated Care Board, and Lisa Marshall, Integrated Discharge Lead at the NHS Nottingham and Nottinghamshire Integrated Care System (ICS), presented a report on the use of the national Discharge Grant. The following points were discussed:

- a) A national commitment has been made to fund a two-year Discharge Grant through the Better Care Fund. A joint plan has been developed for the second year of the grant to ensure that the capacity and resources is in place to support the continued delivery of the associated services. The first year of service delivery has been successful, so it is intended to grow and build upon the work that has been carried out to date.
- b) Following the Coronavirus pandemic, national policy has moved to a Discharge to Assess model. The key objective of this is to enable people can be discharged from hospital into appropriate short-term re-ablement, rehabilitation and therapy services in a timely way. A full assessment of their support needs can then be carried out, including any required input from therapists, rather than being done

while the person waits in hospital. The Discharge Grant is designed to support a number of interventions both in hospital and at home, to achieve community enablement, and to ensure that the right level of both acute and specialist staff capacity is in place to deliver timely and appropriate hospital discharges, including at weekends.

- c) It is vital that the service offer is established in good time so that providers (including those in the community and voluntary sector) can plan their capacity and workforce requirements for effective delivery, particularly in preparation for the growth in demand during winter. It is also important that the learning arising from previous schemes is implemented, particularly through the winter and during other periods of high service demand where additional capacity will need to be implemented quickly.
- d) In order to facilitate effective service delivery, as much data sharing and collaboration as possible should take place between partners, including integrated health and care training programmes, and joint commissioning and procurement work. There has been significant investment in joining up services effectively and it is particularly important to identify how specific resources can be used flexibly and focused at a given time to achieve the best outcomes. The most effective ways of carrying out joint mental health commissioning are also being reviewed, and a transformation partner is being sought to engage with the hospital discharge process and associated community enablement work.
- e) Maintaining service delivery was a significant challenge during the Coronavirus pandemic. However, following the pandemic, it has been possible to fill the required posts with properly qualified people, either in-house or through staffing from the private sector. The provision of long-term funding makes it much easier to plan for and deploy the correct capacity, resulting in a spread of posts across multiple services that are attractive to the right people. A great deal of work has been carried out to achieve equality in the recruitment process by seeking to reduce certain barriers. Many non-registered roles include the capacity for additional training and mentoring while in the post, and staff can take modules to achieve upskilling within one year. In terms of more specialist roles, the training of qualified social workers takes three years, while occupational therapists train for four years before becoming qualified.
- f) The outcomes of the Discharge to Assess services are reported annually, but more regular reporting on the Discharge Fund is also being developed.
- g) The Board noted that, due to the challenges in the recruitment and retention of staff and the availability of beds outside hospital, care is required to ensure that people discharged back into the community have an appropriate place to go where their needs can be properly assessed, and that the system is then able to provide the right support at the right level – particularly in the context of mental health needs.
- h) The Board considered that services must be wrapped around individual care needs as part of a strengths-based, person-centred approach, as people can experience significant barriers if they have to navigate through a series of

separate services for different needs. Members noted that it is vital to ensure direct engagement with the local Place-Based Partnerships on service design and its implementation in communities. Members hoped that every opportunity will be taken for the shared training of the whole workforce – including in the community and voluntary sector – to bring everyone together within the context of the ICS. Members advised that it would be important to make every contact count as part of embedding the approaches to health equity and implementing the values of the Joint Health and Wellbeing Strategy, and that the working carried out under the Discharge Fund constituted a vital element of the Nottinghamshire NHS Joint Forward Plan.

- i) The Board raised concerns about the number of people readmitted to hospital shortly after discharge and whether the Discharge to Assess model could lead to an increase in cases of readmittance. Members recommended that readmissions are monitored closely, particularly if concentrated at a particular hospital. Members observed that some people were delayed in being discharged from hospital due to prescription medication not being available, so considered that it is vital that the right pre-discharge work is carried out in all cases, to ensure that any medication or medical equipment necessary for discharge is properly prepared in advance.
- j) The Board noted that the impacts of the Discharge to Assess model are monitored by the Care Quality Commission, which is currently reviewing its inspection regimes to ensure that they are fit for purpose.

Resolved (2023/013):

- 1) To approve the plan for the use of the Nottinghamshire County National Discharge Grant for 2023-24.

8. Work Programme

The Chair presented the Nottinghamshire Health and Wellbeing Board's current Work Programme.

Resolved (2023/014):

- 1) To note the Work Programme.

There being no further business, the Chair closed the meeting at 2:55pm.

Chair:



5 July 2023

Agenda Item 4

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

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

Information

LOCAL

Keep our Communities Safe & Healthy

Mansfield District Council achieve Domestic Abuse Housing Alliance (DAHA) Accreditation

2. The Domestic Abuse Housing Alliance is the leading specialist domestic abuse organisation supporting housing providers to improve their response to domestic abuse, their model for a housing response to domestic abuse is nationally recognised as best practice, through the Domestic Abuse Act Statutory Guidance 2022, and is endorsed by the Domestic Abuse Commissioner for England & Wales, Nicole Jacobs.
3. DAHA accreditation is the UK benchmark for how housing providers should respond to domestic abuse in the UK. By becoming DAHA accredited, housing providers and services are taking a stand to ensure they deliver safe and effective responses to domestic abuse.
4. The accreditation framework includes 8 priority areas that considers an organisation's operations and delivers safe and effective interventions in domestic abuse. It builds in processes that help guide staff to adequately address the needs of survivors and hold abusers to account.
5. As part of Nottinghamshire County Councils vision and ambitions to keeping children, vulnerable adults, and communities safe we have been working to strengthen the response to domestic abuse. Nottinghamshire County Council have committed to supporting District and Borough Councils in becoming members of DAHA and undertaking the work required to achieve DAHA Accreditation.
6. Mansfield District Council has undertaken a huge amount of work over the last 12 months to shift their response to domestic abuse and achieve a council wide culture change which has seen them be successfully accredited by DAHA. All policies and procedures have been

reviewed and updated, staff across the whole council have been trained in domestic abuse. This will improve the response for all survivors of domestic abuse and ensure they receive the support they need.

7. Mansfield was the first of the District Councils to be supported through the process by a post they have funded through their Domestic abuse statutory duty funding. The DAHA Accreditation role is provided by Nottinghamshire Women's Aid. Nottinghamshire County Council fund the membership and accreditation costs for each District and Borough Council through our allocation of Statutory Duty Funding. This is a partnership approach to improving responses to domestic abuse across Nottinghamshire.
8. Work towards DAHA Accreditation is now being undertaken in Bassetlaw supported by the DAHA Accreditation worker from Nottinghamshire Women's Aid and in Ashfield supported by DAHA Accreditation worker from JUNO Women's Aid.
9. Nottinghamshire County Council have a statutory duty to provide safe accommodation for domestic abuse survivors and their children under part 4 of the Domestic Abuse Act 2021. Funding of £1.5 million is provided by the Department for Levelling Up Housing and Communities to deliver the duty in Nottinghamshire. There has been extensive partnership work across the county on the delivery of the statutory duty and commissioning safe accommodation support. Introducing the District and Borough Councils to DAHA and supporting the delivery of this work forms part of our response. The vast majority of the funding delivers units of refuge accommodation across the County. The evidence of need for these services can be found on Domestic Abuse - Nottinghamshire Insight.
10. The strategic direction is provided by the Domestic Abuse Partnership Board which is a statutory requirement under the Domestic Abuse Act 2021.
11. For further information please contact Tracy Lyon Tracy.lyon@nottsc.gov.uk or Mallory Seddon, mseddon@mansfield.gov.uk.

Create Healthy and Sustainable Places

Food Redistribution Grant 2023/24

12. Public Health and the Communities teams have worked together to establish the newly launched Food Redistribution Grant Scheme. Fourteen community organisations in Nottinghamshire share £90,000 in funding to enable them to set up or extend schemes to help families and households access affordable, good quality and nutritious food. This involves the redistribution of surplus food from food businesses / industry / sector, requires payment and is for home preparation and cooking.
13. The money is the first round of funding as part of a three-year scheme, which is being delivered through the County Council's Local Communities Fund (LCF). Two further rounds are planned, with £65,000 to be shared among organisations in the second year (2024/25) and £55,000 made available in 2025/26.
14. The new support package forms part of the County Council's continued commitment to support vulnerable residents, ease the financial worries for families facing cost-of-living pressures and

supports the Health and Wellbeing Boards ambition of developing healthy and sustainable places.

Food Clubs in Broxtowe

15. St Barnabas Church, Chilwell Children's Centre and Broxtowe Borough Council came together to support families in Chilwell experiencing food insecurity by opening a food club at the church when the club based at the Children's Centre was closed. St Barnabas did this at risk (before funding was secured) as the need is so high in the area. Stapleford Community Group has also been supporting the food club by offering additional food donations of food that would have gone to waste. Eastwood Volunteer Bureau (EVB) has agreed to host the new Eastwood food club (following the closure of the club based at the Children's Centre). To support families attending at the Eastwood Children's Centre food club, EVB agreed to support families through their food bank until the new club opens.

Green and Blue Social Prescribing in Rushcliffe

16. Rushcliffe Borough Council are working with voluntary & community sector and ICS colleagues on the Rushcliffe Big Green Book which is a directory of nature-based activity providers. Similar to the City's version, the book will be used as a tool to support partners, healthcare professionals and the general public with identifying Green and Blue social prescribing opportunities. The first draft version has been shared with partners for feedback and will include the Rushcliffe Green ground map which aims to promote walking, cycling and cultural opportunities in the area for residents to become involved with.

Armed Forces Breakfast Club in Gedling

17. The club is part of Gedling Borough Council's plan to reduce loneliness and isolation in the borough, as well as supporting Armed Forces as part of the Council's Armed Forces Covenant. The breakfast club aims to bring members of the Armed Forces together and is open to any active or ex-members of the armed forces, including veterans and any family members connected to the forces. The club takes place from 9.30 - 11.30am on the third Saturday of each month at The Richard Herrod Centre in Carlton. It is free entry and there is no need to book. The Council has also launched an Armed Forces Leisure Card which provides free entry and use of the gyms in all Gedling Leisure centres. The Armed Forces membership scheme is for Gedling Borough residents who have previously served, or are currently serving, in the Armed Forces (Army, Navy or Royal Air Force).

Access Right Support to Improve Health

Recommissioning Sexual Health Services in Nottinghamshire

18. Online sexual health testing services across Nottinghamshire have been upgraded from April. A transition from FreeTestMe to SH:UK has now been mobilised. The new testing system will result in increased testing capacity for local residents. Online testing is becoming very popular locally and nationally. The new system will also be better for users as it includes improved screening questions so that users will receive the most appropriate test for their needs. It offers increased connectivity with local sexual health clinics, streamlining the follow up of positive results to improve treatment uptake. It will also give access to increased data for public health

and sexual health providers to understand service demand and how online services can be utilised in the future.

PNA Supplementary Statement Quarter 4 (January 2023 – March 2023) & Quarter 1 (April 2023 – May 2023)

19. The Pharmaceutical Needs Assessment (PNA) describes available pharmaceutical services across Nottinghamshire County and assesses whether these services meet the needs of the population. The PNA is a statutory responsibility of the Health and Wellbeing Board, governed by Regulations issued by the Department of Health. These Regulations require that periodic Supplementary Statements are prepared and published where there are changes to pharmaceutical services which do not warrant a complete review of the PNA.
20. As approved by the Health and Wellbeing Board on 6 January 2021, supplementary statements produced quarterly, are shared with the Health and Wellbeing Board in the form of an update in the Chairs Report and published on Nottinghamshire Insight. The Supplementary Statement for quarter 4, summarising changes to pharmaceutical services from January 2023 to March 2023, is provided in **Appendix 1**. The Supplementary Statement for quarter 1 summarising changes to pharmaceutical services from April 2023 to May 2023, is provided in **Appendix 2**.

Give every child the best chance of maximising their potential

Health and Wellbeing Surveys in Schools

21. Schools in Nottinghamshire have been invited to participate in a health and wellbeing survey. The purpose of the survey is to better understand the health related behaviour and experiences of children and young people in Nottinghamshire to help with planning relevant and responsive services for them.
22. The survey is targeted at Year 6 pupils in primary schools, and Year 10 in secondary schools (All of the questions are age appropriate). There will be a variety of health-related topics included in the surveys, including:
- Healthy eating and physical activity
 - Emotional health & wellbeing
 - Personal safety
 - Relationships and sexual health
 - Tobacco & Vaping, Drugs and Alcohol
 - Personal Social Health & Economic Education
23. The anticipated benefits for young people include;
- a) Children & Young people will have the opportunity to discuss issues relating to their lives, and can receive any further support they may require.
 - b) Children & Young people can contribute to local understanding of health and wellbeing issues, and protective factors.
 - c) Survey findings will provide invaluable data which can be used to inform service providers.
 - d) Survey findings can inform preventative work across the system.

24. The anticipated benefits for schools include:

- a) Schools will receive individual school reports, with comparison to countrywide data.
 - b) The surveys form part of a whole school approach to health and wellbeing, elevating pupil voice; assisting school staff's understanding of issues affecting children & young people; and enabling any emerging issues to be identified early and acted upon swiftly.
 - c) Survey findings can be used to support school in their curriculum and policy development.
25. The Schools Health Education Unit (SHEU) will be undertaking the survey for both primary and secondary-aged children. SHEU work with hundreds of schools per year and have over 40 years' worth of experience planning and evaluating health and wellbeing surveys. For more information, please visit www.sheu.org.uk.
26. Members of the Board are asked to promote participation in the survey by encouraging schools to register their interest in participating. For further information please contact Jane Roberts (Public Health Commissioning Manager) jane.roberts@nottscg.gov.uk

Health Interventions

[National Institute for Health and Care Research](#)

27. The Public Health Research (PHR) Programme is accepting Expressions of Interest from local government for evaluations of interventions by the NIHR's Public Health Intervention Responsive Studies Teams (PHIRST). Local authorities in England, Wales, Northern Ireland and Scotland are invited to submit an expression of interest to identify specific initiatives within their Local Authorities that would benefit from evaluation.
28. The PHR Programme has appointed academic teams (the 'PHIRST teams') that are ready to work on evaluation of interventions being conducted by local authorities. The purpose of this call is to identify and prioritise local authority initiatives which have the potential to impact on health, and which require evaluation. The academic teams, but not the initiative itself, are fully funded to co-design and undertake robust and independent evaluations in partnership with local authorities and their partners. You can apply via an online REALMS system by 26 September 2023 using guidance from the [specification document](#).

NATIONAL

Tobacco

29. National Government have announced £45m of funding for measures to help make England "smoke free" by 2030 (referring to a smoking rate of below 5% of the population). The proposals include;
- **Stopping children and non-smokers from starting vaping** by strengthening regulation to reduce the number of children accessing and using vapes and understanding how best to stop children from vaping in the first place.
 - **Help for smokers to quit smoking** including working with local authorities to offer new free vape starter kits to 1 million smokers under a "swap to stop" scheme. This is alongside ensuring better availability of proven smoking cessation medicines, offering an incentive scheme for pregnant women to quit, better signposting to the right support for people with a mental health

condition, consulting on pack inserts with positive messaging to help people quit and encouraging better partnership working.

- **Increasing enforcement of illicit sales** including setting up an enforcement squad made up of trading standards officers to carry out specific projects such as test purchasing in convenience stores and clamping down on underage sales. Those supplying tobacco for sale in the UK must be registered for Tobacco Track and Trace and have an Operator ID and people selling illicit tobacco will have products seized, their Operator ID removed and will no longer be able to buy or sell tobacco.

30. Locally there is work being undertaken on generating behavioural insights on smoking as part of the Nottingham and Nottinghamshire's Smoking and Tobacco Alliance delivery plan. Actions have been agreed to work specifically on behavioural insight and support actions around consistent communication to help the alliance and its partners understand some of the detail behind why people smoke and understanding the local culture. Bluegrass Research Limited in partnership with Gardiner-Richardson has been tasked with;

- Carrying out quantitative and qualitative research with local communities to understand about smoking and vaping behaviour
- Engage with communities regarding smokefree spaces.
- Develop brand and identity for the alliance
- A social marketing approach and options for potential marketing campaign/approach to communicating around the alliance and key messages
- Development of a website

31. All findings will be fed into the alliance and ongoing delivery plans to work towards creating a smokefree generation for Nottinghamshire.

Homelessness & Housing

32. An article by the Times Health Commission looks at research from the Building Research Establishment (BRE) which has calculated that poor quality housing costs the NHS £1.4bn a year. The study also suggests that every £1 spent on warming up the homes of vulnerable households yields £4 in health benefits. The health service spends £383m a year treating homeowners with illnesses related to cold living conditions, yet the BRE estimates that for less than £1,000, 40% of all poor housing that is owned outright or with a mortgage could be remedied and the NHS would start to save money in about seven years.

33. Government data shows that the number of homeless families being housed in hotels and B&Bs by councils in England beyond the legal time limit has doubled within a year. Some 1,210 families were in hotels and B&Bs for longer than the six-week legal limit between 1 July and 30 September 2022, up from 570 for the same period in 2021. A total of 11,490 homeless households spent time in hotels and B&Bs in the same period in 2022, the highest number since 2003.

Best Start

Healthy Food Vouchers

34. The Government has missed its target to increase the take-up of NHS healthy food vouchers aimed at vulnerable parents of young children. The latest figures show that the Healthy Start

scheme, designed to help pregnant women and parents of under-fours in low-income families pay for fruit, vegetables, milk, and baby milk powder, has been accessed by 64% of eligible parents in England, Wales and Northern Ireland. This is slightly up from 63% a year earlier, but below a goal of 75% - and by contrast the equivalent scheme in Scotland achieved an 88% take-up.

[Oral health survey of 5 year old children](#)

35. This survey has been published by the Office for Health Improvement and Disparities. It takes place every two years in order to collect oral health information of 5 year olds who attend mainstream, state funded schools across England. This current survey was delayed from 2020 to 2021 by the Covid-19 pandemic. It was carried out as part of the OHID National Dental Epidemiology Programme (NDEP). The results of the oral health survey showed that overall 23.7 percent of 5 year old children in England had experience of obvious dentinal decay.

Mental Health

[Loneliness annual report: the fourth year](#)

36. This is the fourth annual report on tackling loneliness, published by the Department for Culture, Media and Sport and highlights progress made since the publication of the cross-government strategy in 2018 and commits to action over the next two years. It celebrates the work that has been undertaken with a wide range of partners to raise awareness of loneliness and improve the support for lonely people in England over the last five years. It also captures new and ongoing actions that government departments are committed to delivering between 2023-2025.

[Children's mental health services 2021-2022](#)

37. This report published by the Children's Commissioner finds that the NHS estimates that 18 per cent of children aged 7 to 16 years and 26 per cent of those aged 17 to 19 have a probable mental health disorder, up from 17 per cent in 2021. It aims to assess children's ability to access timely treatment, and to understand how that has changed in recent years.

Health Inequalities

[Fixing the foundations: why it's time to rethink how we support older people with health problems to stay well at home](#)

38. This report published by Age UK provides a first-hand account of older people's difficulties in getting the good, joined-up health and social care they need to manage at home, leaving them at risk of crisis that often results in being admitted to hospital. Yet the evidence is clear that with the right care at the right time many of these admissions could have been avoided.

[Active ageing and tackling inactivity and economic disadvantage programmes: final evaluation report](#)

39. Sport England has worked with 25 Active Ageing partners over the past five years to support more than 30,000 older adults into sport and physical activity. The programme has provided learning on how to provide positive, inclusive physical activity experiences that support older adults to build sport and physical activity into their daily lives. This guide summarises this

learning and provides inspiration and actions for organisations wishing to help people become more active.

[Ethnicity and young people's health inequalities](#)

40. The Association for Young People's Health (AYPH) have published two reports:

- *Themes from available data: The importance of ethnicity for understanding young people's experiences of health inequalities:* In this data report, the AYPH reviewed a range of publicly available data sources for information and shared the data to highlight the health inequalities experienced by young people from ethnic minority backgrounds.
- *Themes from engagement with a youth panel: The importance of ethnicity for understanding young people's experiences of health inequalities:* The AYPH set up a youth panel to hear the views and experiences of a small group of young people. This report highlights the themes raised in these discussions.

[Health inequalities position statement](#)

41. The Obesity Health Alliance has published their health inequalities position statement. It outlines the key evidence on the relationship between excess weight and inequalities in health outcomes for a range of different socio-economic groups. It also explores the policy recommendations that represent the most viable first steps to closing these inequalities.

[Public Health Annual Report 2023: supporting communities in difficult times](#)

42. The Local Government Association's 11th annual public health report, jointly published with the Association for the Directors of Public Health, reflects on the last year and focuses on how councils have responded to the cost of living crisis.

[Racism is the root cause of ethnic inequalities in health](#)

43. According to a report published by the Race Equality Foundation, racism is the cause of health inequity, from birth through to adulthood and into later life. It finds that racism is a key driver of ethnic inequalities in health, both directly and indirectly.

[Tackling poverty and the cost of food](#)

44. Greater food insecurity could affect people's physical health and mental wellbeing and create unmanageable pressure on already stretched NHS services. It is estimated that malnutrition costs the NHS £19.6 billion a year. The briefing, published by the NHS Confederation calls on the government to make a number of policy changes to help reduce the health impacts of the rising cost of food, particularly on those for whom rising prices have the biggest impact. The briefing includes case studies of how NHS leaders are already working to support patients, communities and staff.

45. The briefing includes a range of case studies including Nottingham and Nottinghamshire Integrated Care System - Their approach is to ensure that NHS providers and local authority teams in the system makes every contact count by enquiring about access to food and heating, and their place-based partnerships are supporting access to food banks and other support

offers through partnerships with the voluntary community and social enterprise (VCSE) sector. Primary care networks in the area identify and support vulnerable households through proactive signposting, and work with the VCSE and local authority public health teams to provide support mechanisms where available, supported by the Integrated Care Board (ICB) and place-based partnerships.

[Transforming support: the Health and Disability White paper](#)

46. Following the consultation Shaping future support: [The Health and Disability Green Paper](#), this white paper sets out proposals to help more disabled people and people with health conditions to start, stay and succeed in work.

Papers to other local committees

47. [Nottingham and Nottinghamshire All Age Carers Strategy](#)
Cabinet
9 March 2023
48. [The Nottinghamshire Healthy Families Programme: 2024 and beyond](#)
Cabinet
9 March 2023
49. [The Role of Electronic Cigarettes \(Vapes\) in Tobacco Control and Public Health](#)
Adult Social Care and Public Health Select Committee
13 March 2023
50. [The Council's activities in Response to the challenges of climate change and to the climate emergency declaration](#)
Place Select Committee
15 March 2023
51. [NHS Dental Services](#)
Health Scrutiny Committee
28 March 2023
52. [Nottinghamshire Plan – Annual Delivery Plan 2023 -2024](#)
Cabinet
20 April 2023
53. [Improving the experiences and outcomes for children and young people with special educational needs and disabilities](#)
Cabinet
25 May 2023

Nottingham and Nottinghamshire Integrated Care System

54. [Board papers](#)
Nottingham & Nottinghamshire Integrated Care Board
9 March 2023

55. [Board papers](#)
Nottingham & Nottinghamshire Integrated Care Board
11 May 2023

Nottinghamshire Police and Crime Commissioner

56. [Newsletter](#)
March & April 2023

57. [Newsletter](#)
May 2023

58. [Newsletter](#)
June 2023

Other Options Considered

59. There was the option to not provide the Chair's Report, however this option was discounted as the Chair's Report provides important updates relating to the delivery of the Joint Health and Wellbeing Strategy for Nottinghamshire.

Reasons for Recommendation

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

Statutory and Policy Implications

61. 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

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

RECOMMENDATION

The Health and Wellbeing Board is asked:

- 1) To consider the Chair's Report and its implications for the Joint Health and Wellbeing Strategy 2022-26.
- 2) To establish any actions required by the Board in relation to the various issues outlined in the Chair's Report.

Councillor Dr John Doddy

**Chairman of the Health and Wellbeing Board
Nottinghamshire County Council**

For any enquiries about this report please contact:

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Constitutional Comments (GMG 12/05/23)

63. This report falls within the remit of the Board for consideration.

Financial Comments (DG 12/05/23)

64. 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 Pharmaceutical Needs Assessment 2022 - Supplementary Statement for January – March 2023 (Q4)

The information contained in this supplementary statement supersedes some of the information provided in the original [pharmaceutical needs assessment 2022](#) and should be read in conjunction with that document.

The following pharmacy has closed as a result of a successful consolidation application:

FF678 - Rowlands Pharmacy - 112 Chesterfield Road North, Mansfield NG19 7HZ

The pharmacy closed on 30/11/2022.

The pharmacy provided the following pharmaceutical services:

- Healthy Living Pharmacy
- ESS
- Extended Care Service (tier 1) – Conjunctivitis
- Extended Care Service (tier 1) – UTI
- Extended Care Service (tier 2a) – Impetigo
- Extended Care Service (tier 2a) – Insect Bites
- Extended Care Service (tier 2a) – Eczema

These services were provided at the following times:

	FROM	LUNCHTIME	FROM	TO
MONDAY	09:00	13:00	14:00	17:30
TUESDAY	09:00	13:00	14:00	17:30
WEDNESDAY	09:00	13:00	14:00	17:30
THURSDAY	09:00	13:00	14:00	17:30
FRIDAY	09:00	13:00	14:00	17:30
SATURDAY	09:00 <i>Supplementary hours: 11.30</i>			12:00 <i>Supplementary hours: 12:00</i>
SUNDAY	Closed			Closed

It is the opinion of Nottinghamshire Health and Wellbeing board that the removal of this pharmacy from the pharmaceutical list does not create a gap in pharmaceutical services provision that could be met by a routine application:

- to meet a current or future need for pharmaceutical services, or
- to secure improvements, or better access, to pharmaceutical services.

Nottinghamshire Pharmaceutical Needs Assessment 2022 - Supplementary Statement for March - May 2023 (Q1)

The information contained in this supplementary statement supersedes some of the information provided in the original [pharmaceutical needs assessment 2022](#) and should be read in conjunction with that document.

The following pharmacy has change in supplementary hours that creates a gap in pharmacy provision.

FRL99 - Peak Pharmacy- 127 Sutton Road, Huthwaite, Sutton in Ashfield, Nottinghamshire, NG19 7HZ

The pharmacy provides the following pharmaceutical services:

- Healthy Living Pharmacy
- ESS
- Pharmacy First
- Extended Care Service (tier 1) – Conjunctivitis
- Extended Care Service (tier 1) – UTI

These services were provided at the following times:

Core Hours

	FROM	LUNCHTIME	FROM	TO
MONDAY	09:00	13:00	14:00	18:00
TUESDAY	09:00	13:00	14:00	18:00
WEDNESDAY	09:00	13:00	14:00	18:00
THURSDAY	09:00	13:00	14:00	18:00
FRIDAY	09:00	13:00	14:00	18:00
SATURDAY	Closed			Closed
SUNDAY	Closed			Closed

Total Hours (including supplementary hours)

	FROM	LUNCHTIME	FROM	TO
MONDAY	09:00	13:00	13:45	18:30
TUESDAY	09:00	13:00	13:45	18:30
WEDNESDAY	09:00	13:00	13:45	18:30
THURSDAY	09:00	13:00	13:45	18:30
FRIDAY	09:00	13:00	13:45	18:30
SATURDAY	09:00			12:00
SUNDAY				

These services are now provided at the following times:

Core Hours

	FROM	LUNCHTIME	FROM	TO
MONDAY	09:00	13:00	14:00	18:00
TUESDAY	09:00	13:00	14:00	18:00
WEDNESDAY	09:00	13:00	14:00	18:00
THURSDAY	09:00	13:00	14:00	18:00
FRIDAY	09:00	13:00	14:00	18:00
SATURDAY	Closed			Closed
SUNDAY	Closed			Closed

Total Hours (including supplementary hours)

	FROM	LUNCHTIME	FROM	TO
MONDAY	09:00	13:00	13:45	18:00
TUESDAY	09:00	13:00	13:45	18:00
WEDNESDAY	09:00	13:00	13:45	18:00
THURSDAY	09:00	13:00	13:45	18:00
FRIDAY	09:00	13:00	13:45	18:00
SATURDAY				
SUNDAY				

Summary

- The total core opening hours of the pharmacy remain at 40 hours.
- The total hours of the pharmacy including supplementary hours has been reduced from 46 hours 45 minutes to 41 hours 15 minutes.
- The change in opening times creates a gap in provision in the town of Huthwaite between 9:00 – 12:00 on Saturday mornings and between 18:00 – 18:30 in the evenings.
- This gap is not significant as five pharmacies within a 3km distance (approximately 5 minutes driving) continues to have provision between 9:00 – 12:00 on Saturday mornings and one pharmacy with provision in the evenings between 18:00 – 18:30 in Sutton in Ashfield and the surrounding areas.

Taking into account the above information, the Nottinghamshire health and wellbeing board is satisfied that this does not create a significant gap in provision of pharmaceutical services on weekdays between the hours of 18:00 and 18:30 and on Saturdays between the hours of 9:00 and 12:00 within Sutton in Ashfield that could be met by a routine application:

- to meet a current or future need for pharmaceutical services, or
- to secure improvements, or better access, to pharmaceutical services.

5 July 2023**Agenda Item 5****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****THE NOTTINGHAMSHIRE COVID IMPACT ASSESSMENT - PREGNANCY,
CHILDBIRTH AND EARLY YEARS****Purpose of the Report**

1. This report provides an assessment of the impact of the Covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire, with a specific focus on pregnancy, childbirth and early years.

Information**Background**

2. The overall aim of the Nottinghamshire Covid Impact Assessment (CIA) is to assess the impact of the Covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire to inform Nottinghamshire County Council and partner agencies strategies, plans and commissioning. A phased approach to this work has been undertaken across eight areas.
3. This report outlines key findings from the assessment of pregnancy, childbirth and early years (phase 6), which is a key area of focus for the [Joint Health and Wellbeing Strategy 2022-26](#) under the Best Start in Life priority. This report focuses on the impact of the Covid-19 pandemic on pregnancy, birth, and children's early years (0-5years), widely recognised as a critical period of development; the earliest years of a child's life have a significant impact on their long-term development and life-chances. The full report is provided in **Appendix 1** and an Action Plan for starting to implement the recommendations in **Appendix 2**.
4. The methodology for the CIA involved analysis of local, regional and national data, engagement with parents, carers and professionals, and a literature review, undertaken via the Office for Health Improvement and Disparities research repository, focusing on the pandemic's impact on pregnancy, childbirth and early years in the UK.
5. As part of this CIA, it was considered important to obtain feedback directly from parents, carers and professionals living and working in Nottinghamshire. Their experiences were collected through two surveys and a focus group which were promoted through established Nottinghamshire County Council (The Council) networks and Facebook pages. There were 182 responses to the parents and carers survey, and 30 responses to the professional's

survey, which helped shape the CIA. A summary analysis of responses can be found within the full report in **Appendix 1**.

6. In addition, the results of two pieces of engagement carried out in 2021 by The Council's early childhood services, on the early impact of Covid-19 on child and family poverty, and by the Nottingham and Nottinghamshire ICB Maternity Voices Partnership and Healthwatch, on experiences of maternity services during the Covid-19 pandemic, have been incorporated.
7. Initial findings from the pregnancy, childbirth and early years CIA were taken to the multi-agency Best Start Partnership on 12th January 2023 for discussion, and engagement was then sought from Best Start members to refine and shape the CIA's recommendations. A final draft of the CIA and its recommendations was subsequently endorsed by the Best Start Partnership on 5th April 2023, who will become the owning group for these recommendations, driving and monitoring their implementation.

Key findings and recommendations

8. Early findings from the literature review guided the CIA to focus on three key themes:
 - Impact on parents and carers wellbeing
 - Impact on children's early development
 - Impact on early years health outcomes
9. Full recommendations can be found in **Appendix 1**.

Impact on parents and carers wellbeing

10. The pandemic appeared to have a largely adverse impact on parent's wellbeing with implications for family relationships and parental mental health. Feedback from parents and carers in our local Covid impact survey highlighted that the pandemic both impacted their pregnancy in a negative way (81% of those responding) and had a negative impact on their mental wellbeing (80% of those responding).
11. There was an initial drop in referrals to specialist perinatal mental health services, which have now recovered to roughly pre-pandemic levels. There was anecdotal evidence, earlier in the pandemic, that mothers were presenting with more urgent and complex care needs.
12. Both the Nottinghamshire Covid impact survey and the Nottingham and Nottinghamshire Maternity Voices and Healthwatch report highlighted how antenatal care was particularly impacted as parents were required to attend appointments by themselves due to the national restrictions. This increased anxiety, resulting in mothers feeling alone. It was particularly challenging for those who had previously lost a baby or who received difficult news. There were implications for post birth recovery, bonding, mental health, and wellbeing.
13. Many parents found the pandemic a lonely and isolating time with little support from family and friends. For some families however, having time alone meant they could do things together without interruption or pressure from visitors, which in some cases enhanced bonding. Some fathers were able to spend more time with their babies and children.
14. Recommendations for parents and carers wellbeing include:

- Continuing to strengthen support for those who may have experienced trauma through the perinatal period and who are experiencing long-term implications of this,
- Strengthening perinatal mental health pathways and care, including increasing engagement in perinatal mental health services,
- Reviewing and enhancing the local antenatal and parenting programmes to ensure they include early identification of maternal mental health and sources of support, prepare and empower parents for parenthood, and reflect the importance of social support.

Impact on children's early development

15. Local professionals responding to the Covid impact survey reported a significant impact on children's development: 96% reporting a negative impact on social and emotional development, 93% on children's communication skills and 89% on children's behaviour.
16. Data also highlights an impact on early childhood development, there was a decline in 2022 of 2-to-2.5 year old's meeting the expected level of development, as measured by the Healthy Family Teams, in relation to both communication, and social and emotional skills. These were children born in or before initial lockdowns.
17. There has been an increase in demand for specialist speech and language therapy services, and more children presenting to this service at age 3-4 years rather than 2-3 years. There are also challenges in access to targeted support for speech, language and communication needs for 2-2.5 year-olds. Actions are in place operationally to help mitigate the impact of this.
18. Practitioners in the local focus group reported a significant impact on children's speech and language development. They described these needs as persisting beyond the lockdowns and being most evident in children accessing settings for the first time at ages 2 and over. This was different to parents responding to our local Covid impact survey who tended to report their children 'caught up' as opportunities for social interaction increased.
19. Recommendations for children's early development include:
 - Addressing the increasing speech, language and communication needs that have emerged in the cohort of children most affected by the restrictions of the Covid-19 pandemic i.e., children who are now aged 2 and over. The key recommendation here is the increase of capacity for speech, language and communication interventions at a targeted level for those aged over 2 years,
 - Additional training for the early year's workforce in relation to healthy social and emotional development,
 - Roll-out of a specific children's centre service intervention 'PEEP' which focuses on the role of parents and early educators and enhances social and emotional development and helps babies and children to become confident communicators and learners.

Health outcomes

20. There is long-standing variation in breastfeeding prevalence across Nottinghamshire, which is largely linked to deprivation. The overall prevalence of breastfeeding in Nottinghamshire remained relatively constant between 2019-20 and 2020-21, the year most affected by the pandemic restrictions, before increasing slightly in 2021-22. The districts of Bassetlaw and Mansfield however, between 2019-20 and 2020-21, saw a decline in breastfeeding prevalence.
21. The level of A&E attendances in under 5's dropped throughout 2020 with troughs related to the lockdowns, presentations for injury remained relatively stable compared to other presentations. The number of attendances have recovered to pre-pandemic levels.
22. There was a sharp decline in the number and percentage of under 5's accessing a dentist in Nottinghamshire from 2019-20 to 2020-21. There was only a slight recovery in the following year, with the percentage seen by a dental professional remaining lower than it was pre-pandemic. It is important to note here that there are national challenges in access to dentistry which are mirrored in Nottinghamshire.
23. Generally, the vaccination rates in children living in Nottinghamshire, across the childhood immunisation programme, have remained relatively static in roughly the 90% to 97% range depending on the indicator.
24. Recommendations in relation to early years health outcomes include:
 - Targeting breastfeeding support in areas with persistently low rates, particularly the areas which saw a decrease in breastfeeding across the course of the pandemic,
 - Exploring trends in vaccination uptake in pregnancy and early years in more detail e.g., at a smaller geographical area and amongst demographic groups, to target the areas of greatest need more effectively,
 - Increasing our understanding of patterns in A&E attendance to ensure children and families access the most appropriate service for their needs,
 - Exploring any opportunity to improve oral health in the early years, including preventive interventions such as health promotion and fluoridation.

Summary and Next Steps

25. It is important to highlight that although we have drawn together key themes and overall conclusions, there has not been a universal experience to the pandemic, and each family had different experiences depending on their personal situation at the time. There are indications however that the pandemic has had the greatest negative impact on our most vulnerable children and families, acting to further widen pre-existing inequalities.
26. There is mixed feedback around the effectiveness of virtual care depending on the context within which it is provided. It can increase the risk of health issues being missed and affect the relationship between parents and professionals, however it can enhance engagement with some families in particular fathers and those who struggle with transport or access. It has also

strengthened some professional working relationship and made multi-disciplinary decision-making processes more efficient.

27. The CIA for pregnancy, birth and early years has assessed the national and local evidence and incorporated feedback from local parents, carers and professionals. It is recognised that the parents and carers who responded to our local Covid impact survey, which was widely promoted, were self-selecting and not a fully representative sample of our local population. However, the shared experiences they describe are impactful and provide some valuable insight.
28. The Best Start Partnership endorsed the CIA's recommendations at the April 2023 meeting and are committed to driving forwards their implementation. The Best Start Partnership is a multi-agency group of diverse partners working together to ensure children have the best start in life. The Partnership is responsible for delivering Nottinghamshire's Best Start Strategy and as such are well placed to monitor and progress implementation of the CIA's recommendations relating to pregnancy, birth and early years.

Other Options Considered

29. There was an option to not undertake the covid impact assessment on pregnancy, birth and early years. This option was discounted as the assessment provides important information relating to the delivery of the giving children the best start in life ambition of the Nottinghamshire Joint Health and Wellbeing Strategy.

Reason/s for Recommendation/s

30. The Health and Wellbeing Board has a statutory duty to produce and deliver a Joint Health and Wellbeing Strategy, with best start in life identified as one of its priorities for 2022-26.

Statutory and Policy Implications

31. 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

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

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

- 1) To establish any actions required by the Board in relation to the findings from the Covid Impact Assessment for Pregnancy, Childbirth and Early Years.

- 2) To consider how members of the Board can support the implementation of the outlined recommendations set out in the Covid Impact Assessment.

JONATHAN GRIBBIN
DIRECTOR OF PUBLIC HEALTH
NOTTINGHAMSHIRE COUNTY COUNCIL

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Constitutional Comments (GMG 12/06/23)

33. This report falls within the remit of the Board for consideration under its terms of reference (see pp. 119 – 120 of the Council's Constitution).

Financial Comments (DG 13/06/23)

34. 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 COVID Impact Assessment: Health and Wellbeing and Health Inequalities

PHASE 6: PREGNANCY, CHILDBIRTH & EARLY YEARS

March 2023

Nottinghamshire County Council Public Health Team



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Executive summary

Introduction

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

Phase 6 of the CIA centres on pregnancy, childbirth, and early years with the focus on three areas:

- a. Impact on parents and carers wellbeing
- b. Impact on children's early development
- c. Impact on early years health outcomes

Key Point:

Although we have attempted to draw general conclusions and recommendations it is important to highlight that there has not been a universal experience to the pandemic and this report provides a snapshot based upon the best and most suitable information available at the time of writing. Each family will have had different experiences depending on their personal situation at the time. However, there are indications it has had the greatest negative impact on our most vulnerable children and families, acting to widen pre-existing inequalities further.

