Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 08 March 2023 at 14:00

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

AGENDA

1	Apologies for Absence	
2	Declarations of Interests by Members and Officers (a) Disclosable Pecuniary Interests (b) Private Interests (Pecuniary and Non-Pecuniary)	
3	Minutes of the Last Meeting held on 1 February 2023	3 - 14
4	Chair's Report	15 - 24
5	The Nottinghamshire Covid Impact Assessment - Behavioural Risk Factors	25 - 82
6	Joint Strategic Needs Assessment Chapter - Special Educational Needs and Disability	83 - 162
7	Work Programme	163 - 168

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:-

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Adrian Mann (Tel. 0115 804 4609) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting:	Nottinghamshire Health and Wellbeing Board
Date:	Wednesday 1 February 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

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

District and Borough Councillors

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

Nottinghamshire County Council Officers

Ap	Colin Pettigrew	-	Corporate Director for Children and Families Services
Ap	Melanie Williams	-	Corporate Director for Adult Social Care And Health
	Jonathan Gribbin	-	Director for Public Health

NHS Partners

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

	Helen Smith	-	South Nottinghamshire Place-Based Partnership
Ab	Oliver Newbould	-	NHS England

Healthwatch Nottingham and Nottinghamshire

	Sarah Collis	-	Chair

Nottinghamshire Office of the Police and Crime Commissioner

	Sharon Cadell	-	Chief Executive

Substitute Members

Lynne Schuller for Susan Shaw

Officers and colleagues in attendance:

Sam Banks	-	Public Health Intelligence Analyst, Nottinghamshire County Council
Sarah Fleming	-	Programme Director for System Development, NHS Nottingham and Nottinghamshire Integrated Care Board
Theresa Hodgkinson	-	Chief Executive, Ashfield District Council
Briony Jones	-	Public Health and Commissioning Manager, Nottinghamshire County Council
Adrian Mann	-	Democratic Services Officer, Nottinghamshire County Council
Catherine O'Byrne	-	Senior Public Health and Commissioning Manager, Nottinghamshire County Council
Vivienne Robbins	-	Deputy Director for Public Health, Nottinghamshire County Council
Councillor Sue Saddington	-	Chair of the Health Scrutiny Committee, Nottinghamshire County Council

1. Changes to Membership

The Board noted that Fiona Callaghan has replaced Dr Nicole Atkinson as a representative of the South Nottinghamshire Place-Based Partnership.

2. Apologies for Absence

Fiona Callaghan
Colin Pettigrew
Councillor Susan Shaw
Councillor Henry Wheeler
Melanie Williams

3. Declarations of Interests

No declarations of interests were made.

4. Minutes of the Last Meeting

The minutes of the last meeting held on 7 December 2022, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair. The following points were discussed:

a) The Board hoped that the £1 million in funding secured by the Office of the Police and Crime Commission to help children affected by domestic abuse (item 4(c), Chair's Report) would be used in as wide a range of educational settings as possible, and noted that there was a particular need for investment in prevention delivered through Early Years services.

b) The Board noted that care should be taken to avoid professional jargon wherever possible, such as 'Learning Lab' (item 6(b), Quarterly Report - Joint Health and Wellbeing Strategy for 2022-26), as its meaning may not be completely clear to a wider audience.

5. Chair's Report

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

a) Funding is starting to flow into the four Place-Based Partnerships covering Nottingham and Nottinghamshire as part of the new approach to develop place-based service provision and community funding. The general levels of illness were high during December 2022 and January 2023, including cases of Coronavirus and Scarlet Fever. However, illness levels are now starting to decrease as the end of winter approaches, resulting in less pressure on communities and services. Nevertheless, planning processes should now be starting for the management of next year's winter pressures.

b) Nationally, additional funding is being provided to support vulnerable people affected by homelessness, and to help everyone access mental health support without stigma.

c) Rising food insecurity is increasing the prevalence of physical and mental health conditions caused by hunger and unhealthy diets, and obesity is now overtaking smoking as the primary cause of preventable death in England and Scotland. A report has been produced on the trends that have emerged since local authorities took responsibility for sexual health services in 2013, the service demand and the current funding pressures. There has been a recent increase in the rates of some sexually transmitted diseases, which can now be resistant to antibiotics. As such, there are emerging risks within this area that must be adapted to, and the services must be made as available and accessible through as many avenues as possible.

d) The Health Index for England is a new national measure of health, currently providing a measure of overall health for 2015-20 that can be broken down into

the three areas of Healthy People, Lives and Places. The data provides a high-level snapshot that is helpful in indicating where issues might be, and it shows that there can be a significant variation in health between Nottinghamshire communities, where some are more healthy than the national average while some are less.

e) The Index can be used to help identify the most disadvantaged groups within communities and inform where focused provision and funding is required to seek to address health inequality. It is important that a strong place-based approach is taken to addressing health inequality through a wide range of partners working together, as issues such as good housing, employment opportunities and green spaces are vital for ensuring good health. The overall level of health appears to be in decline, so ongoing work is underway to review the impacts of Covid and whether the rates of excess deaths are also increasing, to assess what actions might be taken in response.

f) The Board noted that the Index represented a good overview, but did not provide the information for a detailed picture of specific communities or settings, such as the health of children in schools. The County Council's Public Health officers are available to work with the District and Borough Councils on a one-to-one basis to review the statistics behind the Index on a more in-depth basis for their areas.

g) The Board welcomed the UK Shared Prosperity and Levelling Up funding secured by District and Borough Councils across the County. Members raised concerns, however, that the bidding process used to allocate the funding put Nottinghamshire communities in direct competition with each other for resources that are needed by everyone. Councils are pursing as many funding opportunities as possible and it is important that securing good health is at the core of all bids, with partners joining together to focus on achieving the best outcomes for communities.

Resolved (2023/001):

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

6. The 2022-23 Better Care Fund Adult Social Care Discharge Fund Planning Requirements

Sarah Fleming, Programme Director for System Development at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), presented a report on the Nottinghamshire 2022-23 Better Care Fund (BCF) Adult Social Care Discharge Fund planning requirements. The following points were discussed:

a) The BCF Adult Social Care Discharge Fund is intended to enable the discharge of patients from hospital to the most appropriate location for their ongoing care to free up the maximum number of hospital beds, and to boost the general adult social care workforce capacity through recruitment and retention.

b) Nottingham City Council, Nottinghamshire County Council and the ICB established a task and finish group to coordinate the planning of how the funding would be used, with each organisation identifying focus areas based on existing winter pressures plans. There are also opportunities to support an increase in the number of appropriate hospital discharges through growing the capacity for the assessment of people's needs after leaving hospital, making further use of technology, supporting the existing social care workforce to increase home care capacity, and driving a recruitment campaign to increase the number of carers.

c) The funding is being released in two tranches, with the allocations calculated nationally to target the areas with the most significant hospital discharge challenges. Formal feedback has not yet been returned on the spending plans submitted, but the first funding tranche has been released and the second is expected shortly. Regular reporting to NHS England will be carried out on a fortnightly basis and ongoing performance information for the key areas will be gather collectively and provided to the Board – along with a formal annual report at the end of the year.

d) A significant objective is to maximise re-ablement and rehabilitation so that as many people as possible are able to continue to live independent lives, while those with a greater need for support are placed in the most suitable care setting – which often costs much less than their being in hospital, even when a private provider is used. 'Virtual' wards are also being developed to support people with acute care needs. However, hospitals are required to ensure that patients are not discharged too soon or inappropriately, and must report instances where a patient is discharged and then returns to hospital within a very short period of time.

e) A preventative discharge scheme is in place in Mansfield to open up more hospital beds where the District Council, hospitals and social care services work together in partnership to move people from hospital to an appropriate care setting, with the Council carrying out follow-up health and wellbeing visits. A great deal of work is also being done to ensure that appropriate housing is available to everyone, to support wider good health.

f) In terms of future planning, data is collected jointly by health and social care services to identify the future care needs of individual communities, and the potential risks. The care needs across Nottinghamshire are likely to increase significantly over time, so it is vital that a sustainable system is put in place to meet these needs while also working to prevent avoidable issues from arising. As such, there must be a clear focus on improving health and wellbeing generally, while seeking to address the causes of long-term illness and frailty. Ultimately, the very best use of the BCF must be made now to introduce effective systems of prevention, to mitigate against potentially substantial healthcare costs in the future.

g) The Board noted that it vital that the needs arising from winter pressures are fully understood both generally and for the area of each Place-Based Partnership, that risks are properly identified and prioritised to ensure that needs are met at the

right time and in the right place, and that any arising learning is shared effectively.

h) The Board considered that a clear evaluation model must be in place to demonstrate that the funding deployed through the BCF is being targeted effectively and is achieving best value, and that the outcomes of the funded projects are quantified, reported and understood.

i) The Board was concerned that patients could be discharged from hospital too soon, so this should only be done on the basis of a proper assessment to ensure that their needs would be met effectively at home or in a social care setting, to avoid problems simply moving from one part of the health and care system to another, or people returning back to hospital immediately after being discharged. Members noted that care homes must be properly equipped to support re-ablement and rehabilitation effectively, and that the appropriate in-person professional medical and physiotherapy support is available, as well as virtual provision.

j) The Board expressed concern that a number of the schemes to be supported through the Adult Social Care Discharge Fund would be delivered through 'overtime for existing staff'. Members queried whether it is appropriate for staff working in a challenging healthcare system to be given yet more work, and asked how staff would be supported in terms of their own health and wellbeing.

k) The Board observed that some delays in hospital discharges were due to the internal pharmacy not having a patient's medication immediately available. Members noted that hospital pharmacies could be operating to a challenging budget, so suggested that more e-prescriptions for collection from a community pharmacy could be used. The Board commented that long ambulance queues for initial admission could result in additional complications arising and a longer hospital stay, while many vulnerable people could be living alone with no relatives able to support them following discharge. Members considered that, ultimately, a fully joined-up approach across the whole system is required to deliver the best results for communities.

Resolved (2023/002):

1) To endorse the submitted Nottinghamshire 2022-23 Better Care Fund Adult Social Care Discharge Fund planning templates.

7. Taking Collective Action on Homelessness as a Health and Wellbeing Board Priority

Catherine O'Byrne, Senior Public Health and Commissioning Manager at Nottinghamshire County Council, presented a report on the proposed Framework for Action on Homelessness and Principles for Collaborative Working on Homelessness. The following points were discussed:

a) Following the Board's workshop in October 2022, a vision to work together to prevent homelessness wherever possible and improve the health and wellbeing

outcomes for those who experience it has been developed. The Rough Sleeper Initiative represents a national grant to the Nottinghamshire's local housing authorities to help support their existing prevention plans to reduce the number of people sleeping rough and enhance the services available to people at risk of sleeping rough. The funding is held by Ashfield District Council and is currently in place until 2025. It is proposed that the Board will provide the strategic oversight for the initiative.

b) A framework for action and principles for collaborative working on homelessness have been developed, with the primary ambitions being to prevent more people from experiencing or being at risk of homelessness, to improve the collective response to people who are experiencing homelessness (especially those experiencing severe and multiple needs), and to work collaboratively to enable a joined-up, sustainable, responsive and appropriately resourced system response to homelessness. An implementation plan is being developed with partners to set out the scale of the ambition in the context of the available resources. It is important that the implementation plan is progressed as rapidly as possible and is carried out by all partners as universal practice, so it is intended to bring the plan to the Board at its June meeting, for agreement.

c) Homelessness has a severe impact and is complex to address, particularly as homelessness (which does not necessarily result in rough sleeping) is not always a visible issue, and it requires close collaborative working between partners. Homelessness can be most visible in city environments, but it also affects the wider County area. People who are homeless can also be experiencing mental health needs, addiction or substance misuse problems, but wider physical and mental health issues can only be addressed properly when an individual is no longer homeless, so it is vital that proper housing and other accommodation is available, and that a full system of wrap-around care is achieved.

d) It is important to support people when they are in crisis, but it is also necessary to understand the multi-layered reasons as to why people become at risk of homelessness and seek to address these causational issues as part of homelessness prevention. The risk of rough sleeping can occur particularly for people discharged from a social care setting or hospital, released from prison or having completed their service in the Armed Forces, so it is vital that partners work together and cooperate at all levels to ensure that the appropriate structures are in place to support the most vulnerable people in these situations.

e) Partners must take into account the lived experience of people who have been through the system in developing service provision and ensuring that the right interventions can be made in the right place at the right time. The strong 'Changing Futures' partnership approach is working well in Nottingham and has given rise to a great deal of effective learning, including from lived experience. Particular care must be taken when seeking to support those people who do not have the capacity to engaged with services easily, or who actively reject support.

f) The Board expressed concern that the demand for good housing was rising faster than the rate at which houses were being built, with waiting times for social housing already being long and growing longer. Members acknowledged,

however, that proactive action on homelessness driven collectively by all partners can achieve a great deal, and thanked all officers involved for their very hard work in this area.

Resolved (2023/003):

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

2) To provide the strategic oversight for the Rough Sleeper Initiative, including supporting its development to a sustainable embedded offer within the context of joint commissioning.

3) To adopt the Framework for Action for Tackling Homelessness and Principles for Collaborative Working on Homelessness and commit to their ongoing development, including through the production of a jointly-developed Implementation Plan.

4) To receive a report on the Implementation Plan developed from the Framework for Action, alongside an overview of progress, challenges and successes, at the Nottinghamshire Health and Wellbeing Board meeting on 5 July 2023.

8. The Nottinghamshire Covid Impact Assessment – Mental Health

Sam Banks, Public Health Intelligence Analyst at Nottinghamshire County Council, presented a report on the impact of the Coronavirus pandemic on the health and wellbeing of the population of Nottinghamshire in the context of mental health. The following points were discussed:

a) This impact assessment focused on the four areas of children and young people, self-harm referrals and emergency admissions, loneliness and social isolation, and marginalised groups.

b) Waiting lists of children's and young people's mental health services have risen due to increased demand. There is a heightened risk that children and young people are not accessing services at an early stage and are only presenting once their mental health issues have become severe.

c) Hospital admissions for self-harm rose amongst females, with a noticeable spike during the pandemic – at almost three times as many cases as males. People in their 40s seemed to be at particular risk of self-harm during the pandemic, and cases amongst non-binary people also rose. The hospital admission rates for males remained relatively consistent, though they increased slightly following the pandemic. Spikes in admissions for self-harm have also occurred in some groups following the pandemic, with the current cost of living crisis being a potentially contributing factor. Waiting lists have increased for all ages, while rising self-harm rates puts more people at risk from suicide.

d) Referrals for loneliness and social isolation were very much associated with areas of high deprivation. People with existing health conditions (particularly mental health needs) were often the most impacted, with people living in rented accommodation or who had been furloughed being more likely to experience greater loneliness. Loneliness and social isolation also had a particular impact upon children, where those suffering from loneliness before the pandemic became lonelier, while children who had not felt lonely before the pandemic were less likely to feel lonely during it – resulting in a widening of health inequality in this area. Rising loneliness can be a significant contributor to other mental health conditions such as depression, so it is vital that provision is in place to support people who are feeling isolated.

e) Since the pandemic, the overall number of people with serious mental illness has increased, with a particular growth of cases amongst females – with levels after the pandemic remaining higher than before the pandemic. People within marginalised groups can be difficult to reach and experienced barriers to accessing services (particularly for mental health) before the pandemic – which then resulted in access becoming more difficult, particularly in the context of digital exclusion. LGBTQ+, ethnic minority and traveller communities face a much greater risk of experiencing serious mental illness.

f) In terms of ensuring that people are able to find the right paths to services that are known and accessible, self-referrals can now be made to the Child and Adolescent Mental Health Services for mental health support, while the Multi-Agency Safeguarding Hub is the first point of contact for new safeguarding referrals. The County Council's Public Health team can offer assistance in finding the right paths for support, particularly if a person has multiple service needs.

g) In terms of overall inequality, more females are seeking support for mental ill health than males, and there are increasing referrals from young people identifying as an ethnic minority. The national evidence shows that inequalities within mental health have widened during the pandemic and that the associated risk factors have increased, with vulnerable groups such LGBTQ+, students, people with disabilities, and children with special educational needs and disabilities being particularly impacted. There is the potential that there may be a greater service need amongst males, who may be less likely to seek mental health support in the early stages. There can also be difficulties in the recording of data for people in crisis, so consideration is required on how the quality of this data can be improved.

h) The impact assessment contains a number of recommendations to the NHS Nottingham and Nottinghamshire Integrated Care System (ICS), and they will be managed by the ICS' relevant Mental Health groups. It is currently unclear whether the impacts identified by the assessment will return to their pre-pandemic levels naturally, or whether they will continue to persist at their now higher levels. The burden of long-term ill health is a serious issue and is a primary area of focus for the ICS, which is seeking to develop a combined mental health strategy to approach the mental health needs of children and young people through their young lives and into adulthood.

i) The Police has a role to play in responding to people with mental health needs and a national review is underway on how this can be done most effectively. Work is required to ensure that the proper handovers are in place between the Police and other services so that people are treated with respect and transferred to the appropriate place for their needs, in the right way. Measures are needed to ensure that the right service is contacted to respond to a mental health issue, in the first instance.