Impact on parents and carers wellbeing

Key points:

- Findings locally appear to align closely with the national picture, with the pandemic largely having a negative impact on parent's wellbeing with long term implications on family relationships and parental mental health.
- 80% of parents and carers in our local Covid impact survey¹ reported that it had a negative impact on their mental wellbeing.
- Although the majority of parents/carers in our local Covid impact survey found support either from professionals or from friends or family, 12% of parents/carers didn't know where to go for support and 13% didn't feel able to, suggesting a significant proportion did not receive the appropriate support for their mental health during that time. One parent summarised the impact of this as *"The lack of support for parents was awful and will effect children for years to come."*
- There was an initial drop in referrals to perinatal mental health services. This has now recovered to roughly pre pandemic levels but with anecdotal evidence highlighting that mothers may be presenting with more urgent and complex care needs.
- 81% of the parents and carers in our local impact survey felt the pandemic had impacted their pregnancy in a negative way.
- Both the Nottinghamshire Covid impact survey and the Nottingham & Nottinghamshire Maternity Voices & Healthwatch report highlighted how antenatal care was particularly impacted due to parents having to attend appointments by themselves because of pandemic restrictions. This increased anxiety, resulted in mothers feeling very alone and was particularly challenging for those who had previously lost a baby or who

¹ Please note the caveats on our local survey on page 13.



received difficult news. It was acknowledged that staff worked very hard under unprecedented circumstances.

- Not being able to have partners present until labour was established also left parents feeling isolated and scared.
- Lack of care and support during and after birth, resulting from restrictions around visiting and demands on midwifery services, had enormous implications on post birth recovery, bonding with their baby and long-term mental health. A number of mothers described feeling frightened and being traumatised by their experiences.
- 74% of respondents to our survey said that the pandemic had made their early experiences as parents worse. Many found it a lonely and isolating time with a lack of support from family and friends. Having time alone as a family did however mean they could do things together without interruption or the pressure of visitors which in some cases did enhance bonding.
- Some fathers got to spend more time with their babies and children which they would not have pre-pandemic, thus improving their relationships.
- There is mixed feedback around the effectiveness of virtual care which appears to depend on the context within which it is provided. It can increase the risk of arising health issues being missed and affect the relationship between parents and professionals. However, it has in some instances enhanced engagement with certain groups of parents such as fathers and those with issues over transport and childcare. It has also improved some professional working relationships and sped up important multidisciplinary decision-making processes.

Impact on children's early development

Key points:

- Generally, the experiences of parents, carers and professionals align closely to that seen nationally.
- Local professionals² surveyed reported a significant impact on children's development: 96% reporting a negative impact on social and emotional development, 93% on children's communication skills and 89% on children's behaviour.
- There was a decline in 2022 of 2-to-2.5-year old's meeting the expected level of development, as measured by the Healthy Family Teams, in relation to both communication, and social and emotional skills. These were children born in or before initial lockdowns. However, the latest available data, to December 2022, suggests this decline may be showing some sign of recovery.
- There is an increasing demand for specialist speech and language therapy services, and there are now more children presenting to this service at ages 3-4 years rather than 2-3 years.
- There are challenges in access to the targeted speech and language service. It is important to note that this service is targeted at those who need support following universal health and development reviews at age 2 to 2.5 years; waits for intervention are problematic as children get older and may then become ineligible or require specialist support.

² For caveats to note around the engagement with local professionals, please see page 13.



- Practitioners in the local focus group reported a significant impact on children's speech and language development. They described these needs as persisting beyond the lockdowns and being most evident in children accessing settings for the first time at ages 2 and over. This was different to parents who tended to report their children 'caught up' as opportunities for social interaction increased.
- The number of early years registered places available in Nottinghamshire declined slightly across the course of the pandemic. However, the latest childcare sufficiency audit highlights that there are no areas of Nottinghamshire where the demand for funded childcare places for 2-, 3- and 4-year-olds outstrips supply.
- Take-up of early years funded places reduced slightly and has subsequently recovered or exceeded pre-pandemic levels. This differs from national findings.
- Feedback from early years providers is that children access fewer hours than in the years prior to the pandemic, this is due in part to cost of living pressures and they are instead making alternative childcare arrangements. This may be eased by recent Government funding announcements.³

Impact on early years health outcomes

Key points:

- The feedback received from the Nottinghamshire Covid impact survey support the national evidence with Covid-19 having both negative and positive implications on our local population.
- There is a long-standing variation in breastfeeding prevalence across Nottinghamshire, with Rushcliffe having the highest rates and Bassetlaw the lowest. The overall prevalence of breastfeeding remained relatively constant between 2019-20 and 2020-21, the year most affected by the pandemic restrictions, before increasing slightly in 2021-22. The districts of Bassetlaw and Mansfield however, between 2019-20 and 2020-21, saw a decline in breastfeeding prevalence.
- The level of A&E attendances in under 5's dropped throughout 2020 with troughs related to the lockdowns, presentations for injury remained relatively stable compared to other presentations. The number of attendances have recovered to pre-pandemic levels.
- Analysis of data for routine vaccinations in infants at primary care network (PCN) level indicates that vaccine uptake may have been impacted differently in geographic areas across Nottinghamshire, however further exploration of this is needed.
- There was a sharp uptake in flu vaccination for 2–3-year-olds in 2020-21, however this was not sustained.
- Data for under 5s accessing a dentist within Nottinghamshire has shown a sharp decline in the number and percentage of children being seen by a dental professional from 2019-20 to 2020-21. There has only been a slight recovery in the following year with the percentage seen remaining lower than it was pre-pandemic, suggesting many under 5's are unable or not accessing a dentist. It is important to note there are national challenges in access to dentistry which are mirrored in Nottinghamshire.

³ [Budget 2023: Everything you need to know about childcare support - The Education Hub \(blog.gov.uk\)](https://blog.gov.uk/budget-2023-everything-you-need-to-know-about-childcare-support/)

Recommendations

The wellbeing of children and families need to be nurtured as they recover from the effects of the pandemic, to allow them to thrive. We are proposing the following recommendations within Nottinghamshire to support us in achieving this:

	Recommendation	Key Partners	Ambitions it relates to in the Best Start Strategy
	Parent & carers wellbeing		
1	Continue to support those who may have experienced trauma through the birth process and/or perinatal period and who may be continuing to experience the long-term implications of this.	LMNS x 2 NCC NHFT	1, 2, 3, 5
2	Strengthen perinatal mental health pathways and care: <ul style="list-style-type: none"> Strengthen data capture and reporting to determine need, address gaps, and measure progress more accurately Increase engagement in perinatal mental health services Identity and support 'low level' and emerging mental health need within families 	LMNS x 2 NCC NHFT	3, 5
3	Review and enhance our local antenatal and parenting programme offers to ensure they support key areas such as: <ul style="list-style-type: none"> Early identification of maternal mental health problems and sources of support Greater engagement with fathers/partners Preparing & empowering parents for parenthood, increasing their resilience to face and overcome adversity The importance of social support 	LMNS x 2 NCC NHFT	1, 3, 5, 6
4	Ensure that for any future pandemic/emergency planning the implications of the maternity restrictions and service delivery are taken into consideration, as outlined within this impact assessment and in greater detail within the Experiences of Maternity Services in Nottingham and Nottinghamshire during the COVID-19 Pandemic report (Nottingham & Nottinghamshire Maternity Voices & Healthwatch, 2021).	LMNS	1, 2, 3
	Child Development		
5	Address the increasing speech, language and communication need (SLCN) that has emerged in the cohort of children most affected by the restrictions of the Covid-19 pandemic i.e., children who are now aged 2 and over, by:	NCC NHFT ICB	7, 8

	<ul style="list-style-type: none"> Implementing additional training in the early identification of SLCN to early years practitioners Carrying out a skills analysis regarding SLCN across the early years sector and regularly reviewing training opportunities Piloting the use of a new tool in settings that supports early identification of SLCN's, and guides professionals in the appropriate implementation of strategies to support emerging need Increasing capacity for targeted SLCN interventions for those aged 2 to 3.5 years Undertaking an audit or similar to better understand the reasons for the continued increase in referrals to specialist SLT. 		
6	Deliver training to the early years workforce to help early years practitioners effectively support healthy social and emotional development: <ul style="list-style-type: none"> Roll out Emotion Coaching to settings Deliver workshop-style training to settings 	NCC	3, 8
7	Roll out and promote "Peep" interventions via Children's Centre Services for parents/carers from pregnancy and across the early years. These interventions focus on the role of parents as early educators and champion parents and their babies/children learning together – building positive, sensitive relationships, enhancing home learning environments, and helping babies and children to become confident communicators and learners.	NCC	3, 7, 8
8	Ensure children continue to have access to high quality early years provision, in order to mitigate the adverse impact that the pandemic may have had on children's early experiences and development.	NCC	9
9	Continue to review the emerging trends in early child development, where a decrease in the proportion of children meeting the expected level of development in relation to both communication and social-emotional skills at age 2-2.5 was observed, to understand if this continues. <i>(Please note links to recommendations 5 to 8 re: communication and social-emotional development)</i>	NCC NHFT	7, 8
Health Outcomes			
10	Increase our understanding of patterns in A&E attendance to ensure children and families are accessing the most appropriate service for their needs.	ICB	6
11	Deliver and monitor targeted breastfeeding support in areas with persistently low rates, particularly in areas with significant decreases in breastfeeding across the course of the pandemic.	NCC LMNS x 2 NHFT	3, 6



12	Explore data and trends in vaccination uptake in pregnancy and early years in more detail e.g. at smaller geographical areas and amongst demographic groups, to more effectively target areas of greatest need.	NCC LMNS x 2	2, 6
13	Understand and apply the strategies that were successfully used in the promotion of flu vaccination in 2–3-year-olds in 20-21, as well as successful campaigns undertaken by comparator areas, to increase uptake in future years.	NCC NHFT	6
14	Given the national challenges in access to dentistry, it is important to explore any opportunity to improve oral health in the early years, including preventative interventions such as health promotion and fluoridation.	NCC	6
Best Start for Life Offer			
15	Drive forward the development of Family Hubs across Nottinghamshire, publish and integrate our Best Start for Life Offer, informed by engagement with parents and carers. This will support both parents and professionals to have greater clarity around where to signpost and seek support.	NCC LMNS x 2	All
16	Promote our Best Start for Life Offer, local services and resources to parents-to-be as early as possible in their journey of parenthood. This will require continued close working and collaboration with key services who would play a significant role in this, such as maternity.	All	All
Inequalities			
17	Research suggests the pandemic has disproportionately and adversely impacted vulnerable families and children the greatest and is likely to have exacerbated existing inequalities (e.g., in low-income families, BAME groups, socially isolated, those with mental health issues.) All recovery work needs to prioritise understanding the specific inequalities within that area and working to address these.	All	All
Service Delivery			
18	Services continue to understand the benefits and downsides of blended service delivery models within their service (e.g., online, face to face) and build on the strengths this can provide to meet individual family's needs more effectively, without compromising on quality and safety.	All	All

Partners: Key

LMNS: Local Maternity & Neonatal System. Within Nottinghamshire we have two, Nottingham & Nottinghamshire and South Yorkshire & Bassetlaw

NCC: Nottinghamshire County Council

NHFT: Nottinghamshire Healthcare NHS Foundation Trust

ICB: Nottingham and Nottinghamshire ICB



Best Start Strategy Ambitions Key:

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

Implementing these recommendations will also support priorities previously identified within the [Nottinghamshire Health and Wellbeing Strategy \(2022-2026\)](#) and the [Nottinghamshire Plan \(2021-2031\)](#).

1. Introduction

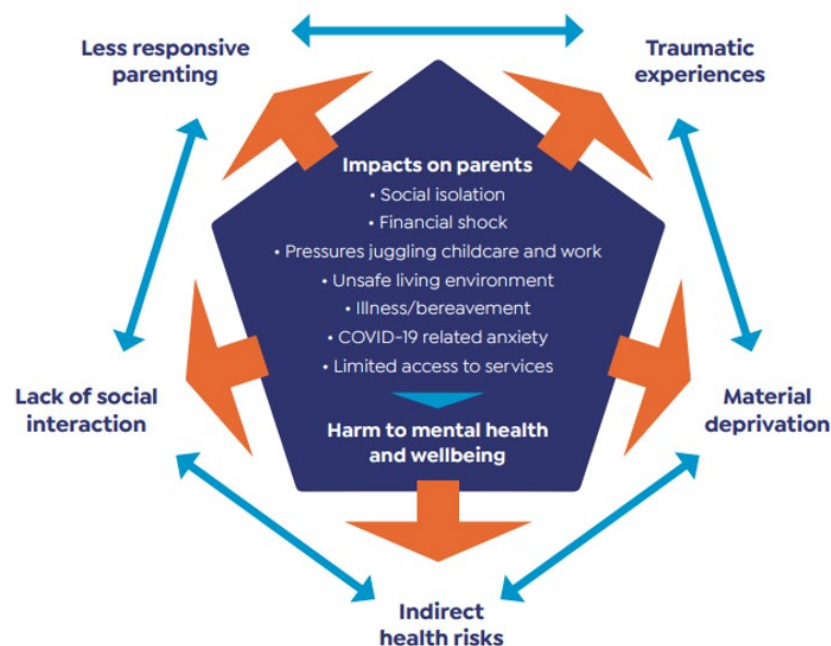
The lockdown measures announced in the UK on 23rd March 2020 to reduce the spread of Covid-19 resulted in a rapid change in circumstances for many pregnant people, those giving birth, new parents and their infants. By July 2021 most restrictions on social contacts were removed but some restrictions around health services remained into late 2022.

On the 16th March 2020, the UK Government classified pregnant people among the groups considered 'vulnerable' to coronavirus. Many mothers-to-be working in frontline roles had to take on a more administrative role or work from home once in their third trimester. Many antenatal appointments moved to telephone or virtual and hospital policies changed which limited partners from attending antenatal appointments and being present only in established labour. Birth choices for some were altered by home births not being offered for a period in many UK hospitals. Restrictions around hospital visitors were also introduced to minimise spread of Covid-19. A substantial amount of postnatal support was temporarily moved online or delivered via telephone with face to face limited to where necessary.

Many parents and carers were not able to access the various antenatal classes, support groups, activities, and childcare. Many of these either went online or were not able to be delivered until restrictions were lifted. Many children who would have spent a large proportion of their week in a childcare setting were spending time at home, in some cases being looked after by their parent or carer who were themselves trying to balance work with childcare.

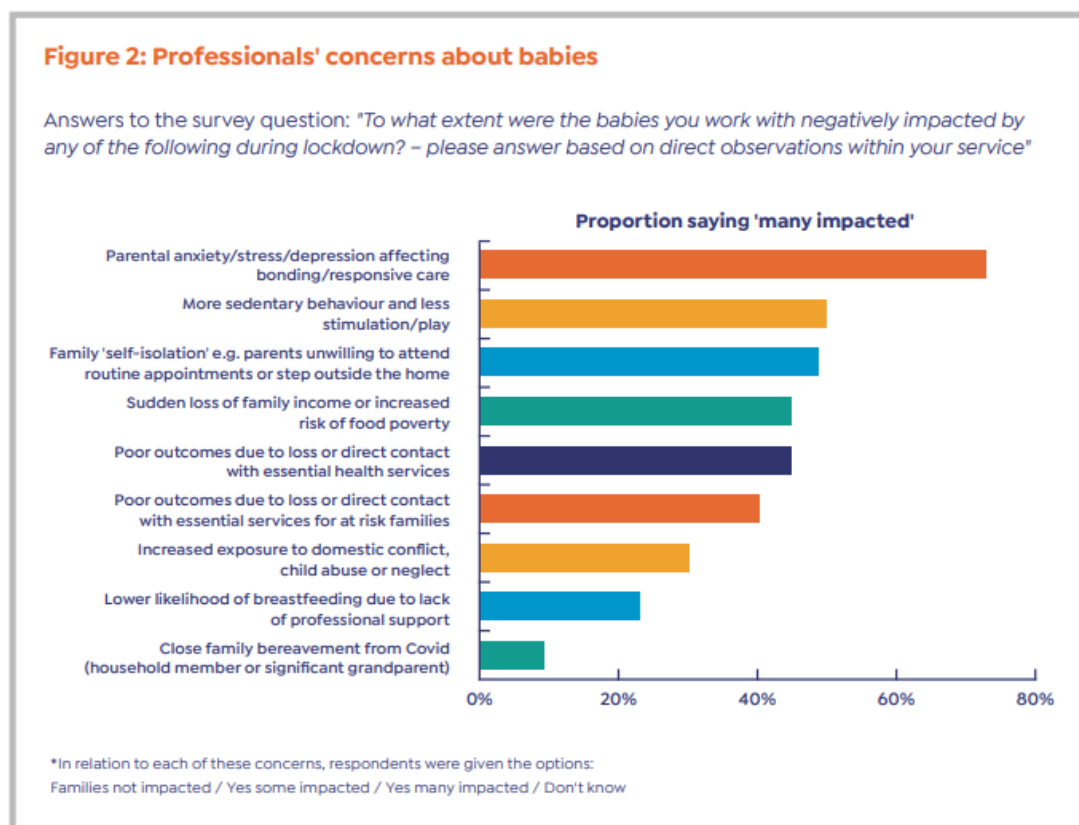
Whilst these changes were deemed necessary and appropriate at the time to deal with the current outbreak, and providers of services had to work under extremely challenging circumstances, they no doubt had substantial impacts on pregnancy, childbirth and the early years. From extensive research into this early year's period (pre-conception to age 5), we know it is a crucial time for shaping short- and long-term health, wellbeing, and development. The diagrams below illustrate some of the key impacts for parents and carers, and subsequently their babies:

Figure 1: Hidden harms of Spring 2020 lockdown on 0-2's



Source: ISOS Partnership

Figure 2: Professionals concerns about babies



Source: ISOS Partnership 2021

It is important that we try to understand how the Covid-19 pandemic might have impacted on pregnancy, childbirth and the early years (0-5) within Nottinghamshire and propose some recommendations for how we as a local system might be able to support these moving forward.

“This generation of children have had their lives impacted in a way we’ve not seen since the second world war; we must do everything we can do to provide support”

The words of Conservative MP Tobias Ellwood (Butler, Quinn, Murphy, 2020).



2. Scope of the COVID Impact Assessment

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

Phase 6 of the CIA centres on Pregnancy, Childbirth and Early Years with the focus on three particular areas:

- a. Impact on parents and carers wellbeing
- b. Impact on children's early development
- c. Impact on early years health outcomes

It was decided this review would focus on pregnancy, childbirth and children up to the age of 5 years old. This is because the early years (0–5 years) are recognised as a crucial time for children's development, impacting on their short- and long-term health and wellbeing (EIF, 2021).

3. Literature review

The Office for Health Improvement and Disparities (OHID) has a research repository for Covid-19 academic research. Its literature search facility was used to ask the below questions regarding the pandemics impact on pregnancy, childbirth and early years:

Pregnancy & Birth:

- 1) What was the impact of the covid-19 pandemic on pregnancy and birth experiences for parents and carers in the UK?

Mental Health:

- 1) What has been the emotional/mental health impact of the covid-19 pandemic on babies, children (0-5 years) in the UK and their parents and carers?

Child Development:

- 1) What has been the impact of the covid 19 pandemic on children's early development (social, emotional, behavioural, speech, language & communication) in the UK (0-5 years)?

Health:

- 1) What has been the impact of the covid 19 pandemic on breastfeeding rates and experiences in the UK?
- 2) What has been the impact of the covid 19 pandemic on children between 0-5 years old experiencing food poverty in the UK?
- 3) What has been the impact of the covid 19 pandemic on non-accidental injuries in babies and children (0-5 years) in the UK?
- 4) What has been the impact of the covid 19 pandemic on children's physical activity levels? (0-5 years)

The search was undertaken in September 2022, covered the period 2020 to September 2022 and focuses on studies within the UK. It aims to provides an overview of the literature, as opposed to a comprehensive analysis of the evidence base. The quality of included/excluded research studies was not assessed.



General caveats to the national research:

- Participants in a number of these research studies and local questionnaires tend to be more likely to self-identify as white (fewer from BAME background), are married, and educated to degree level with higher levels of income.
- A number of the studies were survey based and surveys generally tend to obtain feedback from the above groups rather than our most vulnerable parents and marginalised groups. They also tend to be snapshots in time, rather than following survey subjects over a period of time.
- At the time of the review relatively little evidence specifically examines the consequences of the pandemic on children aged 0–5 years in the UK. There is a greater focus on older children and national research which is difficult to draw comparisons to due to differences in service delivery, lockdowns etc (EIF, 2021).

4. Local engagement

It was considered vital as part of this impact assessment that feedback was obtained directly from parents, carers and professionals living and working in Nottinghamshire. Their experiences were collected through two surveys and a focus group which were promoted through already established Nottinghamshire County Council networks and Facebook pages. Incentives in the form of being entered into a prize draw were funded by the Contain Outbreak Management Fund, which the government has provided to local authorities to support response and recovery from Covid-19.

Parents/carers survey

This survey was produced based upon the key topic areas outlined within this report. There were 182 responses received. Nearly all responses were from females with the majority falling within the 31-35 year age range and describing themselves as White British. Respondents tended to fall into the higher income brackets and the majority were from two person households. You can find a summary of the key findings in Appendix 1.

Professionals survey

Similar to the professionals' survey, a survey for parents and carers was produced based upon the key topic areas. This survey was produced based upon the key topic areas outlined within this report. There were 30 responses to this survey with the majority being from our Healthy Families Team with good coverage of those working across Nottinghamshire. The majority reported that they had seen an increase in families with a 0-5 year old approaching their service post pandemic and an increase in the complexity or severity of the challenges faced by the families. When asked about changes in communicating with families, responses showed an increase in remote style communications such as phone calls, teams/video calls and increased emails.

You can find a summary of the key findings in Appendix 2.

Early years focus group

An invitation to participate in a focus group to share their experiences of how Covid-19 and the Covid-19 restrictions had impacted on children's early development and education was circulated widely to early year's settings across Nottinghamshire. Five practitioners working in settings across the county attended a focus group to share their experiences. The information



gathered at the session helped to support the development of the recommendations. You can find a summary of the key findings in Appendix 3.

Although we had a good response to our surveys and focus group, their limitations should be noted.

Feedback was also incorporated from the [Nottinghamshire review of the impact of Covid-19 on child and family poverty](#) (Nottinghamshire County Council, 2021) and the Nottingham and Nottinghamshire ICB Maternity Voices Partnership and Healthwatch's survey of experiences of maternity services during the Covid-19 pandemic (2021).

5. Impact on parents and carers wellbeing

Summary of the National Picture:

- There is indication that the pandemic affected UK expectant mothers' mental health, increasing the prevalence of depression (47%), anxiety (60%) and stress.
- A large survey of new and expectant UK parents found 61% reported that their emotional and mental health was a main concern during the early days of the pandemic. 87% of parents said they were more anxious and 68% of parents said their ability to cope with their pregnancy or baby had been impacted by covid-19.
- The changes to healthcare services for pregnant women during the pandemic increased feelings of anxiety and left women feeling inadequately supported.
- Parents experiences of attending appointments and giving birth during the pandemic were predominately negative. It was especially challenging when receiving difficult news, feeling limited by one birth partner who could only be present whilst in active labour and when their baby required a stay on a Neonatal Intensive Care Unit (NICU).
- Research by the Mental Health Foundation found that almost a third of parents of children aged four and under reported loneliness.
- Even though many studies are reporting a detrimental effect of the pandemic on parents emotional and mental health there are some positives. One study found that the mother's bond with their baby was generally strong and a study looking at experiences of new fathers found many enjoyed the isolation and the increased time they spent with their new family.
- There is mixed evidence around the suitability and effectiveness of virtual support. For some, including fathers, it increased engagement due to fewer costs and barriers to attendance and meant professionals capacity to deliver help increased. However, those experiencing poverty often lacked the devices and data to engage with virtual support services.

Summary of the Local Picture:

- Findings locally appear to align closely with the national picture, with the pandemic largely having a negative impact on parent's wellbeing with long term implications on family relationships and parental mental health.
- 80% of parents and carers in our local Covid impact survey⁴ reported that it had a negative impact on their mental wellbeing.

⁴ Please note the caveats on our local survey on page 13.



- Although the majority of parents/carers in our local COVID impact survey found support either from professionals or from friends or family, 12% of parents/carers didn't know where to go for support and 13% didn't feel able to, suggesting a significant proportion did not receive the appropriate support for their mental health during that time. One parent summarised the impact of this as *"The lack of support for parents was awful and will effect children for years to come."* It was acknowledged in another local survey that staff worked very hard under unprecedented circumstances.
- There was an initial drop in referrals to perinatal mental health services. This has now recovered to roughly pre pandemic levels but with anecdotal evidence highlighting that mothers may be presenting with more urgent and complex care needs.
- 81% of the parents and carers in our local impact survey felt the pandemic had impacted their pregnancy in a negative way.
- Both the Nottinghamshire Covid impact survey and the Nottingham & Nottinghamshire Maternity Voices & Healthwatch report highlighted how antenatal care was particularly impacted due to parents having to attend appointments by themselves because of pandemic restrictions. This increased anxiety, resulted in mothers feeling very alone and was particularly challenging for those who had previously lost a baby or who received difficult news.
- Not being able to have partners present until labour was established also left parents feeling isolated and scared.
- Lack of care and support during and after birth, resulting from restrictions around visiting and demands on midwifery services, had enormous implications on post birth recovery, bonding with their baby and long-term mental health. A number of mothers described feeling frightened and being traumatised by their experiences.
- 74% said that the pandemic had made their early experiences as parents worse. Many found it a lonely and isolating time with a lack of support from family and friends. Having time alone as a family did however mean they could do things together without interruption or the pressure of visitors which in some cases did enhance bonding.
- Some fathers got to spend more time with their babies and children which they would not have pre-pandemic, thus improving their relationships.
- There is mixed feedback around the effectiveness of virtual care which appears to depend on the context within which it is provided. It can increase the risk of arising health issues being missed and affect the relationship between parents and professionals. However, it has in some instances enhanced engagement with certain groups of parents such as fathers and those with issues over transport and childcare. It has also improved some professional working relationships and sped up important multidisciplinary decision-making processes.

5.1 Pregnancy, post-natal and early years experiences

National Picture

Pregnancy

A healthy pregnancy is extremely important in setting up an unborn baby for a healthy life. The foetus is susceptible to the environment around the mother, meaning high levels of stress in pregnancy can negatively impact on the baby (Early Years Healthy Development Review,



2021). There is an indication that the pandemic affected UK expectant mothers' mental health by increasing the prevalence of depression (47%), anxiety (60%) and stress related to the psychological impact of Covid-19 (Filippetti, Clarke, & Rigato, 2022). As well as directly impacting the mother, her mental health can have indirect effects on her unborn child. Within this study high depressive symptoms were associated with reduced attachment to the unborn baby. However higher social support acted as a protective factor and was associated with lower anxiety, illustrating how important social support can be in supporting a mother's mental health throughout pregnancy (Filippetti et al, 2022).

Post-natal and early years experiences

During the period from conception to age two, babies are uniquely susceptible to their environment. Regular exposure to high levels of stress causes unrelieved activation of the baby's stress management system. Without the protection of adult support, toxic stress becomes built into the body resulting in long-term consequences for learning and a baby's future physical and mental health. Poor mental health can also impact a parent's ability to bond with their baby (Early Years Healthy Development Review, 2021).

There is already a wealth of research that suggests for many new parents the pandemic was a time of considerable stress, with exacerbations of usual concerns during birth and entry to parenthood manifesting into severe and unacceptable experiences (Saunders and Hogg, 2020). A few studies during the initial lockdown found higher rates of clinically relevant and clinical diagnoses of depression and anxiety in mothers with babies under 6 months old (Fallon et al, 2021; Myers and Emmott, 2021).

A large survey of new and expectant UK parents found 61% reported that their emotional and mental health was a main concern for them during the early days of the pandemic. 87% of parents said they were more anxious as a result of covid-19 and the lockdown and 68% of parents said their ability to cope with their pregnancy or baby had been impacted by covid-19 (Saunders and Hogg, 2020). In the COVID-19 New Mum Study 11% of mothers indicated that lockdown had adversely affected their mental health, citing anxiety, depression, isolation and loneliness. Some mentioned consequences of not being able to see their family, highlighting the lack of practical support but also distress that family members had missed seeing the new baby and the lack of social support from their friends, and missing attending mother and baby groups and activities (Vazquez-Vazquez, Dib, Rougeaux, et al, 2021).

In an online survey of women living in the UK with an infant aged less than 12 months the majority of the 1329 participants reported feeling down (56%), lonely (59%), irritable (62%), and worried (71%) to some extent since lockdown began, but 70% did feel able to cope. (Dib et al, 2020). Unfortunately, YouGov research found that 1 in 3 parents were worried they would be judged if they asked for support, and 57% felt too uncomfortable to ask for support (YouGov cited by Home-Start 2021).

Inequalities in experiences

The impact of the pandemic on parents' mental wellbeing doesn't appear to be limited to new parents as research by the Mental Health Foundation found that almost a third of parents of children aged four and under reported loneliness (Mental Health Foundation 2020) while Royal Foundation commissioned research found that parental loneliness increased from 38% before the pandemic to 63% (Ipsos Mori 2020). The impacts appear to be further exacerbated by one's personal situation and those already at greater risk of poor outcomes. Participants with more than one child showed higher negative emotional states, namely anxiety symptoms. (Costantini, Joyce & Britez, 2021) and parents and carers in; low income families, young



parents, single parent families and those supporting children with Special Educational Needs and Disabilities were particularly vulnerable to elevated mental health symptoms, higher levels of stress, depression, and anxiety (Co-Space 2021; Saunders and Hogg, 2020). Thus, further exacerbating existing inequalities.

A research study with young mothers (16-24) found the burden of taking sole responsibility during appointments when they were asked to make medical decisions without being able to consult their partners (or another significant adult in their life) was challenging along with feeling overwhelmed trying to answer questions from their partner or family members (Moltrecht et al, 2022).

Positives

Despite many studies reporting a detrimental effect of the pandemic on parents emotional and mental health there are some positives. One study found that the mother's bond with their baby was generally strong and that stronger bonding was associated with greater emotional support. Partner support being a predictor of developing mother-infant relationships during the COVID-19 pandemic highlights the importance of support during challenging times. (Myers & Emmott, 2022) (2). In some cases the pandemic enabled partners to be more present with the working from home rules or if they were furloughed. A study looking at experiences of 20 fathers of babies born after March 2020 found many enjoyed the isolation and the increased time they spent with their new family (Andrews, Ayers & Williams, 2022). Their overall response of fatherhood in the pandemic was positive.

Local Picture

Overall, the local picture for the impact on pregnancy and the early years, especially from the local Nottinghamshire covid impact surveys, reflect similar themes as outlined within the national literature search (noting the caveats). There was agreement across both our professional and parents/carers impact surveys that the pandemic had impacted negatively on parents mental wellbeing with parents accessing both formal support and informal support through friends and family. More specifically the impact survey highlighted that:

81% of the parents and carers responding felt the pandemic **had impacted their pregnancy in a negative way.**

80% of the parents and carers responding felt that the pandemic had **a negative impact on their mental wellbeing**, with **14%** reporting **no impact** and only **2%** a **positive impact.**

74% of those responding said that the pandemic had made their **early experiences as parents worse.**

Several new mums, especially when it was their first baby, mention that it was lonely and isolating not being able to go to baby groups and to meet other new mums. Not being able to have family and friends to support and help was challenging. For some this then impacted on the relationship with their baby and other children:



"Being alone all the time with no outside help with a new-born and a toddler under 2, I had to ignore the needs of the toddler and put them second for a lot of months which I hated and I hated how it made him view me and the baby."

"I'm relatively new to the area, so hadn't met any other new mums locally as all the classes were stopped, so I felt quite alone at times. The post birth midwife visits and, childhood immunisation visits to the doctor and weigh-ins were a genuine highlight in my calendar."

"I really struggled to bond with my baby, and felt very very isolated at the start as the support was limited due to covid meaning many baby groups weren't running in person."

Source: Nottinghamshire Covid Impact Survey (2022)

For many this resulted in an intense period with challenges around looking after and entertaining children, and in some cases home-schooling as well. For some families however, this enhanced bonding and relationships improved. Responses highlighted how having time alone as a family meant they could do things together without interruption or pressure of visitors. This was especially so for those with a new-born who was their first child. It was noted that a number of fathers in particular got to spend more time with their children and new-borns which they wouldn't have pre-pandemic, thus improving the relationship between father and child:

"Made us realise what's important, I now work from home more to spend more time with them. My husband was furloughed and got time with them he otherwise wouldn't have had."

"Less commitment and pressure to meet family/friends/groups. Life felt a lot simpler and basic which felt refreshing as there was less complexity. I felt able to commit more time to my children/enjoy outdoors in all weather."

"It meant that we could limit visitors to the house and spend lovely bonding time alone without feeling guilty."

Source: Nottinghamshire Covid Impact Survey (2022)

For several parents within the survey the transition into parenthood was particularly challenging during Covid-19, which parents reported exacerbated existing mental health problems and/or was felt to have contributed to the development of post-natal depression and



anxiety. It is evident that this has had long term implications on their family relationships and mental health:

“My partner became depressed and anxious during covid lockdowns and became a lot worse after our daughter was born”

“Being so isolated because of lockdown meant I got postnatal depression (PND), and the first year and a half with my daughter was really difficult. It will always be 'tainted' and I will always feel guilty for being so depressed. I am still affected by PND (my daughter is nearly three years old) and our relationship is more difficult than I would like it to be.”

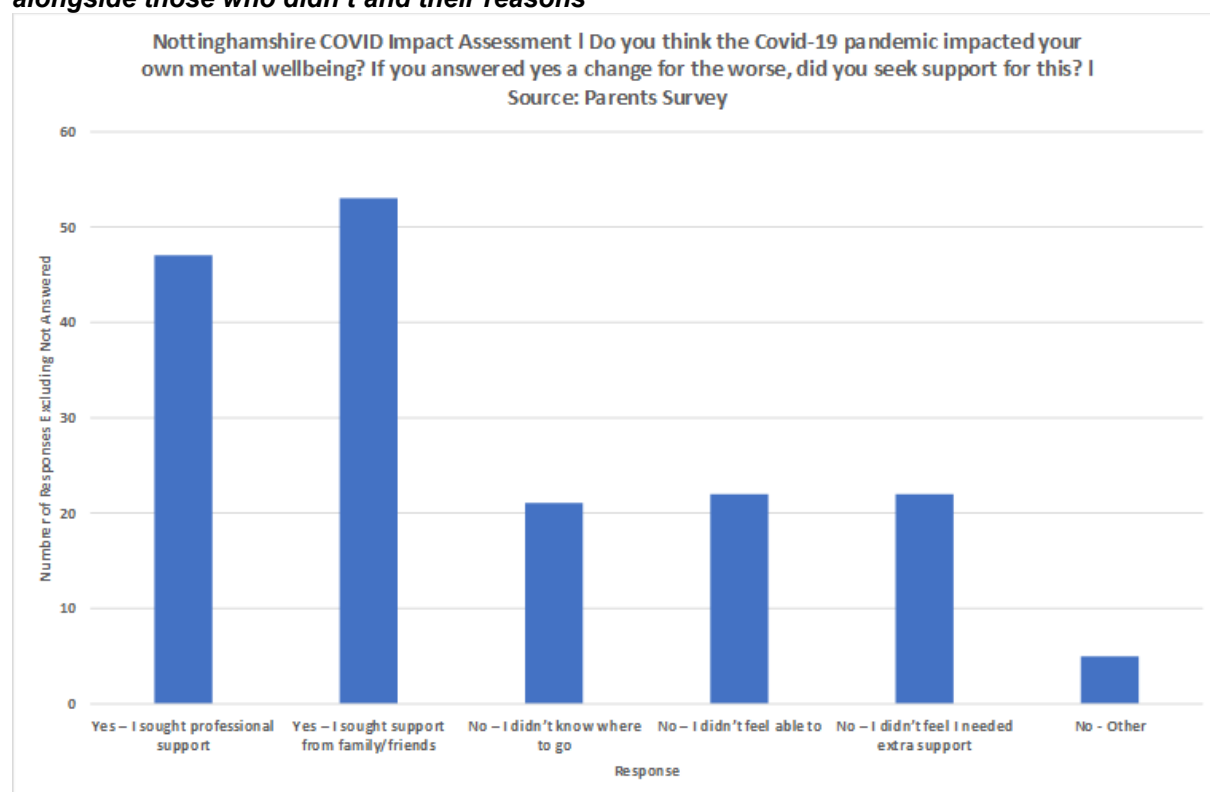
“Contributed to post natal depression. We were isolated. Hopewood were amazing and tried their very best to still see us as much as they could.”

“I had to take anti-depressants, and I am still on them now. My mental health took a massive turn for the worse and it is still affecting us today.”

Source: Nottinghamshire Covid Impact Survey (2022)

From those in Nottinghamshire reporting the covid pandemic having a negative impact on their wellbeing the majority reported seeking help from friends and family, closely followed by professionals (see Figure 3 below).

Figure 3: Numbers of parents and carers seeking support and who they obtained this from alongside those who didn't and their reasons



Source: Nottinghamshire Covid Impact Survey (2022). NB: multiple answers could be selected.



Over 25% however didn't know where to go for support or didn't feel able to (12% not knowing where to go and 13% not feeling able to) suggesting many didn't get the support they needed for their mental health during that time.

From an audit of 17 clients engaged with a Family Nurse Partnership (FNP)⁵ nurse during late 2020, ten clients felt that their mental health had deteriorated, one felt it had improved and six reported no change. Three also expressed difficulty in accessing mental health services. (Family Nurse Partnership data).

Two parents/carers summed up the implications of a lack of support during this time as:

“Yes. No baby groups were running, I had no friends or family allowed to visit. I resented the time being a parent as it felt isolating”

“The lack of support for parents was awful and will effect children for years to come.”

Source: Nottinghamshire Covid Impact Survey (2022)

Specialist mental health services

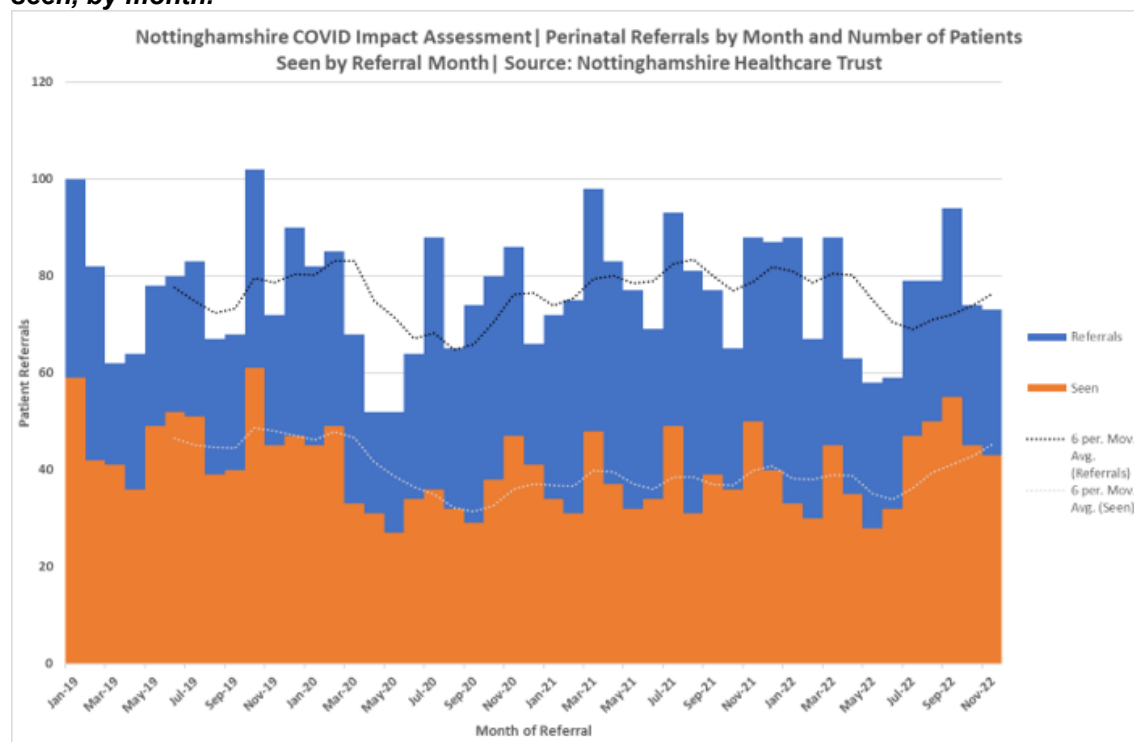
Figure 4 below illustrates that there was an initial drop in referrals to the specialist perinatal mental health community team⁶ from March 2020. This reduction was unlikely to be indicative of need and more likely a result of lockdowns and associated delays and barriers to accessing health services, however it is important to note that there was a slight reduction in births across Nottinghamshire during 2020-21 (Source: Nottinghamshire Healthcare Trust). The proportion of women referred to the perinatal mental health community team has now recovered to roughly pre-pandemic levels.

Access to specialist mental health services, i.e., the numbers of women seen, recovered at a slower rate than referrals as Figure 4 indicates. Anecdotal evidence suggests that mothers post pandemic were presenting with more urgent and complex care needs. Assessment appointments are now offered to a higher proportion of those referred than in any previous year, however there are challenges with engagement in the offer, non-attendance, and late cancellation that the service is working hard to address. A programme of engagement activity is being undertaken to increase access with a particular focus on targeted ethnic communities and areas of greatest deprivation, under-represented in both referral and access data.

⁵ The Family Nurse Partnership (FNP) programme is a home visiting service providing ongoing, intensive support to first-time, teenage mothers and their babies (plus fathers and other family members, with mother's permission). Each Family Nurse cares for up to 25 clients and the service is commissioned to support a total of 325 clients.

⁶ The perinatal mental health community team provides treatment and support to women experiencing problems with mental illness throughout the perinatal period, from 13 weeks pregnant (once the pregnancy is confirmed) up to two years after having their baby, across Nottinghamshire. <https://www.nottinghamshirehealthcare.nhs.uk/perinatal-services>

Figure 4: Referrals to specialist perinatal mental health services and number of patients seen, by month.



5.2 Experiences of antenatal care, childbirth and NICU

National Picture

Throughout the Covid-19 pandemic there were substantial changes made to the way antenatal care was delivered and changes in hospital processes and policies around childbirth. Responses to the national COVID in Context of Pregnancy, Infancy and Parenting (CoCoPIP) study identified five sub-themes, associated with the first wave of the pandemic. These were:

- rushed and/or fewer antenatal appointments
- lack of sympathy from healthcare workers
- lack of face-to-face appointments
- requirement to attend appointments without a partner
- requirement to use PPE

This study provides evidence indicating that the changes to healthcare services for pregnant women during the pandemic increased feelings of anxiety and left women feeling inadequately supported. (Aydin et al (2022)). This is further exacerbated by changes to birth experiences with a quarter of the sample from the national CoCoPIP study reporting Covid-related changes to their birth plan, including limited birthing options such as not being allowed a home birth and reduced feelings of control; difficulties accessing pain-relief and assistance, and feelings of distress and anxiety. Participant experiences of giving birth during the pandemic were predominately negative (46.9%), particularly in relation to the first national lockdown, with a smaller proportion describing it as positive (33.2%) (Aydin et al. 2022).

The Covid new mum study found that women felt limited by one birth partner who could only be present whilst in active labour but not during induction. For some this meant they had no



partner present due to issues with childcare (Vazquez-Vazquez, Dib, Rougeaux, et al, 2021). This also impacted partners feelings of isolation and a sense of loss, along with a disconnection from the pregnancy (Andrews, Ayers & Williams, 2022).

Restrictions around partners being present at appointments and birth were particularly challenging and detrimental for anyone receiving difficult news and those with a baby requiring support from the Neonatal Intensive Care Unit (NICU). A study looking at parent experiences on a NICU ward in Cambridge during the first lockdown illustrated the extent of the restrictions on babies' wellbeing, parent-infant bonding, partners' wellbeing, parental confidence, the ability to breastfeed confidently and parents' access to the medical teams. (Garfield et al, 2021). In one of the first studies to document the experiences of bereaved parents after late miscarriage, stillbirth, or neonatal death, during the pandemic women reported feeling alone during their pregnancy, especially when they found out their baby had died, whilst alone at their appointment. This was made worse by support being provided virtually which parents often felt was ineffective in these circumstances (Silverio et al, 2021).

Local Picture

Experiences of antenatal care and childbirth within Nottinghamshire during Covid-19, to which we have access to, appear to align closely to the themes highlighted within the national evidence. Despite women and families acknowledging that in general, staff worked very hard under unprecedented circumstances (Nottingham & Nottinghamshire Maternity Voices & Healthwatch, 2021) the national restrictions and resulting changes to service delivery often left parents feeling a real lack of personal and professional support at what is an important time in their lives. This had detrimental impacts on their experience and subsequent mental health.

Both the Nottinghamshire Covid impact survey and the Nottingham & Nottinghamshire Maternity Voices & Healthwatch report highlighted how antenatal care was particularly impacted due to parents having to attend appointments by themselves. This increased anxiety and left mothers feeling alone. This was particularly challenging for those who had previously lost a baby or who received difficult news:

“There was more worry in my pregnancy due to having to attend appointments alone.”

“Receiving difficult news from consultant in hospital was hard to take in and felt like I needed someone with me to fully understand what I was being told. I didn’t enjoy going to scans to see my baby alone and it felt like a chore rather than a joy.”

“had previously had a miscarriage and having to go through this process alone was awful and lonely.”

Source: Nottinghamshire Covid Impact Survey (2022)

Not being able to have partners present until labour was established also left parents feeling isolated and scared. During this time some parents had to make decisions about their birth plans on their own without the support of their birth partner. The impact of these changes in service delivery was highlighted by the finding in the Covid impact survey that:



83% of the parents and carers responding felt the pandemic **had negatively impacted their birth experience.**

Lack of care and support during and after birth, resulting from restrictions around visiting and demands on midwifery services, had enormous implications on mothers' post birth recovery, bonding with their baby and long-term mental health. A number of mothers described being traumatised by their experiences and feeling frightened:

"I felt vulnerable and frightened and in turn this effected my babies experience coming into this world. My children's attachment was disrupted and I suspect some degree of trauma for both these children will impact them long term. I myself have PTSD from the experience and still have anxiety when speaking with any healthcare professional."

"As I had emergency c section I didn't bond with my baby as he got rushed to NICU and there was just no staff suppose on the ward to advise me I can go see my child etc so I think it had massive impact I had postnatal depression which went under diagnosed"

"I was traumatised by the consequences of the lack of care when I gave birth and afterwards, which caused my son to be very ill. I struggled for almost a year with dissociation, PTSD and depression."

"I then had to leave my husband 1 hour after an emergency c-section and spent two days on hospital alone, petrified and in agony with no support in looking after my new-born."

"I really hope if this ever happens again that women will be able to get more support in hospital in terms of allowing partners visit for longer and more hands on breastfeeding support. The experience has really traumatised me and it took a long time to get over and had put me off having another child."

Source: Nottinghamshire Covid Impact Survey (2022)

You can find more detail regarding parent's maternity experiences within the specific Nottinghamshire hospitals, and subsequent recommendations, within the Experiences of Maternity Services in Nottingham and Nottinghamshire during the COVID-19 Pandemic report (Nottingham & Nottinghamshire Maternity Voices & Healthwatch, 2021).



5.3 Virtual vs face-to-face care

National Picture

The Covid-19 pandemic has altered the way services were and continue to be delivered in terms of contact with professional's face to face and/or virtually. Currently there appears to be mixed feedback about virtual vs face to face care with people preferring different methods depending on the situation. In the case of antenatal care pregnant mothers found a social media-based approach well positioned to provide antenatal care and support during the pandemic (Chatwin et al, 2021). For online antenatal clinics one study found 86% rated their experience as good or very good. Even though 56% preferred face-to-face appointments, 44% either expressed no preference or preferred virtual, and these preferences were not associated with significant differences in patient demographics. For Health Care Professionals, 78% described their experience as the same or better than face-to-face clinics with over 90% agreeing virtual clinics should be implemented long-term. (Quinn et al, 2021). Mothers found other sources of support helpful; in one sample of expectant mothers and those having given birth in the last 24 weeks, 97% reported that Baby Buddy was currently helping them highlighting a role for other methods of support moving forward from the pandemic (Rhodes, Kheireddine, & Smith, 2020).

There is some evidence to suggest when used effectively virtual methods of communication can be helpful. In trials using a secure video messaging service to send short messages from neonatal staff to families 88% perceived a benefit of the service on their neonatal experience. Families rated a positive impact of the service on anxiety, sleep, family involvement and relationships with staff. It enhanced emotional closeness, increased involvement in care and a positive effect on breastmilk expression. Staff also rated the service as easy to use, with minimal impact on workload (Kirolos et al, 2021).

With less support available face to face initially Action for Children's support service, Parent Talk, reported a 430% increase in the number of parents seeking advice online (Action for Children 2020). Some families have engaged well in virtual contacts as there are fewer costs and barriers to attendance than face-to-face services (Action for Children 2020) however, those experiencing poverty often lack the devices and data to engage with virtual support services (Action for Children 2020). For professionals, some have found that the move to virtual and digital support meant capacity to deliver help increased (Early Intervention Foundation 2020), with more families who were previously on waiting lists now receiving support (Wilson and Waddell 2020).

Local Picture

Findings from the Experiences of Maternity Services in Nottingham and Nottinghamshire during the COVID-19 Pandemic report (Nottingham & Nottinghamshire Maternity Voices & Healthwatch, 2021) highlighted that there were fewer face-to-face appointments either during pregnancy or postnatally and these were sometimes perceived to be too short, a tick-box exercise, with no real opportunity to discuss issues. Replacement telephone calls often did not fully meet women's requirements, resulting in mental and physical needs being missed.

Feedback from clients engaged with a Family Nurse Partnership (FNP)⁷ nurse

⁷ The Family Nurse Partnership (FNP) programme is a home visiting service providing ongoing, intensive support to first-time, teenage mothers and their babies (plus fathers and other family members, with mother's permission).



found that some young parents had difficulty accessing services online both due to a lack of mobile internet access/data and feeling uncomfortable engaging in online sessions, talking about sensitive subjects, with their parents next door (FNP data).

Professionals, whilst acknowledging reduced face to face contact meant issues often were not picked up as quickly as they should have been, did report some benefits from the changes in ways of working. For some this increased engagement with parents especially fathers and those who struggle with transport, childcare and finances in areas such as parenting programmes:

“Transferring services online as enabled more families to access Parenting Programmes and in particular including dads.”

Source: Nottinghamshire Covid Impact Survey, 2022

It has also led to more flexible ways of working and more effective working relationships between early years professionals, which in some cases has led to quicker resolutions for children and families.

Summary

Findings within this section illustrate some opportunities to build on positives noted and the importance of acknowledging and attempting to address the consequences of Covid-19 on parents' overall mental health and the implications that this may have had on their relationships with their babies, children and future pregnancies. Given our understanding of child development and the importance of the first 1,001 days, where parents mental health is negatively impacted this may also adversely impact their child's development (see section 6).



6. Impact on children's early development

Summary of the National Picture:

- There is particular concern between both parents/carers and staff that children's personal, social and emotional development have all been negatively impacted by Covid-19.
- The School Starters Study found that disruption from the pandemic affected children's transition and adjustment into reception classes, with children needing more support and struggling with their communication & language, personal, social and emotional, and literacy development.
- Those impacted to a greater extent are families with lower annual incomes and those with special educational needs and disabilities where access to specialist support was restricted.
- Time in early education settings throughout lockdown (as evidenced through children of keyworkers) helped to minimise the negative impacts on development.
- It appears that toddlers with no online schooling requirements were exposed to more screen time during lockdown than before lockdown.
- There is indication that attendance at early years settings across the country has not returned to pre-covid levels.

Summary of the Local Picture:

- Generally, the experiences of parents, carers and professionals align closely to that seen nationally.
- Local professionals⁸ surveyed reported a significant impact on children's development: 96% reporting a negative impact on social and emotional development, 93% on children's communication skills and 89% on children's behaviour.
- There was a decline in 2022 of 2-to-2.5-year old's meeting the expected level of development, as measured by the Healthy Family Teams, in relation to both communication, and social and emotional skills. These were children born in or before initial lockdowns. However, the latest available data, to December 2022, suggests this decline may be showing some sign of recovery.
- There is an increasing demand for specialist speech and language therapy services, and there are now more children presenting to this service at ages 3-4 years rather than 2-3 years.
- There are challenges in access to the targeted speech and language service. It is important to note that this service is targeted at those who need support following universal health and development reviews at age 2 to 2.5 years; waits for intervention are problematic as children get older and may then become ineligible or require specialist support.
- Practitioners in the local focus group reported a significant impact on children's speech and language development. They described these needs as persisting beyond the lockdowns and being most evident in children accessing settings for the first time at ages 2 and over. This was different to parents who tended to report their children 'caught up' as opportunities for social interaction increased.
- The number of early years registered places available in Nottinghamshire declined slightly across the course of the pandemic. However, the latest childcare sufficiency audit highlights that there are no areas of Nottinghamshire where the demand for funded childcare places for 2-, 3- and 4-year-olds outstrips supply.

⁸ For caveats to note around the engagement with local professionals, please see page 13.



- Take-up of early years funded places reduced slightly and has subsequently recovered or exceeded pre-pandemic levels. This differs from national findings.
- Feedback from early years providers is that children access fewer hours than in the years prior to the pandemic, this is due in part to cost of living pressures, and they are instead making alternative childcare arrangements. This may be eased by recent Government funding announcements.⁹

6.1 Impact on social & emotional, behaviour, speech, language & communication development

National Picture

Research has shown us that development takes place at an extraordinary rate during a baby's first year, with the brain doubling in size. This early development depends crucially on experience, particularly social experience, which stimulates and fine tunes the brain. Therefore, a stimulating, varied and responsive environment supports the development of language, cognition, and emotional and social competencies (Fox et al, 2021).

Early Development

During the first national lockdown (March to early summer 2020), early years settings closed to all aside from children of key workers and those considered vulnerable. During the subsequent second and third lockdowns in November 2020 and January 2021 early years settings remained open. There is indication that attendance across the country has not returned to pre-covid levels; with over 65% of local authorities surveyed in one study reporting a decrease in the demand for childcare (Jarvie, Shorto & Parlett, 2021). In summer 2020 it was reported that a third of settings (34%) in the most deprived areas were projected to be unlikely to still be operating the following year, compared to 24% of those in the least deprived areas (Pascal, Bertram, Cullinane et al. 2020).

For those children who did return to settings, many providers said that the pandemic had significantly impacted their learning and development. They were particularly concerned about children's personal, social and emotional development. Some children had returned less confident and more anxious. In some cases, children had also become less independent, for example returning to their setting using dummies or back in nappies having previously been toilet trained. (OFSTED, 2020). A survey of 905 nursery workers in the UK in late 2020 found that 42% had noticed signs that the emotional wellbeing of the children had been affected by the coronavirus pandemic or lockdowns (Nelinger et al, 2021).

In a cohort of babies born during the first 3 months of the pandemic and followed for their first year of life, at 12 months, there was a reduction in social communication developmental milestones compared with a historical cohort. Fewer infants in the pandemic cohort had one definite and meaningful word, could point or wave bye-bye at their 12-month assessment (Byrne et al, 2022). It appears time in early education settings helped to minimise the effects on development as in cohort of 8-36-month-olds between spring and winter 2020, vocabulary growth was found to be greater in those who continued to attend, with a stronger positive effect for children from less advantaged backgrounds. (Davies et al. 2021). Furthermore, children

⁹ [Budget 2023: Everything you need to know about childcare support - The Education Hub \(blog.gov.uk\)](https://www.blog.gov.uk/2023/03/23/budget-2023-everything-you-need-to-know-about-childcare-support-the-education-hub/)



whose parents were keyworkers and therefore could access childcare tended to have lower emotional and behavioural difficulty scores than children of non-keyworkers (Lees et al, 2022).

It is currently unclear as to whether, and to what extent mask wearing could have had an impact on children's communication and language as evidence suggests attention to the mouth is particularly relevant for speech learning (Carnevali et al. 2022). It is believed this is less relevant for babies who focus more on the eyes during interactions. However, from 6 months old the focus shifts to the mouth (Tenenbaum et al, 2013).

Impact on school age children

There is some indication from the School Starters Study that disruption from the pandemic affected children's transition and adjustment into reception classes. Initial findings from a survey of parents and schools carried out in the Autumn Term 2020 highlighted that:

- 76% of schools reported that children needed more support
- Children were particularly struggling with 3 areas of development:
 - Communication & language
 - Personal social & emotional
 - Literacy
- Parents of those starting school were particularly concerned about their social and emotional development.

(National Institute of Social and Emotional Research, 2020)

This is supported by a further study finding a noticeable 'regression' of skills, such as language and communication, physical development, risk taking, social skills and independence upon transition to school after the first lockdown (Bakopoulou, 2022).

Some of this appears to be reflected in the Early Years Foundation Stage Profile (EYFSP) data collected from the national sample of schools in 2020-21. Results suggest there were 13% less children who achieved a 'Good Level of Development' (GLD) compared to the previous (pre-pandemic) cohort (2018–2019). In an average-sized Reception class this could equate to three fewer pupils reaching a GLD. These findings suggest a greater proportion of children could particularly benefit from an adjusted and responsive curriculum to support their learning and development (EEF 2022).

Inequalities in outcomes

Research to date indicates the extent to which children's development may have been impacted by the Covid-19 pandemic is strongly influenced by their home situation at the time. Parents and carers from households with lower annual incomes (less than £16,000) reported that their children had higher levels of symptoms of behavioural, emotional, and attentional difficulties than parents and carers from households with a higher annual income (greater than £16,000) (Co-Space 2021). This may be because parents with lower annual incomes have reported that they spent less time on activities with their babies and toddlers compared with parents from more advantaged backgrounds. Children from disadvantaged backgrounds also had less access to books and spent less time on play or activities requiring outdoor space (LGA, 2021). Therefore, some children thrived when their parents were able to spend more quality time with them, one survey found this was 63% of participating parents (Ipsos Mori 2020). Many parents however experienced various pressures, making it difficult for them to do this. (OFSTED, 2020). This in some cases significantly impacted parents' mental health and wellbeing. Where parents themselves experienced sustained mental distress during the pandemic they tended to report higher child externalising and internalising problems, and executive function difficulties at follow-up. Children who had spent more time engaged in



enriching activities with their parents showed stronger executive functions and social competence six months later. This highlights the importance of supporting parents' mental health and the benefit of investing in support services and interventions promoting building support networks (Hendry et al. 2022).

One group this appeared to significantly impact is children with special educational needs and disabilities (SEND) and their families. A report undertaken by the Family Fund which involved various surveys and focus groups generated feedback from over 7,000 families finding that the mental health and wellbeing of the majority of disabled or seriously ill children, as well as their siblings and parent carers, was negatively impacted by Covid-19, and was showing little signs of recovery (though this was completed early in the pandemic) (The Family Fund, 2020). This impact on both care and education is not surprising given the services that families relied on, particularly speech and language services, were unavailable (OSFTED 2020) (2). This led to children missing out on early diagnosis and specialist intervention and an inevitable lack of preparation and readiness to start school (Bakopoulou, 2022). Bakopoulou also found that, for children with special education needs and disabilities, the difficulties created by lack of face-to-face contact were magnified, especially in relation to being able to observe and get to know and understand the child before transitioning to school as well as having access to up to date and accurate information from children's early years settings.

Screen time

Over the recent years screen time in children has been increasing. However, there is some early indication that toddlers with no online schooling requirements were exposed to more screen time during lockdown than before lockdown (Bergmann et al. 2022; Proulx et al. 2021). This might be a result of various reasons such as parents needing to work at home and keep their children entertained and not being able to get outdoors and access various activities they previously would. This can impact on children's development with higher levels of screen time in children aged 2-3 being associated with poorer performance on the developmental milestones (Bassi, 2021). Screen time usage is also a factor associated with fewer hours of sleep and longer sleep latency (Bassi, 2021).

Local Picture

This section focuses on early child development, including how babies and children's early experiences and development were impacted by the restrictions associated with the Covid-19 pandemic. It is important to recognise that these experiences varied significantly depending on the personal circumstances of each family, and our sample has some limitations.

There were a wide range of views from parents and carers on the impact of the pandemic on their children's development. Many parents reported difficulty in identifying the impact the pandemic may have had on specific elements of their child's development and several parents also reported a change of the better.

Early years practitioners participating in the focus group described more children missing developmental milestones, and a lack of confidence amongst parents who had been affected by limited opportunities to socialise with other parents. They noted the impact this had on children's development. Parents had been unable to share and learn strategies to support their child's development. They described needing to take a "back to basics" approach in settings, starting with rudimentary skills and building slowly – "stages not ages". Practitioners described an adverse impact on both children attending settings for the first time, and on those ready to transition to school, noting that schools may have to adapt their approaches to engage and support children who are not at the same level of development, independence, or



resilience as in previous years. Practitioners described an increase in the complexity of challenges faced by families during and after the pandemic, with a particular focus on communication, socialisation, and behaviour.

These findings were mirrored in the Covid impact survey for professional's where:

96% of professionals responding felt that the pandemic had **a negative impact on children's social and emotional development**

89% of professionals responding felt that the pandemic had **a negative impact on children's behaviour**

93% of professionals responding felt that the pandemic had **a negative impact on children's communication, both speech and language development, and listening and understanding**

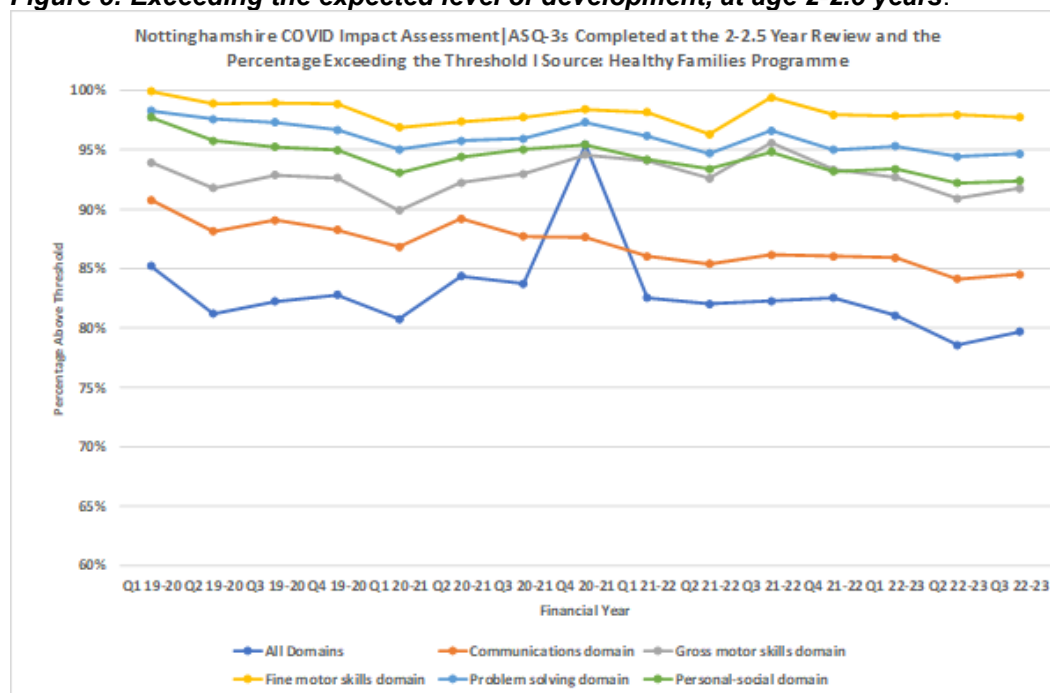
Providers caring for children who had been born since the pandemic restrictions eased felt there was not an additional need in this cohort, and instead expressed their professional opinion that there will likely be a cohort of children who were either born during the pandemic, or already in their early years during the pandemic, now aged 2 to 5 or 6, who will experience challenges for some time to come. They highlighted the significant impact that opportunities for socialisation and connection have on children's language, behaviour, and wider development.

Early development

Early development is assessed by the Nottinghamshire Healthy Families Programme at age 1 and age 2-to-2.5 years using the evidence-based ages and stages questionnaires (ASQ-3 and ASQ-SE). An ASQ-3 assesses the expected level of development across five domains: communications, gross motor, fine motor, problem solving and personal-social skills whilst an ASQ-SE specifically reviews social and emotional development.

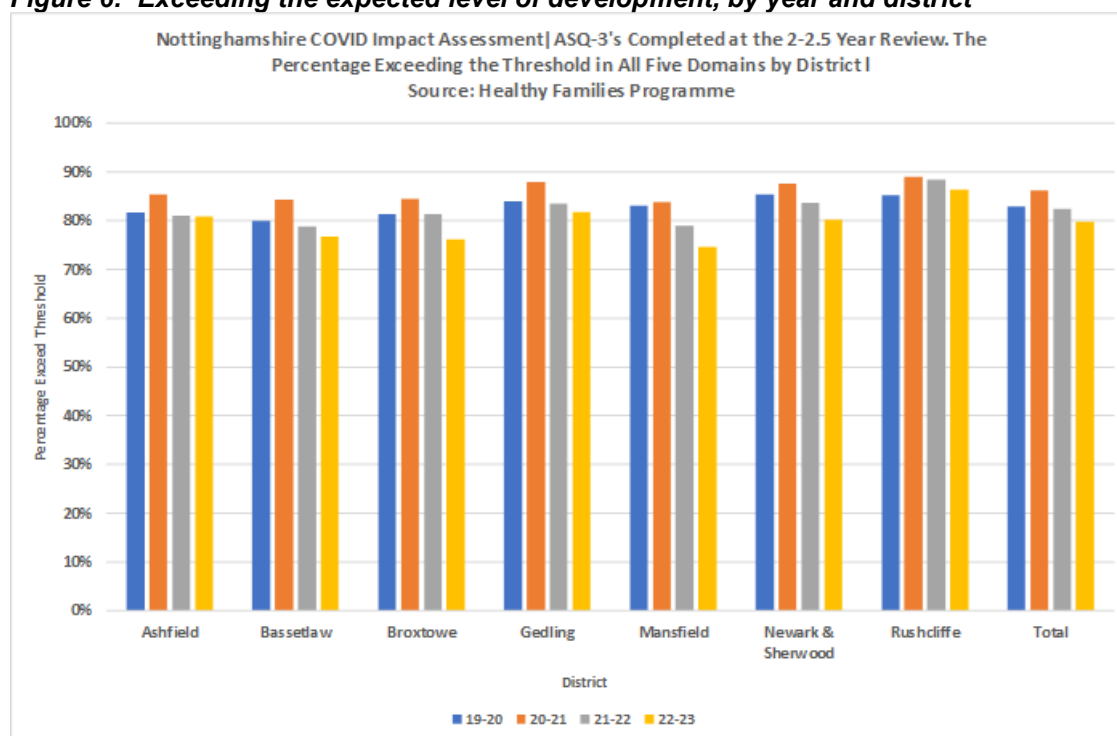
The proportion of children meeting the expected level of development across the five domains at age 2 to 2.5 years, as indicated in Figure 5 (indicated by the dark blue line) fluctuated slightly across the course of the pandemic, however declined notably from April 2022 to September 2022. However, the latest available data, to December 2022, suggests this decline may be showing signs of recovering, though it will be important to monitor this. Please note the anomaly shown in Quarter 4 of 2020-21 may be due to data quality.

Figure 5: Exceeding the expected level of development, at age 2-2.5 years.



The notable decline, between April and September 2022, in the proportion of children meeting the expected level of development at age 2-to-2.5-years is largely attributed to a decline in communication skills, as Figure 5 illustrates (indicated by the orange line). The children whose 2-to-2.5-year review is captured in this data were born from September 2019 onwards and their earliest months were therefore shaped by the height of the Covid-19 restrictions.

Figure 6: Exceeding the expected level of development, by year and district

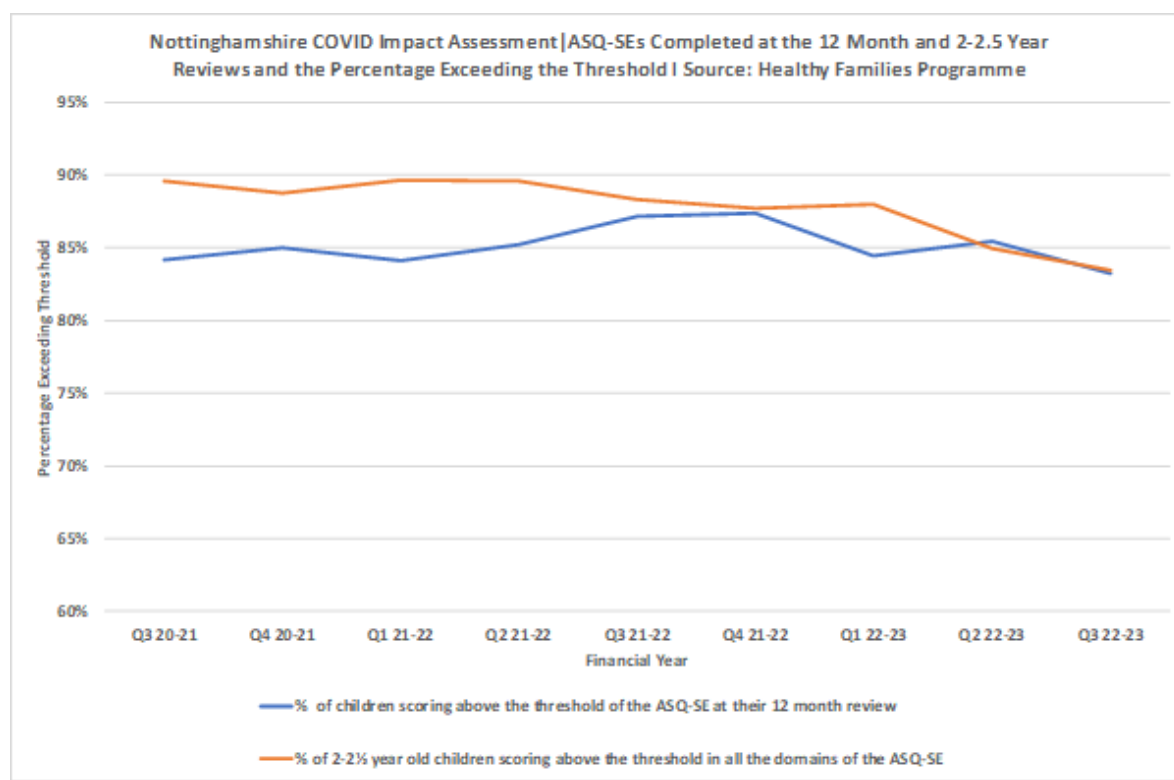




A rise in the overall proportion of children meeting the expected level of development in 2020-21, which can be seen in Figure 6 above (indicated by the orange column), is thought to be due to a change in the way the assessment was delivered: for the majority of 2020-21 the 2-to-2.5-year review was delivered virtually, by telephone, to families without additional needs in line with national guidance at the time. Vulnerable families continued to receive this face-to-face. This meant the assessment was reliant on parent's self-report rather than including a face-to-face assessment of development. There is evidence that the proportion of children meeting the expected level of development at age 2-to-2.5 in Mansfield has declined between 2019-20 and 2022-23, as shown in Figure 6. The picture for other districts across this time is less clear, but important to monitor.

We can also look specifically at social and emotional development, as measured by Healthy Family Teams using the ASQ-SE. Social and emotional development at 1 year has remained relatively steady, however there is a decline at age 2-to 2.5 years, particularly between April and December 2022, as shown in Figure 7. It is important to note the wealth of evidence about the importance of the earliest experiences in shaping brain development and early language skills.

Figure 7: Exceeding the expected level of development, social and emotional



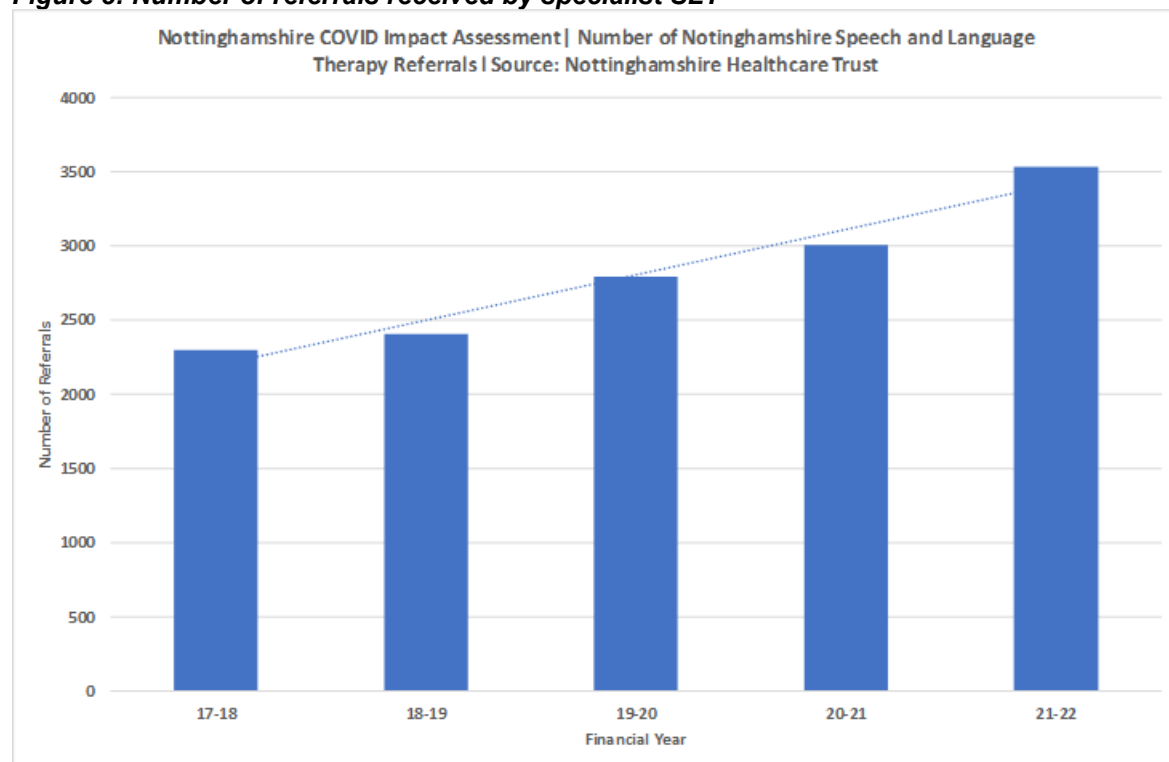
Speech, language and communication needs

Speech, language, and communication needs (SLCN) describe a wide range of needs relating to communication, including difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say, and using language socially. In Nottinghamshire there is a clear pathway of support around SLCN through a 'graduated' offer of support: universal and early intervention support via early years settings, children's centre services which include dedicated 'Little Talker' programmes, Healthy Family Teams, and libraries;



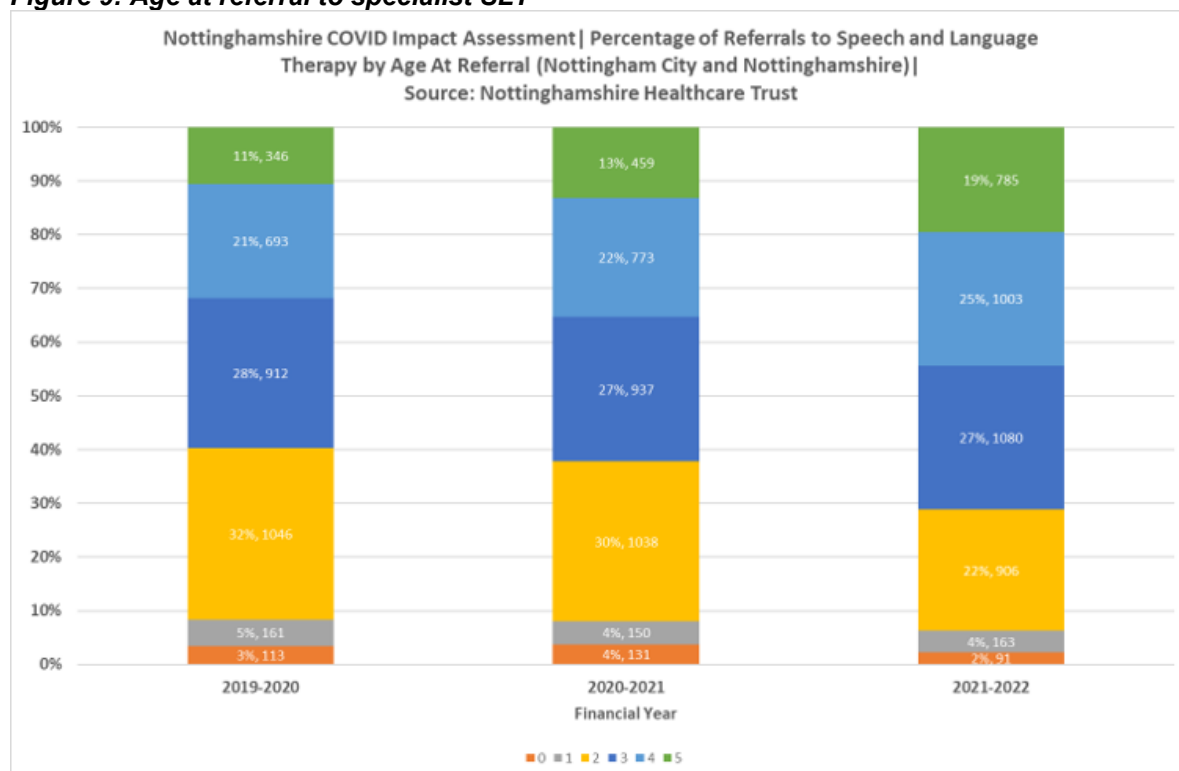
targeted support via Home-Talk for those aged 2 to 2.5 years; through to specialist support provided by specialist speech and language therapy (SLT) services.

Figure 8: Number of referrals received by specialist SLT



In Nottinghamshire the demand for specialist SLT for 0 to 19's has increased steadily across the last five years, as shown in Figure 8, with the sharpest increase observed in 2021-22, which is the latest available data.

Figure 9, below highlights that the age of child at point of referral to specialist SLT in Nottinghamshire (including Nottingham City) has increased steadily with more children presenting at age 3-4 rather than 2-3 in the latest year, 2021-22. Bearing in mind that early intervention is vital to improve outcomes, it is important to consider what may be driving this change. There have been some increased waiting times for targeted interventions, which may have contributed. This data suggests there were delays in the identification of SLCN's or in onward referral to appropriate services, which could occur for several reasons, including reduced access to services or professionals that help identify these emerging needs.

Figure 9: Age at referral to specialist SLT

The number of children who have accessed targeted interventions via 'Home-Talk'¹⁰ rose moderately from:

- 818 seen in ten months of 2020-21,
- to 1038 seen in twelve months of 2021-22,
- however, was not sustained in 2022-23, with 600 seen in the nine months to December 2022.

In 2021-22 52% of eligible children received an initial assessment within 8 weeks of referral due to capacity pressures within the service, which have continued into 2022-23, with 54% receiving an initial assessment within 8 weeks of referral (to December 2022). The face-to-face intervention starts as soon as possible after this; however, this is often several weeks due to capacity pressures. Children's centre services are offering support to those on the waiting list for Home-Talk.

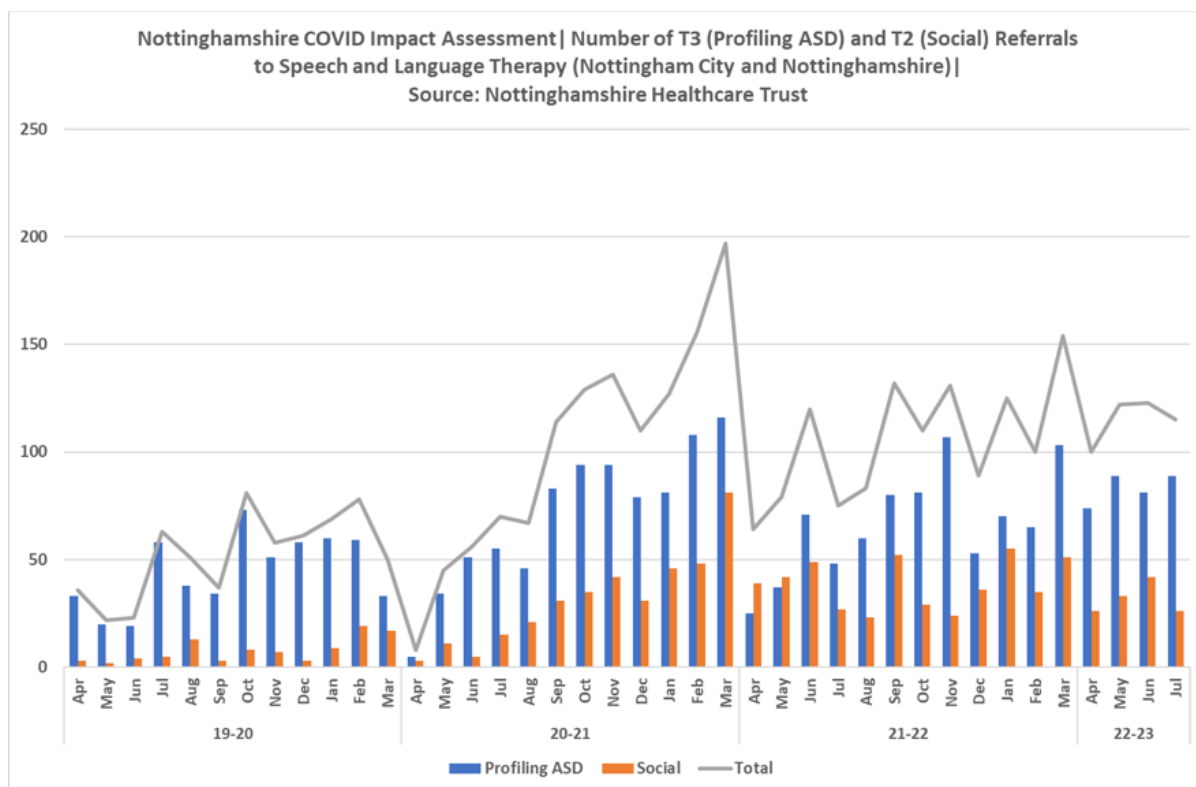
It is important to note that Home-Talk is highly targeted by age, for children aged between 2 years and 2 years 6 months, to deliver targeted support following universal 2-year health and development reviews, waits for intervention therefore become problematic as children get older and may then become ineligible or require specialist support.