j) The Board asked what processes were in place to engage with vulnerable and hard to reach communities effectively, and what early intervention measures had been introduced to prevent initial mental health needs developing into more serious issues. Members considered that it was vital that interim support was available to children and young people while on the lengthening waiting lists to access services. The Board advised that, at the Place-Based Partnership level, work is needed to encourage and facilitate social interaction for those who are isolated through the development of suitable public and social spaces.

k) The Board suggested that, as part of achieving access to support, the best possible use should be made of the existing NottAlone app service – and that the appropriate support should be in place to ensure that people are able to navigate it easily. Members also felt that the information in the glossary of services included as part of the impact assessment should be published as widely as possible. The Board commented that the NHS Nottingham and Nottinghamshire Integrated Care Board has produced a Digital Inclusion Strategy, which should be linked into the relevant recommendations of the impact assessment.

l) The Board advised that consideration should be given to neurodiversity and what support can be provided to neuro-diverse people to help mitigate against the risk of their experiencing more serious mental health issues in the future. Members considered that it was important to assess the right contexts in which to approach prevention for rising rates of eating disorders in children and young people, and that it is vital that a full co-production approach is taken to self-harm and suicide prevention. The Board recommended that the early identification of mental health needs in school and early years settings must be as effective as possible so that strong support and signposting to services can be provided, while hospitals must take all measures to ensure that they identify anyone who has repeat admissions for self-harm.

Resolved (2023/004):

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

9. Work Programme

The Chair presented the Board's current Work Programme. The following points were discussed:

a) A report on a new chapter of the Joint Strategic Needs Assessment on Special Educational Needs and Disabilities is to be brough to the Board meeting in

March, which will be followed by a workshop on working together to develop the health and wellbeing priorities and plans. This session is intended to help to develop a full, cross-system view of what all partners are working to deliver and what has been achieved to date.

Resolved (2023/005):

1) To note the Work Programme, as set out in Appendix 1 to the report.

There being no further business, the Chair closed the meeting at 4:15pm.

Chair:

Nottinghamshire County Council

Report to the Nottinghamshire Health and Wellbeing Board

8 March 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

Everyone can access the right support to improve their health

8 March 2023 is National No Smoking Day

2. No Smoking Day is an annual health awareness day which is intended to help smokers who want to quit smoking.

3. Nottingham and Nottinghamshire's Strategic Smoking and Tobacco Group will shortly be launching their vision document illustrating their key objectives to address the harms from smoking and tobacco use for the future. This will be shared with the Health and Wellbeing Board and its partners in due course. The document has been developed alongside a live delivery plan by stakeholders to set out the clear ambition: 'to see smoking amongst adults reduced to 5% or lower by 2035'. The Alliance has a further ambition to 'make the harms of smoking a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18th birthday in 2040'.

4. The development of the vision and live delivery plan is the result of the partners of the Alliance undertaking the CLeaR Model an evidence-based improvement model. The four delivery themes are:

   a) **Helping vulnerable groups to quit smoking** - We know that smoking is more prevalent in deprived communities and those with multiple needs, so working with people to develop seamless and easily accessible services for individuals to stop smoking is a priority.
   b) **Effective regulation of Tobacco products** - Illegal, untaxed cigarettes and tobacco keep people smoking who would otherwise try to quit and are attractive to young people who want to experiment with tobacco. We will work to prevent illegal sales through intelligence gathering, enforcement and public communication.

c) **Reducing exposure to second-hand smoke** - young people start smoking because they are exposed to other people smoking, live in environments where smoking is normalised, and have access to cigarettes and tobacco. We can prevent smoking uptake by young people by enforcing smokefree regulations and promoting smokefree homes and smokefree public environments and supporting adults to stop.
d) **Prevention & engagement with Children and Young People** - Action is required to prevent young people becoming smokers in the first instance to ensure the vision to have a smokefree generation is achieved. We need to reduce exposure to smoking and vaping to children and young people and ensure there is consistent messaging about the harms of smoking and vaping and continued enforcement of regulations that work to protect children and young people from the dangers of smoking.

5. The delivery themes will be progressed using a whole-systems approach. Tobacco is a priority for both Nottingham City and Nottinghamshire County Health and Wellbeing Boards and aligns with the Integrated Care Systems' priorities on reducing health inequalities too. The Alliance Group sets out to be a leading voice for Tobacco Control and will work with partners using a clear evidence base to achieve their ambitions.

6. For further information, please contact Jo Marshall (jo.marshall@nottscc.gov.uk) for Nottinghamshire County Council, or Swathi Krishnan (swathi.krishnan@nottinghamcity.gov.uk) for Nottingham City Council.

7. For support to stop smoking, please contact Your Health Your Way (website: https://yourhealthnotts.co.uk/ , Telephone: 0115 772 2515 Email: yourhealth.notts@nhs.net)

Harmless Training

8. Public Health has commissioned Harmless to deliver suicide prevention, self-harm, suicide bereavement and mental health awareness training. The first wave of training was launched in December, with the sessions taking place January to April 2023. In the first 2 weeks of booking being open around 800 people have booked on to the training sessions, with January and February are already fully booked. There will be more dates of all sessions after the end of April.

9. Training is open to the voluntary and community sector, public health commissioned services, emergency services, adult social care, services who provide support to those who are financially vulnerable. Other target groups will be added in due course, and it is also open to councillors. The training covers;

    - Stigma and how to help reduce this
    - Adverse childhood experiences and impact of trauma
    - Prevalence and risk factors
    - Practical conversation skills and how to help someone to access support
    - What services are available and how they can help

10. To find about more and how to sign up please read this digital newsletter.

11. Further sessions will be circulated with Board members once the details have been confirmed.

East Midlands NHS Gambling Harms Service

12. The East Midlands NHS Gambling Harms Service is a newly commissioned service which will be led by Derbyshire Healthcare NHS Foundation Trust. This is due to go live in April 2023. The clinics provide help to people with gambling addiction as well as those close to them such as family, partners and carers. Clinical teams are made up of psychologists, therapists, psychiatrists, mental health nurses and people who have recovered from gambling addition themselves.

Bassetlaw Health and Wellbeing Update

13. **Time to Talk Day**: 60 health and wellbeing organisations came together at The Skills Hub to spend the afternoon networking. The event was organised by Bassetlaw District Council's Leisure and Wellbeing Service, in partnership with Barnsley Premier Leisure and Bassetlaw Action Centre, and supported by BCVS and Bassetlaw Place Based Partnership. 99 attendees spent the afternoon exchanging valuable information and learning about the health and wellbeing services on offer in Bassetlaw. The first talk was from Mind on the topic of mental health services and the second talk from Centreplace regarding LGBTQ+ Services and celebrating LGBTQ+ History Month. Both talks were well attended; with over 30 listeners attending each tal and 85 attendees scored the event 10/10. For further information on this event please contact katie.brown@bassetlaw.gov.uk.

14. **Kilton Feel Good Memory Group:** On the 27 January 2023 Kilton Forest Golf Club delivered their first session with 26 attendee and 3 volunteers, providing people living with dementia and their carers emotional support. The sessions start at 11am with a tea/coffee and attendees meet and chat with new friends, play games and enjoy 1 hour of entertainment (singer). A light lunch is provided too, all for £6 per person and the session finishes at 2pm. The sessions take place every 2 weeks on a Friday - Booking is required. Please contact Angela Dainty for further information Angela.dainty@bpl.org.uk.

Gedling Health and Wellbeing Update

15. **Kilisick NHSEI Prevention programme:** Killisick, in Gedling, has been selected as one of five pilots in Nottinghamshire and Nottingham to be funded through NHSEI Prevention Programme to promote happy and healthy communities in areas where the greatest health inequalities exist. Key to the project is a community engagement approach to ensure purposeful and sustained approaches to tackle health inequalities through co-production. A series of conversations have been held with residents and stakeholders in the Killisick area to try and understand what it is like living there and any impact this has on people's wider health and wellbeing. There have been successful engagement days including a Summer Fair and a cost of living event where local residents were given the opportunity to talk to partners about living in Killisick. Following these events, key themes have started to emerge from conversations to shape long term sustainable solutions which will have a positive impact on residents' future health and wellbeing.

16. **Stay active for life at Gedling Leisure Centres: Active for Life** sessions include a range of classes designed for people living with, or recovering from, various health conditions including heart conditions, strokes, arthritis, mobility issues and more. The classes and the '50+' sessions (a good opportunity to try out lots of activities, followed by a social meet up) take place in a relaxed environment and are a great way to meet new people, while keeping active and

improving both your physical and mental health. **Find out more on the Gedling Leisure website.**

Keep our Communities Safe & Healthy

8 March is International Women's Day: Developing a Violence Against Women and Girls Strategy for Nottinghamshire

17. Our Mission is to reduce the occurrence of violence against women and girls, bring more perpetrators to justice and increase support for all victims and survivors. Crimes such as domestic abuse, sexual violence including child sexual exploitation and honour-based abuse disproportionately affect women and girls. However, we recognise that men and boys are affected by these issues too. Violence against women and girls can have a major impact on victims in terms of mental health, substance misuse, homelessness, loss of employment and lower educational outcomes and life chances.