Neurodevelopmental

Specialist SLT services have seen an increase in referrals for 0 to 19's relating to autism spectrum disorder (ASD) and social interaction. Whilst the service received higher numbers of referrals in relation to ASD, there has been a sharper increase in referrals for social interaction since mid-2020-21 as summarised in Figure 10 below.

Figure 10: Referrals to specialist SLT with neurodevelopmental presentations

¹⁰ [Nottshelpyourself | Home Talk - talking support for 2-year-olds](#)



Engagement findings: communication

14% of parents and carers responding reported **a change for the better in their child's communication skills**, **18%** a change for the worse and the remaining **69%** reported no impact or they were unsure of the impact.

The parents and carers who left comments in our Covid impact survey often reported an adverse impact on their children's speech, including speech delay, although some noted the positive impact of being surrounded by adults or older siblings.

Those parents that reported speech delays encountered waits for speech and language services. Children aged 18 months to 2 years at the time of the Covid impact survey seemed most affected by communication needs. This mirrors the data presented above, where an impact on communication skills was observed in children receiving their 2-2.5-year review across 2022. Some parents reported their children 'catching up' as restrictions eased and opportunities for social interaction grew.



“My youngest had a speech disorder which I think was made worse by the pandemic”

“After the pandemic when my child started nursery her language development massively. Prior to that she wasn’t very interested in talking”

“It helps to socialise especially for young children so as soon as the pandemic ended I could see a huge improvement just because we could meet with others and socialise”

“So my 1 & 3 year old (at March 2020) are now 3.5 & 5.5... I think my oldest spoke better at 3 than my youngest does now at 3.5... Unsure if that’s because my oldest had an extra year at nursery pre-covid, then my youngest where nursery was closed for a while?”

Source: Nottinghamshire Covid Impact Survey (2022)

Practitioners in the focus group also reported a significant impact on children’s speech and language development, however they did not report the same ‘catch up’ as parents, describing these needs as persisting beyond the lockdowns and being most evident in children accessing settings for the first time at ages 2 and over.

“The impact on children’s speech and language development has been enormous”

Source: Nottinghamshire Covid Impact Survey (2022)

Practitioners were concerned about waits for speech and language interventions, recognising the importance of timely support and felt frustrated that were not able to support children as much as they would like to as they are unable to deliver one-to-one support.

Engagement findings: social, emotional, and behavioural development

36% of parents and carers responding reported **a negative impact on their child’s feelings or emotions**, with less than **1%** reporting a positive impact and the remaining **63%** reporting no impact or that they were unsure of the impact.

22% of parents and carers responding reported **a negative impact on their child’s behaviour**, with **4%** reporting a positive impact and the remaining **79%** reporting no impact or that they were unsure of the impact.



Though the majority of parents reported no impact, or they were unsure of the impact of the pandemic on their child's development, there were many comments from parents about the impact on behaviour, social and emotional development. Parents described an increase in behaviours that were both negative and disruptive and also shy and withdrawn.

"My eldest daughter who is now 4 was always good at mixing and being independent but after lockdown she became shy wouldn't leave my side hated being left with others even her own daddy "

"More dysregulated emotionally. Prone to outbursts"

Source: Nottinghamshire Covid Impact Survey (2022)

Of the parents and carers who shared comments in our Covid impact survey, many reported that their children struggled and found it difficult to understand why they were unable to go out or hug friends and family members often leading to frustration, outbursts and other challenging behaviour. This was also reflected in responses from parents of autistic children.

Parents report their children were anxious and struggled with their emotions. There were many responses around children becoming more clingy, introverted and shy, finding it difficult to be separated from their parents:

"He was 2 months when we went into lockdown, so therefore had only known and seen 2 adults (me and his dad) his whole life. He didn't know other people existed outside his house. So his communication/ social skills were non-existent."

"Does appear more clingy than older child was although having an older sibling has made his social skills better than friend's children with no siblings."

"After the pandemic, my son was very wary of other children coming near to him and didn't want to interact with them; thankfully this has improved significantly over time"

"Anxiety and social difficulties immediately after lockdown lifted and for several months after"

"Due to a lack of understanding the reasons why everything was different, my middle child's behaviour got worse, and she had very little opportunity for an outlet to help her learn how to regulate her emotions and therefore her behaviour."

"Often emotional outbursts which I put down to not being able to leave the house to mix at preschool"

Source: Nottinghamshire Covid Impact Survey (2022)

Professionals responding to the survey commented that children found it difficult to interact with peers and adults. They felt that parents had little support to manage their children's



behaviour which sometimes led to more adverse and less social behaviour, and reported that both parents and children seemed more anxious:

“Parents and therefore children became anxious and clingy. Less socialised, more insular and afraid of wide social contact.”

“More separation anxiety due to not seeing carers outside their immediate circle”

“Parents/Carers have struggled with dealing with challenging behaviour and not having that support to access to learn about techniques or how we ourselves through our body language, gestures and language can have a negative or positive impact on the beginning or a behaviour or the outcome. Talking to someone on the telephone is not the same.”

“Not mixing with other children /peers has not allowed them the same opportunities to gain these experiences and skills, hence a delay in development.”

“Socially isolated from family and friends, lost opportunities to develop social skills. non or little routines and boundaries at home affecting behaviour and sleep”

“Children are less socialised this has had an impact on their behaviour. How they cope in situations and interact with peers and unfamiliar adults.”

Source: Nottinghamshire Covid Impact Survey (2022)

Practitioners in the focus group also described children being anxious at the separation from parents and struggling to settle when compared to previous years. They felt children lacked a range of experiences and were therefore becoming quickly overwhelmed and overstimulated. They described children struggling with behaviour and boundaries, temper tantrums and hitting at a greater frequency than previous years.

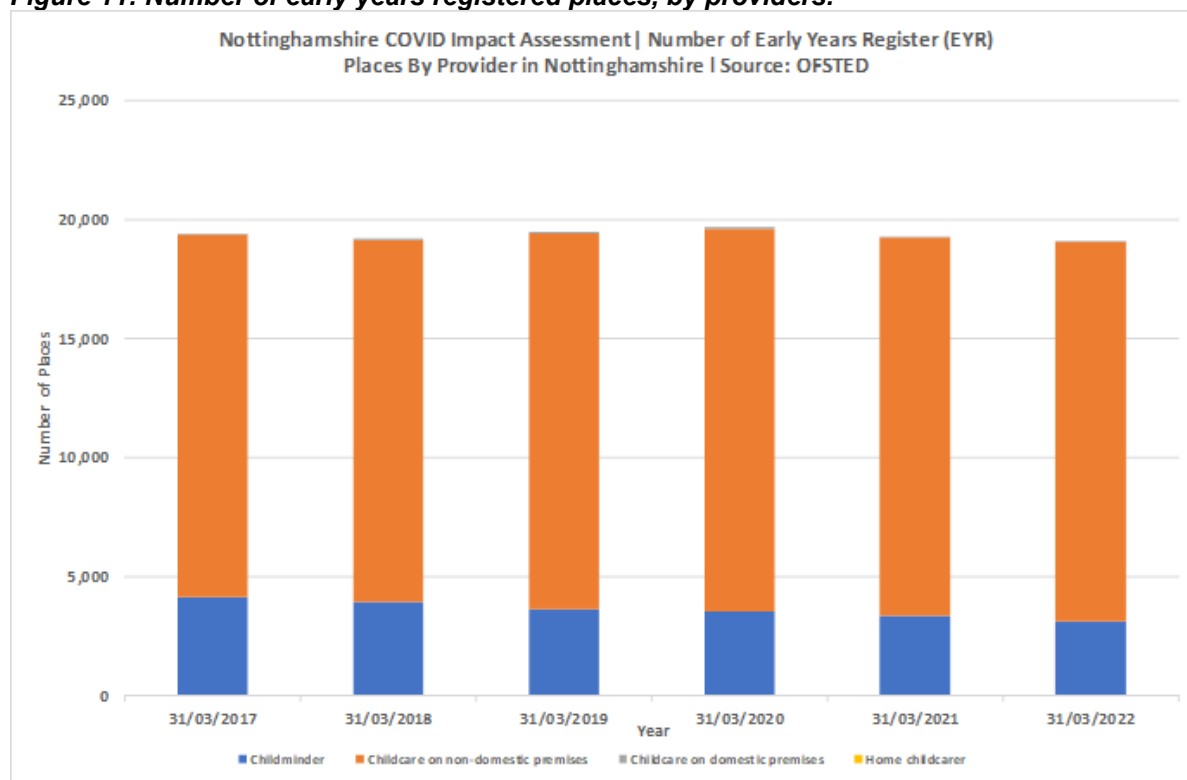
Early years childcare

The number of early years registered places available in Nottinghamshire declined slightly across the course of the pandemic, as indicated by Figure 11 below. There was also a decline in the number of early years registered providers from 2019 to 2022, with a 20% decline in the number of childminders and a 14% decline in the number of pre-schools as indicated in the latest childcare sufficiency audit for Nottinghamshire (September 2022)¹¹.

¹¹ The childcare sufficiency audit can be accessed [CSA 2022 \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk/csa2022)



Figure 11: Number of early years registered places, by providers.



Most importantly, the childcare sufficiency audit highlights that there are no areas of Nottinghamshire where the demand for funded childcare places for 2-, 3- and 4-year-olds outstrips supply. The report also finds sufficient childcare places for both babies and toddlers: funded and non-funded places.

The take-up of funded places for 3- and 4-year-olds, as measured in the summer term, reduced moderately during 2020 and 2021, and has subsequently returned to the high take-up usually observed. The take-up of funded places for disadvantaged 2-year-olds, again measured in the summer term, was affected in 2020, however has subsequently exceeded the years prior to the pandemic. Please see Figure 12 for detail.

Figure 12: Take up rates of early years funded places, measured in the summer term

SUMMER TERM TAKE UP RATES					
	2018	2019	2020	2021	2022
2 YO*	72.6%	76%	68%	74.8%	84%
3 YO**	102%	99.9%	87.5%	96%	100%
4 YO**	104%	100.2%	93.9%	93%	106%

Source: Early Childhood Services, NCC

*2-year-old take-up rate is based on Figures provided by the DWP of potentially eligible children verses those actually taking up a funded place. **3- and 4-year-old rates are based on projected population verses children actually taking up a place (hence these exceed 100% in places).



Data collection and analysis in relation to school readiness, assessed in Reception via the Early Years Foundation Stage (EYFS), was paused due to the pandemic. Though it has resumed there is a new national EYFS framework, introduced in 2021, which makes any meaningful comparison of attainment before, during and after the pandemic difficult at this point.

Engagement findings: early years childcare

Practitioners in the focus group reported families returning slowly to settings after restrictions were lifted as there remained anxiety around Covid-19. Professionals reported that children had not returned at the level prior to the pandemic, often accessing fewer hours and instead either receiving support from family members, using flexible working arrangements, or choosing to reduce their working hours. The cost-of-living pressures were also felt by practitioners to have had a significant impact.

Early years practitioners were keen to increase opportunities for handover and joint-working with schools around the cohort of children affected most by the pandemic. They felt that it is important schools are aware of the needs that children may have and the potential lasting impact of this, and that this may require different skills and approaches.

Practitioners in the focus group described how they were able to deliver gold standard education and care to those that did attend during lockdown. These were often children of key workers, more so than vulnerable families who were also eligible to attend. They reported a positive impact on these children's development and resilience and welcomed the opportunity to deliver care differently.

Inequalities

It is widely understood that disadvantaged communities were disproportionately affected by the Covid pandemic, however it is important to note that the experiences related to early childhood were not exclusively based around deprivation. The engagement with parents and professionals highlighted the inequity in the experience of families across the course of the Covid-19 restrictions depending on individual circumstances, for example some parents were required to work full time from home without access to childcare, others were furloughed, some were eligible for access to settings and schools as key workers or vulnerable parents, and as such families had vastly different experiences. As one professional reported:

"It's so difficult to make general comments as depending on circumstances the experience was so individual for everyone/family."

Source: Nottinghamshire Covid Impact Survey (2022)



7 Impact on early years health outcomes

Summary of the National Picture:

- The pandemic impacted breastfeeding in both positive and negative ways with some reporting that breastfeeding was protected due to lockdown. However, the decline in breastfeeding support did appear to impact mothers.
- Food insecurity appears to have been exacerbated by Covid-19, with families who were in receipt of income-related benefits being five times more likely to make use of foodbanks and children eating more snacks.
- There is currently limited UK based research around the impact of covid on physical activity of under 5s but some reports of reduced activity and increase of screen time.
- Lockdown and social isolation were much more harmful to those children and families without access to gardens
- There are some reported increases in both type 1 and 2 diabetes in children and young people but a lack of any UK research around the 0-5 age range.

Summary of the Local Picture:

- The feedback received from the Nottinghamshire Covid impact survey support the national evidence with Covid-19 having both negative and positive implications on our local population.
- There is a long-standing variation in breastfeeding prevalence across Nottinghamshire, with Rushcliffe having the highest rates and Bassetlaw the lowest. The overall prevalence of breastfeeding remained relatively constant between 2019-20 and 2020-21, the year most affected by the pandemic restrictions, before increasing slightly in 2021-22. The districts of Bassetlaw and Mansfield however, between 2019-20 and 2020-21, saw a decline in breastfeeding prevalence.
- The level of A&E attendances in under 5's dropped throughout 2020 with troughs related to the lockdowns, presentations for injury remained relatively stable compared to other presentations. The number of attendances have recovered to pre-pandemic levels.
- Analysis of data for routine vaccinations in infants at primary care network (PCN) level indicates that vaccine uptake may have been impacted differently in geographic areas across Nottinghamshire, however further exploration of this is needed.
- There was a sharp uptake in flu vaccination for 2–3-year-olds in 2020-21, however this was not sustained.
- Data for under 5s accessing a dentist within Nottinghamshire has shown a sharp decline in the number and percentage of children being seen by a dental professional from 2019-20 to 2020-21. There has only been a slight recovery in the following year with the percentage seen remaining lower than it was pre-pandemic, suggesting many under 5's are unable or not accessing a dentist. It is important to note there are national challenges in access to dentistry which are mirrored in Nottinghamshire.

7.1 Breastfeeding

Infants who are breastfed exclusively for longer durations are significantly less likely to develop, or be admitted to hospital due to respiratory infections, gastrointestinal infections



(including diarrhoeal), and ear infections, and have significantly reduced risk of death attributed to infection, necrotising enterocolitis (NEC) and sudden infant death syndrome (SIDS) (EIF, 2021).

National Picture

The pandemic response, including lockdown precautions, appeared to impact breastfeeding in both positive and negative ways for women and their infants (EIF, 2021; Clements & Levene, 2022).

In one study 30% of women who were breastfeeding reported an increase in the frequency and 17% an increase in the duration of feeds, which could reflect more time spent at home, experiencing more frequent support from the partner and/or being able to invest more time in childcare (Vazquez-Vazquez, Dib, Rougeaux, et al, 2021). Brown & Shenker (2021) explored this in greater depth with over 1,000 breastfeeding mothers, finding 42% of mothers reporting that breastfeeding was protected due to lockdown and identifying six factors that contributed to positive experiences of breastfeeding during lockdown and increasing women's ability to breastfeed. These included:

- having more time to focus on feeding their baby without the need to be or go anywhere
- fewer visitors, leaving more time for recovery and fewer unhelpful opinions
- more privacy to learn how to breastfeed without having to feed in public
- increased responsive feeding rather than having to fit a routine around going places
- increased partner support with partners working from home or furloughed
- a delayed return to work, meaning women did not have to put their infants into childcare and could continue breastfeeding.

Despite these positives, one of the challenges appears to be around a decline in breastfeeding advice and support (Costantini, Joyce & Britez, 2021), with 27% of mothers reporting that they struggled to get support which meant some stopped breastfeeding before they were ready (Brown & Shenker, 2021). In the COVID-19 New Mum Study they found little difference in women reporting they had received enough help and support with feeding while in hospital (76% of before lockdown versus 72% of during) suggesting it might be more the case once having left hospital and at home (Vazquez-Vazquez, Dib, Rougeaux, et al, 2021).

Aside from professional support mothers also struggled with reduced social support from other mothers when encountering feeding problems (Hielscher, Ludlow, Mengoni et al. 2022). This was exacerbated for those with a lower education, more challenging living circumstances, from black and minority ethnic backgrounds, women living in more challenging living circumstances, women with suspected Covid-19, and those with worsening perinatal mental health, who were more likely to find the impact of lockdown challenging and stop breastfeeding (Brown & Shenker, 2021; EIF, 2021).

Initially throughout Covid-19 a lot of support was provided remotely with there being some evidence that this can be effective, with a systematic review and metanalysis finding that remote support significantly reduced the risk of women stopping exclusive breastfeeding at 3 months by 25%. There was however no significant difference in the number of women stopping any breastfeeding at 4-8 weeks, 3 months or 6 months or the number of women stopping exclusive breastfeeding at 4-8 weeks. This demonstrates that remote interventions can be effective for improving exclusive breastfeeding at 3 months, but the certainty of the evidence is low suggesting remote provision of breastfeeding support and education might offer some help when it is not possible to provide face-to-face care. (Gavine, Marshall, Buchanan et al, 2022).



Local Picture

From the feedback received from the Nottinghamshire Covid impact survey the key themes support the national evidence with Covid-19 having both negative and positive implications on breastfeeding. Locally key themes were identified around limited support in hospital and in the community including means of communication. Due to the restrictions in place at the time, this meant that there were fewer face-to-face appointments and women felt rushed at appointments with support needs unfortunately not being met both before and after birth.

“Sadly, due to the staff in hospital being so busy I didn’t get the support needed to help me feed my baby within the first hour like I had wanted too. We were left trying to breastfeed, but baby was getting nothing for first 12 hours. Made me feel mad and guilty that I didn’t know my baby had not got any milk yet!”

“Had the restrictions not been in place, I would have been far less anxious and more rested with support. I believe I left hospital too soon in a rush to soon meaning I had not used the support to establish breastfeeding like I had hoped. This meant I embarked on an exclusive pumping journey with my daughter for 6 months which had never been my intention”

“I had no support in hospital or when I came out of hospital & was only able to breastfeed/ pump for a week due to this.”

Source: Nottinghamshire Covid Impact Survey (2022)

Views expressed also included issues such as tongue-tie or baby not feeding which were not picked up in a timely manner. Women felt a lack of support or wanting expertise either researched breast feeding themselves or paid for breast feeding and tongue tie resolution.

41% of parents responding said they felt
Covid-19 had **negatively impacted their**
ability to breastfeed

It appears from this sample that not all parents knew where to go for support, with just under a quarter of parents answering the survey expressing that they did not know how to get the support that they needed to make their infant feeding choice (23%). Those who did know whether to go said they sought support mainly from their midwife and the Healthy Family Team.

Despite knowing where to go parents’ expressed difficulties obtaining support in hospital and in the community. This was likely due to staffing pressures within hospitals and restrictions at the time. Face-to-face support was not available during times of lockdown and the women who did struggle to breastfeed then either resourced their own support via online videos turned to bottle-feeding.



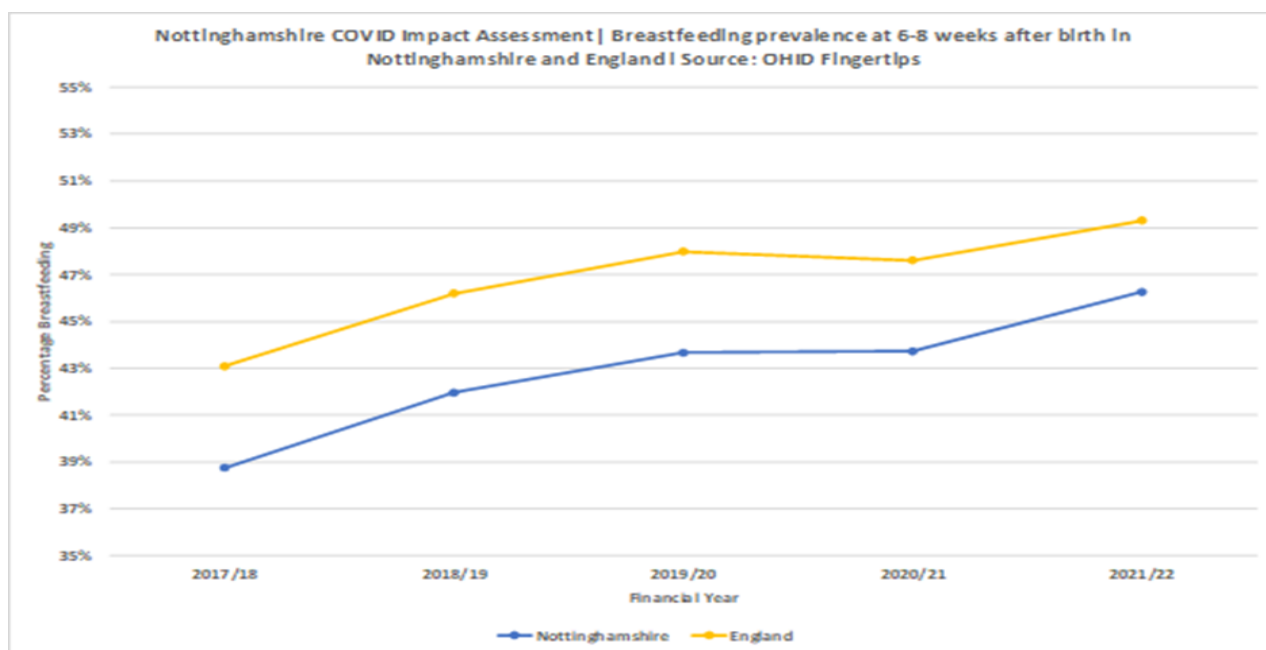
“A lot of the support offered for breastfeeding was over the phone which is absolutely no help when you need someone to watch and make sure your baby has latched on etc.”

Source: Nottinghamshire Covid Impact Survey (2022)

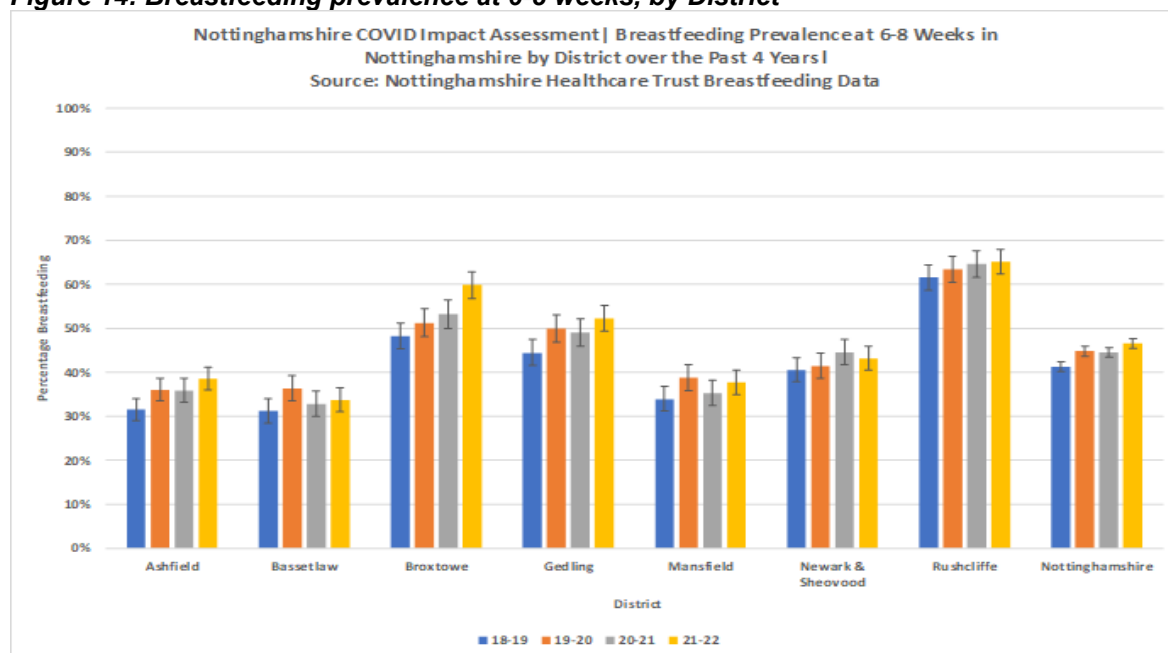
Local services adapted quickly to continue providing support to women and their families during lockdown periods. Support was via telephone with some specialist support for more complex cases via website and video consultation until face-to-face sessions resumed. This highlighted how important face-to-face contact was to support women. Baby and Breastfeeding Encouragement and Support (BABES) groups provided by children's centre services offer valued support for women and were delivered as virtual sessions during the pandemic in each District, receiving good attendance and positive feedback. Subsequently these sessions are planning to continue with an element of virtual and face-to-face as a blended offer.

Despite the challenges around support for some, Figure 13 illustrates that overall, across Nottinghamshire, breastfeeding prevalence at 6-8 weeks has remained relatively constant during the years impacted most heavily by the pandemic (2019-20 to 2020-21).

Figure 13: Breastfeeding prevalence at 6-8 weeks



Breastfeeding prevalence has started to increase in the latest year 2021-22 as seen in Figure 13, at a rate that seems to be marginally faster than the England rate. Nottinghamshire does however remain below the England average (Nottinghamshire 46.3%, England average 49.3%). This is likely a result of Nottinghamshire having significant District variation with some districts falling below the England average, and some above.

**Figure 14: Breastfeeding prevalence at 6-8 weeks, by District**

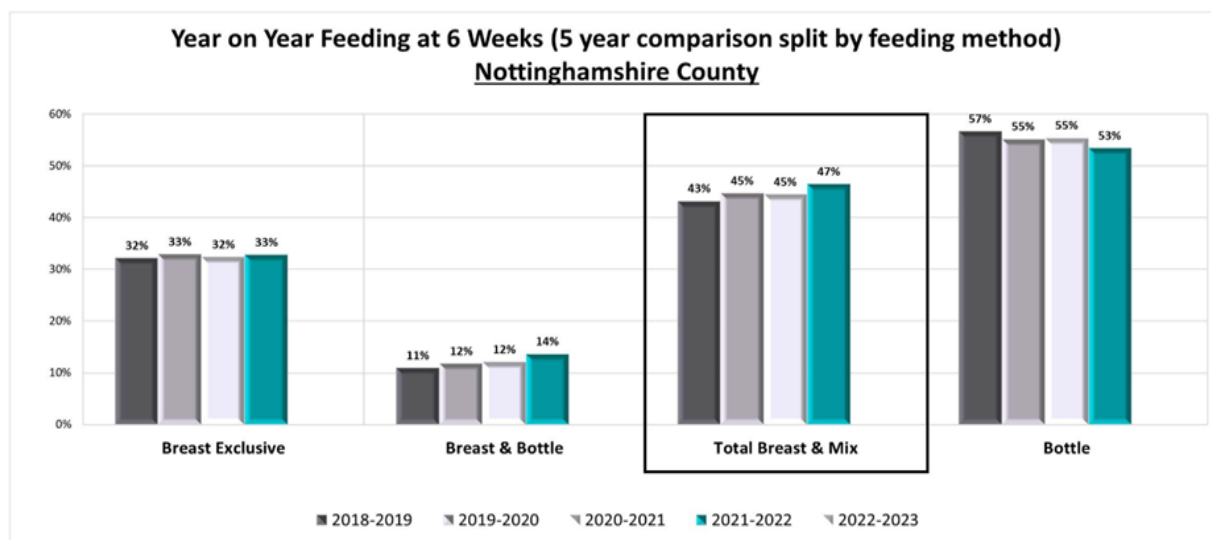
There are significant differences in the prevalence of breastfeeding at 6-8 weeks between Districts in Nottinghamshire. In some Districts the impact of Covid-19 can clearly be seen. Figure 14 above shows that Mansfield and Bassetlaw, during 2019-20 and 2020-21, had a significant decrease in 6–8-week prevalence rates. Rushcliffe and Broxtowe continue to have high prevalence largely unaffected by the pandemic, suggesting that breastfeeding may have been most impacted in our more deprived areas. Across Nottinghamshire during 2021-22 there was an increase in breastfeeding rates overall.

Findings nationally indicated that breastfeeding was impacted the most in deprived areas, whereas mothers in more affluent areas experienced an increase in breastfeeding rates, potentially due to some mothers having the time and/or support to focus and establish feeding with reduced external pressures.

Figure 15 looks at feeding method, and highlights that during the Covid-19 period the infant feeding methods across Nottinghamshire remained relatively static with a slight, non-significant reduction in exclusive breastfeeding. There is a statistically significant increase in the percentage of babies being fed by breast and bottle in Nottinghamshire in 2021-22, in comparison to 2020-21, but there was no statistically significant change between 2019-20 and 2020-21.

Overall, both breast and mixed feeding i.e., babies receiving any breast milk, at 6-8-weeks has increased from 43% in 2018-19 to 47% in 2021-22, indicating a positive post-Covid recovery. This in turn has led to a drop in bottle only feeding.

Figure 15: Breastfeeding prevalence at 6-8 weeks, by feeding method



Source: Healthy Family Teams & Family Nurse Partnership COVID-19 Impact Assessment, Nottinghamshire Healthcare Foundation Trust

Positive impacts of Covid-19 on breastfeeding were reported in Covid impact survey, including that having time to themselves and no visitors resulted in mothers feeling more relaxed and able to meet babies needs when breastfeeding, and partners could also support if at home.

“The ability to stay home with no visitors meant I was able to freely meet babies needs and dedicate the time needed to breastfeed on demand”

“For me I think it helped as we were unable to go anywhere so I had more time and confidence to feed baby.”

Source: Nottinghamshire Covid Impact Survey (2022)

7.2 Food insecurity and childhood obesity

Nutritious food is vital for babies and children’s development. At both extremes malnourished and overweight infants and children will experience poorer physical and mental health outcomes, with impacts on their development.

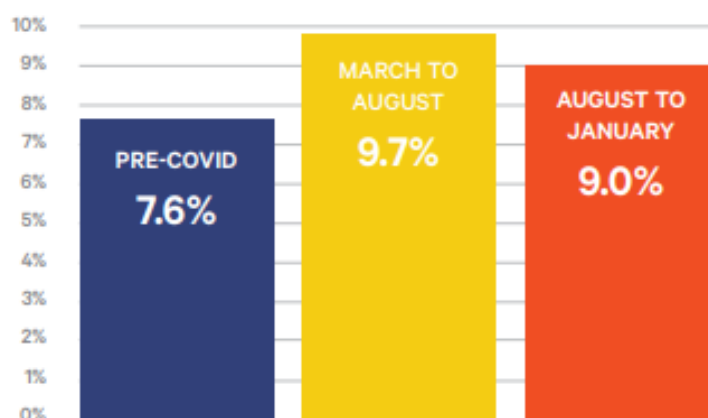
National Picture

Household food insecurity is understood as the lack of access (physically, socially, economically) to safe and nutritious food to meet individual needs for a healthy and active lifestyle (WHO, 2021). Food insecurity was prevalent in the UK before the pandemic but appears to have been exacerbated by Covid-19 (EIF, 2020), as illustrated in the below Figure:



Figure 16: Proportion of households experiencing food insecurity (national)

Percentage of all households experiencing food insecurity during the pandemic (6-month recall period 2020-21) compared with pre-Covid (12-month recall period).



Source: The Food Foundation, 2021

Initially, supply issues caused problems in the availability of food with the purchasing of some foods restricted due to lack of supply and panic buying creating food insecurity. As supply issues improved economic issues proceeded to get worse and this overtook as a main reason for food insecurity and continues post-Covid. Compared to the previous financial year, there was a 33% increase in the number of emergency food parcels required between April 2020 and March 2021 (Trussell Trust 2021). The increase was greatest for food parcels for children rather than adults. This may be to do with the fact as income fell families were struggling to feed themselves, which was particularly the case for single parents. For such parents' financial vulnerability explained 5-20% of the likelihood of being food insecure during the pandemic (Mills, Albani & Brown, 2021).

Families who were in receipt of income-related benefits were five times more likely to make use of foodbanks (Joseph Rowntree Foundation (JRF) 2021). More recent findings do however indicate some further improvements, suggesting Government measures such as the continuation of Free School Meal provision during lockdowns and holiday provision funded through the Covid Winter Grant Scheme did help prevent a deterioration in the winter of 2021 (The Food Foundation, 2021).

This inevitably has also impacted on the quality of food eaten with unhealthy choices in everyday meals and snacking increasing during the pandemic (EIF, 2021) and those with lower incomes eating nearly a whole portion less of fruit and vegetables (The National Food Strategy 2020). In a sample of 3–5-year-olds living in deprived areas parents reported their children did eat more snacks, but families did spend more time cooking and eating together (Clarke et al. 2021). Some countries have since reported an increase in obesity rates in children and adolescents (EIF, 2021).

The Covid-19 pandemic drew attention to the wider food insecurity agenda (e.g., Marcus Rashford's free school meals during school holidays campaign) and may have tackled some stigma sometimes attached to food support services (e.g., people facing unexpected hardship and applying for universal credit and / or food bank support).



The National Child measurement Programme (NCMP) annual report (2021) shows the largest increases in childhood obesity prevalence across the country since the programme's inception in 2006/07. Obesity rates in both Reception-aged and Year 6 school children increased by around 4.5 percentage points between 2019-20 and 2020-21, this is the highest annual rise since the NCMP began in 2006-07, the previous highest rise was less than 1 percentage point (OHID, 2022).

Local Picture

Emergency food parcels issued by The Trussell Trust foodbanks (one of many providers and therefore an underestimate of need) in the East Midlands increased 1.4 times from 101,788 in 2019-20 to 138,767 in 2020-21. This decreased to 126,877 in 2021-22 (OHID, 2022).

35% of parents responding said they did worry **sometimes** and **26%** said that they did worry **often** about having the money to buy food for themselves and their families during the pandemic.

33% of professionals responding to the Covid impact survey reported that families struggled to feed their families during and after the pandemic, and 47% were unsure on the impact Covid-19 itself had. This may be due to the demographics of those answering the questionnaire not providing a true representation of our local population and those most likely to be experiencing food poverty.

26% of parents/carers responding to the survey stated that they often worry and 35% sometimes worry about having the money to buy food for themselves and for their families. Some families used food banks and food clubs with a few turning to family as support.

Data from the Nottinghamshire review of the impact of Covid-19 on child and family poverty (Nottinghamshire County Council (2021), shows that 22% of responses did worry about having the money to buy food for their family during the pandemic and 17% sometimes worried. 2 people often used foodbanks with 9 people sometimes using them (86 responses).

"Despite struggling financially, I am not eligible and all of the schemes in place in my area require you to be recognised as on a low income. Does not support people or families on varied incomes or whose work opportunities have been affected by the lack of childcare options & availability of shifts."

Source: Nottinghamshire review of the impact of Covid-19 on child and family poverty

Much work has been undertaken since the pandemic in Nottinghamshire to address these issues. The [Sustainable Food Network](#) [previously the Food Insecurity Network] is led by Public Health and continues to have food insecurity as a priority since 2021, bringing together county level action with District and neighbourhood action majoring on VCS action and linking with the city and universities. It brings together all of the key partners and facilitates and enables better action locally.



Nottinghamshire Council recently approved the [Food Redistribution grant fund](#) and there is also the recent NCC Public Health funded [food insecurity grant fund as part of the Cost of Living response](#).

Childhood obesity

It is difficult to determine the impact of Covid-19 on the prevalence of overweight and obese children in Reception due to school closures impacting the 2020-21 National Childbirth Measurement Programme (NCMP) data collection. The most recent data indicates that within Nottinghamshire and amongst the seven Districts the prevalence of overweight or obese children in reception has remained relatively static over the past 5 years (OHID, 2023).

Childhood Obesity Trailblazer Programme - Early years food environment (July 2019 – June 2022)

Nottinghamshire was one of five Local Authorities selected to take part in a three-year national programme: the Childhood Obesity Trailblazer programme. The purpose of the programme is to improve the home and community food environment of families with children in the early years living in areas of higher childhood obesity prevalence (for more information on the six objectives, please [visit](#)). Due to the timing of the programme, it was delivered flexibly with agility to best align with Covid-19 humanitarian response, specifically around food insecurity. For example, original plans for testing the Family Action Food On Our Doorstep (FOOD) Club scheme in four children centre service buildings to improve access to affordable healthy food, was rapidly expanded across Nottinghamshire with 22 FOOD clubs in operation in community venues and children's centres. This was funded by Covid-19 emergency grants in partnership with District and Borough and the County Council. The main motivational aspect for people accessing FOOD clubs was financial as the pandemic added more strain on families at this time. Importantly, as FOOD Clubs and other food redistribution schemes obtain their food supply from the general food system, they are an opportunity to provide low-cost healthy fresh food, and also complement other schemes such as promotion of Healthy Start and providing support and guidance on healthy eating and cooking on a budget.

"My husband lost hours. Then the pandemic hit. I heard about the FOOD Club through school. We needed something that helped us. It's not just unemployed people that need help. It's low-income families, families who are working but whose income has taken a hit because of COVID. I hope it continues."

Source: FOOD Clubs Participant Key Findings (2021)

The national / local lockdowns prevented face-to-face engagement with key groups, specifically the families of children under the age of 5.

7.3 Access to outdoor space and physical activity

Physical activity has many health benefits for children including bone and muscle health, cardiovascular fitness and supporting a healthy weight. Participating in age-appropriate physical activity allows infants and young children to reach developmental milestones appropriately and earlier than infants who are not exposed to the same level of activity (EIF, 2021).



National Picture

From a study involving interviews with 20 parents of 3–5-year-olds most parents reported a reduction in their children's physical activity and an increase in screen time during Covid-19 (Clarke et al. 2021). Parents reported disliking the use of screen time as an entertainment tool but felt they had no other option when looking after their children and needing to work (Allen & Vilija, 2022). Whilst there is a lack of UK evidence around physical activity for under 5's, most studies of older children or studies from other countries report a decrease in physical activity as well as a decrease in positive attitudes towards physical activity as a result of Covid-19. Variability does exist across countries suggesting the impact will be contextually dependant (EIF, 2021). Research does however suggest very young children found it difficult to engage with anything delivered online such as Joe Wicks and Cosmic Kids which were popular with some (Allen & Vilija, 2022).

It is not surprising that lockdown and social isolation were much more harmful to those without access to gardens as during certain periods they were limited to indoor space (Marmot et al 2020). Access to outdoor space for play and spending time with other children became important during the Covid-19 recovery for them to heal from the various stresses the pandemic has entailed (The Childhood Trust, 2020).

Local Picture

Professionals responding to the Nottinghamshire Covid-19 impact survey felt that there was a negative impact on children's activity levels during the pandemic.

83% of responses felt there had been a **negative** impact on the physical activity levels of children and families.

Professionals noted that they had observed more obesity and fewer opportunities for children to be physically active, as they were often restricted to the house with groups and parks being closed:

“Limited time outdoors and not been able to visit places where they could access physical activities.”

Source: Nottinghamshire Covid Impact Survey (2022)

43% of parents and carers reported that Covid-19 did negatively impact on how active their families were with 36% saying it was a change for the better. This disparity is likely to relate to families' circumstances at the time as the experience was unique for everyone e.g., whether they were furloughed, were working and home-schooling and if they had their own garden and access to internet. Those with access to gardens and outdoor space found they were walking more:



Time together, daily walks, slower pace of life, appreciate and link with neighbours and local community.

Made us re-evaluate what was important and make better use of resources around us like walks and playing in garden.

Out walking more as there was not much else to do which meant we were healthier.

Source: Nottinghamshire Covid Impact Survey (2022)

When asked about if these changes remained, 65% stated that this was not the case now, indicating that the changes in physical activity levels throughout the pandemic have not necessarily been sustained.

7.4 Diabetes in children and gestational diabetes

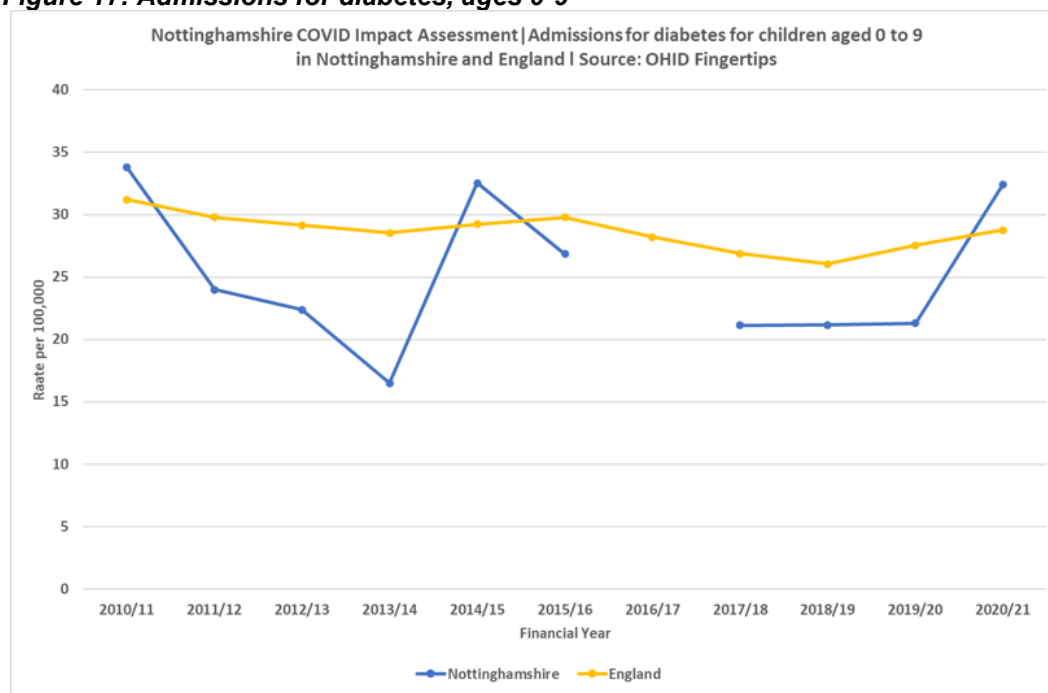
National Picture

The NPDA (2021) found the incidence of Type 1 diabetes increased significantly by 21% in 2020-21 amongst those aged 0-15 years, from 25.6 new cases per 100,000 in 2019-20 to 30.9 in 2020-21. The increase during this period was higher amongst boys, amongst whom there was a 27.4% increase, compared to a 12.6% increase in girls. For type 2 diabetes there was an increase of 12% compared to the total number reported in 2019-20 (NPDA, 2021). There is currently very limited research around diabetes in under 5's to draw any meaningful conclusions around the impact of Covid-19.

Local Picture

Admissions for diabetes in children aged 0-9 years old sharply rose during the first year of the pandemic to overtake the England average (from 2019/20 to 2020/21), see Figure 17. It is currently unclear what the driver for this was and whether it relates to any increases in need or severity.

There are only a small number of children under 5 who have coded active diabetes (e-Healthscope, 2022) suggesting this change may relate more to the 5–9-year age range. Due to the very small numbers of diabetes in under 5's it is very difficult to determine any local impact of Covid-19.

**Figure 17: Admissions for diabetes, ages 0-9**

Note: 2016-17 value not presented due to an issue with HES coding.

For gestational diabetes in Nottinghamshire there was a noticeable drop in diagnoses that coincides with the first lockdown (eHealthscope 2022). However, this was likely influenced by the changes in the way gestational diabetes was diagnosed. Glucose tolerance testing at 24-28 weeks (glucose drink & blood testing) is the usual testing method which was stopped nationally and replaced by HbA1c testing which was found to be less effective (Van-de-l'Isle et al, 2021). Similar to diabetes in under 5's it is therefore difficult to determine any local impact of Covid-19 on rates.

7.5 Child Safety

National Picture

From previous experience we know that violence and vulnerability increase for children during periods of school closures associated with health emergencies (Cluver et al. 2020). This can be a result of an increase on caregivers' stressors in life (NSPCC, 2022).

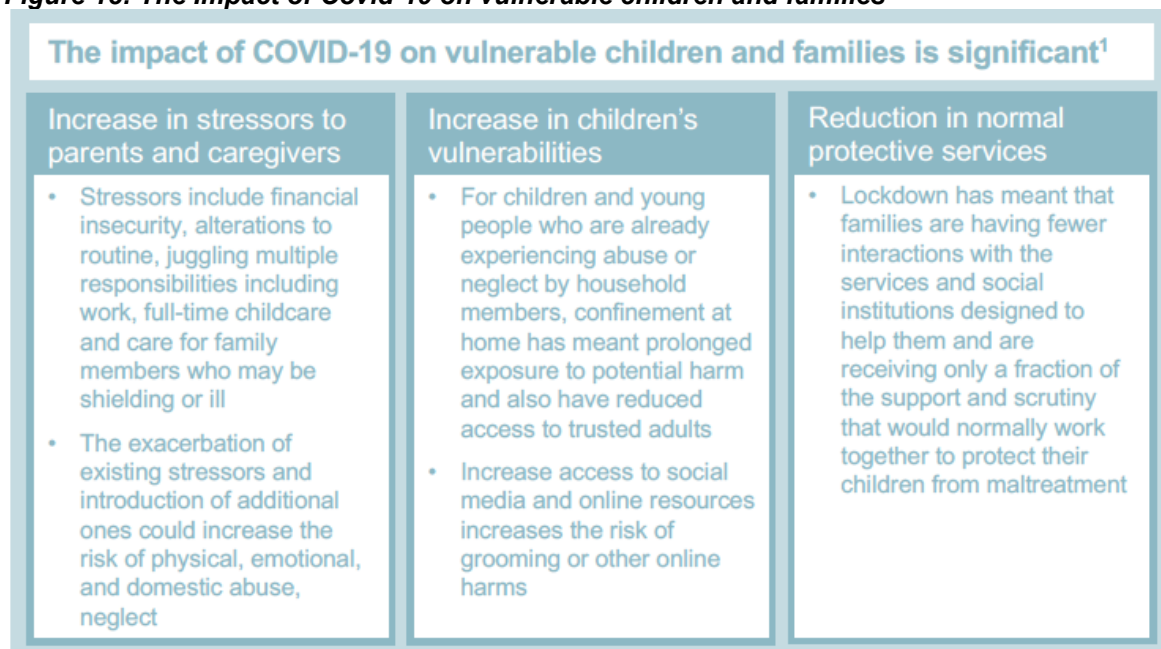
There are indications that the conditions caused by the Covid-19 pandemic heightened the vulnerability of children and young people to certain types of abuse, for example online abuse, abuse within the home, criminal exploitation, and child sexual exploitation (Romanou & Belton, 2020). From reviewing child protection medical examinations in one UK hospital, domestic violence, mental health, and drug abuse in parents remained the predominant risk factors for abuse in children in both 2019 and 2020. (Handi, Wright, & Lokhandwala, 2021).

The government's 2020-21 data on serious incident notifications found that from April to September 2020, there was a 31% rise in incidents of death or serious harm to children under 1 when compared with the same period in 2019 (Child Safeguarding Incident Notification System, 2021). Between April and October 2020, Ofsted had over 300 serious incident notifications. Almost 40% of these were about babies. This was over a fifth more than for the



same period the previous year. Over half of the cases about babies related to non-accidental injuries (OFSTED, 2020) (3).

Figure 18: The Impact of Covid-19 on vulnerable children and families



(NSPCC Learning, 2020)

There is evidence that the 'normal' safeguards we rely on to protect children were reduced during the pandemic (Romanou & Belton, 2020). For example, a survey of UK parents of under two-year olds from April to June 2020 found that only 11% had seen a health visitor face-to-face during the early days of the pandemic (Saunders and Hogg, 2020). Such reductions in face-to-face visits reduces the opportunities for health professionals to detect any early signs of abuse. Consequently, levels of child protection referrals dropped across the UK, of which the greatest drop was evident from schools who also play an important role in detecting signs of abuse and acting on these. (NSPCC, 2022). However, despite the substantial fall in referrals, there was only a small decrease in children entering the child protection system. The number of children becoming the subject of a child protection plan decreased by 4 per cent, from 2019-20 to 2020-21 (DfE, 2021d).

Furthermore, various studies across the country show there was an initial reduction in acutely ill or injured children attending A&E (Isba et al. 2020; Nijman et al. 2022). Reasons for this are unclear but may be a result of reduced accidents and illness with less communicable infectious diseases reported (Nijman et al. 2022), seeking support from other avenues and not wanting to attend A&E. There is some evidence from a large-scale study to suggest parents were waiting longer before attending A&E with paediatricians seeing children later than they would have prior to the pandemic (Lynn et al, 2020). However clinical severity scores did not suggest children were presenting with more advanced disease (Williams et al. 2021) implying children were attending only when necessary. Reasons for attending appeared to vary with Gloucestershire for example experiencing upward trends in burns and dog bites during the pandemic, indicative of the burden and stressors placed on households (Jackson et al. 2021).

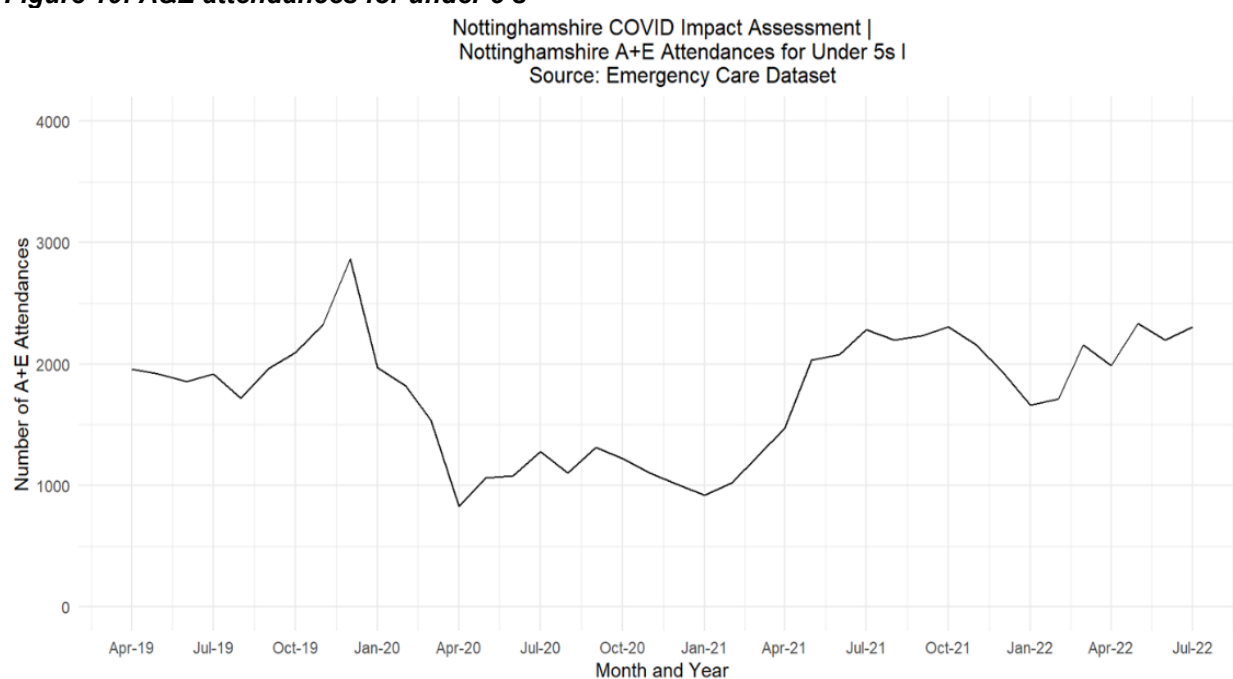


Local Picture

A&E attendances

The level of attendances in under 5's as highlighted in Figure 19 below dropped throughout 2020 with troughs related to the lockdowns. This has recovered to pre-pandemic levels and for the first 4 months of 2022-23 the data shows a 15% increase on the same period in 2019-20.

Figure 19: A&E attendances for under 5's



During lockdowns A&E attendance in all districts fell to similar levels, as summarised in Figure 20 below. There is now much greater variation in attendance levels than pre-pandemic with Mansfield having the lowest number of attendances. This might be related to King's Mill Hospital having a Child Assessment Unit which children are signposted to from their GP or 111, and are encouraged to attend here instead of A&E.



Figure 20: A&E attendances for under 5's, by District

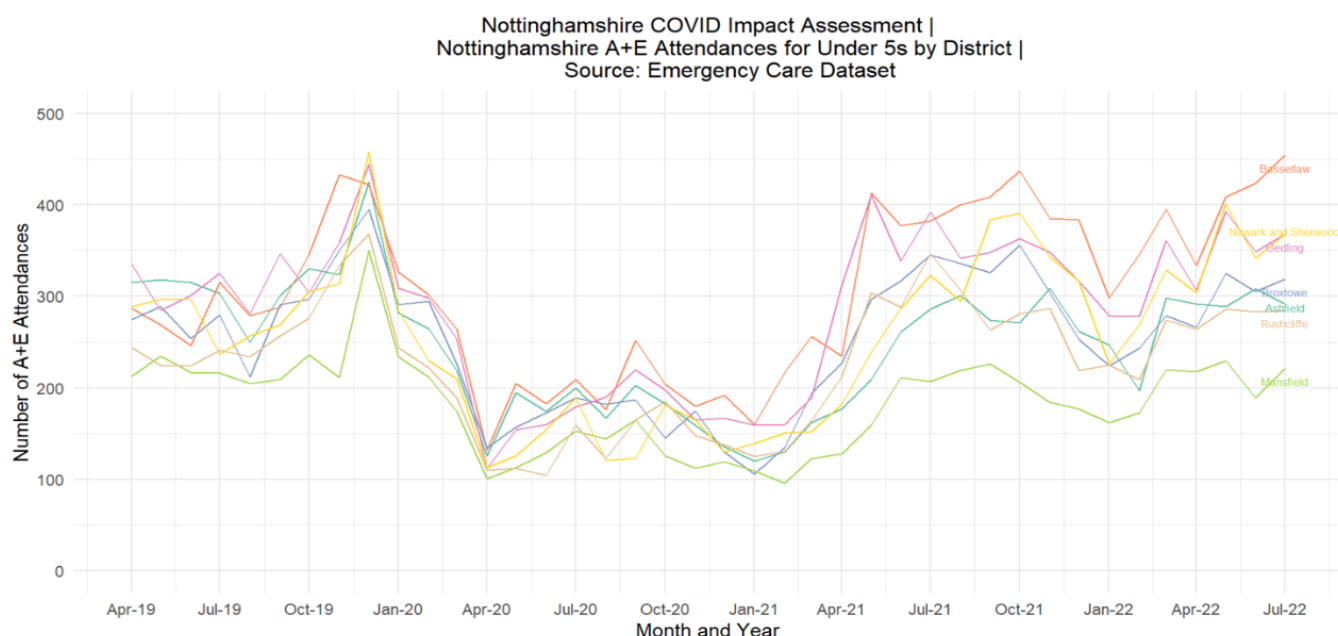
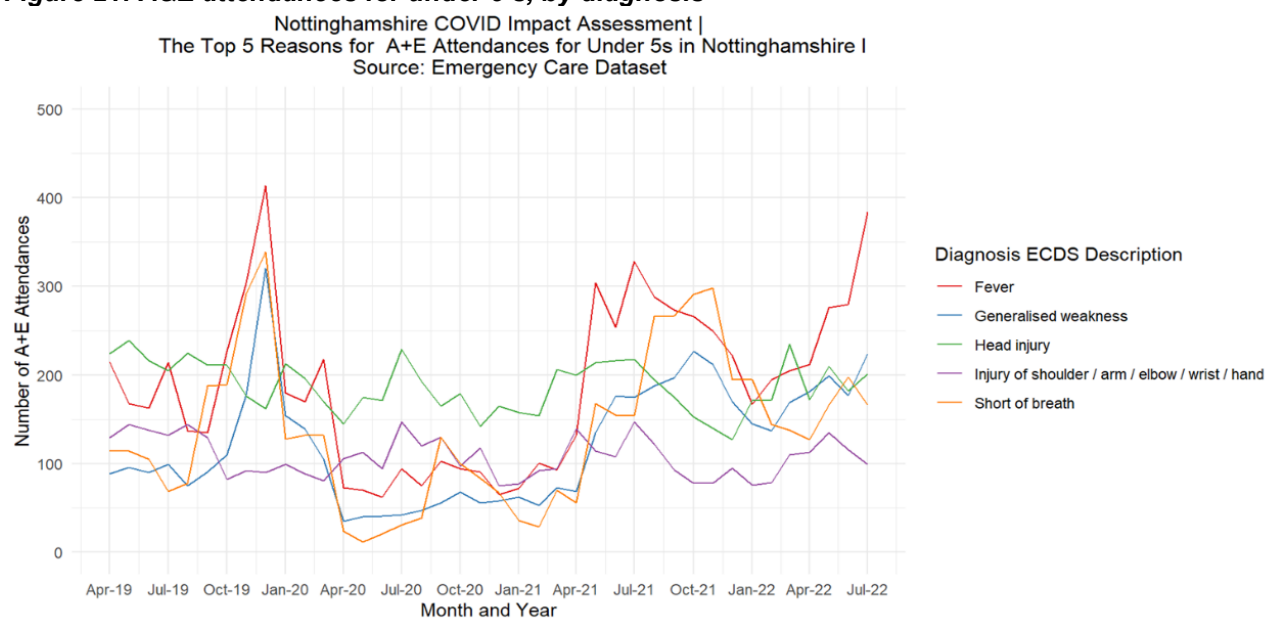


Figure 21 summarises the numbers of key presentations to A&E since April 2019. It highlights that some diagnoses have stayed similar throughout the pandemic, such as head and body injuries. The number of presentations for other conditions, such as fever, shortness of breath and generalised weakness have varied significantly with troughs associated with lockdown restrictions. These reductions in attendance could have been due to Covid restrictions reducing the levels of respiratory illness, a more appropriate use of A&E, a reluctance to attend A&E, or there may have been other drivers. It is important to better understand use of A&E by families.

Figure 21: A&E attendances for under 5's, by diagnosis





One parent, by survey, reflected on the impact of testing and PPE on their young child:

“My first son went into the pandemic just over one year old and being made to do tests if he had to visit hospital with his breathing, or because he had a cough at nursery really impacted him. He was beyond terrified of the sticks that went up the nose. And due to us having to sometimes pin him down to do it to be able to go to the above he ran away crying when he saw me with a test kit, and he would shout and cry "no not there take me home" when only driven past the test centre on the way to nursery. He became so scared of any doctors I think the PPE to him was scary that getting him to see a GP was traumatic for all involved and he would scream kick shout. It took nearly 2 years for him to trust a doctor is a nice person.”

Source: Nottinghamshire Covid Impact Survey (2022)

7.6 General vaccination uptake

Vaccinations protect against life-threatening disease and reduce infant morbidity and mortality globally.

National Picture

There is evidence to indicate that routine vaccinations in infants saw a significant reduction because of the Covid-19 pandemic in the UK and elsewhere. At the height of the pandemic, evidence suggests that some families in England were unaware that routine vaccinations should continue, and some had difficulty accessing vaccination appointments (Early Intervention Foundation, 2021). Those more likely to be unaware that vaccinations were continuing to be delivered, were households reporting an income of less than £35,000 per annum compared to households with an income of £35,000 to £84,999. (Bell et al, 2020).

In the early stages of the pandemic in the UK, notably three weeks after social distancing measures were introduced, measles mumps and rubella (MMR) vaccination counts in children were 20% lower and hexavalent¹² vaccination counts were 7% lower. (McDonald et al, 2020). More recent data collected by Public Health England from January to March 2021 (Public Health England, 2021) on vaccination coverage for children who reach their first, second, or fifth birthday during the evaluation quarter, reported some increases in vaccination coverage, however a large portion decreased. For example, in England, coverage decreased for all the vaccines offered from the first birthday (PCV booster, Hib/MenC booster, MMR1 and MenB booster), coverage for MMR2 decreased and the pre-school booster also decreased.

Local Picture

Generally, the vaccination rates in children living in Nottinghamshire, across the childhood immunisation programme, have remained relatively static in roughly the 90%-97% range depending on the indicator. Review of data at primary care network (PCN) level indicates that vaccine uptake may have been impacted differently in areas across the county, however further exploration is needed.

¹² 6 in 1 vaccine that vaccinates against diphtheria, tetanus, pertussis, polio, Hib and hepatitis B

The only vaccine with a significant change is flu vaccination coverage in 2–3-year-olds, Figure 22 shows a sharp increase in coverage in 2020-21 with a slight drop off in 2021-22. This could be as flu is also a respiratory disease similar to Covid-19.

Figure 22: Flu vaccine coverage, at 2-3 years old

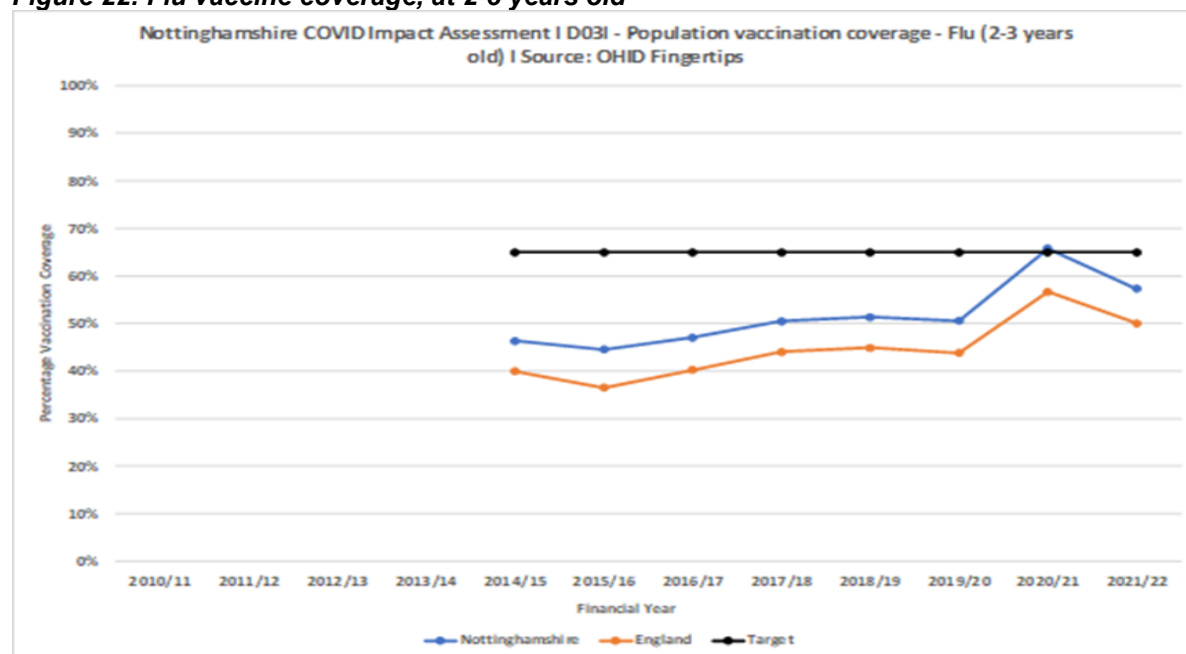


Figure 23 details uptake of the flu vaccine by primary care network (PCN) showing that changes in uptake were relatively consistent across Nottinghamshire, rather than being focused in specific geographic areas.

Figure 23: Flu vaccine coverage, at 2-3 years old, by Primary Care Network

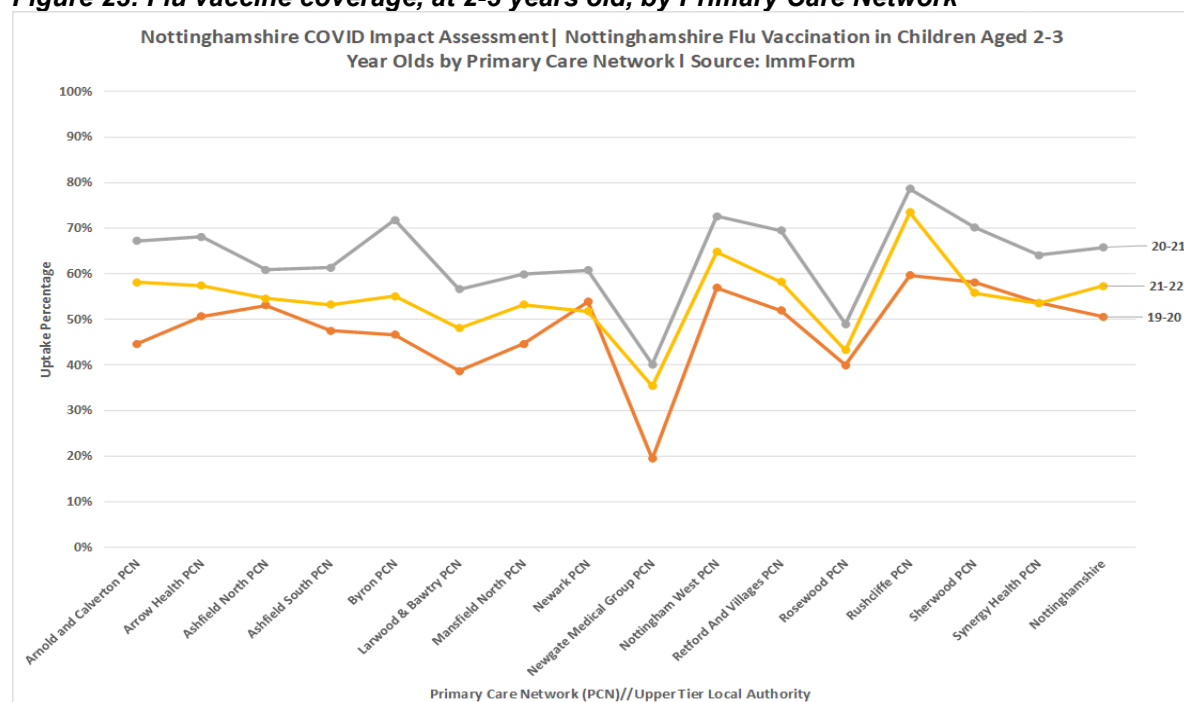
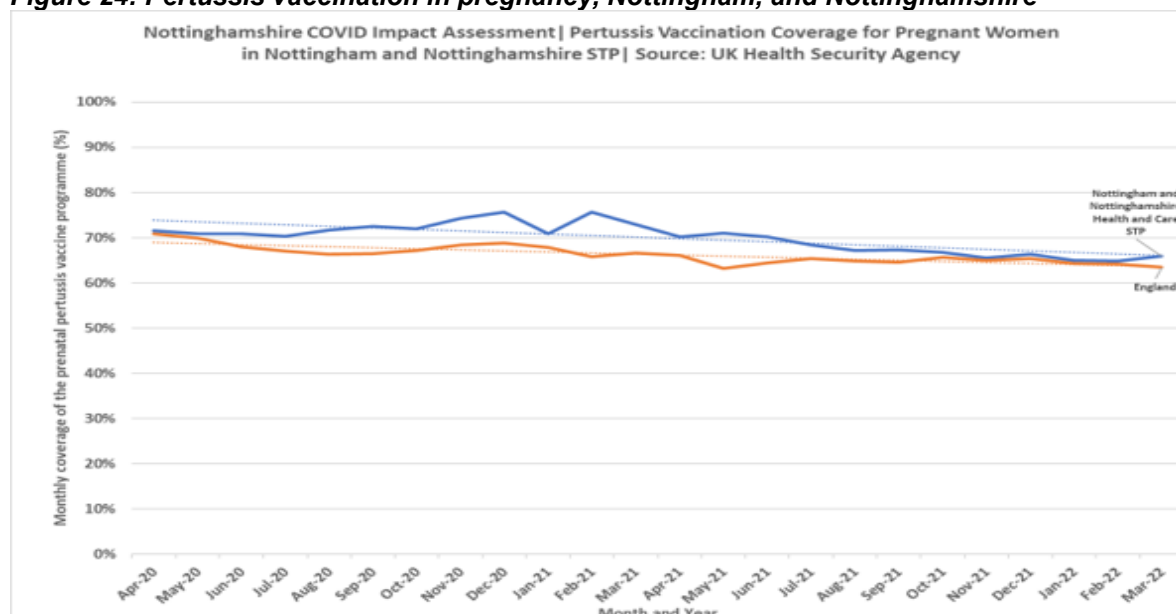


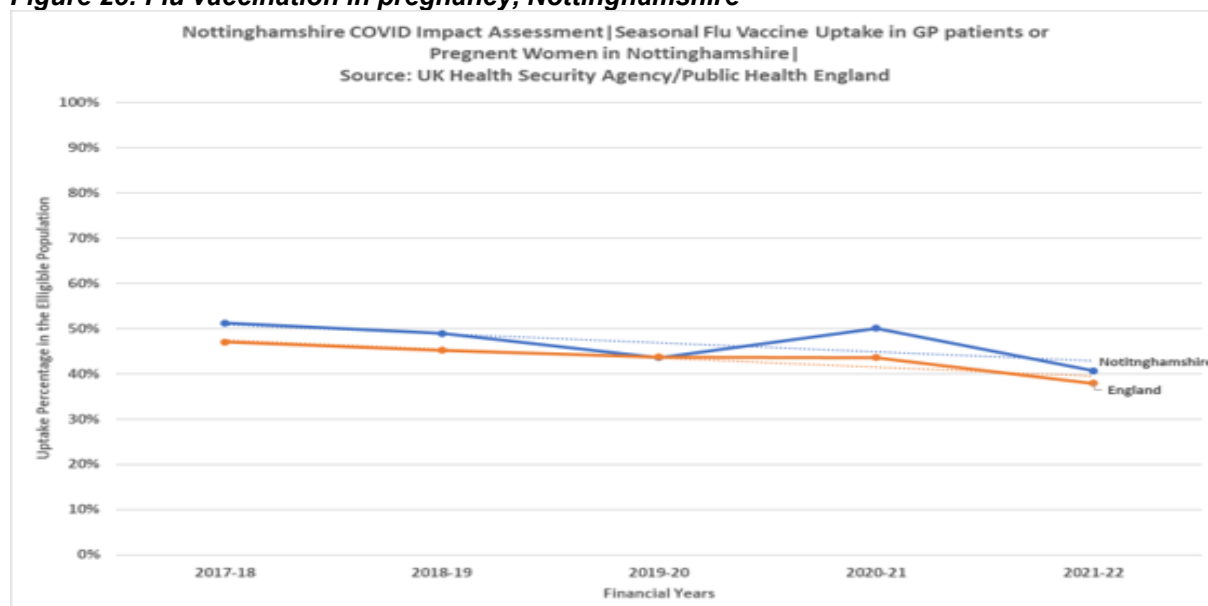


Figure 24: Pertussis vaccination in pregnancy, Nottingham, and Nottinghamshire



There has been a decline in vaccination take-up for pertussis especially after the second set of lockdowns as summarised in Figure 24. Due to the availability of the data this includes Nottingham City and Nottinghamshire but excludes Bassetlaw. Nottinghamshire is above the England average but falling slightly faster.

Figure 25: Flu vaccination in pregnancy, Nottinghamshire



Note: (This data includes all women already pregnant or becoming pregnant (in the first, second or third trimesters) as diagnosed by a medical professional from 1 September. Accurately identifying this denominator is challenging and denominators may be regarded as over-inclusive as they may include women that become eligible and then ineligible before they are vaccinated. Vaccine uptake for pregnant women is likely to be underestimated.)

There has been a general downward trend in flu vaccination take up in pregnant women in recent years. There is a slight increase in take up in the first flu season following the start of the pandemic as indicated in Figure 25. Nottinghamshire is above the England average but falling slightly faster.



7.7. Oral health and dental access

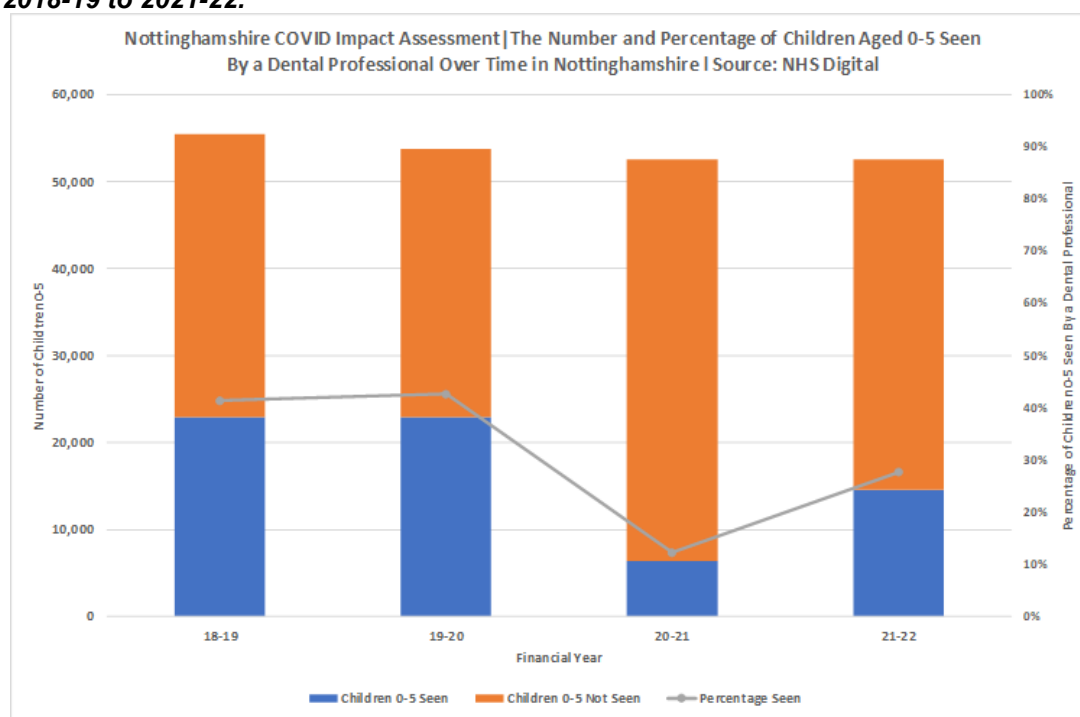
National Picture

It is recommended that children visit a dentist when their first milk teeth appear and have regular check-ups following this, so they become familiar with the environment and the dentist. During covid-19 dentists were closed, had periods of providing emergency care only and had to bring in extra safety and cleaning measures meaning routine appointments were impacted. Furthermore, health visitors and school nurses play a valuable role in giving oral health advice, especially to vulnerable families and their contact was impacted. There is also evidence to suggest children may have had exposure to more sugary snacks and unhealthy foods (EIF, 2021), increasing their risk of tooth decay.

Local Picture

The Covid-19 pandemic has resulted in fewer children in the East and West Midlands being seen by dental professionals. The percentage of the child population seen across the Midlands in the year to 31 March 2020 was 58.6%. In the year to 31 March 2021, this had dropped to 22.2%. Data suggests that the largest drop in access seems to have been within the 0-4 age group which in the year to March 2021 was well below 50% of the year to March 2020 figure. From a low point in March 2021 the percentage of children seen in the Midlands in the previous 12 months to December 2021 has recovered to 42.7% of children (OHID, 2022).

Figure 26: The number and percentage of children aged 0-5 seen by a dental professional from 2018-19 to 2021-22.



Within Nottinghamshire, as shown in Figure 26 above, there was a sharp decline in the number and percentage of children being seen by a dental professional from 2019-20 to 2020-21. There has only been a slight recovery in the following year with the percentage seen remaining lower than it was pre-pandemic, suggesting many under 5s are unable or not accessing a dentist. It is important to note there are national challenges in access to dentistry, which are mirrored in Nottinghamshire.



8. Recommendations

The wellbeing of children and families need to be nurtured as they recover from the effects of the pandemic, to allow them to thrive. We are proposing the following recommendations within Nottinghamshire to support us in achieving this:

	Recommendation	Key Partners	Ambitions it relates to in the Best Start Strategy
	Parent & carers wellbeing		
1	Continue to support those who may have experienced trauma through the birth process and/or perinatal period and who may be continuing to experience the long-term implications of this.	LMNS x 2 NCC NHFT	1, 2, 3, 5
2	Strengthen perinatal mental health pathways and care: <ul style="list-style-type: none"> • Strengthen data capture and reporting to determine need, address gaps, and measure progress more accurately • Increase engagement in perinatal mental health services • Identity and support 'low level' and emerging mental health need within families 	LMNS x 2 NCC NHFT	3, 5
3	Review and enhance our local antenatal and parenting programme offers to ensure they support key areas such as: <ul style="list-style-type: none"> • Early identification of maternal mental health problems and sources of support • Greater engagement with fathers/partners • Preparing & empowering parents for parenthood, increasing their resilience to face and overcome adversity • The importance of social support 	LMNS x 2 NCC NHFT	1, 3, 5, 6
4	Ensure that for any future pandemic/emergency planning the implications of the maternity restrictions and service delivery are taken into consideration, as outlined within this impact assessment and in greater detail within the Experiences of Maternity Services in Nottingham and Nottinghamshire during the COVID-19 Pandemic report (Nottingham & Nottinghamshire Maternity Voices & Healthwatch, 2021).	LMNS	1, 2, 3
	Child Development		
5	Address the increasing speech, language and communication need (SLCN) that has emerged in the cohort of children most affected by the restrictions of the Covid-19 pandemic i.e., children who are now aged 2 and over, by:	NCC NHFT ICB	7, 8



	<ul style="list-style-type: none"> Implementing additional training in the early identification of SLCN to early years practitioners Carrying out a skills analysis regarding SLCN across the early years sector and regularly reviewing training opportunities Piloting the use of a new tool in settings that supports early identification of SLCN's, and guides professionals in the appropriate implementation of strategies to support emerging need Increasing capacity for targeted SLCN interventions for those aged 2 to 3.5 years Undertaking an audit or similar to better understand the reasons for the continued increase in referrals to specialist SLT. 		
6	Deliver training to the early years workforce to help early years practitioners effectively support healthy social and emotional development: <ul style="list-style-type: none"> Roll out Emotion Coaching to settings Deliver workshop-style training to settings 	NCC	3, 8
7	Roll out and promote "Peep" interventions via Children's Centre Services for parents/carers from pregnancy and across the early years. These interventions focus on the role of parents as early educators and champion parents and their babies/children learning together – building positive, sensitive relationships, enhancing home learning environments, and helping babies and children to become confident communicators and learners.	NCC	3, 7, 8
8	Ensure children continue to have access to high quality early years provision, in order to mitigate the adverse impact that the pandemic may have had on children's early experiences and development.	NCC	9
9	Continue to review the emerging trends in early child development, where a decrease in the proportion of children meeting the expected level of development in relation to both communication and social-emotional skills at age 2-2.5 was observed, to understand if this continues. <i>(Please note links to recommendations 5 to 8 re: communication and social-emotional development)</i>	NCC NHFT	7, 8
Health Outcomes			
10	Increase our understanding of patterns in A&E attendance to ensure children and families are accessing the most appropriate service for their needs.	ICB	6
11	Deliver and monitor targeted breastfeeding support in areas with persistently low rates, particularly in areas with	NCC LMNS x 2 NHFT	3, 6



	significant decreases in breastfeeding across the course of the pandemic.		
12	Explore data and trends in vaccination uptake in pregnancy and early years in more detail e.g. at smaller geographical areas and amongst demographic groups, to more effectively target areas of greatest need.	NCC LMNS x 2	2, 6
13	Understand and apply the strategies that were successfully used in the promotion of flu vaccination in 2–3-year-olds in 20-21, as well as successful campaigns undertaken by comparator areas, to increase uptake in future years.	NCC NHFT	6
14	Given the national challenges in access to dentistry, it is important to explore any opportunity to improve oral health in the early years, including preventative interventions such as health promotion and fluoridation.	NCC	6
Best Start for Life Offer			
15	Drive forward the development of Family Hubs across Nottinghamshire, publish and integrate our Best Start for Life Offer, informed by engagement with parents and carers. This will support both parents and professionals to have greater clarity around where to signpost and seek support.	NCC LMNS x 2	All
16	Promote our Best Start for Life Offer, local services and resources to parents-to-be as early as possible in their journey of parenthood. This will require continued close working and collaboration with key services who would play a significant role in this, such as maternity.	All	All
Inequalities			
17	Research suggests the pandemic has disproportionately and adversely impacted vulnerable families and children the greatest and is likely to have exacerbated existing inequalities (e.g., in low-income families, BAME groups, socially isolated, those with mental health issues.) All recovery work needs to prioritise understanding the specific inequalities within that area and working to address these.	All	All
Service Delivery			
18	Services continue to understand the benefits and downsides of blended service delivery models within their service (e.g., online, face to face) and build on the strengths this can provide to meet individual family's needs more effectively, without compromising on quality and safety.	All	All

Partners: Key

LMNS: Local Maternity & Neonatal System. Within Nottinghamshire we have two, Nottingham & Nottinghamshire and South Yorkshire & Bassetlaw

NCC: Nottinghamshire County Council

NHFT: Nottinghamshire Healthcare NHS Foundation Trust

ICB: Nottingham and Nottinghamshire ICB



Best Start Strategy Ambitions Key:

11. Prospective parents are well prepared for parenthood
12. Mothers and babies have positive pregnancy outcomes
13. Babies and parents/carers have good early relationships
14. Parents/carers are engaged and participate in home learning from birth
15. Parents/carers experiencing emotional, mental health and wellbeing challenges are identified early and supported
16. Children and parents/carers have good health outcomes
17. Children and parents/carers are supported with early language, speech and communication
18. Children are ready for nursery and school and demonstrate a good level of overall development
19. Children have access to high quality early years provision
20. Parents/carers are financially resilient and can access secure employment

Implementing these recommendations will also support priorities previously identified within the [Nottinghamshire Health and Wellbeing Strategy \(2022-2026\)](#) and the [Nottinghamshire Plan \(2021-2031\)](#).