18. Nottinghamshire has a well-developed range of skilled specialist organisations working to meet the needs of victims and survivors, but there are opportunities to improve access to services among some communities and how effectively agencies work together. There are also opportunities to improve our knowledge of what works in tackling violence against women and girls and ensure that the work we do is evidence-led and robustly evaluated. A new Violence Against Women and Girls Strategy is being developed by the Office of the Police and Crime Commissioner for Nottinghamshire alongside experts from local organisations.

19. To take part and help shape the strategy please visit: https://www.ibyd.com/vawg. The consultation closes 30 March 2023.

Nottinghamshire Combating Substance Misuse Partnership Update (January 2023)

20. Cllr Scott Carlton has been appointed as the Chair of the Nottinghamshire Combating Substance Misuse Partnership, with Nottinghamshire Police and Crime Commissioner Caroline Henry appointed as Vice Chair. At its January meeting, the partnership agreed:

    a) The proposal from Change Grow Live on how the voice of lived experience will be made a key part of the Nottinghamshire Combating Substance Misuse Strategy and Delivery Plan (under development).
    b) To develop communications on how to refer to people who use drugs and alcohol to promote non-stigmatising language, and how the group is delivering our local strategy and delivery plan to share with partners and services.
    c) The Supplementary Substance Misuse Treatment and Recovery Grant in 2023/24 and 2024/25 will be used on treatment and recovery posts to improve the treatment and recovery service for those who use drugs and alcohol (subject to approval by Nottinghamshire County Council).

21. The Partnership has proposed to bring a copy of its Substance Misuse Strategy and Delivery Plan to the Health and Wellbeing Board in April 2023.

Multi-agency team established to support vulnerable residents

22. A Vulnerable Adult Support Scheme is being pioneered in Kirkby-in-Ashfield, to help and support vulnerable residents under the Safer Streets initiative.

23. The scheme, which is unique to Ashfield, has been set up by Ashfield District Council, Nottinghamshire Police and the Office of the Police and Crime Commissioner for Nottinghamshire to assist residents with complex needs who are involved in crime, anti-social behaviour and exploitation. It is also designed to help victims or survivors of such behaviour.

24. The team is made up of domestic abuse, housing, social care, health, and housing specialists. It has so far provided intensive support to 17 residents who have presented with a combination of different support needs from mental health, domestic abuse, homelessness, unemployment and threats to life.

NATIONAL

£200 million to improve walking and cycling routes and boost local economies

25. Schools, high streets and main roads will benefit from improved crossings and junctions to support walking and cycling, reduce emissions and boost local economies, thanks to a £200 million fund announced in February 2023 by national government.

26. Active Travel England is today inviting local authorities in England to apply for funding to make improvements to enable people to choose active travel, which can help them save money and stay healthy. Schemes could include:

    a) creating more paths in rural areas
    b) developing safer routes for children to walk to school
    c) improved safety at junctions for people walking and cycling

27. Funding will also be used to support people in wheelchairs and mobility scooters by making street designs more inclusive.

28. Projects will be designed in consultation with residents and businesses to ensure schemes are safe and work for local communities. The successful projects will be announced later this year. Guidance has been created to help local authorities develop active travel schemes that are well-designed and completed to a high standard.

Alcohol

Evaluating the impact of minimum unit pricing (MUP) on sales-based alcohol consumption in Scotland at three years post-implementation

29. This report and briefing paper published by Public Health Scotland, looks at the impact of minimum unit pricing (MUP) on alcohol sales in Scotland after three years of implementation.

30. MUP came into effect in Scotland in May 2018. Within the first three years, MUP has been effective in reducing alcohol consumption at the population level. MUP has had a positive impact in Scotland, reducing per-adult sales of pure alcohol in Scotland. In the same time period per-adult sales of pure alcohol has increased in England and Wales.

31. In Scotland, total alcohol sales have decreased too due to a decrease in sales of alcohol through the 'off-trade' (supermarkets and other shops). The decrease in total sales has not impacted sales through the on-trade (restaurants and bars).

£53 million cash boost to improve housing support for drug and alcohol recovery

32. National Government has announced 28 local authorities across England will receive funds to help people in drug and alcohol treatment. Funding will test the impact of providing additional housing support to improve recovery from addiction. This aims to strengthen commitment to reducing drug use, and improving treatment outcomes, as part of the government's 10-year drug strategy. People in alcohol and drug recovery will soon have access to housing support, helping to break the cycle of addiction and improve health outcomes. Up to £53 million will be allocated to 28 local authorities across all regions of England with the greatest need and allow new housing support schemes tailored to meet local need.

Mental Health

No wrong door: A vision for mental health, autism and learning disability services in 2032: parliamentary briefing

33. The NHS Confederation and Centre for Mental Health have worked together to produce a briefing for MPs based on their vision for mental health, autism and learning disability services in 2032.

Connected: remote technology in mental health services

34. This briefing published by the Centre for Mental Health, summarises evidence from six studies on the use of digital and telephone technology to deliver mental health services. It finds that using remote technology can improve access to mental health support for rural communities, disabled people or people needing a specialist service far from home. It also has potential to increase access and choice in mental health care. But it also risks exacerbating inequalities for people who are digitally excluded.

Health Inequalities

Global report on health equity for persons with disabilities

35. This report has been published by The World Health Organisation. An estimated 1.3 billion people – or 16% of the global population – experience a significant disability today. Persons with disabilities have the right to the highest attainable standard of health as those without disabilities. However, this report on health equity for persons with disabilities demonstrates that while some progress has been made in recent years, the world is still far from realising this right for many people with disabilities who continue to die earlier, have poorer health, and experience more limitations in everyday functioning than others. These poor health outcomes are due to unfair conditions faced by persons with disabilities in all facets of life, including the health system itself.

Tackling inequality a priority as older population becomes more diverse

36. New data from the 2021 Census shows that the older population in England is more diverse than ten years ago, though it is still not as diverse as the younger population. While the number of people aged 65 and older in the population as a whole has increased by 20% (to 10.4 million), the number of over 65s from Black, Asian and Minority Ethnic backgrounds has increased by 70% (to 698,000). Data on gender identity and sexual orientation in England and Wales was collected in the 2021 Census for the first time. Currently, one in five people who identify as trans, and one in eight who identify as LGB+ are aged 55 or over. Understanding this diversity is crucial because we know that inequality between different groups – whether those groups differ by ethnicity, sexual orientation or other characteristics – widens as people age.

UK poverty 2023: the essential guide to understanding poverty in the UK

37. This report published by the Joseph Rowntree Foundation, sets out recent trends in poverty across the UK and how levels of poverty differ between groups of people and regions. It also describes the impact it has on people's lives, including physical and mental health.

Gypsies and Travellers in England and in Wales: lived experiences

38. The Office for National Statistics has published this qualitative research, into the lived experiences of Gypsy and Traveller communities across England and Wales. It provides a detailed exploration of cultural identity and experiences both generally and with regard to key policy themes such as homes, health, education and employment, and justice.

Long-term strategy launched to fix children's social care

39. National Government has announced funding of £200 million over the next two years to support a new, ambitious and wide-ranging Children's Social Care Implementation Strategy that will transform the current care system to focus on more early support for families, reducing the need for crisis response at a later stage. The plan responds to recommendations made by three independent reviews by Josh MacAlister, the Child Safeguarding Practice Review Panel into the tragic murders of Arthur Labinjo-Hughes and Star Hobson, and the Competition and Markets Authority (CMA). The findings revealed the current care system is often fragmented, siloed, and struggling to meet the needs of children and families across England.

£300 million investment in roll out of Family Hubs up to 2025

40. Families across England will be offered help and support with issues such as infant feeding, mental health and relationship building with Family Hubs being rolled out in local communities.

41. 75 areas will benefit from the £300 million investment up to 2025, with the new hubs offering support from conception through to age 19, or up to 25 for children with special education needs and disabilities.

42. Previously these services could be disjointed and hard to navigate but family hubs will act as a 'one stop shop' to offer guidance and advice on a range of circumstances including, infant feeding, mental health support, health visits and parenting classes. Hubs will also bring together wider wraparound services that can make a huge difference to people who need extra support – such as advice on getting into work, relationship building and stop smoking services.