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APPENDICES

APPENDIX 1: COVID IMPACT SURVEY, PARENTS AND CARERS

A local Covid impact survey for parents and carers was developed based on key topic areas informed by the early findings from the literature review. This was widely promoted to parents and carers during October 2022 through established Council networks and Facebook pages.

There were 182 responses to the parents and carers survey received. Key findings from the survey are included in the main report. Due to the size of the document the full survey results have been excluded from this appendix, however they are available on request from the public health department.

The comments left by parents and carers were analysed using a step-by-step approach:

- separating the responses to the free text questions by individual question
- carrying out a detailed review of all responses to identify common and unique themes
- identifying, then combining, themes where appropriate and relevant
- write-up of summary analysis by theme, selecting appropriate and representative quotes

This appendix provides a summary of the analysis.

Please note, whilst the survey was distributed widely, it is recognised that the results provide a self-selecting sample rather than a representative sample, however the experiences they describe are impactful and often emotive. Nearly all responses were from females with the majority falling within the 31–35-year age range and describing themselves as White British. Respondents tended to fall into mid to higher income brackets and the majority were from two person households. When completing the survey some respondents did not answer or skipped a number of questions.

Summary of key themes and findings

The respondents' comments were analysed around a number of emerging themes:

- Child development
- Infant feeding and access to food
- Pregnancy and birth
- Mental health and wellbeing

➤ Child development

There were four main development questions included in the survey. A summary analysis of the comments left by parents and carers is provided for each question.

Did you see a change in your child's or children's communication skills during and after the pandemic e.g. speech and understanding?

Generally, parents responded that their children's speech had been delayed, although some suggested their children were ahead of their age as they had been surrounded by adults or older siblings. Those that had delays encountered waits for speech and language services, some turned to self-help and reported that they 'caught up' that way. It was the younger children ages 18 months to 2 years that seemed the most affected. It was reported that when the pandemic ended there was a significant improvement, and many 'caught up'.



Did you see a change in your child's or children's social skills during and after the pandemic?

The most common response was that children had got used to only seeing their family during lockdown and when it ended, they initially struggled to interact and socialise with other children. Many responded that children were wary of people outside of their household. Some became clingy and shy although this seemed to ease in most post lockdown. Parents observed that older children and those that attended settings were less impacted than those who knew no different.

Did you see a change in your child's or children's physical skills during and after the pandemic e.g. jumping, climbing, cutting, threading?

The responses to this question broke down into two parts, there were a group who went outdoors and exercised and had physical play and those that had disabilities that affect this independently of Covid. Of those that did not have disabilities it was a mixture of those that excelled with extra family time and those that had delays possibly due to the lack of groups where they could learn some of the skills.

Did you see a change in your child's behaviour during and after the pandemic?

The responses tended to be related to children's tantrums and outbursts as well as being shy and clingy. The outbursts seemed to be believed to be partly due to young children not understanding why their life had changed and afterwards why they could not always have undivided attention. Some children struggle with separation from their parents and how to interact with others outside of the family. There was also anxiety and stress reported after lockdown was lifted.

➤ **Infant feeding and access to food**

The main themes were around support in hospital and in the community including means of communication. Consequently, many parents and carers reported feeling that issues such as tongue-tie or baby not feeding were not picked up in a timely manner.

There were a cohort of respondents who due to lack of support or wanting expertise researched breastfeeding themselves, and mention of paying for breastfeeding and tongue tie resolution. There were positives reported, such as having more time to themselves and no visitors, meaning parents were more relaxed.

A few respondents mentioned financial concerns around attending a community kitchen or heating their home.

➤ **Pregnancy and Birth**

Pregnancy

The key themes in the area of pregnancy were:

- Fear of catching Covid-19 and / or fear of having the vaccination.
- Attending antenatal and scan or hospital appointments on their own (the adverse impact of this)
- Lack of face-to-face appointments.
- Sometimes having to hear difficult news or complex information on their own.



- Feeling less supported.
- Feeling lonely and being unable to meet other expectant mothers.
- Not being able to share the joy of being pregnant with others, and not being seen as pregnant.
- Lack of support with difficult experiences such as pregnancy loss and trauma.
- Working at home or being furloughed was often seen as a positive as pregnant women could spend time focussing on their health and wellbeing needs, and / or time could be spent with existing children ahead of birth.

Birth

The key themes in the area of birth were:

- Being unable to have partners with them until labour was established.
- Having to go through early labour and pain alone.
- Sometimes having to make difficult decisions on their own.
- Partners also missing out being able to support until labour established.
- Partners only able to stay for a few hours after birth.
- Isolated and traumatic not to have partner's support.
- No home birthing service running meant some women were unable to have the birth they had wanted.

Post Birth

The key themes in the area of post birth were:

- Lack of support was reported or felt to have caused post-natal depression.
- Looking after babies after C-sections own their own was difficult without partners around and a perceived lack or reduction of hospital support.
- Not able to have relatives, friends or wider support to help out.
- No baby groups to connect with other parents.
- Not able to celebrate births.
- Unable to meet and bond with grandparents.
- It was seen as positive that there was no pressure to host visitors to see new baby so they could focus on the immediate family.
- Partners working from home could spend more time bonding with baby.

➤ Mental health and wellbeing

The mental health questions lead to responses that clustered into around six themes.

1. Bonding and family.
2. Isolation and loneliness.
3. Disrupted or altered behaviour, and shyness and separation issues.
4. Fear of catching covid.
5. Post-natal depression and other mental illnesses.
6. Other comments.

Bonding and family

Spending time either working from home or being furloughed generally lead to positive comments from the respondents. Responses were around having time that they wouldn't normally have meant they could do things together without interruption or pressure of visitors. It was noted that fathers in particular got to spend more time with their children and new-borns



which they wouldn't have pre-pandemic and mothers commented that this improved the relationship between father and child.

However, not all of this was seen positively, there were comments about how intense this period was and it sometimes led to irritability, bad moods and an impact on relationships. There were worries around how difficult it was to teach and entertain children. Those with babies also found it difficult without being able to access support from family and friends.

Isolation and loneliness

Quite a few mothers of new babies, especially when it was their first baby, report that it was lonely and isolating not being able to go to baby groups and to meet other new mums. Being unable to have family and friends to support and help them was challenging.

Behaviour: disrupted or altered behaviour, and shyness and separation issues

This section broke down in to two separate but similar themes around (i) negative or disrupted behaviour and (ii) shyness and withdrawn behaviour.

Many reported that their children struggled and found it hard to understand why they couldn't go out or hug friends and family members often leading to frustration, outbursts and other challenging behaviour. This was also reflected in responses from parents of autistic children. Respondents report that this led to children who were anxious and that struggled with their emotions.

There were also many responses around children becoming more clingy, introverted and shy and who found it hard to be separated from their parents. Parents put a lot of this down to not mixing with other children or family and friends as well as spending a lot of time staying indoors.

Fear of catching covid

There were a number of respondents that worried about themselves or relatives or children catching Covid-19 leading to anxiety.

Post-natal depression and other mental illnesses

Women reported various mental illnesses such as depression, anxiety and especially post-natal depression, that they linked to their experiences of giving birth and becoming parents in the pandemic.

Other comments

Other responses mentioned parents with mental health issues prior to the pandemic and the difficulties that followed when their previous support was withdrawn. Parents mental health also deteriorated in lockdown, impacting on relationships.



APPENDIX 2: COVID IMPACT SURVEY, EARLY YEARS PROFESSIONALS

A local Covid impact survey for early years professionals was developed based on key topic areas informed by the early findings from the literature review. This was widely promoted to early years professionals during October 2022 through established NCC networks and commissioned services.

There were 30 responses to the professional's survey, largely from Healthy Family Programme Teams with good coverage of those working across Nottinghamshire. Key findings from the survey are included in the main report. Due to the size of the document the full survey results have been excluded from this appendix, however they are available on request from the public health department. This appendix provides a summary analysis of the responses to key questions.

Did you see an increase in the complexity or severity of the challenges faced by the families with 0–5-year-olds that you worked with during and after the pandemic? If you selected yes - what are the most common challenges?

The main thrust observed by professionals was the increasing problems with speech and language skills. This led to an increased number of referrals for these services and increased demand from some other services that were unavailable.

Early years professionals reported that during Covid and lockdowns increasing numbers of children missed developmental milestones. Another issue raised was the lack of socialisation, leading to children fearing those outside the family and not knowing how to manage their own behaviours.

Do you think the covid pandemic impacted on parents or carers of 0–5-year-olds mental wellbeing?

It was observed by professionals that new parents were isolated from support groups and wider family and friends. On occasions this was seen as a positive as parents who were working at home together or were furlough did get some quality time as a new family. However, this extra time together also led to strained relationships.

Professionals reported various anxieties and stresses for parents and carers around catching Covid-19, financial difficulties, losing work and home schooling. They also said that they observed more cases of post-natal depression and domestic abuse.

Do you think that the pandemic had an impact on children's physical development including gross motor and fine motor skills (0-5 years)?

Some professionals noted that they had observed more obesity and fewer opportunities for children to be physical active as they were often restricted to the house or that groups and parks were closed.

The development of gross motor and fine motor skills could very much depend on individual family circumstances. Some families who worked from home could focus more on encouraging children's activity and monitoring screen time as children had become more screen reliant. However, it was noted that this could also be dependent on the parent's mental health.

Do you think that the pandemic had an impact on children's behaviour (0-5 years)?



Professionals observed that as children had little variety of social settings and stimulus, they found it difficult to know how to interact with peers and adults. As parents had little support to manage their children's behaviour this sometimes led to more adverse and less social behaviour. It was also noted that parents and children were more anxious and clingier with noticeable increases in separation anxiety. This is leading to delays in development.

Has the pandemic impacted the support or services you are able to offer children and families?

Initially during the first lockdown professionals reported that services had been affected with time taken to adapt to online and MS teams working. The general response was that this enabled families who had difficulties travelling to services to access these more readily. It was also noted that virtual consultations and support better enabled fathers to be involved and generally improved the variety of communication methods. However, some professional reports that staff pressures and sickness meant caseloads increased. Also, some felt parents did not always look at electronic communications. It was acknowledged that virtual was not the same as face to face.

Have there been any successful adaptations, innovations or collaborations introduced during lockdown which you or your organisation are planning to maintain longer-term e.g., ways to communicate with parents or carers?

The use of MS teams and virtual consultations was widely welcomed. It made it easier for families to access, especially if they had travel or financial difficulties. Also, due to travelling time saved it meant professionals had more time for calls and consultations. It was mentioned that SMS was a successful communication tool especially during the recent postal strikes. Virtual meetings appeared to be more successful at engaging fathers.

Did you see any positives for children and families during the pandemic?

Some families spent more time at home leading to better bonding experiences and more time spent listening to children. This was especially the case for young babies as parents felt less rushed. This was not always the case as not all parents were at home and 24/7 being together could lead to tensions.

Some children and parents were relieved at children not going to school and this helped with anxiety around school and bullying, however, it was noted that this did not help in the development of mixing skills. There were some reports that access to services was easier without having to travel.

Are there any other comments you would like to make about how the Covid-19 pandemic impacted the children and families (age 0-5) you work with?

Professionals made a variety of comments, the impact on the development of speech and language was felt to have been "enormous", and a good portion of children had become introverted and shy. Phone calls were not thought to be as effective as face-to-face care and support. Also, professionals reported that it was only now that we were beginning to see the impact. Professionals stated that each and every family had a different set of circumstances and experiences. On the positive side, communications had been improved and that families were receptive to support that they can access easily.



APPENDIX 3: COVID IMPACT FOCUS GROUP, EARLY YEARS PROFESSIONALS

An invitation to participate in a focus group was circulated to early year's settings. Five practitioners working in settings across Nottinghamshire attended to share their valuable experiences of how Covid-19 and the Covid-19 restrictions had impacted on children's early years development and education. The information gathered at the virtual session held on the 3rd November 2022 helped to shape the CIA and supported the development of the recommendations.

Key points from the discussion have been brought together into themes:

- Overarching impact
- Socialisation, independence and behaviour
- Speech and language development
- Access to settings and childcare

Overarching impact

- 2-year-olds, 3-year-olds, 4-year-olds, and Reception children have had the greatest impact from Covid-19 and may continue to feel this impact for some time.
- Children are not achieving developmental milestones that would be expected (this has increased).
- Practitioners noted that it is not just about children catching up, their brains may not have had the opportunity to fully develop initial pathways and connections that are required to support ongoing development.
- There is a greater need to focus on stages not ages, to allow children to have time to repeat things, to revisit, and time to embed a particular skill. There is a need to implement a 'back to basics' approach with some children.
- Some children are attending settings and struggling with playing.
- The impact of the restrictions and lack of social opportunities are most evident in relation to children's language development, behaviour, boundaries and ability to interact with others. These challenges were felt to be significant.
- There has been an adverse impact on both children attending settings for the first time, and on those ready to transition to school.
- Practitioners were keen to increase the focus on handover from early years to schools (transition points) noting that schools may need to adapt their approaches.

Socialisation, independence and behaviour

- Increase in separation anxieties for both children (e.g. new 2-year-olds) and parents.
- Increase in children struggling with sharing.
- Children showing fewer self-help skills.
- Parents observed to lack knowledge about the stage of development to expect from their child, or how to move their child on. Practitioners linked this to parent's lack of opportunity to socialise with other parents and observe other children of the same age or share and learn strategies.
- Children were felt to lack a breadth of different experiences e.g. seeing new places, people and environments, messy or outdoor play and are feeling overwhelmed and overstimulated by these new experiences.
- Increase in issues with behaviours and boundaries.
- More hitting and temper tantrums such as dropping to the floor.



- Some families continue to access a variety of childcare and the impact of this can be confusing for children with different routines, rules and boundaries.

Speech and language development

- Speech and language development was identified as a key challenge, and one that persisted beyond initial lockdowns and is evident in children attending settings for the first time (circa age 2 and over).
- There were serious concerns about children with language delay as there are waits for services at specialist and targeted level and concern about the ongoing impact this could have on children's development.
- Specialist support was delivered virtually and there were some concerns about this effectiveness of this.
- There was a desire for access to additional training at a lower cost.
- Feeling that onward referral processes were delayed.
- Practitioners described being frustrated that they were not able to support children as much as they would like to e.g., unable to deliver one-to-one support.

Access to settings and childcare

- Increased resilience was reported in those children that continued to attend settings.
- Practitioners described being able to deliver a high standard of care and education to those who continued to attend during the initial lockdowns – it was a positive experience for the small group of children who were eligible, and practitioners were able to spend more quality time with them and build good relationships with parents.
- Generally, parents of key workers took up the opportunity to continue attending, but fewer 'vulnerable' children did, despite efforts to engage families.
- Families with special education needs were felt to have struggled the most across the pandemic.
- Age groups were more mixed at this time and children who did continue to attend during initial lockdowns had the opportunity to interact with different ages of children.
- There are changes to the way families are accessing settings now – more seem to be using mixed childcare arrangements – some time in a setting, some time with parents, some time with grandparents or other family. The impact of this can be confusing for children with different routines, rules and boundaries. Due to cost-of-living challenges this may become more prevalent. *(Please note the session was held prior to the Governments recent announcements on childcare reform).*
- The wealth and wellbeing of early years practitioners and the sustainability of the early years workforce also emerged as a challenge that has been further affected across the pandemic.

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	Recommendation	Key Partners	Ambitions it relates to in the Best Start Strategy	Initial actions & progress
	Parent & carers wellbeing			
1	Continue to support those who may have experienced trauma through the birth process and/or perinatal period and who may be continuing to experience the long-term implications of this.	LMNS x 2 NCC NHFT	1, 2, 3, 5	<p>The Trauma and Bereavement service (which is co-located in the Community Perinatal Mental Health Team) are working to extend the duration of the Specialist Midwife role which sits within the team. This piece of work is being carried out as part of the commissioning maternal mental health portfolio and will increase the support available within the team.</p> <p>To further support increased access into the service, the Community Perinatal Mental Health Team have widened who can refer into the service, so they now accept referrals from for e.g., Social Care and third sector organisations.</p>
2	<p>Strengthen perinatal mental health pathways and care:</p> <ul style="list-style-type: none"> • Strengthen data capture and reporting to determine need, address gaps, and measure progress more accurately • Increase engagement in perinatal mental health services • Identity and support 'low level' and emerging mental health need within families 	LMNS x 2 NCC NHFT	3, 5	<p>To explore options for enhancing data capture across various services.</p> <p>Nottingham and Nottinghamshire LMNS are planning on collaborating across the system to identify all the different community, voluntary or professional services offering emotional and well-being support to families during their pregnancy journey. This mapping exercise will enable a directory of services to be developed for professionals to refer or signpost families onto. Understanding how to make referrals will be part of this action and therefore some training alongside the directory will need to be established. To develop a directory of community, voluntary or professional services offering emotional and wellbeing</p>

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				<p>support to families during their pregnancy journey. This will also support the identification of any gaps.</p> <p>The Community Perinatal Mental Health Team are working closely with partners including Children's Centre Services and local faith groups to increase access into the service. In order to achieve this, they are facilitating the delivery of awareness raising sessions to increase understanding of perinatal mental health and the support available. The team will also be rolling out "lunch and learn" sessions with GP practices as well as training to midwives to support increased access via better understanding of perinatal mental health and how to access support.</p> <p>The Community Perinatal Mental Health team have committed to the facilitation of continual comms about perinatal mental health, the support available and how to refer, and this includes the sharing of information with local community groups and primary care.</p>
3	<p>Review and enhance our local antenatal and parenting programme offers to ensure they support key areas such as:</p> <ul style="list-style-type: none"> • Early identification of maternal mental health problems and sources of support • Greater engagement with fathers/partners • Preparing & empowering parents for parenthood, increasing their resilience to face and overcome adversity • The importance of social support 	LMNS x 2 NCC NHFT	1, 3, 5, 6	<p>The Nottingham and Nottinghamshire LMNS are working with both hospital trusts providing maternity care locally to enhance the face to face antenatal classes that are offered. Planned enhancements include neonatal and best start priorities and options for filming/digital versions in different languages to be shared digitally for those unable to access the classes face to face or when there are challenges with different interpreters in the room. They are working in collaboration with service users, system partners and neighbouring LMNSs, including Bassetlaw and Lincolnshire, to share resources and learning. Mapping work has started.</p>

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				<p>Nottingham and Nottinghamshire LMNS are soon to begin a social prescribing link worker project within maternity & neonatal services to support equity and to improve outcomes for women and birthing people in our local area. Engagement with relevant professionals is starting.</p> <p>New Parents Groups were established by the Children's Centre Service in 2022 in response to feedback during the covid period from parents who felt isolated. These groups focus on building positive relationships between parents/carers and their new baby.</p>
4	Ensure that for any future pandemic/emergency planning the implications of the maternity restrictions and service delivery are taken into consideration, as outlined within this impact assessment and in greater detail within the Experiences of Maternity Services in Nottingham and Nottinghamshire during the COVID-19 Pandemic report (Nottingham & Nottinghamshire Maternity Voices & Healthwatch, 2021).	LMNS	1, 2, 3	No specific actions required at this stage.
Child Development				
5	<p>Address the increasing speech, language and communication need (SLCN) that has emerged in the cohort of children most affected by the restrictions of the Covid-19 pandemic i.e., children who are now aged 2 and over, by:</p> <ul style="list-style-type: none"> • Implementing additional training in the early identification of SLCN to early years practitioners • Carrying out a skills analysis regarding SLCN across the early years sector and regularly reviewing training opportunities • Piloting the use of a new tool in settings that supports early identification of SLCN's, and guides 	NCC NHFT ICB	7, 8	<p>The WellComm Toolkit is being piloted across Nottinghamshire in 20 Early Years Settings in the Summer of 2023. This is a toolkit to both identify and support children with early signs of Language and Communication delay.</p> <p>Public Health and Early Childhood Services (Notts CC), the ICB and Nottinghamshire Healthcare NHS Foundation Trust have secured Contain Outbreak Management Fund (COMF) funding for children aged 2 years four months and upwards on the waiting list for Home Talk and awaiting assessments and treatment from the specialist autism team, to receive a</p>

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	<p>professionals in the appropriate implementation of strategies to support emerging need</p> <ul style="list-style-type: none"> Increasing capacity for targeted SLCN interventions for those aged 2 to 3.5 years Undertaking an audit or similar to better understand the reasons for the continued increase in referrals to specialist SLT. 			<p>face-to-face assessment from a speech and language therapist to determine the best way of meeting their needs. A parents' group will also be established, supporting parents of children identified through the assessment process with strategies to help develop their child's speech and language skills and encouraging peer support.</p> <p>Needs assessment work is currently underway across the Integrated Care System, led by the ICB, with a view to reviewing and redesigning the local SLCN pathway.</p>
6	<p>Deliver training to the early years workforce to help early years practitioners effectively support healthy social and emotional development:</p> <ul style="list-style-type: none"> Roll out Emotion Coaching to settings Deliver workshop-style training to settings 	NCC	3, 8	<p>All the Early Years Specialist Teachers and Advisors are now trained to deliver the Emotion Coaching Programme. Workshops to all Early Years settings will be facilitated over the next year.</p> <p>Funding has been secured via public health reserves to develop healthy social and emotional development / infant mental health training for the early year's workforce. A procurement exercise is planned to commission this work-shop style training which will ensure practitioners across Nottinghamshire have the knowledge and tools they need to identify and support children, and their families, with emerging social and emotional needs and to build confidence and resilience in young children.</p>
7	<p>Roll out and promote "PEEP" interventions via Children's Centre Services for parents/carers from pregnancy and across the early years. These interventions focus on the role of parents as early educators and champion parents and their babies/children learning together – building positive, sensitive relationships, enhancing home learning environments, and helping babies and children to become confident communicators and learners.</p>	NCC	3, 7, 8	<p>A suite of 5 minute videos promoting parents as first educators (bitesize PEEP) have been finalised and will be embedded into existing schemes of work across Children's Centres.</p> <p>Marketing and promotional materials have been finalised and will be included in the social media promotion for parents.</p>

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				<p>The Peep programme is being promoted to partners such as Healthy Family Teams, in order to identify need and refer into service.</p> <p>Each Children Centre cluster is establishing the roll out of the PEEP programme via their local timetabling and prioritisation of services.</p> <p>Antenatal PEEP will begin by September 2023 across Nottinghamshire.</p> <p>A baby and toddler one off workshop will be developed to support foster carers in their role as first educators.</p>
8	Ensure children continue to have access to high quality early years provision, in order to mitigate the adverse impact that the pandemic may have had on children's early experiences and development.	NCC	9	The Childcare Sufficiency Assessment for 2022 has been completed and highlights that there is currently sufficient high-quality early years provision across Nottinghamshire, in some areas there are surplus places. Work will aim to ensure this remains.
9	Continue to review the emerging trends in early child development, where a decrease in the proportion of children meeting the expected level of development in relation to both communication and social-emotional skills at age 2-2.5 was observed, to understand if this continues. <i>(Please note links to recommendations 5 to 8 re: communication and social-emotional development)</i>	NCC NHFT	7, 8	To review as and when data becomes available. The latest data, to March 2023 shows a continued increase in the proportion of children meeting the expected level of development at age 2'.
Health Outcomes				
10	Increase our understanding of patterns in A&E attendance to ensure children and families are accessing the most appropriate service for their needs.	ICB	6	<p>Improving accessibility to information for parents regarding common conditions that increase emergency department attendance. This will be made available via the Nottingham and Nottinghamshire ICB website.</p> <p>The Nottingham and Nottinghamshire ICB Engagement Team are planning a social marketing</p>

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				strategy and campaign to enhance understanding around patterns of attendance.
11	Deliver and monitor targeted breastfeeding support in areas with persistently low rates, particularly in areas with significant decreases in breastfeeding across the course of the pandemic.	NCC LMNS x 2 NHFT	3, 6	<p>The Joint City/County Best Start in Breastfeeding partnership group is planning to enhance the breakdown of District data and associated targets. This will enable greater understanding of the variation and allow for an enhanced focus on areas with particularly low rates.</p> <p>Public Health and the Infant Feeding Leads will continue to work closely with Early Years colleagues/Children centres to ensure BABES groups are offered where required.</p>
12	Explore data and trends in vaccination uptake in pregnancy and early years in more detail e.g. at smaller geographical areas and amongst demographic groups, to more effectively target areas of greatest need.	NCC LMNS x 2	2, 6	<p>A multi-agency children, adolescent and maternity immunisation and vaccination group has been established across Nottingham and Nottinghamshire. One of their aims is to gain insight into reasons for low vaccination uptake in pregnancy and early years amongst certain groups and produce a targeted campaign, supported by LMNS funding.</p> <p>Nottingham University Hospital have recruited, and Sherwood Forest Hospital are in the process of recruiting dedicated vaccinators to deliver antenatal vaccinations in clinic e.g. flu, pertussis and potentially covid.</p>
13	Understand and apply the strategies that were successfully used in the promotion of flu vaccination in 2–3-year-olds in 20-21, as well as successful campaigns undertaken by comparator areas, to increase uptake in future years.	NCC NHFT	6	Innovative approaches to increase flu vaccination in 2 and 3 year olds are being considered, for example offering 'outreach' flu vaccinations in early years settings.
14	Given the national challenges in access to dentistry, it is important to explore any opportunity to improve oral health in the early years, including preventative interventions such as health promotion and fluoridation.	NCC	6	Free oral health training has been offered to Early Years Settings and providers in Nottinghamshire in May 2023.

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	Best Start for Life Offer			
15	Drive forward the development of Family Hubs across Nottinghamshire, publish and integrate our Best Start for Life Offer, informed by engagement with parents and carers. This will support both parents and professionals to have greater clarity around where to signpost and seek support.	NCC LMNS x 2	All	Rolling out the Family Hub offer over the next few years with the intention of creating at least one Family Hub Network in each District. Work has already begun in developing the first hub in Retford, Bassetlaw and developing a Virtual Family Hub. Defining and publishing our Nottinghamshire Best Start for Life offer, in collaboration with City colleagues where possible.
16	Promote our Best Start for Life offer, local services and resources to parents-to-be as early as possible in their journey of parenthood. This will require continued close working and collaboration with key services who would play a significant role in this, such as maternity.	All	All	Developing our Best Start for Life promotional resources and webpages for professionals and parents/carers. Work has begun in the Public Health Team to map services and resources. Parental engagement through the Family Hubs workstream has already led to some enhancements to the Family Information Service pages on Notts Help Yourself.
	Inequalities			
17	Research suggests the pandemic has disproportionately and adversely impacted vulnerable families and children the greatest and is likely to have exacerbated existing inequalities (e.g., in low-income families, BAME groups, socially isolated, those with mental health issues.) All recovery work needs to prioritise understanding the specific inequalities within that area and working to address these.	All	All	This is to be prioritised in all the above recommendations
	Service Delivery			
18	Services continue to understand the benefits and downsides of blended service delivery models within their service (e.g., online, face to face) and build on the strengths this can provide to meet individual family's needs more effectively, without compromising on quality and safety.	All	All	This is to be prioritised across services.

5 July 2023**Agenda Item 6****REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE CORPORATE
DIRECTOR FOR CHILDREN AND FAMILIES****BEST START STRATEGY ANNUAL PROGRESS REPORT 2022-23****Purpose of the Report**

1. The report invites the Health and Wellbeing Board to review the annual progress of the delivery of the Nottinghamshire Best Start Strategy between 2022 – 2023 and approve next steps for successful implementation.

Information

2. The Best Start Strategy 2021-25 was agreed by Policy Committee in February 2021 following previous endorsement by Children and Young People's Committee in November 2020 and the Health and Wellbeing Board in January 2021. The Strategy is available at [Giving Children the Best Start in Life | Nottinghamshire County Council](#).
3. The Best Start Strategy began on 1st April 2021. This is the second progress report to the Health and Wellbeing Board.
4. The Strategy uses an early help approach and prioritises early childhood to improve outcomes for young children and their families. Giving children the best start in life is a fundamental part of improving health and reducing inequalities. The earliest years of a child's life have a significant impact on their long-term development and their life chances.
5. Investing in early childhood services has been shown to have a greater return on investment than many other economic development options. For example, for every £1 invested in quality early care and education, taxpayers save up to £13 in future costs; in addition, for every £1 spent on early years education, £7 would need to be spent to have the same impact in adolescence¹.
6. Giving a child the 'best start' begins before birth, with good pre-conception and maternity care. Pregnancy and the early years offer a unique opportunity to shape the lives of our children: if a child receives appropriate support during their early years, they have a real chance of maximising their potential.

¹ Early Intervention Foundation (2018a) Realising the Potential of Early Intervention [realising-the-potential-of-early-intervention.pdf](#)

7. On behalf of the Health and Wellbeing Board, the Best Start Partnership acts as the responsible body for the development, delivery, and performance management of the Strategy. The Partnership has met 6 times since April 2022.
8. The Best Start Partnership works with existing partnership groups to agree actions, develop and deliver successful initiatives and review progress. In some cases, sub-groups have been created to help lead on one or more of the ambitions of the strategy.
9. Since the strategy was launched, ensuring children have the best start in life is a key priority within the [Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026](#), the [Integrated Care Strategy 2023-2027](#), and across the Place Based Partnerships. There has also been increased engagement from a range of partners including Primary Care Networks and District Councils.

Progress of the Best Start Strategy

10. The Best Start Strategy focuses on the achievement of the following 10 ambitions:
 - i. prospective parents are well prepared for parenthood
 - ii. mothers and babies have positive pregnancy outcomes
 - iii. babies and parents/carers have good early relationships
 - iv. parents are engaged and participate in home learning from birth
 - v. parents experiencing emotional, mental health and wellbeing challenges are identified early and supported
 - vi. children and parents have good health outcomes
 - vii. children and parents are supported with early language, speech, and communication
 - viii. children are ready for nursery and school and demonstrate a good level of overall development
 - ix. children have access to high quality early years provision
 - x. parents/carers are financially resilient and can access secure employment (slightly amended wording as of 31.10.22)
11. Many of the ambitions have an action plan focussing on how the Best Start Partnership can achieve its goals. Each action plan is then delivered by the relevant Best Start Partnership sub-group or partnerships that are already in existence.
12. The following table provides some key progress highlights relating to each of the 10 ambitions. You can find a more detailed progress summary and next steps in **Appendix 1**.

Ambition	Key Progress Highlights
1. Prospective parents are well prepared for parenthood	<ul style="list-style-type: none"> Commencement of a Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS) led review to identify opportunities to strengthen the antenatal education offer. Partners from across the Partnership are getting involved in this and includes working with Bassetlaw. The Children's Centre Service developed new Antenatal BABES groups (virtual and face to face) during the pandemic to ensure expectant parents could access support virtually and face to face. This work is now embedded in the service and enhances

	<p>key messages re: supporting parents to know their baby, encouraging reflective function relationships and promotion of secure attachment. The service has delivered 35 different groups from April 2022 to the end of February 2023.</p>
<p>2. Mothers and babies have positive pregnancy outcomes</p>	<p><u>Substance Misuse:</u></p> <ul style="list-style-type: none"> • A task and finish group has been established to explore the substance use pathway of support in pregnancy (drugs and alcohol). The substance misuse service, Change Grow Live (CGL), are currently recruiting two female support workers who will work closely with pregnant women and the specialist midwives. <p><u>Healthy Weight and nutrition:</u></p> <ul style="list-style-type: none"> • A 'top tips' resource is in development to support professionals to discuss healthy weight and nutrition with families across pregnancy and early years. <p><u>Smoking:</u></p> <ul style="list-style-type: none"> • Sherwood Forest Hospital's (SFH) in-house Phoenix Team have delivered a successful incentive scheme pilot which is currently being evaluated by the university. • At Doncaster and Bassetlaw Hospital (DBH), a part-time smoking cessation midwife now supports pregnant women to stop smoking, working closely with a support worker from Your Health Your Way, the integrated wellbeing service. <p><u>Vaccination:</u></p> <ul style="list-style-type: none"> • A multi-agency children, adolescent and maternity immunisation and vaccination group has been established across Nottingham and Nottinghamshire. One of their aims is to deliver a targeted promotional campaign to increase the uptake of vaccination in pregnancy and early years focusing on disadvantaged groups, supported by LMNS funding.
<p>3. Babies and parents/carers have good early relationships</p>	<ul style="list-style-type: none"> • A targeted parent-infant relationship intervention has been introduced in the Healthy Families Programme, and 109 parents were referred to the parent-infant relationship practitioners in 2022/23. An evaluation of this service offer will be completed in 2023/24, with support from the public health arm of National Institute for Health and Care Research in order to inform future commissioning intentions. • New Parents Groups were established by the Children's Centre Service and rolled out in 2022. These were developed in response to feedback during the covid period from parents who felt isolated. The groups focus on building positive relationships between parents/carers and their new baby. The Children's

	Centre Service has delivered 30 different groups from April 22 – end of Feb 23. With 126 children attending from April 22 – end of Feb 23.
4. Parents are engaged and participate in home learning from birth	<ul style="list-style-type: none"> Children's Centre Services introduced PEEP² interventions for parents/carers from pregnancy across the early years. They focus on the role of parents as early educators, building positive, sensitive relationships, enhancing home learning environments, and helping babies and children to become confident communicators and learners. Early reporting indicates that parents/carers: <ul style="list-style-type: none"> knowledge and confidence in how to play and interact with their child / children has increased have made changes at home to provide a better learning and play environment for their child/children. have improved their understanding of their child/children's development
5. Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported	<ul style="list-style-type: none"> Additional training has been delivered to midwives and health visitors and referral pathways to mental health support strengthened. A new guide to emotions leaflet covering pregnancy and the postnatal period and all levels of emotional and mental health need has been developed. A copy is given to all women at their antenatal booking appointment, and is used by Healthy Family Teams. In 2022/23, 32% of all referrals to the Children's Centre Service focused on emotional health and wellbeing. The Service provides support to parents/carers with low level to moderate emotional health and wellbeing needs via PHEW (Parents Health and Emotional Wellbeing Groups). In 2022/23, there have been 649 referrals, with 566 (87%) taking up the intervention. 93% of those who took part in evaluation (115/124) reported feeling closer to their child and having stronger relationships. 94% reported improvements in their emotional and mental health.
6. Children and parents have good health outcomes	<p><u>Safer Sleep:</u></p> <ul style="list-style-type: none"> In 2022 The East Midlands Ambulance Service (EMAS) added safer sleep advice to the handheld devices used by all ambulance crews. <p><u>Breastfeeding:</u></p> <ul style="list-style-type: none"> Developing a shared data dashboard that is aligned with the LMNS Maternal Public Health Workstream delivery plan

² [peep learning together programme training | www.peeple.org.uk](http://www.peeple.org.uk)

	<ul style="list-style-type: none"> Nottinghamshire County Council Children's Centre's have achieved and sustained the UNICEF Baby Friendly Gold Standard Award for the third year. <p><u>Healthy Start Scheme:</u></p> <ul style="list-style-type: none"> Current uptake of the scheme (March 2023 data) in Nottinghamshire is 67%, above the national uptake of 65%. Uptake across districts varies from the highest in Broxtowe (73%), closely followed by Ashfield (71%), and the lowest in Rushcliffe (61%). In December 2022, funding was agreed from the Nottingham and Nottinghamshire LMNS to fund vitamins (folic acid, vitamin C and vitamin D) universally throughout pregnancy. This has now been implemented (from April 2023) for people accessing maternity care from NUH and SFH. Plans for this to be replicated in Bassetlaw have been agreed and processes to implement are underway. Public Health in Nottinghamshire and Nottingham city continue to fund the first 'starter pack of vitamins across the ICS footprint and have dedicated funding to do so until the end of March 2026.
7. Children and parents are supported with early language, speech, and communication	<ul style="list-style-type: none"> Training for 32 early years practitioners and 28 Children's Centre staff has been commissioned and delivered focusing on recognising and supporting children with emerging speech, language, and communication needs. The Wellcomm Speech and Language screening toolkit has been piloted in 20 nursery/childminder settings, to determine if this has a positive effect on identifying and supporting children's speech, language and communication needs. Public Health and Early Childhood Services (Notts CC), the Integrated Care Board (ICB) and Nottinghamshire Healthcare NHS Foundation Trust have secured Contain Outbreak Management (COMF) funding to address the decline in 2022 of 2-2 ½ year olds meeting the expected level of development and the increased demand on Home Talk. Addressing this was a recommendation within the Pregnancy, Birth and Early Years Nottinghamshire Covid Impact Assessment (CIA). The proposal is for all children aged 2 years four months and upwards on the waiting list for Home Talk and awaiting assessments and treatment from the specialist autism team to receive a face-to-face assessment from a speech and language therapist to determine the best way of meeting their needs. A parents/carers group will also be established.
8. Children are ready for nursery and school and demonstrate a good level of	<ul style="list-style-type: none"> The take up rate for vulnerable 2-year-olds continues to increase. At the end of the Spring Term 2023 81% of eligible children were accessing a place compared to 72% nationally.

overall development	<ul style="list-style-type: none"> 66.9% of children achieved a Good Level of Development at the end of the Foundation Stage (compared to national levels of 65.2%). District early attainment meetings were established in Autumn 2022. They focus on local challenges and priorities around 2 year take up and narrowing the attainment gap.
9. Children have access to high quality early years provision	<ul style="list-style-type: none"> The Childcare Sufficiency Assessment for 2022 has been completed and highlights that there is currently sufficient high-quality early years provision across Nottinghamshire, in some areas there are surplus places. There are however some localities where childcare provision is reducing, namely through the reduction of childminders. In Nottinghamshire, 86% of Inspected providers have been rated as 'Good' or 'Outstanding' by Ofsted.
10. Parents/carers are financially resilient and can access secure employment	<ul style="list-style-type: none"> Following the Best Start Partnership meeting in October 2022, this ambition has been renamed to include the need for families to also be financially resilient. Various campaigns and Cost of Living events have taken place, to raise awareness of financial support available to families through childcare funding, Healthy Start, the Household Support Fund etc Recruitment and training of parents with preschool children as volunteers to help deliver services through the Children's Centre Service. In 2022/23, there were 105 active volunteers (nearly 40 volunteers provide breastfeeding peer support). Delivery of work readiness courses for 99 parents in 2022/23 through the Children's Centre Service.