4 in 5 teachers providing pupils with toothpaste and brushes

43. A survey of secondary teachers by grassroots hygiene poverty charity Beauty Banks in partnership with the British Dental Association (BDA) revealed:

    a) 4 in 5 (83%) say they or their school have given students toothbrushes and toothpaste. 81% said there are children in their school who don't have regular access to toothpaste.
    b) 40% said this leads to students being socially excluded by their peers because of oral hygiene issues. Half report children isolating themselves. One third have witnessed bullying directly.
    c) 25% say children miss school because of poor oral hygiene. Three quarters (74%) said children who don't have regular access to oral health products have discoloured teeth. Half said children had noticeable tooth decay. 30% noted children in dental pain or suffering from halitosis.
    d) Nearly a third (31%) of teachers who witness poverty in the classroom said it affected their mental health. 1 in 4 are kept awake at night worrying about their students' wellbeing. 38% report feeling helpless.

44. You can read the full report online.

Papers to other local committees

45. Police and Crime Commissioners Update Report
    Nottinghamshire Police and Crime Panel
    7 February 2023

Nottingham and Nottinghamshire Integrated Care System

46. Board papers
    Nottingham & Nottinghamshire Integrated Care Board
    9 March 2023

Nottinghamshire Police and Crime Commissioner

47. Newsletter
    January 2023

Other Options Considered

48. None

Reasons for Recommendation

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

Statutory and Policy Implications

50. 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

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

RECOMMENDATION

The Health and Wellbeing Board is asked:

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

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

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Constitutional Comments (LW240/02/2023)

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

Financial Comments (DG 27/02/23)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to the Nottinghamshire Health and Wellbeing Board

8 March 2023

Agenda Item 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

THE NOTTINGHAMSHIRE COVID IMPACT ASSESSMENT (CIA): BEHAVIOURAL RISK FACTORS

Purpose of the Report

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

Information

Background

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

    a) Direct impact of covid -19
    b) Domestic abuse
    c) Mental health and wellbeing
    d) **Behavioural risk factors**
    e) Life Expectancy and Healthy Life Expectancy
    f) Pregnancy and childbirth (including Early Years)
    g) Social determinants of health
    h) Healthy and Sustainable Places (including air quality and food insecurity)

3. This report outlines key findings from this assessment, the full report on behavioural risk factors is provided in **Appendix 1**. The assessment focuses on the impact the covid-19 pandemic has had on behavioural risk factors, including alcohol, smoking, physical activity, sexual behaviours, and gambling.

4. The methodology for the CIA involved analysis of local, regional, and national data and a literature review of current academic research from early 2020 to October 2022.

Key Headlines - Alcohol

5. Local alcohol services for Nottinghamshire have seen significantly increased demand for services post the covid-19 pandemic, compared to pre-pandemic levels. This could indicate

that there has been a backlog of referrals. Further years of data will be important in assessing if referral numbers plateau over time.

6. Long-term, sustained action to prevent and reduce liver disease remains a priority for public health, given the step change and persisting trends of increasing and risky alcohol consumption emerging from the pandemic.

7. A polarisation in drinking habits has been demonstrated from national survey data in that the heaviest drinkers have increased their drinking the most whilst the lightest drinkers have reduced their drinking the most. Groups who have disproportionately increased alcohol consumption include those in the lowest socioeconomic groups. This will propagate existing health inequalities.

8. Other at-risk groups include:

    a) Younger adults - evidence of increased risky drinking in this cohort is reinforced by increased demand in recent service data for Nottinghamshire.
    b) Females – evidence of increased alcohol consumption through the pandemic, relative to men, yet demand for services is still dominated by males by similar proportions through service data from 2019-2022.
    c) High income groups and those with diagnosed mental health disorders – highlighted as factors associated with increased alcohol consumption during the pandemic. Local service data could not explore associations locally due to relevant demographic data not being collected. Anecdotally services have reported high income groups are underrepresented in services due to fears of 'labelling'.

9. Recommendations for alcohol include;

    a) Drug and alcohol treatment and recovery services should consider evidence-based approaches by socioeconomic group, including acknowledging the stigma and barriers faced by higher socioeconomic groups presenting to drug and alcohol treatment services.

    b) Drug and alcohol treatment and recovery services should explore where services are best placed and promoted to ensure high socioeconomic groups are willing to access appropriate treatment.

    c) All front-line services including primary care should systematically undertake an audit C and refer appropriately into drug and alcohol treatment and recovery services. This will identify and support more people who have converted to increasing and higher risk drinking patterns during the pandemic.

    d) At risk groups who have faced disproportionate impact from the pandemic and should receive targeted alcohol harm reduction approaches are:
        a. Younger adults
        b. Women, where there appears to be unmet need
        c. Those with diagnosed mental health conditions such as anxiety disorders

Key Headlines - Smoking

10. The covid-19 pandemic has had a mixed impact on smoking and tobacco dependency.

11. National data and UK research has shown that lockdown and associated restrictions have led to increased smoking rates in some population groups, for example younger age groups. There have also been motivations to quit that were as a direct result of the pandemic, such as fear of contracting COVID-19 and facing more severe consequences through being a smoker.

12. Further exploration is needed to see if national trends in young people smoking are being seen locally. Local service data was not able to give the local picture due to the introduction of new smoking cessation services during the first national lockdown, data quality issues and challenges faced by the service provider.

13. Research studies on the effect of the pandemic on vaping and e-cigarette use were limited. Studies were of poor quality, utilising study designs that were not robust i.e. prone to selection bias or using cross-sectional study designs rather than longitudinal analysis. National survey data on likelihood in using an e-cigarette over the course of the pandemic showed no significant change in trends, even when results considered young adults separately.

14. Smoking related inequalities are likely to have worsened during the pandemic, for example smoking prevalence among people with severe mental health conditions and in the lower socioeconomic groups.

15. There have been some successes in the virtual delivery of smoking cessation services, with research implying smokers now want to access support in novel and more flexible formats than traditional face to face services.

16. Recommendations for smoking include;

    a) Smoking cessation services should consider targeted approaches in supporting the needs of groups who have seen worsening health inequalities through the pandemic, such as those with severe mental illness and lower socioeconomic groups.

    b) Embedding smoking cessation support within mental health services may better identify and support those with severe mental illness who smoke. They are a particularly vulnerable group who have seen worsening inequalities through the pandemic.

    c) Smoking cessation services should incorporate more flexible remote elements to smoking cessation support, ensuring that services remain equitable through use of hybrid approaches for digitally excluded and hard to reach population groups.

    d) Public health strategies should deliver key smoking cessation messages focussing on the added risks to smokers from respiratory infections such as COVID-19. This has been shown to give smokers' increased motivation to quit during the pandemic.

Key Headlines - Physical Activity

17. There has been a deepening of existing health inequalities for certain groups achieving recommended physical activity levels during lockdown. These groups include those living in deprived communities or living with poorer health status or a disability. Furthermore, research has highlighted that changes to physical activity levels have persisted beyond the first lockdown, without recovery to pre-pandemic levels.

18. Certain demographic factors have also been linked to decreasing physical activity trends through the pandemic which correlates to local Active Lives survey data for Nottinghamshire. These factors include being female, being a young adult or in the older 75 age group.

19. Older groups were highlighted as a group with increasing inactivity when linked to other risk factors such as low income, being from an ethnic minority group or socially isolated. Data from the Active Lives survey for Nottinghamshire reinforced this with over 75s seeing increasing inactivity levels compared to other ages.

20. Groups at risk of decreasing physical activity levels were those whose circumstances changed significantly during the pandemic, for example becoming unemployed or studying from home. This correlated with Active Lives survey data for Nottinghamshire residents which showed students, young adults and those who were unemployed due to being long term sick as having the largest increases in inactivity levels compared to employed and retired groups.

21. Research has shown that determinants of change include having the motivation and physical opportunity to change physical activity levels behaviours, such as access to open and green space.

22. Recommendations for physical activity include;

    a) Public health teams, commissioned providers and wider partners in health and social care need to consider how best to support vulnerable groups that have emerged from the pandemic with worsened health inequalities. These groups include those with a disability or limiting health condition and deprived communities.

    b) Public health teams, commissioned providers and wider partners in health and social care need clear and consistent information about being active, especially following the shift in many educational and work settings to home working. Messages should be inclusive to all abilities and aiming to foster a renewed emphasis on the importance on keeping active.

    c) Public health teams, commissioned providers and wider partners in health and social care should focus priorities on minimising the socioeconomic divide in physical activity attainment by targeting the most deprived communities. This includes ensuring local environments are safe and attractive to people wanting to get physically active.

    d) Targeted interventions to increase physical activity should be considered in the following at risk groups:

        a. Young adults and students
        b. Females
        c. Unemployed groups, particularly if long term sickness or a disability is implicated
        d. Over 75s, particularly from deprived communities, ethnic minority groups or who are socially isolated.

Key Headlines - Sexual behaviours

23. Overall research has shown the COVID pandemic has not exacerbated inequalities in access to primary and secondary prevention in sexual health. However large inequalities have persisted, typically among those at greatest STI and HIV risk. There is significant unmet need

for services by young adults, black or black British ethnicities, and for those reporting same-sex partners or new relationships in the past year. PrEP and PEP prescriptions and adherence has decreased among all subgroups with surveillance data outlining no differences in those accessing services from before the pandemic.

24. In terms of STI testing, proportional declines were seen in 18–24-year-olds and those aged over 45, heterosexual groups, in Black and Asian ethnicities and in men who have sex with men (MSM) with multiple marginalised identities. These include MSM who are older than 65 years, from ethnic minorities or from deprived communities. Local service data showed younger people and heterosexual groups had greater declines in diagnoses of STIs between 2019 and 2020 with slow growth patterns in 2021 data. A lack of ethnicity data precluded examining the extent to which COVID-19 widened pre-existing health inequalities.

25. For reproductive services inequalities were linked to deprivation, with lower socio-economic grades reporting the most difficulty accessing contraception. Digitalisation of services further acted as a barrier to hard-to-reach population groups as acquiring services during COVID was described to need tenacity because of changing information and procedures.

26. Reduced outreach care further exacerbated inequalities in hard-to-reach groups within sexual health, for example marginalised communities such as lesbian, gay, bisexual, transgender (LGBT) groups, ethnic minority groups and migrant communities.

27. Sexuality and ethnicity were not captured for a significant proportion of people presenting to sexual health services locally, limiting the extent to which health inequalities highlighted from national sources could be assessed in local services.

28. Recommendations for sexual health include;

    a) Sexual health services should continue to offer flexible remote elements to their services, ensuring equity by use of hybrid approaches for online and face to face delivery mechanisms for the digitally excluded and hard to reach population groups.

    b) Planners of sexual health services should build back outreach care to increase access for hard-to-reach groups such as ethnic minorities and the LGBT communities. These groups are more receptive to discrete and informal outreach settings.

    c) Targeted interventions to increase testing should be considered in the following groups who have experienced declines in testing:

        a. MSM with multiple marginalised identities such as those older than 65 years, from ethnic minorities or from deprived communities
        b. Heterosexual groups
        c. Younger adults

Key Headlines - Gambling

29. Research during covid-19 has shown that generally gambling frequency reduced during lockdown, with a shift to online gambling methods due to lockdown and social distancing measures.

30. Emerging evidence through covid-19 looking at predictors of gambling behaviour found those who frequently drank alcohol and were diagnosed with anxiety and depression were more likely to increase their frequency of gambling compared to before the lockdown. Further research is needed to add to the evidence base on risk factors for harmful gambling.

31. It is also likely that gender inequalities have been accelerated. Longitudinal survey analysis during covid-19 concluded regular gamblers were more likely to be male than female. Further research is needed to add to the evidence base on risk factors for harmful gambling.

32. Recommendations for gambling include;

    a) Public health teams, commissioned providers and wider partners in health and social care should raise awareness of the problems around harmful gambling, particularly that it is predominantly males and the lowest socioeconomic groups, who are most susceptible to harm from gambling.

    b) Public health teams, commissioned providers and wider partners in health and social care should consider delivering clear information about the harms of gambling, particularly online gambling which became more popular over the COVID-19 lockdown restrictions.

    c) Targeted support may be required in groups for whom emerging evidence links the pandemic restrictions to increased gambling rates, such as:
        a. Men
        b. Substance misuse service users
        c. Those known to mental health services.

Conclusion

33. The covid impact assessment on behavioural risk factors has assessed the evidence, alongside gaps, and have proposed a set of recommendations. The full impact assessment and set of recommendations is provided in **Appendix 1**.

34. It is recognised that there is a need for further investigation to provide a full picture of the impact of the pandemic on alcohol, smoking, physical activity, sexual behaviours, and gambling. This assessment is to be used as a baseline for further exploratory work, with the recommendations identifying need and also gaps that require focus.

35. Considerations for the Nottinghamshire Health and Wellbeing Board include how it can support and ensure that the above recommendations are taken forward. Tobacco and alcohol are key priorities of the joint health and wellbeing strategy 2022 – 2026 and reducing health inequalities a key statutory responsibility of the board.

Reason/s for Recommendation/s

36. The Health and Wellbeing Board has a statutory duty to produce and deliver a Joint Health and Wellbeing Strategy, with identified tobacco and alcohol identified as two of its priorities for 2022 – 2026.

Statutory and Policy Implications

37. 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

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

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

1) To consider its role in delivering the recommendations of the Covid Impact Assessment on Behavioural Risk Factors and whether there are any actions required by the Board in relation to the various issues outlined.

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Constitutional Comments (LW 24/02/2023)

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

Financial Comments (DG 27/02/23)

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

Background Papers and Published Documents

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

Nottinghamshire Joint Strategic Needs Assessment (JSNA) Work Programme 2022 – 2023 (15 June 2022)

The Nottinghamshire Covid Impact Assessment – Domestic Abuse (7 December 2022)
Report to the Nottinghamshire Health and Wellbeing Board

The Nottinghamshire Covid Impact Assessment – Mental Health (1 February 2023)
Report to the Nottinghamshire Health and Wellbeing Board

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Nottinghamshire COVID Impact Assessment: Phase 4- Behavioural Risk Factors

January 2023

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Nottinghamshire County Council

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Nottinghamshire County Council

Executive Summary

Introduction

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

This CIA focusses on behavioural risk factors, including alcohol, smoking, physical activity, sexual behaviours, and gambling. Behavioural risk factors are crucial in the development of non-communicable diseases which contribute to 88% of the overall disease burden in the UK.[1]

Non-communicable diseases include heart disease, stroke, chronic obstructive lung disease and cancer. These conditions disproportionately affect those from more disadvantaged communities who in turn are more vulnerable to becoming severely ill from COVID-19.[1]

Nottinghamshire County Council outlines 'Reducing alcohol', 'Tobacco' and 'Healthy weight' as distinct priorities in its Joint Health and Wellbeing strategy for 2022-2026.[2]

Methodology

The methodology for the CIA involved analysis of local, regional, and national data and a literature review of current academic research and grey literature from early 2020 to October 2022.

Findings

1. Alcohol

Key points

Local alcohol services for Nottinghamshire have seen significantly increased demand for services post the COVID-19 pandemic, compared to pre-pandemic levels. This could indicate that there has been a backlog of referrals. Further years of data will be important in assessing if referral numbers plateau over time.

Long-term, sustained action to prevent and reduce liver disease remains a priority for public health, given the step change increase in consumption during the pandemic and persisting trends of increasing and risky alcohol consumption emerging from the pandemic.

A polarisation in drinking habits has been demonstrated from national survey data in that the heaviest drinkers have increased their drinking the most whilst the lightest drinkers have reduced their drinking the most. Groups who have disproportionately increased alcohol consumption include those in the lowest socioeconomic groups. This will propagate existing health inequalities.

Other at-risk groups include:

- Younger adults - evidence of increased risky drinking in this cohort is reinforced by increased demand in recent service data for Nottinghamshire.
- Females – evidence of increased alcohol consumption through the pandemic, relative to men, yet demand for services is still dominated by males by similar proportions through service data from 2019-2022.

- High income groups and those with diagnosed mental health disorders – highlighted as factors associated with increased alcohol consumption during the pandemic. Local service data could not explore associations locally due to relevant demographic data not being collected. Anecdotally services have reported high income groups are underrepresented in services due to fears of 'labelling'.

Recommendations

The Nottinghamshire Alcohol Harm Reduction group will be responsible for implementing the following recommendations:

Drug and alcohol treatment and recovery services should consider evidence-based approaches by socioeconomic group, including acknowledging the stigma and barriers faced by higher socioeconomic groups presenting to drug and alcohol treatment services.

Drug and alcohol treatment and recovery services should explore where services are best placed and promoted to ensure high socioeconomic groups are willing to access appropriate treatment.

All front-line services including primary care should systematically undertake an audit C and refer appropriately into drug and alcohol treatment and recovery services. This will identify and support more people who have converted to increasing and higher risk drinking patterns during the pandemic.

At risk groups who have faced disproportionate impact from the pandemic and should receive targeted alcohol harm reduction approaches are:

- Younger adults
- Women, where there appears to be unmet need
- Those with diagnosed mental health conditions such as anxiety disorders

2. Smoking

Key points

The COVID-19 pandemic has had a mixed impact on smoking and tobacco dependency.

National data and UK research has shown that lockdown and associated restrictions have led to increased smoking rates in some population groups, for example younger age groups. There have also been motivations to quit that were as a direct result of the pandemic, such as fear of contracting COVID-19 and facing more severe consequences through being a smoker.