Best Start Partnership approaches to inequalities

- The Best Start Partnership Group acknowledges and recognises that throughout the implementation of the Best Start Strategy, there will always be the need to understand and address inequalities across all of the strategic ambitions. Therefore, work on addressing inequalities should act as a golden thread in all activity. A few examples of this include exploring vaccination uptake in disadvantaged groups, breastfeeding rates varying across the county, children achieving a good level of development (notably this being lower in those receiving free school meals) and post Covid-19, services taking a blended approach to service delivery. Additionally, as a key component of achieving the best start in life, the Nottingham and Nottinghamshire's LMNS delivery plan (2023-26) has also described a priority area, aligned to the ICS Integrated Care Strategy commitments, of "equity as the lens through which we view all areas of the LMNS" thus ensuring equity across our services and local population, with a focus on experience as well as outcomes, and looking at localised data.

Pregnancy, Childbirth and Early Years Covid Impact Assessment

14. The Best Start Partnership has overseen the development of the Nottinghamshire Pregnancy, Childbirth and Early Years Covid Impact Assessment and endorsed the recommendations ahead of Health and Wellbeing Board approval. This impact assessment focuses on the impact of Covid-19 on three key areas: parents and carers wellbeing, children's early development and early years health outcomes. The recommendations align very closely to the Ambitions within the Best Start Strategy and delivery of these will support delivery of the Best Start strategy ambitions.

Best Start for Life and Family Hubs

15. Family Hubs offer support from pregnancy, through the child's early years, later childhood and into young adulthood, up to the age of 19 (or up to 25 for young people with Special Educational Needs and Disabilities). A key aim of Family Hub Networks are to provide a 'front door' to families, offering a 'one-stop shop' of family support services across their social care, education, mental health and physical health needs, with a comprehensive [Start for Life](#) offer for parents and babies at its core, with the underpinning view that families should only need to tell their story once.
16. Each Family Hub will be unique and bespoke to the local community it serves and aims to make a positive difference to parents, carers and their children by providing a mix of physical and virtual spaces, as well as outreach, where families can easily access non-judgmental support for the challenges they may be facing. The types of support provided will include universal and targeted services. Family Hub Networks will be rolled out across Nottinghamshire over the next few years.
17. It is proposed that at least one Family Hub Network will be created in each district with all partners fully engaged. These Networks will include at least one main physical Family Hub with several spokes across a locality. These spokes will provide access to a range of services and interventions which could be age specific, including libraries, Young People's Service, Citizens Advice, Job Centre Plus, Leisure Centres and schools. Spokes will be a mixture of virtual and physical access points including the existing arrangements for telephone advice and referral, local websites, and online resources. Partner agencies will also be able to use the main physical Family Hub for appointments and drop-in sessions, space permitting.
18. In 2022, the Department for Education pre-selected 75 Local Authorities to take part in the [Family Hubs and Start for Life programme](#). Nottinghamshire was not selected however is using the guidance to help shape local plans and developments. The Family Hubs and Start for Life Programme helps meet commitments in the [Best Start for Life: a vision for the 1,001 critical days](#). The objective of the programme is to join up and enhance services delivered through Family Hubs, ensuring parents and carers can access the support they need when they need it.
19. The programme will:
 - provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all
 - contribute to a reduction in inequalities in health and education outcomes for babies, children and families across England by ensuring that support provided is communicated

to all parents and carers, including those who are hardest to reach and/or most in need of it

- build the evidence base for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts

20. In Nottinghamshire, the first Family Hub Network officially opened at an event in April 2023 in Retford, Bassetlaw with at least 100 parents plus their children attending. Co-production activities have been taking place with local stakeholders including families. A summary of work is available to view at [Retford and the story so far | Nottinghamshire County Council](#). In relation to Best Start for Life, families have asked for information, advice and guidance on a range of topics focusing on pregnancy, maternity and early childhood.

Induction of labour - What are my options? | What are the risks and benefits? | What support can I expect? | I'm a new parent' | 'Mental Health during and after pregnancy (Knowing the difference between the 'baby blues' and postnatal depression...)' | 'My pregnancy notes' | Don't use the term 'patient', instead use 'service user' | Use 'parent' rather than 'mum' | Sleep | Immunisations | Diet and Nutrition | Breastfeeding | Weaning | Child development | Behaviour | Ready for school | Toilet training | Dads and partners | Health and Wellbeing | Exercise | Housing | Money | Debt and Benefits Advice | Sleep | Safer Sleep | Immunisations | Smoking | Diet and Nutrition | Feeding | Healthy Start | Speech, language and communication | Alcohol & Drugs | Domestic abuse

21. The Department for Education published the Family Hubs Model Framework in August 2022³ which contains a wide range of ambitions including requirements focusing on access, information, and communications. The Family Hubs Partnership and Best Start Partnership will be developing a Virtual Family Hub which will include the Best Start for Life Offer. Plans are in place to work with neighbouring Local Authorities to ensure information is linked to all Maternity Services across three Acute Trusts.

Next Steps

22. Family Hub Networks will be created in Nottinghamshire with best start at their core. The Best Start Partnership will have a role to play to ensure that local Family Hub developments do not lose the focus on antenatal support and the first 1,001 days of a baby's life.
23. Further development and refinement of the Best Start for Life Local Offer which will be published online and in print.
24. To develop and enhance our data and reporting structures which, as well as enabling the Best Start Partnership to highlight progress, would support in identifying the areas where further work needs to be prioritised across the ambitions.
25. To fully engage all partners and increase ownership of the Best Start Strategy by Integrated Care Partnerships, Acute Trusts and Community Health providers. To also include working more collaboratively with Place Based Partnerships in prioritising and delivering the Best Start Ambitions.

³ [Annex E - Family Hub Model Framework \(publishing.service.gov.uk\)](#)

26. Information Sharing Agreements are being progressed to enable the successful implementation of Family Hub Networks and the Best Start for Life Local Offer. This work will enable services to provide integrated support and care, whilst identifying and addressing needs early.
27. The Best Start Partnership will work collaboratively to drive forward the recommendations within the Nottinghamshire Pregnancy, Childbirth and Early Years Covid Impact Assessment alongside the Best Start Strategy.

Health and Wellbeing Board Members support to further the strategy ambitions

28. In order to further progress the Best Start Strategy's ten ambitions, the Best Start Partnership would welcome the Health and Wellbeing Board considering how it may be able to support. Below are some suggestions as to how Health and Wellbeing Board Members could engage, support and develop the work of the Best Start Strategy:
 - Health and Wellbeing Board members to share the Best Start Strategy within their organisation and respective networks and partnerships as a reminder of the strategic ambitions and to consider any further actions they could progress.
 - As the Best Start Partnership Group develops its approach to place based working, Health and Wellbeing Board Members could nominate leads / representatives for their locality to sit on the Best Start Partnership.
 - Health and Wellbeing Board members could volunteer to be a champion for any one of the 10 best start ambitions.
 - As the development of Nottinghamshire's Family Hubs progresses across the County, Health and Wellbeing Board members could consider how their organisation participates in locality planning and delivery groups.

Other Options Considered

29. There was an option to not provide an annual report on the delivery of the Best Start Strategy. This option was discounted as the report provides important information relating to the delivery of the giving children the best start in life ambition of the Joint Health and Wellbeing Strategy

Reasons for Recommendations

30. Work to enable children to have the best start in life spans a wide range of services and social issues. The co-ordinated partnership and strategy brings together all key partners and activities which focus on antenatal and postnatal care, children's development, and support for families with pre-school children.
31. The Best Start Partnership will provide a cross-cutting solution to a complex set of problems and risks which face children and families. For this reason, the Strategy and Partnership builds links between many different parts of the system to provide joined-up and holistic services.

Statutory and Policy Implications

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

Crime and Disorder Implications

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

Financial Implications

34. Partners in the delivery of the Best Start Strategy will use their own resources to help shape and improve services and interventions for pre-school children and their families; no additional funding has been provided to support the delivery of the strategy.

Safeguarding of Children and Adults at Risk Implications

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

Implications for Service Users

36. Successful delivery of the Best Start Strategy will improve a range of outcomes for children and families including emotional health and wellbeing, healthy pregnancy, school readiness, speech, and language to name but a few.
37. Families will have access to information they need, when they need it: through a digital platform, as well as virtual and telephone offers around the needs of the family.
38. Local families will have an accessible, single point of reference that families can use to navigate local services specifically for babies from conception to 2 years of age through the Be

RECOMMENDATIONS

That the Health and Wellbeing Board is asked:

- 1) To note the progress made in the delivery of the Best Start Strategy.
- 2) To approve the next steps for the effective delivery of the Best Start Strategy set out in the report for the improvement of outcomes for children and families.
- 3) To consider how members of the Board can support the Best Start Partnership in the further implementation of the strategy ambitions as set out in the report.

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Constitutional Comments (LPW 13/06/23)

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

Financial Comments (DG 13/06/23)

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

Background Papers and Published Documents

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

[Annual Progress Report – Best Start Strategy 2021-2025 Health and Wellbeing Board 4 May 2022](#)

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

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

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

[Giving children the best start: Nottinghamshire Best Start Strategy 2021 – 2025 – report to Health and Wellbeing Board on 6th January 2021](#)

[Giving children the best start: Nottinghamshire Best Start Strategy 2021-2025 - report to Policy Committee on 10th February 2021](#)

[Best Start Strategy 6 month progress report – report to Children and Young People’s Committee on 1st November 2021](#)

Best Start Strategy 2021-2025 Equality Impact Assessment
[Completed Equality Impact Assessments \(EqiAs\) | Nottinghamshire County Council](#)

Electoral Divisions and Members Affected

All.

Appendix 1

Best Start Strategy Ambitions Summary of Progress 2022-2023 and Next Steps

	Ambition	Summary of Progress
1.	Prospective parents are well prepared for parenthood	<ul style="list-style-type: none"> • Commencement of a Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS) led review to identify opportunities to strengthen the antenatal education offer. Partners from across the Partnership are getting involved in this and includes working with Bassetlaw. • The Children's Centre Service developed new Antenatal BABES groups (virtual and face to face) during the pandemic to ensure expectant parents could access support virtually and face to face. This work is now embedded in the service and enhances key messages re: supporting parents to know their baby, encouraging reflective function relationships and promotion of secure attachment. The service has delivered 35 different groups from April 2022 to the end of February 2023. • One of the Key Performance Indicators identified within the UNICEF Baby Friendly accreditation is that expectant parents are made aware of the services available to them and their baby. During 2022, only 50% of respondents to the audit were made aware of the Children's Centre Service during pregnancy. In the recent inspection this had risen to 66%, on an upward track towards the required level of 70%. A key factor in this has been improved collaboration between Best Start partners. • Relationships and Sex Education in schools and informal settings continues to be used as an opportunity to discuss pregnancy and parenthood with young people including young men. • The Families Information Service have worked with multi-agency partners to enhance the information available on Notts Help Yourself for prospective and expectant parents, as part of development work for the Virtual Family Hub, responding to co-production comments received.
2.	Mothers and babies have positive pregnancy outcomes	<p><u>Substance misuse:</u></p> <ul style="list-style-type: none"> • A task and finish group has been established to explore the substance use pathway of support in pregnancy (drugs and alcohol). The substance misuse service, Change Grow Live (CGL), are currently recruiting two female support workers who will work closely with pregnant women and the specialist midwives. <p><u>Healthy weight and nutrition:</u></p> <ul style="list-style-type: none"> • Improvements have been made to the healthy weight referral pathway for Bassetlaw women, including improvements to Bassetlaw's maternity IT system to include a prompt screen at booking for midwives. A new nutritional support group has been

		<p>implemented for pre- and postnatal women. The initial pilot is being delivered by Your Health Your Way, the integrated wellbeing service and targeted in Mansfield pending evaluation and expansion if indicated</p> <ul style="list-style-type: none"> • A 'top tips' resource is in development to support professionals to discuss healthy weight and nutrition with families across pregnancy and early years. <p><u>Smoking:</u></p> <ul style="list-style-type: none"> • Sherwood Forest Hospital's (SFH) in-house Phoenix Team delivers tobacco treatment and support to pregnant women. A successful pilot of an incentive scheme has been delivered by the team and is currently being evaluated by the university. • At Doncaster and Bassetlaw Hospital (DBH), a part-time smoking cessation midwife now supports pregnant women to stop smoking, working closely with a support worker from Your Health Your Way, the integrated wellbeing service. • At Nottingham University Hospital (NUH), new smoking cessation advisors should be in post from early Summer of 2023 to work closely with Your Health Your Way, and the equivalent service in Nottingham City, to strengthen the identification and engagement of women in smoking cessation support. <p><u>Vaccination:</u></p> <ul style="list-style-type: none"> • A multi-agency children, adolescent and maternity immunisation and vaccination group has been established across Nottingham and Nottinghamshire. One of their aims is to deliver a targeted promotional campaign to increase the uptake of vaccination in pregnancy and early years focusing on disadvantaged groups, supported by LMNS funding. • NUH and SFH are currently recruiting dedicated vaccinators to deliver antenatal vaccinations in clinic e.g. flu, pertussis and potentially covid.
3.	Babies and parents/carers have good early relationships	<ul style="list-style-type: none"> • A targeted parent-infant relationship intervention has been introduced in the Healthy Families Programme, and 109 parents were referred to the parent-infant relationship practitioners in 2022/23. An evaluation of this service offer will be completed in 2023/24, with support from the public health arm of National Institute for Health and Care Research in order to inform future commissioning intentions. • Health visitors in the Healthy Families Programme are delivering a Brazelton New-born Observation to families early in the post-natal period, giving evidence-based brief advice in relation to the quality of the parent-infant relationship to new parents.

		<ul style="list-style-type: none"> • New Parents Groups were established by the Children's Centre Service and rolled out in 2022. These were developed in response to feedback during the covid period from parents who felt isolated. The groups focus on building positive relationships between parents/carers and their new baby. The Children's Centre Service has delivered 30 different groups from April 22 – end of Feb 23. With 126 children attending from April 22 – end of Feb 23 • Targeted Baby Massage courses have been delivered by the Children's Centre Service throughout lockdown and capacity increased following the lifting of restrictions. Baby massage helps build attachment, sensory stimulation, and healthy development. Referrals and take up data; April 2022 –March 2023: The Children's Centre Service received 1,643 referrals with 83% engaging with the intervention (1,433) - 98% reported feeling closer to their child, 98% Developed a greater knowledge and understanding of their child's development, their needs, and the things they need to help them be healthy and happy and 89% improved their own emotional health and wellbeing. • The Me, You & Baby Too e-learning for parents has been commissioned from One To One, as part of the reducing parental conflict work, led by the Council. To date 112 people have registered for the package directly. In addition, the Children's Centre Service is utilising the some of the tools and activities in the face to face New Parents Groups.
4.	Parents are engaged and participate in home learning from birth	<ul style="list-style-type: none"> • The Early Years Attainment group which oversees this priority, is well established and has now created a new Early Years Improvement Plan for 2022-25. • Children's Centre Services introduced PEEP¹ interventions for parents/carers from pregnancy across the early years. They focus on the role of parents as early educators, building positive, sensitive relationships, enhancing home learning environments, and helping babies and children to become confident communicators and learners. Early reporting indicates that parents/carers: <ul style="list-style-type: none"> • knowledge and confidence in how to play and interact with their child / children has increased • have made changes at home to provide a better learning and play environment for their child/children. • have improved their understanding of their child/children's development • Home Learning opportunities continue to be promoted to families through the Children's Centre Service, Families

¹ [peeple learning together programme training | www.peeple.org.uk](http://www.peeple.org.uk)

		<p>Information Service Facebook page, via the Notts Help Yourself website and Inspire Facebook pages, with staff from the Children's Children Service, the Early Childhood Service Quality and Attainment Team and HomeStart working collaboratively with the Families Information Service (FIS) to develop and enhance home learning activity resources, including updating of the Things to Do at Home section of Notts Help Yourself (NHY), encouraging parents to be aware of what areas of child development the activities will impact on. During 2022/23 there were 2,700 hits to the site.</p> <ul style="list-style-type: none"> • The Bookstart programme delivered by Inspire, with funding support from Early Childhood Services, has been successful in disseminating resources to families through Healthy Family Teams, Early Years providers and Children's Centre Service teams. During 2022/23 7347 Baby Packs were gifted, covering 95% of babies. In addition, 1067 Treasure Gift Packs were delivered and 337 Additional Needs Packs, a total of 8751. • The Bookstart Baby pack continues to be universal for all babies 0-12 months, but during 2022/23 the national Bookstart programme changed to a targeted offer for subsequent gift packs. Colleagues have worked collaboratively to ensure that this targeted offer for 2 – 3-year-olds is delivered in an equitable and non-stigmatising way, with 952 packs delivered during 2022/23. • 600 families accessed the Children's Centre Service 'Let's Play' school readiness intervention provided in the home.
5.	Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported	<ul style="list-style-type: none"> • A multi-agency group has been working to strengthen the pathway of care for women with mental health needs in the perinatal period. • Additional training has been delivered to midwives and health visitors and referral pathways to mental health support strengthened. • A new guide to emotions leaflet covering pregnancy and the postnatal period and all levels of emotional and mental health need has been developed. A copy is given to all women at their antenatal booking appointment and is used by Healthy Family Teams. • The Routine Enquiry about Adversity in Childhood (REACH) programme is now fully implemented within the Children's Centre Service and Healthy Family Teams. REACH aims to raise awareness amongst professionals and the public about long term outcomes of childhood adversity and trauma. This is achieved by establishing and supporting organisational practice and culture change by embedding REACH within every appropriate assessment. By using this approach in Family

		<p>Assessments, services have been able to put the right package of support in place, and enabled parents/carers to understand the impact of adverse childhood experiences on children's development.</p> <ul style="list-style-type: none"> • In 2022/23, 32% of all referrals to the Children's Centre Service focused on emotional health and wellbeing. The Service provides support to parents/carers with low level to moderate emotional health and wellbeing needs via PHEW (Parents Health and Emotional Wellbeing Groups). In 2022/23, there have been 649 referrals, with 566 (87%) taking up the intervention. 93% of those who took part in evaluation (115/124) reported feeling closer to their child and having stronger relationships. 94% reported improvements in their emotional and mental health. • The Community Perinatal Mental Health Team are working closely with partners including Children's Centre Services and local faith groups to increase access into the service. In order to achieve this, they are facilitating the delivery of awareness raising sessions to increase understanding of perinatal mental health and the support available. They have also widened who can refer into the service, so they now accept referrals from for e.g., Social Care and third sector organisations
6.	Children and parents have good health outcomes	<p>There are a range of partnerships whose work aligns with this ambition. These include:</p> <ul style="list-style-type: none"> ○ Nottingham and Nottinghamshire Safer Sleep Steering Group ○ Nottingham and Nottinghamshire Breastfeeding and Infant Feeding Partnership ○ LMNS workstreams <p><u>Safer Sleep</u></p> <p>The multi-agency Nottinghamshire and Nottingham Safer Sleep Steering Group continues to meet quarterly.</p> <p>Key achievements include:</p> <ul style="list-style-type: none"> • Safer Sleep messaging and bulletins shared widely across health and care partnerships in July 2022 (summer message), November 2022 (winter message including links to cost of living support) and March 2023 (safer sleep week). • Extensive mapping has taken place to provide assurance that safer sleep messaging is consistent and continues to be provided by health and care agencies during pregnancy, on discharge from maternity services and in the early days, weeks and months after a baby's birth up until one year of age. A development in 2022 was the East Midlands Ambulance

		<p>Service (EMAS) adding safer sleep advice to the handheld devices used by ambulance crews.</p> <ul style="list-style-type: none"> • From January-December 2022, 190 practitioners completed the 'safer sleeping for babies' e learning. Attendees included foster carers, children's and adult social care teams, charities, Childrens' Centre Services, private day nurseries and pre-schools, housing support for young people and Youth Offending Team workers. • Level two Sudden Unexpected Death in Infancy (SUDI) and safer sleep training has been delivered by both safeguarding children partnerships (city and county), with wide representation of services attending. Safer Sleep has been included in the workforce development and training matrix for Family Hubs in Nottinghamshire County. • A parent volunteer is a member of the safer sleep group. The group is keen to build on parental engagement and review opportunities for funding to support this. <p><u>Breastfeeding</u></p> <p>The Best Start in Life Breastfeeding Partnership sub-group has met on a quarterly basis over the year progressing several key actions:</p> <ul style="list-style-type: none"> • The development of a shared data dashboard that is aligned with the LMNS Maternal Public Health Workstream delivery plan • Preliminary data suggests the 2022/2023 breastfeeding rate for Nottinghamshire County declined very slightly but not significantly compared to the previous year achieving a 46.01% breastfeeding rate at 6 weeks. Overall breastfeeding rates in the county are meeting targets and the trend (last 5 years) is increasing and getting better, however, there is still variation at District level and overall rates remain below regional and national. • Working with district and borough councils, the Nottinghamshire Breastfeeding Friendly in the Community initiative has begun to pick up pace since its relaunch in January 2022, with 232 venues being accredited through the scheme, welcoming breastfeeding mums and babies. • Many mothers receive excellent continued support when attending their local BABES (Baby and Breastfeeding Encouragement Support) group which many state enables them to continue to breastfeed to reach their goal. • Nottinghamshire County Council Children's Centre's have achieved and sustained the UNICEF Baby Friendly Gold Standard Award for the third year – supporting breastfeeding parents and promotion of feeding choices.
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		<ul style="list-style-type: none"> • Training for Breastfeeding Peer Support Volunteers has recommenced with 35 volunteers externally accredited (in line with NICE guidelines) in 22/23. CCS Champions (staff) and Peer Support volunteers continue to support accreditation of new Breastfeeding Friendly in the Community venues and operationalise the plans set out in the Action Plan submitted to UNICEF Baby Friendly as part of our ongoing gold standard accreditation. <p><u>Healthy Start Scheme</u></p> <ul style="list-style-type: none"> • Current uptake of the scheme (May 2023 data) in Nottinghamshire is 67%, above the national uptake of 65%. Uptake across districts varies from the highest in Broxtowe (73%), closely followed by Ashfield (71%), and the lowest in Rushcliffe (61%). • In December 2022, funding was agreed from the LMNS to fund vitamins universally throughout pregnancy. These NHS produced multi vitamins include folic acid, vitamin C and vitamin D. This has now been implemented (from April 1 2023) for people accessing maternity care from Nottingham University Hospitals and Sherwood Forest Hospitals. Plans for this to be replicated in Bassetlaw have been agreed and processes to implement are underway. Public Health in Nottinghamshire and Nottingham city continue to fund the first 'starter pack of vitamins across the ICS footprint and have dedicated funding to do so until the end of March 2026. • The Children's Centre Service and Families Information Service continue to promote the Healthy Start Scheme and other key public health messages regularly via social media, reaching 88017 people during 2022/23 and in Children's Centre Service buildings through displays, leaflets and discussions.
7.	Children and parents are supported with early language, speech, and communication	<p>A multi-agency Speech, Language and Communication Needs (SLCN) Best Start subgroup oversees this ambition and meets quarterly.</p> <p>Achievements include:</p> <ul style="list-style-type: none"> • The ICB is leading a system wide Nottingham and Nottinghamshire SLCN needs assessment, for children and young people from birth to 25 (up to 25 for children with Special Educational Needs and Disabilities). The Best Start SLCN group is supporting and linking to this work. • Development of the Start Talking Together resource on Notts Help Yourself Nottshelpyourself Start Talking Together... part of the Best Start Strategy (receiving 3,852 hits during 2022/23). To be supported by a new hard copy leaflet.

		<ul style="list-style-type: none"> • Training for 32 early years practitioners and 28 Children's Centre staff has been commissioned and delivered focusing on recognising and supporting children with emerging speech, language, and communication needs. • The Wellcomm Speech and Language screening toolkit has been purchased and piloted in 20 nursery/childminder settings, to see if this has a positive effect on identifying and supporting children's speech, language and communication needs. • The Council and Integrated Care Partnership have jointly commissioned speech and language services for children. The Council funds an early help intervention for preschool children (Home Talk). In 2022/23: <ul style="list-style-type: none"> ○ 771 children aged 2 – 2½ accessed Home Talk (66% completed the programme). ○ 98% of parents reported an increase in skills and confidence to help improve speech, language and communication following access to the programme. ○ 97% of parents reported that their child increased their ability to listen, understand and talk following the programme. ○ 54% of children were offered a place on the programme within 8 weeks of referral, reducing waiting times is a current priority. • Public Health and Early Childhood Services (Notts CC), the Integrated Care Board (ICB) and Nottinghamshire Healthcare NHS Foundation Trust have secured Contain Outbreak Management (COMF) funding to address the decline in 2022 of 2-2 ½ year olds meeting the expected level of development and the increased demand on Home Talk. Addressing this was a recommendation within the Pregnancy, Birth and Early Years Nottinghamshire Covid Impact Assessment (CIA). The proposal is for all children aged 2 years four months and upwards on the waiting list for Home Talk and awaiting assessments and treatment from the specialist autism team to receive a face-to-face assessment from a speech and language therapist to determine the best way of meeting their needs. A parents/carers group will also be established.
8.	Children are ready for nursery and school and demonstrate a good level of overall development	<ul style="list-style-type: none"> • The take up rate for vulnerable 2-year-olds continues to increase. At the end of the Spring Term 2023 81% of eligible children were accessing a place compared to 72% nationally. • 66.9% of children achieved a Good Level of Development at the end of the Foundation Stage (compared to national levels of 65.2%). However, children eligible for free school meals remain a priority group as only 50.5% achieved a good level of development compared to 73% of children not eligible for free

		<p>school meals. Nationally 56.4% of children eligible for free school meals achieved a Good Level of Development.</p> <ul style="list-style-type: none"> District early attainment meetings were established in Autumn 2022. They focus on local challenges and priorities around 2 year take up and narrowing the attainment gap.
9.	Children have access to high quality early years provision	<ul style="list-style-type: none"> The Childcare Sufficiency Assessment for 2022 has been completed and highlights that there is currently sufficient high-quality early years provision across Nottinghamshire, in some areas there are surplus places. There are however some localities where childcare provision is reducing, namely through the reduction of childminders. In Nottinghamshire, 86% of Inspected providers have been rated as 'Good' or 'Outstanding' by Ofsted.
10.	Parents/carers are financially resilient and can access secure employment	<p>Following the Best Start Partnership meeting in October 2022, this ambition has been renamed to include the need for families to also be financially resilient.</p> <p>This ambition is overseen by the Life Chances for Children and Families Strategic Group, which has an action plan detailing where partnership activity can impact on improving aspirations and contribute to ameliorating the effects of child poverty. The Cost of Living challenges during 2022/23 have brought about a renewed focus on this theme, with members of the group being central to the responses provided by the County Council, district/borough councils, health and third sector organisations.</p> <p>Work has included:</p> <ul style="list-style-type: none"> Campaigns and Cost of Living events, to raise awareness of financial support available to families through childcare funding, Healthy Start, the Household Support Fund etc Delivery of the Household Support Fund for families in immediate need of financial support, including expectant families and families with preschool children. Work and volunteering information on Notts Help Yourself, which has received 4,300 hits during 2022/23. Promoting the Tax-Free Childcare Scheme and Care to Learn childcare Grant for young parents. Recruitment and training of parents with preschool children as volunteers to help deliver services through the Children's Centre Service. In 2022/23, there were 105 active volunteers (nearly 40 volunteers provide breastfeeding peer support). Delivery of work readiness courses for 99 parents in 2022/23 through the Children's Centre Service.

The below is not intended to an exhaustive action plan but instead provides some proposed next steps.

	Ambition	Next Steps
1.	Prospective parents are well prepared for parenthood	<ul style="list-style-type: none"> To develop an equitable antenatal education offer that includes preparation for parenthood with a greater focus on relationships and mental health as highlighted within the Nottinghamshire Pregnancy, Childbirth and Early Years Covid Impact Assessment. Implementation of social prescribing link workers within the Nottingham and Nottinghamshire LMNS tackling inequities in experience and outcomes based on race and/or social deprivation.
2.	Mothers and babies have positive pregnancy outcomes	<ul style="list-style-type: none"> To strengthen the early identification of substance use in pregnancy and work to increase access to substance misuse services. To strengthen the healthy weight referral pathway around NUH and continue to increase the number and quality of referrals to weight management services. To expand the pre and postnatal nutritional support group to other areas of Nottinghamshire beyond Mansfield. To launch the top-tips resource with support from the Best Start Partnership and expand to include other 'healthy pregnancy' priorities such as smoking. To further strengthen the pathway of care exploring arrangements for closer working between Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Your Health Your Way around smoking cessation. There are also plans to explore the use of financial incentives. To further strengthen the pathway of care as the smoking advisors at Nottingham University Hospitals come into post and implement 'shared care' arrangements with Your Health Your Way to increase the number of pregnant women engaging in tobacco treatment and support.
3.	Babies and parents/carers have good early relationships	<ul style="list-style-type: none"> Completing the evaluation of the targeted parent-infant relationship intervention within the Healthy Families Programme. Using this to inform future commissioning.
4.	Parents are engaged and participate in	<ul style="list-style-type: none"> To continue the roll out and promotion of PEEP² interventions for parents/carers from pregnancy across the early years. This includes a new workshop specifically for foster carers.

² [peeple learning together programme training | www.peeple.org.uk](http://www.peeple.org.uk)

	home learning from birth	
5.	Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported	<ul style="list-style-type: none"> • Further work to strengthen the pathways of support and streamlining referral processes, making it easier for parents to access support. • Raising awareness of support services early on in pregnancy
6.	Children and parents have good health outcomes	<ul style="list-style-type: none"> • Building on parents' experience and feedback, to explore options such as production of a local video about safer sleep, designed in partnership with parents. • To review, update and re-launch the safer sleep risk assessment tool in line with national developments and guidance. This tool supports all practitioners working with children and families to identify babies at the greatest risk of Sudden Infant Death Syndrome (SIDS). It includes an action plan to be discussed, agreed and shared with parents/caregivers. • Developing a joint County/City Infant Feeding Strategy • Developing a joint County/City interactive breastfeeding pathway • Progressing a local breastfeeding promotion project which will be piloted for SFHT/ before learning is shared further • Implement and evaluate the universal vitamins in pregnancy project, in partnership with Nottingham City Council (public health).
7.	Children and parents are supported with early language, speech, and communication	<ul style="list-style-type: none"> • To undertake a system wide Nottingham and Nottinghamshire SLCN needs assessment, for children and young people from birth to 25 (up to 25 for children with Special Educational Needs and Disabilities). To update and strengthen the pathways based upon this. • Further work to help reduce waiting times for Home Talk. • Now funding has been secured, to implement plans for children aged 2 years four months and upwards on the waiting list for Home Talk and awaiting assessments and treatment from the specialist autism team to receive a face-to-face assessment from a speech and language therapist and to set up the parents/carers group.

		<ul style="list-style-type: none"> Finalise, consult on and embed a parent resource (leaflet) summarising the universal, targeted and specialist offer available to support speech, language and communication-pre birth to school age.
8.	Children are ready for nursery and school and demonstrate a good level of overall development	<ul style="list-style-type: none"> Review the terms of reference for the Early Years Attainment Group which oversees this ambition, to ensure it meets the needs of the Best Start Strategy in the most productive way. To drive forward progress in the Early Years Improvement Plan for 2022-25. To improve the level of development of children eligible for free school meals. To actively target our resources to support children eligible for free school meals to reduce inequalities and improve outcomes.
9.	Children have access to high quality early years provision	<ul style="list-style-type: none"> The 2023 Childcare Sufficiency Assessment will include more information to help inform plans to implement new Childcare Reforms which include the increase of childcare places for babies from 9 months old for working parents. To plan to implement new Childcare Reforms ensuring funding is available to early years providers to enable them to be create additional childcare places where needed.
10.	Parents/carers are financially resilient and can access secure employment	<ul style="list-style-type: none"> To explore the options, evidence, and feasibility of developing Baby Banks within Nottinghamshire, particularly in the Mansfield/Ashfield area. Increase promotion of funded childcare entitlements for families in view of recent announcements of new Childcare Reforms.

5 July 2023**Agenda Item 7****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****PROGRESS REPORT: JOINT HEALTH AND WELLBEING STRATEGY FOR
2022-26****Purpose of the Report**

1. The report provides an update on progress to deliver the new Joint Health and Wellbeing Strategy for 2022 – 2026.

Information**Membership**

2. Following consideration at its meeting on 24 May 2023, the Board has appointed the Chair of the Voluntary, Community and Social Enterprise (VCSE) Alliance for Nottingham and Nottinghamshire as a permanent member to the Board. The Alliance is a collective and will function as a single point of contact for a partnership group of VCSE organisations that work with communities to improve people's health and wellbeing and reduce health inequalities in Nottinghamshire. The inclusion and representation of the Alliance on the Board will support the delivery of the Joint Health and Wellbeing Strategy (JHWS) 2022-26 at a place and neighbourhood level.

Steering Group

3. A Joint Health and Wellbeing Steering Group has been established to support the delivery of the JHWS and coordinate remedial action where required, as well as promote opportunities for wider integrated working across the system as a whole. Representation at this group includes:
 - a. Bassetlaw Place Based Partnership
 - b. Mid Notts Place Based Partnership
 - c. South Notts Place Based Partnership
 - d. Nottingham and Nottinghamshire Integrated Care Board
 - e. Nottinghamshire County Council (Public Health, Adult Social Care, Children and Families, Place)
4. The group has met to discuss joint working with public health and place based partnerships, NHS Joint Forward Plan, working with local communities, health inequalities and innovation fund. On its forward plan is the outcome of the joint strategic needs assessment prioritisation process, trauma informed care and evaluation of Public Health interventions.

Outcomes Dashboard

5. The group will also support the development of an outcomes framework for the Joint Health and Wellbeing Strategy. A prototype has been provided in **appendix 1**. This report has been pulled from a live dashboard, and there is ongoing work to align the chosen indicators with those of the integrated care strategy and place based partnership plans to maximise partnership oversight and coordination on generating better health outcomes for our local communities.

Strategic Focus

6. Each quarter there will now be a focus on one of the ambitions of the Joint Health and Wellbeing Strategy:

5 July 2023	Give Every Child the Best Chance of Maximising their Potential
13 September 2023	Keep our communities safe and healthy
13 December 2023	Create Healthy and Sustainable Places
13 March 2024	Everyone can access the right support to improve their health

7. It is proposed that at the 5 July Board meeting, members discuss the progress made on giving every child the best chance of maximising their potential. The annual report on giving children the best start and the covid impact assessment on early years and pregnancy are due to be presented to the Health and Wellbeing Board at this meeting.

Other Options Considered

8. There was the option to not report on progress to deliver the Joint Health and Wellbeing Strategy, however this option was discounted as this report provides important updates relating to the ongoing delivery of the Joint Health and Wellbeing Strategy for Nottinghamshire.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

10. 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

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

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

- 1) To note the Joint Health and Wellbeing Strategy progress report, and to establish whether any actions are required by the Board in relation to the issues raised.
- 2) To receive a presentation on the progress made in delivering the strategic ambition to Give Every Child the Best Chance of Maximising their Potential.

Cllr John Doddy

Chair of the Nottinghamshire Health and Wellbeing Board

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Constitutional Comments (LW 22/06/2023)

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

Financial Comments (DG 21/06/23)

13. 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.