Further exploration is needed to see if national trends in young people smoking are being seen locally. Local service data was not able to give the local picture due to the introduction of new smoking cessation services during the first national lockdown, data quality issues and challenges faced by the service provider.

Research studies on the effect of the pandemic on vaping and e-cigarette use were limited. Studies were of poor quality, utilising study designs that were not robust i.e. prone to selection bias, or using cross-sectional study designs rather than longitudinal analysis. National survey data on likelihood in using an e-cigarette over the course of the pandemic showed no significant change in trends, even when results considered young adults separately.

Smoking related inequalities are likely to have worsened during the pandemic, for example smoking prevalence among people with severe mental health conditions and in lower socioeconomic groups.

There have been some successes in the virtual delivery of smoking cessation services, with research implying smokers now want to access support in novel and more flexible formats than traditional face to face services.

Recommendations

Public Health team members supporting the Smoking and Tobacco agenda at Nottinghamshire County Council will be considering the following recommendations:

Smoking cessation services should consider targeted approaches in supporting the needs of groups who have seen worsening health inequalities through the pandemic, such as those with severe mental illness and lower socioeconomic groups.

Embedding smoking cessation support within mental health services may better identify and support those with severe mental illness who smoke. They are a particularly vulnerable group who have seen worsening inequalities through the pandemic.

Smoking cessation services should incorporate more flexible remote elements to smoking cessation support, ensuring that services remain equitable through use of hybrid approaches for digitally excluded and hard to reach population groups.

Public health strategies should deliver key smoking cessation messages focussing on the added risks to smokers from respiratory infections such as COVID-19. This has been shown to give smokers' increased motivation to quit during the pandemic.

3. Physical Activity

Key points

There has been a deepening of existing health inequalities for certain groups achieving recommended physical activity levels during lockdown. These groups include those living in deprived communities or living with poorer health status or a disability. Furthermore, research has highlighted that changes to physical activity levels have persisted beyond the first lockdown, without recovery to pre-pandemic levels.

Certain demographic factors have also been linked to decreasing physical activity trends through the pandemic which correlates to local Active Lives survey data for Nottinghamshire. These factors include being female, being a young adult or in the older 75 age group.

Older groups were highlighted as a group with increasing inactivity when linked to other risk factors such as low income, being from an ethnic minority group or socially isolated. Data from the Active Lives survey for Nottinghamshire reinforced this with over 75s seeing increasing inactivity levels compared to other ages.

Groups at risk of decreasing physical activity levels were those whose circumstances changed significantly during the pandemic, for example becoming unemployed or studying from home. This correlated with Active Lives survey data for Nottinghamshire residents which showed students, young

adults and those who were unemployed due to being long term sick as having the largest increases in inactivity levels compared to employed and retired groups.

Research has shown that determinants of change include having the motivation and physical opportunity to change physical activity levels behaviours, such as access to open and green space.

Recommendations

Public Health team members supporting the physical inactivity agenda at Nottinghamshire County council will be considering the following recommendations:

Public health teams, commissioned providers and wider partners in health and social care need to consider how best to support vulnerable groups that have emerged from the pandemic with worsened health inequalities. These groups include those with a disability or limiting health condition and deprived communities.

Public health teams, commissioned providers and wider partners in health and social care need clear and consistent information about being active, especially following the shift in many educational and work settings to home working. Messages should be inclusive to all abilities and aiming to foster a renewed emphasis on the importance on keeping active.

Public health teams, commissioned providers and wider partners in health and social care should focus priorities on minimising the socioeconomic divide in physical activity attainment by targeting the most deprived communities. This includes ensuring local environments are safe and attractive to people wanting to get physically active.

Targeted interventions to increase physical activity should be considered in the following at risk groups:

- Young adults and students
- Females
- Unemployed groups, particularly if long term sickness or a disability is implicated
- Over 75s, particularly from deprived communities, ethnic minority groups or who are socially isolated.

4. Sexual behaviours

Key points

Overall research has shown the COVID pandemic has not exacerbated inequalities in access to primary and secondary prevention in sexual health. However large inequalities have persisted, typically among those at greatest STI and HIV risk. There is significant unmet need for services by young adults, black or black British ethnicities, and for those reporting same-sex partners or new relationships in the past year. PrEP and PEP prescriptions and adherence has decreased among all subgroups with surveillance data outlining no differences in those accessing services from before the pandemic.

In terms of STI testing, proportional declines were seen in 18–24-year-olds and those aged over 45, heterosexual groups, in Black and Asian ethnicities and in men who have sex with men (MSM) with multiple marginalised identities. These include MSM who are older than 65 years, from ethnic minorities or from deprived communities. Local service data showed younger people and heterosexual groups had greater declines in diagnoses of STIs between 2019 and 2020 with slow growth patterns

in 2021 data. A lack of ethnicity data precluded examining the extent to which COVID-19 widened pre-existing health inequalities.

For reproductive services inequalities were linked to deprivation, with lower socio-economic grades reporting the most difficulty accessing contraception. Digitalisation of services further acted as a barrier to hard-to-reach population groups as acquiring services during COVID was described to need tenacity because of changing information and procedures.

Reduced outreach care further exacerbated inequalities in hard-to-reach groups within sexual health, for example marginalised communities such as lesbian, gay, bisexual, transgender (LGBT) groups, ethnic minority groups and migrant communities.

Sexuality and ethnicity were not captured for a significant proportion of people presenting to sexual health services locally, limiting the extent to which health inequalities highlighted from national sources could be assessed in local services.

Recommendations

The Sexual Health Commissioning team at Nottinghamshire County council will be considering the following recommendations in the recommissioning process for Integrated Sexual Health services for 2024:

Sexual health services should continue to offer flexible remote elements to their services, ensuring equity by use of hybrid approaches for online and face to face delivery mechanisms for the digitally excluded and hard to reach population groups.

Planners of sexual health services should build back outreach care to increase access for hard-to-reach groups such as ethnic minorities and the LGBT+ communities. These groups are more receptive to discrete and informal outreach settings.

Targeted interventions to increase testing should be considered in the following groups who have experienced declines in testing:

- MSM with multiple marginalised identities such as those older than 65 years, from ethnic minorities or from deprived communities
- Heterosexual groups
- Younger adults

5. Gambling

Key points

Research during COVID has shown that generally gambling frequency reduced during lockdown, with a shift to online gambling methods due to lockdown and social distancing measures.

Emerging evidence through COVID looking at predictors of gambling behaviour found those who frequently drank alcohol and were diagnosed with anxiety and depression were more likely to increase their frequency of gambling compared to before the lockdown. Further research is needed to add to the evidence base on risk factors for harmful gambling.

It is also likely that gender inequalities have been accelerated. Longitudinal survey analysis during COVID lockdown concluded regular gamblers were more likely to be male than female. Research was not available to show if gambling trends have persisted into COVID recovery.

Recommendations

Public Health team members supporting the gambling agenda at Nottinghamshire County Council will be considering the following recommendations:

Public health teams, commissioned providers and wider partners in health and social care should raise awareness of the problems around harmful gambling, particularly that it is predominantly males and the lowest socioeconomic groups, who are most susceptible to harm from gambling.

Public health teams, commissioned providers and wider partners in health and social care should consider delivering clear information about the harms of gambling, particularly online gambling which became more popular over the COVID-19 lockdown restrictions.

Targeted support may be required in groups for whom emerging evidence links the pandemic restrictions to increased gambling rates, such as:

- Men
- Substance misuse service users
- Those known to mental health services.

1. Introduction

1.1 Aim

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, regarding health inequalities to inform public health and partner strategies, plans and commissioning.

This CIA focussed on behavioural risk factors, including alcohol, smoking, physical activity, sexual behaviours, and gambling.

In order to ascertain the impact of the pandemic on new or existing health inequalities, the CIA explored behavioural risk factor patterns among all ages, local geographies, ethnicity, vulnerable groups, and across all socioeconomic groups.

1.2 Methodology

The methodology for the CIA involved analysis of local, regional, and national data and a literature review of current academic research and grey literature from early 2020 to October 2022.

Where appropriate parallels were drawn between findings from the literature review, national data and local service data. This will help investigate whether health inequalities noted at national levels are demonstrated in locally in Nottinghamshire.

2. Literature Review

2.1 OHID COVID Knowledge and Library Service

A literature search was carried out by knowledge and evidence specialists at the UK Health Security Agency in October 2022.