[The Refresh of the Nottinghamshire Joint Health and Wellbeing Strategy for 2022 – 2026 \(1 September 2021\)](#)

Report to the Nottinghamshire Health and Wellbeing Board

[The Joint Health and Wellbeing Strategy for 2022 – 2026 \(23 March 2022\)](#)

Report to the Nottinghamshire Health and Wellbeing Board

[The Nottinghamshire Joint Health and Wellbeing Strategy 2022 – 2026 \(5 May 2022\)](#)

Report to the Nottinghamshire Health and Wellbeing Board

[Delivery and Monitoring of the Joint Health and Wellbeing Strategy 2022 – 2026 \(15 June 2022\)](#)

Report to the Nottinghamshire Health and Wellbeing Board

[Report - Joint Health and Wellbeing Strategy 2022 - 2026 \(7 December 2022\)](#)

Report to the Nottinghamshire Health and Wellbeing Board

[Membership and election of the vice chair for the Nottinghamshire health and wellbeing board \(24 May 2023\)](#)

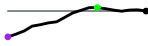


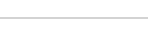






Report to the Nottinghamshire Health and Wellbeing Board

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Health and Wellbeing Strategy Indicators

Key for trend: ↑ getting better, ↓ getting worse, ↔ no trend detected, — not calculated

Indicator	Latest data	Latest value	England comparison	Trend	Recent data
Strategic Vision - Living Longer					
Life expectancy at birth Female All ages	2018 - 20	82.6	Worse	—	
Life expectancy at birth Male All ages	2018 - 20	79.5	Similar	—	
Strategic Vision - Living Healthier					
Healthy life expectancy at birth Female All ages	2018 - 20	60.0	Worse	—	
Healthy life expectancy at birth Male All ages	2018 - 20	62.4	Similar	—	
Strategic Vision - Prevention					
Inequality in life expectancy at birth Female All ages	2018 - 20	7.7	Not compared	—	
Inequality in life expectancy at birth Male All ages	2018 - 20	9.3	Not compared	—	
Under 75 mortality rate from causes considered preventable Persons <75 yrs	2021	184.9	Similar	—	
Premature mortality in adults with severe mental illness (SMI) Persons 18-74 yrs	2018 - 20	94.6	Better	—	
Strategic Vision - Living Independently					
Adults with a learning disability who live in stable and appropriate accommodation Persons 18-64 yrs	2021/22	75.0	Worse	↔	
Adults in contact with secondary mental health services who live in stable and appropriate accommodation Persons 18-69 yrs	2020/21	43.0	Worse	—	

Ambition 1: Best start in life - 1001 Days

Source: Office for Health Improvement and Disparities. Public health profiles. 2023

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Nottinghamshire County Health and Wellbeing Strategy Indicators

Key for trend: ↑ getting better, ↓ getting worse, ↔ no trend detected, — not calculated

Indicator	Latest data	Latest value	England comparison	Trend	Recent data
Obesity in early pregnancy Female Not applicable	2018/19	25.1	Worse	—	
Smoking in early pregnancy Female Not applicable	2018/19	16.3	Worse	—	
Low birth weight of term babies Persons >=37 weeks gestational age at birth	2021	2.5	Similar	↔	
Breastfeeding prevalence at 6-8 weeks after birth - current method Persons 6-8 weeks	2021/22	46.3	Worse	↑	
Smoking status at time of delivery Female All ages	2021/22	12.6	Worse	↑	
Proportion of New Birth Visits (NBVs) completed within 14 days Persons <14 days	2021/22	95.3	Better	↑	
Newborn and Infant Physical Examination Screening Coverage Persons <1 yr	2021/22	96.2	Worse	—	
Infant mortality rate Persons <1 yr	2019 - 21	4.0	Similar	—	

Ambition 1: Best start in life - School Readiness

Child development: percentage of children achieving a good level of development at 2 to 2½ years Persons 2-2.5 yrs	2021/22	83.1	Better	↔	
Child development: percentage of children achieving the expected level in communication skills at 2 to 2½ years Persons 2-2.5 yrs	2021/22	86.7	Similar	↓	
Child development: percentage of children achieving the expected level in personal social skills at 2 to 2½ years Persons 2-2.5 yrs	2021/22	94.8	Better	↔	

Source: Office for Health Improvement and Disparities. Public health profiles. 2023






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Nottinghamshire County Health and Wellbeing Strategy Indicators

Key for trend: ↑ getting better, ↓ getting worse, ↔ no trend detected, — not calculated

Indicator	Latest data	Latest value	England comparison	Trend	Recent data
Reception: Prevalence of overweight (including obesity) Persons 4-5 yrs	2021/22	23.0	Similar	↔	
Year 6: Prevalence of overweight (including obesity) Persons 10-11 yrs	2021/22	37.6	Similar	↓	
School readiness: percentage of children achieving a good level of development at the end of Reception Persons 5 yrs	2021/22	66.8	Better	—	
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception Persons 5 yrs	2021/22	49.7	Similar	—	
School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception Persons 5 yrs	2021/22	68.2	Better	—	
Percentage of 5 year olds with experience of visually obvious dentinal decay Persons 5 yrs	2021/22	18.1	Better	—	

Ambition 1: Best start in life - Preparing for adulthood

Pupil absence Persons 5-15 yrs	2020/21	4.2	Better	↔	
First time entrants to the youth justice system Persons 10-17 yrs	2021	124.5	Similar	↑	
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known Persons 16-17 yrs	2021	6.5	Worse	↓	
Under 18s conception rate / 1,000 Female <18 yrs	2021	15.1	Similar	—	
Percentage of physically active children and young people Persons 5-16 yrs	2021/22	52.2	Better	—	

Source: Office for Health Improvement and Disparities. Public health profiles. 2023

<https://fingertips.phe.org.uk> © Crown copyright 2023. Accessed 19/6/2023

Nottinghamshire County Health and Wellbeing Strategy Indicators

Key for trend: ↑ getting better, ↓ getting worse, ↔ no trend detected, — not calculated

Indicator	Latest data	Latest value	England comparison	Trend	Recent data
Ambition 2: Healthy & Sustainable Places - Work					
Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate Persons 16-64 yrs	2021/22	13.3	Similar	—	
Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate Persons 18-64 yrs	2021/22	72.7	Similar	—	
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate Persons 18-69 yrs	2020/21	67.6	Similar	—	
Percentage of people in employment Persons 16-64 yrs	2021/22	74.4	Similar	↔	
Ambition 2: Healthy & Sustainable Places - Physical Activity					
Utilisation of outdoor space for exercise/health reasons Persons 16+ yrs	Mar 2015 - Feb 2016	16.7	Similar	—	
Percentage of physically active adults Persons 19+ yrs	2021/22	67.3	Similar	—	
Ambition 2: Healthy & Sustainable Places - Food					
Proportion of the population meeting the recommended '5 a day' on a 'usual day' (adults) (old method) Persons 16+ yrs	2019/20	56.3	Similar	—	
Ambition 2: Healthy & Sustainable Places - Air Quality					
Fraction of mortality attributable to particulate air pollution (new method)	2021	5.4	Not compared	—	

Nottinghamshire County Health and Wellbeing Strategy Indicators

Key for trend: ↑ getting better, ↓ getting worse, ↔ no trend detected, — not calculated




Indicator	Latest data	Latest value	England comparison	Trend	Recent data
Persons 30+ yrs					
Ambition 3: Everyone can access the right support to improve their health - Mental Health					
Social Isolation: percentage of adult carers who have as much social contact as they would like Persons All ages	2012/13	32.1	Worse	—	
Loneliness: Percentage of adults who feel lonely often or always or some of the time Persons 16+ yrs	2019/20	23.0	Similar	—	
Self reported wellbeing: people with a high anxiety score Persons 16+ yrs	2021/22	24.0	Similar	—	
Emergency Hospital Admissions for Intentional Self-Harm Persons All ages	2021/22	165.2	Similar	—	
Suicide rate Persons 10+ yrs	2019 - 21	10.3	Similar	—	
Percentage of looked after children whose emotional wellbeing is a cause for concern Persons 5-16 yrs	2021/22	39.0	Similar	↔	
Ambition 3: Everyone can access the right support to improve their health - Weight					
Percentage of adults (aged 18 plus) classified as overweight or obese Persons 18+ yrs	2021/22	66.1	Worse	—	
Ambition 3: Everyone can access the right support to improve their health - Smoking					
Smoking Prevalence in adults (18+) - current smokers (APS) Persons 18+ yrs	2021	13.3	Similar	—	
Ambition 3: Everyone can access the right support to improve their health - Ageing Well					
Emergency hospital admissions due to falls in people aged 65 and over Persons 65+ yrs	2021/22	2,068.9	Similar	—	
Winter mortality index Persons All ages	Aug 2020 - Jul 2021	32.5	Similar	—	


Nottinghamshire County Health and Wellbeing Strategy Indicators

Key for trend: ↑ getting better, ↓ getting worse, ↔ no trend detected, — not calculated

Indicator	Latest data	Latest value	England comparison	Trend	Recent data
Estimated dementia diagnosis rate (aged 65 and over) Persons 65+ yrs	2022	67.3	Similar	↔	
Ambition 4: keep our Communities Safe & Healthy - Domestic Abuse & Violence					
Domestic abuse related incidents and crimes Persons 16+ yrs	2021/22	21.7	Not compared	—	
Violent crime - violence offences per 1,000 population Persons All ages	2021/22	24.9	Not compared	—	
Violent crime - sexual offences per 1,000 population Persons All ages	2021/22	2.3	Not compared	↔	
Ambition 4: keep our Communities Safe & Healthy - Homelessness					
Homelessness: households owed a duty under the Homelessness Reduction Act Not applicable Not applicable	2021/22	5.8	Better	—	
Homelessness: households in temporary accommodation Not applicable Not applicable	2021/22	0.4	Better	—	
Ambition 4: keep our Communities Safe & Healthy - Health Inequalities					
Fuel poverty (low income, low energy efficiency methodology) Not applicable Not applicable	2020	13.6	Not compared	—	
Ambition 4: keep our Communities Safe & Healthy - Substance Misuse					
Successful completion of drug treatment: opiate users Persons 18+ yrs	2021	3.3	Worse	↓	
Successful completion of drug treatment: non opiate users Persons 18+ yrs	2021	24.5	Worse	↓	
Successful completion of alcohol treatment Persons 18+ yrs	2021	28.4	Worse	↔	
Deaths from drug misuse Persons All ages	2018 - 20	2.8	Better	—	

Nottinghamshire County Health and Wellbeing Strategy Indicators

Key for trend:  getting better,  getting worse,  no trend detected, — not calculated

Indicator	Latest data	Latest value	England comparison	Trend	Recent data
Admission episodes for alcohol-related conditions (Narrow) Persons All ages	2021/22	601.0	Worse	—	

Source: Office for Health Improvement and Disparities. Public health profiles. 2023

<https://fingertips.phe.org.uk> © Crown copyright 2023. Accessed 19/6/2023

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

NOTTINGHAM AND NOTTINGHAMSHIRE NHS JOINT FORWARD PLAN

Purpose of the Report

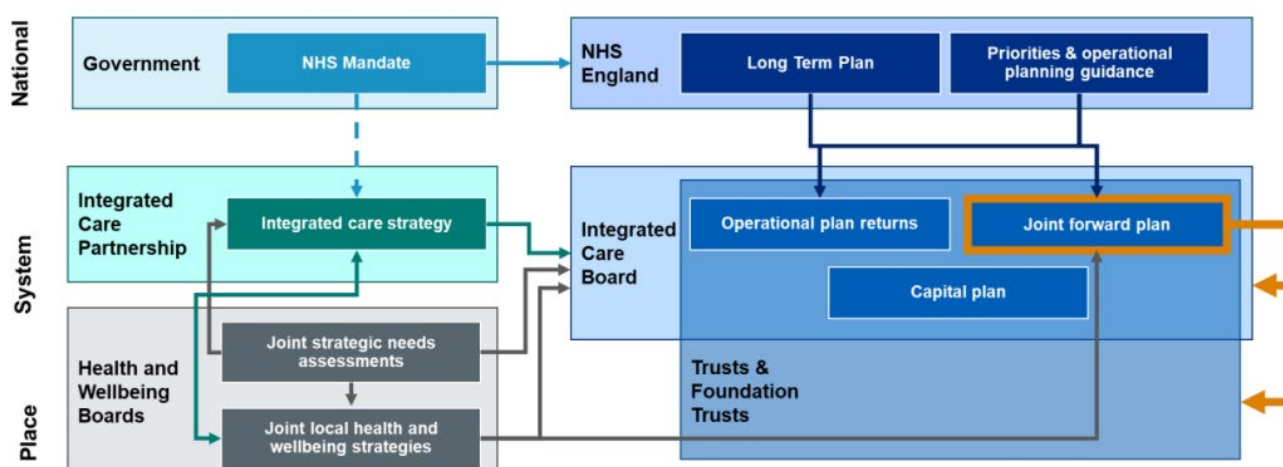
1. To seek endorsement of the Nottingham and Nottinghamshire NHS Joint Forward Plan as required under the Health and Care Act 2022.

Information

Statutory Context

2. The Health and Wellbeing Board (HWB) has previously received briefings on the development and provisions of the Health and Care Act 2022, under which Integrated Care Partnerships are required to produce an Integrated Care Strategy. The [Nottingham and Nottinghamshire Integrated Care Strategy](#) was approved on 17 March 2023.
3. The Integrated Care Board (ICB) is also required to produce a 5-year Joint Forward Plan (JFP) with strategic partners, detailing how they propose to exercise their functions in the next five years. There is an expectation that this plan will be refreshed annually, in line with emerging national guidance.¹

Figure 1: Relationship of the JFP with other strategies and plans¹¹



¹ Planning guidance for the Joint Forward Plan was published by NHS England on 23 December, which is available online here: [B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf \(england.nhs.uk\)](#)

Nottinghamshire NHS Joint Forward Plan

4. The Joint Forward Plan provides an opportunity to create a longer-term shared sense of endeavour, a realistic and ambitious view of what is achievable and a sense of hope for residents. The plan is for the whole of the local NHS and repositions how NHS organisations work together and with partners to ensure the NHS delivers health elements of the Integrated Care Strategy. It is a plan, not a strategy, meaning that it aims to be specific about how the NHS will work differently and what the impacts will be on health outcomes and inequalities.
5. The Integrated Care Strategy, which incorporates the County & City Joint Health and Wellbeing Strategies, commits the JFP to the principles of:
 - a) Prevention is better than cure
 - b) Equity in everything
 - c) Integration by default
6. The Joint Forward Plan has been worked up with NHS partners, and Nottinghamshire Health and Wellbeing Board have input into the plan via a workshop that took place on 25 May 2023. A summary of the Board's feedback is presented in **Appendix 1**.
7. In addition, there have been numerous events to engage stakeholders in the plans as well as circulation of draft proposals and an online survey. **The final draft Joint Forward Plan is available online from 30 June at <https://healthandcarenotts.co.uk/integrated-care-strategy/>.**

Role of the Health and Wellbeing Board

8. As part of the national guidance, preparation and revisions of Joint Forward Plans are subject to a general legal duty to involve each Health and Wellbeing Board whose area coincides with that of the ICB, wholly or in part.
9. The plan itself must describe how the ICB proposes to implement relevant Joint Health and Wellbeing Strategies, and a draft of the JFP shall be shared with each relevant HWB when under development or undertaking significant revisions to the plan. HWBs must be consulted on whether the draft takes proper account of its Joint Health and Wellbeing Strategy, and the board must respond with its statement of opinion as to whether the plan has done so.²
10. In consultation with the Chair of the Health and Wellbeing Board, and subject to the comment and approval of members of Health and Wellbeing Board on 5 July 2023, the Board's draft statement of opinion of the Joint Forward Plan is as follows:

The Nottinghamshire Health and Wellbeing Board is satisfied that the NHS Joint Forward Plan for Nottingham and Nottinghamshire has taken account of its feedback, and the plan clearly articulates the ICBs commitment and contribution to the delivery of the Nottinghamshire Joint Health and Wellbeing Strategy.

11. Once finalised the NHS Joint Forward Plan is then to be signed off by the Nottingham and Nottinghamshire ICB Board on 13 July 2023.

² To note this process should be repeated for any significant revision to the plan as outlined in the guidance.

Other Options Considered

12. There is the option to not consult the Health and Wellbeing Board on the NHS Joint Forward Plan, however this option is discounted because there is a statutory requirement for the Health and Wellbeing Board to inform the NHS Joint Forward Plan and provide a statement of opinion for inclusion in the final document.

Reason/s for Recommendation/s

13. To ensure the Health and Wellbeing Board has sufficient opportunity to inform the NHS Joint Forward Plan for Nottingham and Nottinghamshire and has provided its statement of opinion as required by national guidance.

Statutory and Policy Implications

14. 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

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

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

- 1) To endorse the draft Nottingham and Nottinghamshire NHS Joint Forward Plan.
- 2) To approve the Board's statement of opinion for inclusion in the Nottingham and Nottinghamshire NHS Joint Forward Plan, set out in paragraph 10 to the report.

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

For any enquiries about this report please contact:

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Constitutional Comments (CEH 13/06/23)

16. The Health and Wellbeing Board can consider the report and recommendations.

Financial Comments (DG 13/06/23)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Appendix 1. Summary of feedback on Nottingham and Nottinghamshire NHS Joint Forward Plan

Vision

- Strengthen working with partners on prevention, with a focus on early intervention. The proposal outlines 1% spend on prevention – This needs to be quantified and monitored for evidence of real change and proposed increased investment.
- Developing and retaining local talent important and training for workforce to sustain delivery.
- Language of the plan needs to be demystified and honest – do we have appetite for taking risk? What do we mean by a sustainable workforce? These could mean different things to different people (e.g. bringing joy to the work). Be Bold and Brave.
- Equity in everything needs to be more prominent in the plan and focus on the whole population to bring more opportunities and impact.
- The sense of urgency of the situation needs to be clear to reflect the profound and existential risk to our population.
- The proposal needs to embed all age approaches (with an emphasis on the importance of giving children the best start in life)
- Engagement and coproduction with communities is key, with discussions focusing on looking for solution. The proposal, or process, should outline how we'll engage people and communities in service change outlined in each element of the plan not just as a standalone action. We are currently underpowered to do this systematically. Workplaces and schools need to be involved.
- The biggest challenge for people is accessing the right services and knowing how to access or what is available. We need to ensure that information is available, and consider digital solutions too, whilst also being mindful of digital inclusion.
- The plan needs to emphasise parity between physical and mental health. Children and Young People are experiencing a mental health and wellbeing crisis (drawing distinction too between mental health and emotional wellbeing).
- Opportunities for shared communications (e.g. council tax bills and sharing extra information, joining major events to raise awareness about self-help).

Prevention is better than cure

- The plan should have more focus on primary prevention and role as anchors. We need to do something different as we haven't moved the needle on this – whilst balancing managing today and the future.
- VCSE are key partners and charities that support secondary prevention, peer support groups
- It needs a new approach to reach those that are currently unknown / hidden. Opportunities for PBPs, especially through Districts as they are close to their communities.
- Evidence base and best practice – benchmarking, population need, stocktake against resources. Invest to strengthen and highlight building blocks of good health and wellbeing in our approach.

Equity in everything

- Intersectionality between vulnerable groups to better understand our communities (SMD).
- We need to recognise different investment and approach needed to deliver what is needed.
- Support for level up (not down) and proportionate universalism. The ambition should be to support the same level of healthy life expectancy for all. It should recognise that some people need more support and education to embed and achieve this.

Integration by default

- Integration & culture important - Permission to integrate instead of working in silos.
- We need mechanism to understand misalignments and address these to improve relationships.
- Every member of the team as an equal partner - All assessments valid. This needs to be underpinned by staff training, and ensure professional lines are embedded and maintained.
- Integration as a spectrum, to add value. Subsidiarity – it needs to be clear where value is added at each level.

5 July 2023**Agenda Item 9****REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE****THE 2022/23 BETTER CARE FUND (BCF) YEAR END REPORTING
TEMPLATE****Purpose of the Report**

1. To ratify the Nottinghamshire 2022-23 Better Care Fund year end reporting template that was submitted to NHS England on 23 May 2023.

Information

2. The Better Care Fund (BCF) 2022-23 year end template confirms the status of continued compliance against the requirements of the fund, including the final end of year spending position and provides information about challenges, achievements and support needs in progressing delivery.
3. **Metrics (tab 4):** The 2022-23 Better Care Fund performance metrics are:
 - Unplanned hospitalisation for chronic ambulatory care sensitive conditions
 - Percentage of people who are discharged from hospital to their normal place of residence
 - Rate of permanent admissions to residential care per 100,000 population (65+)
 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
4. The 2022 -23 Better Care Fund Year-end reporting template requires assessment against progress for each of these metrics and to highlight challenges, support needs and achievements. None of the metrics were on track to meet the target at the year end point, however the challenges in meeting the targets set have been identified and mitigating actions for moving forward identified.
5. The following system challenges in meeting the metric targets for 2022-23 have been highlighted:
 - a) Urgent Community Response service is operational but has been challenging to ensure all GPs and healthcare professionals are aware of it across the Integrated Care System (ICS), despite full geographic coverage being in place.

- b) Challenges around night-time provision for Pathway 1 services – we will be working with system partners to pilot short term night time provision during 2023/24 and the learning will inform longer term Pathway 1 transformation.
 - c) Provisional figures indicate a result of 576 admissions per 100,000 population. This is 1,046 people, over the target of 952 people. The average number of new admissions each month has increased this year.
 - d) Provisional figures for the proportion of older people still at home 91 days after discharge indicate a result of 83.7% against a target of 85%. If 9 additional people were still at home this indicator would have reached target.
6. The report noted the following achievements:
- a) Weekend working is now in place in the transfer of care hub which ensures that there is the ability in place to plan discharge home on Pathway 1 for all discharges.
 - b) Whilst numbers of admissions have increased, the provisional figures show that the number of people supported in long term residential/nursing care is slightly lower than in the same period in the previous year.
 - c) Over the period October – December 2022 613 people were discharged from hospital into reablement type services, this is an improvement on the previous year when the figure for the same period was 504 people.
7. **Year End Feedback (tab 6):** The 2022-23 Better Care Fund Year-end template requires us to highlight our success and challenges in driving the enablers of integration. Successes highlighted included progress towards strong system-wide governance and systems leadership through the establishment of a Collaborative Commissioning Oversight Group, and the development of a Joint Carers Strategy which aims to better support and meet the needs of carers across County and City by making the best use of joint resources.
8. Challenges in the system-wide governance were noted as the lengthy process for approvals as the strategy had to progress through three organisations governance processes. There continue to be significant challenges in the recruitment of staff into Adult Social Care, home care and the care home market.
9. **ASC Discharge Fund (tab 7):** The 2022-23 Better Care Fund Year-end template requires us to give an overview of the expenditure, impact and learning from the Adult Social Care Discharge funding which was made available to systems during the winter period. The report notes some of the successes of the scheme as the ability to increase capacity in the home care and reablement capacity meant that less interim beds had to be used, whilst recruitment was a challenge to the success of some schemes.

National conditions declaration and additional requirements: The 2022-23 Better Care Fund Year-end template includes the following additional tabs:

- a) Tab 3: National Conditions, which are:
 - Agree plan and section 75 pooled fund
 - Integrated Care Board (ICB) minimum contribution to social care is in line with BCF policy
 - Agreed investment in NHS commissioned out of hospital services
 - Plan for improving outcomes for people being discharged from hospital

- b) Tab 5: I&E Actual – income and expenditure: confirming the BCF allocation has been invested according to the BCF planning template.

10. **Better Care Fund Planning Requirements for 2023-25:** The Better Care Fund planning requirements are now for a period of two financial years, whereas previously this has been one year. Health and Wellbeing Boards are required to submit a planning template and narrative plan, as with previous years the narrative plan being developed will be a joint plan between the County and the City to demonstrate our approach to integrated care. The 2023-25 Better Care Fund will be brought to the Nottinghamshire Health and Wellbeing Board for ratification at its meeting on 13 September 2023. It is due to be submitted to NHSE on 28 June 2023.

Conclusion

11. It was agreed that where the Board cannot provide its approval on decisions regarding BCF, delegated power has been given to select representatives on the Board's behalf. The BCF 2022-23 Year-end report template was therefore agreed for submission to NHSE by the following, and subject to formal ratification at the Nottinghamshire Health and Wellbeing Board on 5 July 2023:

- Cllr John Doddy, Chair of the Nottinghamshire Health & Wellbeing Board
- Melanie Williams, Corporate Director: Adult Social Care & Health, Nottinghamshire County Council
- Lucy Dadge, Director of Integration, NHS Nottingham and Nottinghamshire Integrated Care Board (on behalf of Amanda Sullivan, Chief Executive of NHS Nottingham and Nottinghamshire Integrated Care Board).

12. Subsequently, the Nottinghamshire Health and Wellbeing Board are asked to formally ratify the template. The Nottinghamshire 2022-23 Better Care Fund End of Year reporting template submission is shown in full at **Appendix 1**.

Other options considered

13. There is the option to not consult the board on the Better Care Fund End of Year Report. This was discounted as the Better Care Fund is one of the Board's statutory responsibilities.

Reasons for Recommendation

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

Statutory and Policy Implications

15. 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

16. The 2022-23 Better Care Fund pooled budget has been agreed as £103,649,666 after inflation. The Better Care Fund pooled budget including ASC Discharge fund was £110,366,751.

Human Resources Implications

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

RECOMMENDATION

The Health and Wellbeing Board is asked:

- 1) To ratify the Nottinghamshire 2022-23 Better Care Fund Year End Reporting Template that was submitted to NHS England on 23 May 2023 under delegated powers.

MELANIE WILLIAMS
CORPORATE DIRECTOR OF ADULT SOCIAL CARE AND HEALTH
NOTTINGHAMSHIRE COUNTY COUNCIL

For any enquiries about this report please contact:

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

Constitutional Comments (LW 22/06/2023)

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

Financial Comments (OC 21/06/23)

19. The Financial implications are detailed throughout this report and are summarised within paragraph 16.

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.

- Retrospective approval of the 2022/23 Better Care Fund (BCF) Planning Requirements – Report to the Health and Wellbeing Board 7 December 2022
- Better Care Fund Governance Arrangements for Delegated Approval Report to the Health and Wellbeing Board 24 May 2023

Electoral Division(s) and Member(s) Affected

- All

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Nottinghamshire	
Completed by:	Naomi.Robinson	
E-mail:	Naomi.Robinson2@nhs.net	
Contact number:	7816407052	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Wed 05/07/2023	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board:

Nottinghamshire

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board:

Nottinghamshire

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	760.0	Not on track to meet target	UCR service is operational but has been challenging to ensure all GPs and healthcare professionals are aware of it across the ICS.	Since 01/04/22 providers across the ICS compliant with national mandate to provide full geographic coverage Urgent Community Response service 8 - 8 7 days per week. Last referral taken at 8pm meaning the service is
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.9%	Not on track to meet target	Challenges around night time provision for P1 - we will be working with system partners to pilot short term night time provision during 23/24 - the learning will inform longer term P1 transformation.	Weekend working in the transfer of care hub in order to ensure that there is the ability to plan discharge home on P1 for all discharges
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	524	Not on track to meet target	Provisional figures indicate a result of 576 admissions per 100,000 popn. This is 1046 people, over the target of 952 people. The average number of new admissions each month has increased this year.	Although numbers of admissions have increased provisional figures show the number of people supported in Long Term Residential/Nursing Care is slightly lower than the same period last year at 2165
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.0%	Not on track to meet target	Provisional figures indicate a result of 83.7%, just missing 85%. If 9 additional people were still at home this indicator would have reached target.	Over the period October to December 2022 613 people were discharged from hospital into reablement type services, this is an improvement on the previous year when the figure for the same period was 504 people.

Checklist
Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Nottinghamshire

Income

2022-23			
Disabled Facilities Grant	£7,886,632		
Improved Better Care Fund	£30,920,338		
NHS Minimum Fund	£64,842,696		
Minimum Sub Total		£103,649,666	
	Planned		
NHS Additional Funding	£0		
LA Additional Funding	£0		
Additional Sub Total		£0	
	Planned 22-23	Actual 22-23	
Total BCF Pooled Fund	£103,649,666	£103,649,666	

Actual

Do you wish to change your additional actual NHS funding?

No

Do you wish to change your additional actual LA funding?

No

£0

ASC Discharge Fund			
	Planned		
LA Plan Spend	£2,939,000		
ICB Plan Spend	£3,778,085		
ASC Discharge Fund Total		£6,717,085	
	Planned 22-23	Actual 22-23	
BCF + Discharge Fund	£110,366,751	£110,366,751	

Actual

Do you wish to change your additional actual LA funding?

No

Do you wish to change your additional actual ICB funding?

No

£6,717,085

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Expenditure

	2022-23
Plan	£103,649,666

Do you wish to change your actual BCF expenditure? No

Actual	
--------	--

	ASC Discharge Fund
Plan	£6,717,085

Do you wish to change your actual BCF expenditure? No

Actual	
--------	--

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Nottinghamshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Partners continue to work closely to delivery programmes and schemes identified within the BCF plan
2. Our BCF schemes were implemented as planned in 2022-23	Agree	The schemes within the BCF Plan have been delivered as planned.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	Our BCF Plan continues to include schemes that drive integration, particularly Discharge to Assess, which has become a well established joint working between care workers and hospital clinicians to deliver Care Act compliant assessments as part of discharge planning.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	Collaborative Commissioning Oversight Group (CCOG) well established bringing together ICB, City and County Councils. 'Learning labs' commissioned to take a systematic approach to identifying the conditions for, and barriers to, success in our plans for the greater integration of services. The feedback from these will be used to help shape our ongoing approach to integrated working. A review of the BCF has identified more areas for integrated working and we will be developing more collaborative commissioning plans as a result of the review.
Success 2	9. Joint commissioning of health and social care	We have a joint Carers Strategy, which aims to better support and meet the needs of all carers over the next five years, by working together to make best use of our joint resources. Alongside this we are in the process of joint commissioning carer services and have sign-off to joint procurement of carers support services model, which will reduce duplication for commissioners and providers, enabling increased value in activity and outcomes.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Challenge 1	2. Strong, system-wide governance and systems leadership	Whilst the development of a joint Carers Strategy is a great success for the system, the strategy had to progress through three organisations governance processes for approval which was a lengthy process. The system continues to consider opportunities for joint decision making forums.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Significant recruitment challenges in the Adult Social Care, home care and care home market, inclusive of CHC placements. This is contributing to the system remaining challenges in achieving discharges same day as medically safe.

Yes
Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
- Other

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board:

Nottinghamshire

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).

2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.

3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.

4) For 'improvement retention of existing workforce', please state the number of staff this relates to.

5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.

6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.

7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
(All) Surge capacity and block hours	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£300,000	£147,232	18,404	Hours of care	No		Yes	The scheme supported the flow through the services reducing blockages in short term services and enabling timely discharges from hospitals.	
(Countywide) Recruitment Campaign	Local recruitment initiatives	(blank)	£90,000	£46,500	0	N/A	No		Yes	The digital advertising campaign has started and so far we have had over 6000 clicks from people who are searching for jobs to Opps in Notts. This is the website where job vacancies across the	
(LW) Tapered approach to contract extension	Additional or redeployed capacity from current care workers	Costs of agency staff	£30,000			hours worked	Yes	Unable to recruit	No		
Additional capacity in UCR service for the acute community element of the service	Increase hours worked by existing workforce	Overtime for existing staff.	£132,378	£132,378		hours worked					
Additional ERS Capacity	Increase hours worked by existing workforce	Overtime for existing staff.	£85,751	£85,751		hours worked	No		Yes	1371 additional hours of patient transport provided.	
Additional step up/down beds (Bassetlaw)	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£88,000	£88,000	1	Number of beds	No				
Admin	Administration	(blank)	£29,000	£29,000	0	N/A	No	N/A	Yes	This has largely been absorbed by overtime/additional hours for existing staffing	Depending on the monitoring conditions and grant conditions, resources
Administrator to support SFH hub and CHC team to allow for P3 pathway	Residential Placements	Discharge from hospital (with reablement) to long term care	£23,700	£23,700		Number of beds					
County LA Homecare Block	Home Care or Domiciliary Care	Domiciliary care packages	£441,180	£441,180		Hours of care					
In reach services to "pull" patients out of acute trust with dedicated patient transport	Increase hours worked by existing workforce	Overtime for existing staff.	£4,800	£4,800		hours worked					
Increased assessment and reviewing staffing capacity	Additional or redeployed capacity from current care workers	Costs of agency staff	£260,000	£47,919	1,615	hours worked	No	Delays in recruitment meant we haven't fully spend the full allocation	Yes	Some staff secured which has helped with flow.	To continue scheme propose to employ staff rather than use
Increased staffing capacity to support flow	Additional or redeployed capacity from current care workers	Redeploy other local authority staff	£150,000	£52,781	2,989	hours worked	No	Delays in recruitment meant we haven't fully spend the full allocation	Yes	Use of overtime for NCC staff. Provider-led reviews pilot continues in Mid-Notts	Yes for Provider-led reviews and staff to improve flow
MSK Rehab (Bassetlaw)	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£22,500	£22,500		Hours of care					
New interim beds	Residential Placements	Care home	£400,000	£599,402	220	Number of beds	No		Yes	Increase in reablement capacity meant less spend on interim beds than expected.	Plan to reduce requirement for bed based care by increasing home- based
New package incentives	Improve retention of existing workforce	Incentive payments	£750,000	£312,000	0	number of staff	No		Yes	This has been extremely successful in getting homecare providers to pick up additional packages through winter.	To continue scheme over the winter period only.

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

REVIEW OF THE HEALTH AND WELLBEING BOARD

Purpose of the Report

1. To propose a review into the Nottinghamshire Health and Wellbeing Board to support the delivery of the joint health and wellbeing strategy for 2022 – 2026.

Information

Statutory Context

2. Health & Wellbeing Boards (HWB) were established under the [Health and Social Care Act 2012](#) with the duties to:
 - a) To improve the health and wellbeing of the people of Nottinghamshire.
 - b) To reduce health inequalities.
 - c) To promote the integration of services and integrated working.
 - d) To produce a Joint Strategic Needs Assessment (JSNA), identifying current and future health needs.
 - e) To develop a health and wellbeing strategy which addresses the health needs identified in the Joint Strategic Needs Assessment.
3. An update to the Health and Care Act came into effect on 1 July 2022, which implemented a number of changes to local health systems including the establishment of Integrated Care Systems (ICS) across England, including an NHS Integrated Care Board (ICB) and Integrated Care Partnership (ICP).
4. A review of the Health and Wellbeing Board in 2023 is well timed to explore how the Health and Wellbeing Board influences the new system (specifically its relationship with the place based partnerships and the integrated care partnership); and use its longstanding partnership position in the system to improve the health and wellbeing of our local population and promotion prevention.

National Reviews of Health and Wellbeing Boards

5. In response to the recent changes in the health and care landscape, numerous bodies have conducted reviews or issued guidance for Health and Wellbeing Boards on its role and ways of working that outline a number of different considerations.
6. [National Government Guidance \(November 2022\)](#): National Government updated its guidance on Health and Wellbeing Boards in November 2022 in light of the new system arrangements outlined in paragraph 3. It stipulates that Health and Wellbeing Boards should

continue to lead action at place level to improve people's lives and remain responsible for promoting greater integration and partnership between the NHS, public health and local government. This involves working effectively with local leaders, specifically referencing place-based partnerships. Updated guidance also recommends that boards review their membership following the establishment of Integrated Care Boards and Integrated Care Partnerships and their associated functions and duties, reflecting local circumstances and priorities. Additional considerations for updated membership included district & borough councils, housing, lay members, police and fire services, acute and community health providers, and the voluntary sector.

7. [County Councils Network \(IMPOWER - November 2022\)](#): Survey results from the County Council's network indicated that fewer than half (42%) of council respondents indicated that they felt the respective responsibilities of Health and Wellbeing Boards and Integrated Care Partnerships were clear in their areas. Interviews and roundtables indicated that while production of Joint Strategic Needs Assessments was clearly the responsibility of HWBs, there was much less clarity over setting the strategic direction for local areas. JSNAs in particular were regularly referenced by both councils and NHS partners as an essential basis for setting local strategies. Findings also indicated that in complex ICSs, Health and Wellbeing Boards offered the primary option for setting genuinely local strategy.
8. [Local Government Association Survey \(2021\)](#): 90% of respondents thought their Health and Wellbeing Boards showed collaborative local leadership to a great or moderate extent, and 88% reported this included working with a wider range of partners such as police, housing, or the voluntary sector. However, only 36% of respondents felt involved in influencing and shaping ICS strategies and investment plans. It suggests that informal discussions and 'in principle' agreements between HWB and ICS leaders are extensive in many areas, but these currently have not developed into formal alignment of plans and strategies for place and system. Only 38% of respondents reported having effective partnership working arrangements with other HWBs within their ICS to a great or moderate extent, and some comments indicated it is not always clear how effective partnership working locally will be translated up to the system level. The most commonly identified challenges in building effective working relationships with ICSs were funding and resourcing issues; organisational and cultural differences; and ways of working together. The two most common cited challenges facing Health and Wellbeing Boards working effectively with ICSs/health partners were differing governance arrangements between health and local government, and restrictive (and reduced) funding limit the ability of health partners to shift the balance of investment away from acute and inpatient care and support to preventative measures.

Local Reviews for the Health and Wellbeing Board

9. Findings from these national reviews, alongside feedback from engagements during the development of the Joint Health and Wellbeing Strategy 2022 – 2026, provide a range of considerations on how to develop the Board's influence in the new health and care landscape. There are opportunities on expanding membership, strengthening partnership identity, utilising the Better Care Fund for collaboration, coordinating communications and co-production, representation of the public voice, integrated working arrangements with ICS and use of data and assessments. The board has already successfully implemented numerous positive changes, such as the inclusion of Place Based Partnerships and Nottinghamshire Voluntary, Community and Social Enterprise Alliance into its membership, the workshop on Better Care Fund and the ongoing Covid Impact Assessment.

10. In order to discuss the considerations above and seek the input of members, it is therefore proposed that a review is undertaken on the Health and Wellbeing Board. This proposal is supported by, the Chair of the Nottinghamshire Health and Wellbeing Board, Corporate Director of Adult Social Care and Health, Corporate Director of Childrens and Families and the Director of Public Health. It is also proposed that the Health and Wellbeing Board seek the support of the Local Government Association (LGA) in undertaking the review.
11. The LGA offer includes tailored and flexible support such as a one off session, workshop(s) or even a peer challenge activity. It provides an established method in reviewing strategic boards, and LGA has previously supported the Nottinghamshire Health and Wellbeing Board in a similar exercise in 2015. Involving the LGA in a self-supported review of the Board would allow delivery at pace any recommendations from the review, whilst providing on objective assessment too. LGA has expertise both in local government and place working and can share best practice in addition to the national findings outlined in this report. It is proposed that LGA are engaged on behalf of the Nottinghamshire Health and Wellbeing Board to review the Board in autumn 2023.

Other Options Considered

12. There is the option to not review the Nottinghamshire Health and Wellbeing Board in 2023. However, this is deemed not advisable as there have been many changes since its last review in 2015. Therefore a review will support and ensure the Health and Wellbeing Board is delivering to the best of its ability its statutory functions to improve health and wellbeing of residents in Nottinghamshire.

Reason/s for Recommendation/s

13. A review of the Health and Wellbeing Board is well timed as there have been many changes to the local health and care system since the last review in 2015. Identifying opportunities to develop the board will support and improve its delivery of its statutory duties to promote integrated working and improve the health and wellbeing of residents of Nottinghamshire.

Statutory and Policy Implications

14. 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

15. There are no direct financial implications arising from this report. Any expenditure required for delivering the review will be covered by the Health and Wellbeing Board's annual budget.

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

1) To approve undertaking of a review on how the Board can deliver its responsibilities most effectively in the current health and care context, and to establish the opportunities for developing the Board's role.

Councillor Dr John Doddy
Chair of Nottinghamshire Health and Wellbeing Board

For any enquiries about this report please contact:

Briony Jones
Public Health and Commissioning Manager
Briony.jones@nottsc.gov.uk

Constitutional Comments (CEH 13/06/23)

16. The recommendation falls within the remit of the Health and Wellbeing Board. Any future proposed changes to the Board's terms of reference will need to be in line with the statutory responsibilities of a health and wellbeing board and be approved by Full Council.

Financial Comments (DG 13/06/23)

17. 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.

- [Health and Wellbeing Board Governance and Management \(7 March 2018\)](#)
Report to the Nottinghamshire Health and Wellbeing Board

Electoral Division(s) and Member(s) Affected

- All

5 July 2023**Agenda Item 11****REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE
AND EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Nottinghamshire Health and Wellbeing Board's current work programme.

Information

2. The work programme (attached as **Appendix 1** to the report) assists in the management of the Board's agenda, the scheduling of its business and its forward planning. It includes business items that can be anticipated at the present time, while arising issues are added as they are identified. The work programme is reviewed and updated regularly with the Chair and Vice Chair, and at each Board meeting, where any Board member is able to suggest items for inclusion.

Other Options Considered

3. To not produce a work programme: this option is discounted as a clear work programme is required for the effective management of the Board's agenda, the scheduling of its business and its forward planning.

Reasons for Recommendations

4. To assist the Board in managing its business effectively.

Statutory and Policy Implications

5. This report has been compiled after consideration of the 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

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

RECOMMENDATIONS

- 1) That the Nottinghamshire Health and Wellbeing Board's work programme be noted.
- 2) That Board members make any further suggestions for items for inclusion on the work programme for consideration by the Chair and Vice-Chair, in consultation with the relevant officers and partners.

Marjorie Toward

**Service Director for Customers, Governance and Employees
Nottinghamshire County Council**

For any enquiries about this report, please contact:

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Briony Jones, Public Health and Commissioning Manager
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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 and Published Documents

9. 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

WORK PROGRAMME: 2023 – 2024

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
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	
Board Development Opportunities	To seek the Board's endorsement of developing the Health and Wellbeing Board.	Cllr Doddy	Vivienne Robbins Briony Jones	
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	
Covid-19 Impact Assessment: 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	Kerrie Adams Lucy Hawkin	
ICB Joint Forward Plan	To seek the Board's endorsement of the Joint Forward Plan.	Melanie Williams Dave Briggs	Mark Wightman Joanna Cooper	
JHWS Progress Report	To present 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 Briony Jones	
22/23 BCF End of Year Template	To seek the Board's approval of the End of Year Template.	Melanie Williams Dave Briggs	Bridget Cameron Sarah Fleming	

Report title	Purpose	Lead officer	Report author(s)	Notes
MEETING: Wednesday 13 September (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: SMD		Jonathan Gribbin	Bryony Adshead	
Covid-19 Impact Assessment: Covid-19 Impact Assessment: Social Determinants	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	Viv Robbins Ian Bates	
Domestic Abuse Local Partnership Board Report	To provide an update on the progress of the Domestic Abuse Local Partnership Board.	Jonathan Gribbin	Rebecca Atchinson	
Nottinghamshire Combating Substance Misuse Strategy and Delivery Plan	To share for information the new Substance Misuse Strategy and Delivery Plan for Nottinghamshire.	Jonathan Gribbin	Lisa Burn Sarah Quilty	
Homelessness Implementation Plan		Jonathan Gribbin	Dawn Jenkin Catherine O' Bryne	
JHWS Progress Report Ambition 4: Keep our communities safe and healthy	To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Viv Robbins	
JSNA Work Programme 23/24		Cllr Doddy	Viv Robbins Will Leather	
BCF Planning Requirements 2023-25	To seek the Board's approval of the BCF Planning Requirements 2023-25.	Melanie Williams Dave Briggs	Bridget Cameron Sarah Fleming	To be confirmed

Report title	Purpose	Lead officer	Report author(s)	Notes
WORKSHOP: Wednesday 18 October 2023 (2pm)				
Inclusion Health				To be confirmed
WORKSHOP: Wednesday 15 November 2023 (2pm)				
HWB Review				To be confirmed
MEETING: Wednesday 13 December 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		
Covid-19 Impact Assessment: Healthy & Sustainable Places	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	Viv Robbins Will Leather	
JHWS Progress Report Ambition 2: Create healthy and Sustainable Places	To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Viv Robbins	To be confirmed
Family Hubs		Colin Pettigrew	Irene Kakoullis	
JSNA Chapter: Carers	To consider and approve the JSNA chapter for publication on Nottinghamshire Insight.	Cllr Doddy	Will Leather	
HWB Review	To discuss the outcomes of the workshop on developing the role of the HWB in the health and care system.	Cllr Doddy	Viv Robbins	To be confirmed
MEETING: Wednesday 7 February 2024 (2pm)				

Report title	Purpose	Lead officer	Report author(s)	Notes
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
JSNA Chapter: Looked After Children and Care Leavers	To consider and approve the JSNA chapter for publication on Nottinghamshire Insight.	Cllr Doddy	Will Leather	
JSNA Chapter: Housing		Cllr Doddy	Will Leather	
JSNA Chapter: Diet & Nutrition		Cllr Doddy	Will Leather	
MEETING: Wednesday 13 March 2024 (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		
JHWS Progress Report Ambition 3: Everyone can access the right support to improve their health	To present on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Viv Robbins Briony Jones	To be confirmed
MEETING: Wednesday 17 April 2024 (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		
MEETING: Wednesday 22 May 2024 (2pm)				

Report title	Purpose	Lead officer	Report author(s)	Notes
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy		
MEETING: Wednesday 3 July 2024 (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		

Contact

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