The literature questions asked were:

1. What has been the impact of the COVID 19 pandemic on the prevalence of behavioural risk factors such as alcohol intake, smoking, physical activity, gambling, and sexual behaviours in the UK?
2. What has been the impact of COVID 19 on the services supporting the UK population to reduce harmful behavioural risk factors or to promote and support healthy behaviours.
3. Have services been impacted disproportionately across different age ranges, geographical areas, ethnicity groups, vulnerable groups and socioeconomic groups?

2.2 Search results

Three separate searches of databases Emcare, Embase, Medline, PsycInfo and Social Policy and Practice were performed, returning 804 results. Abstracts were screened for relevance, deduplicated and papers selected for further reading which were deemed to be of strong study design i.e. systematic review, cohort or longitudinal survey analyses.

3. Alcohol

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15–49 year-olds in the UK, and the fifth biggest risk factor across all ages.[3] Nottinghamshire County Council lists 'Reducing alcohol' as one of its nine priorities in its Joint Health and Wellbeing strategy for 2022-2026.[2]

The COVID-19 pandemic affected the way that alcohol could be purchased in England.[4] The first national lockdown on the 23rd March 2020 forced on-trade premises to close. This is where alcohol is purchased and consumed on site, such as in pubs and restaurants. On-trade sites remained closed until July 2020, after which regional approaches permitted local authorities to determine restrictions. Off-trade premises such as supermarkets are where alcohol is purchased for consumption off-site and remained open throughout the pandemic.[4]

3.1 Themes from literature

3.1.1 Polarisation of drinking habits

Evidence suggests that compared to pre-pandemic periods, the heaviest drinkers have increased their drinking the most whilst the lightest drinkers have reduced their drinking the most. This has resulted in a polarisation of drinking habits.[4]

Figure 1: Percentage of respondents aged 18+ years who consumed each of the unit groupings during a typical week in England

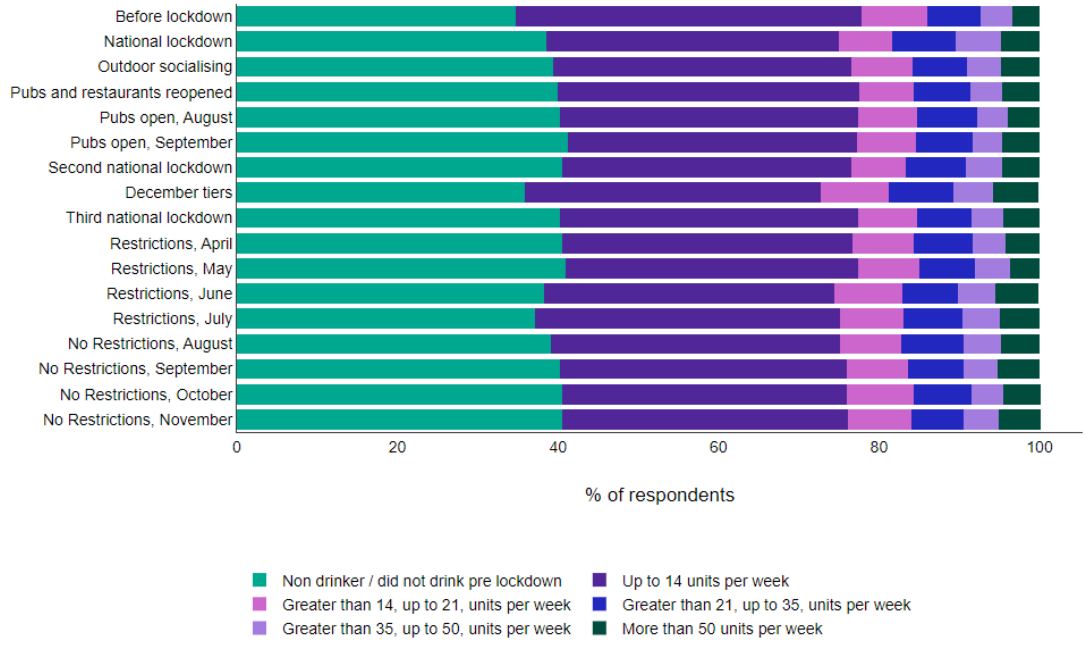
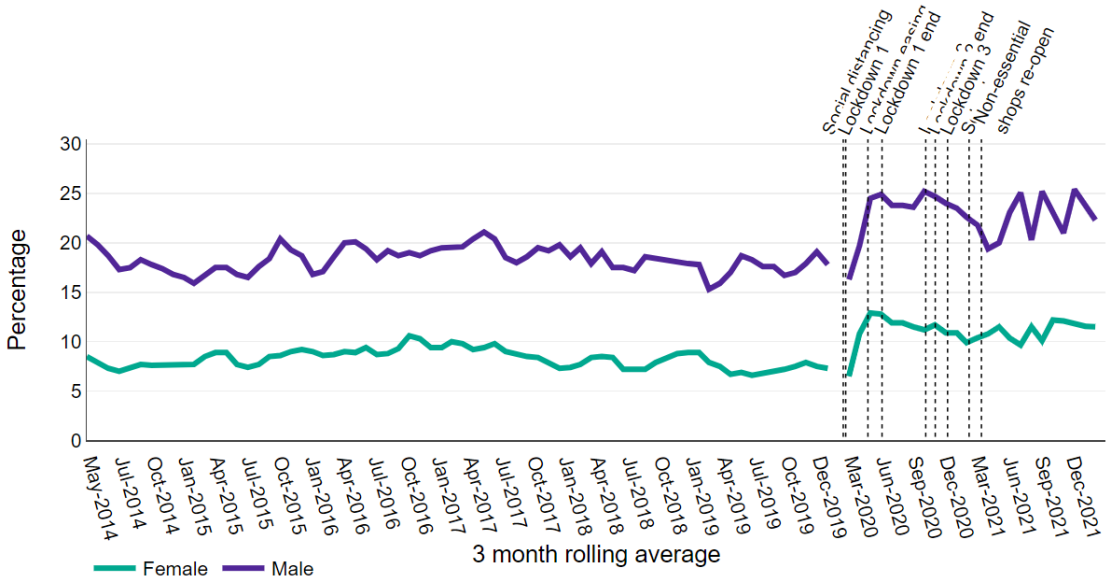


Figure 1 shows national survey data of self-reported alcohol consumption.[5] The proportion of adults drinking no alcohol increased from 34.7% before lockdown to 41.3% by September 2020, shortly before the second national lockdown. The proportion of those drinking more than 50 units per week increased from 3.4% before lockdown to 4.7% by September 2020, highlighting a polarity in drinking habits.

Figure 2: Prevalence of increasing and higher risk drinking (AUDIT) in England by sex[5]



Note: *Due to the pandemic the March 2020 survey did not complete face-to-face collection at short notice and is missing*

Figure 2 shows the proportion of respondents drinking at increasing and higher-risk levels as measured by the Alcohol Use Disorders Identification Test (AUDIT), by sex. A step-change in the proportion of both males and females drinking at increasing and higher-risk levels can be seen around the time social distancing measures were put in place (April-July 2020).

For males, the proportion of respondents recorded as increasing or higher-risk was 24.5% in June 2020, compared to 18.7% at the same time the previous year. For females the proportion of respondents recorded as increasing or higher-risk was 12.9% in June 2020, compared to 6.9% at the same time the previous year.

Importantly, this data shows a step-change around the time the pandemic began, where the prevalence of increasing risk and higher risk drinking increasing and then continued to be higher than previous years throughout the pandemic year.[5]

3.1.2 Links to deprivation

Strong evidence has shown that the COVID-19 pandemic has had disproportionate impact on alcohol drinking habits from lower socioeconomic groups.

A large controlled interrupted time series analysis involving 79,417 British households looked at alcohol purchase data.[6] It found excess purchases were greater in the most deprived households, compared with the least deprived households. Excess purchases increased substantially as the amount of alcohol normally purchased by a household increased, with the top one fifth of households that normally bought the most alcohol increasing their purchases more than 17 times than the bottom one fifth of households that bought the least alcohol.[6]

Socioeconomic differences in drinking behaviour were also demonstrated in longitudinal survey analyses of 36,980 adults. The study found high-risk drinking increased by more among women and those from less advantaged socioeconomic groups whereas attempts at reducing alcohol drinking increased only among the more advantaged socioeconomic groups.[7]

3.1.3 Increases in risky drinking

Many research studies highlighted trends in increasing patterns of risky drinking in UK adult populations.

The 1970 British cohort study was used to assess changes to drinking from before the pandemic to after the first national lockdown.[8] Researchers found significant changes with high-risk drinking increasing by 5% from 19% to 24%. The increase in high-risk drinking was not moderated by sex, marital status, educational attainment, the presence of a chronic illness, or the year the baseline survey was completed. Furthermore the prevalence of drinking more than or equal to 4 times a week significantly doubled from 12.5% to 26%.[8] Similar patterns of risky drinking were also seen in longitudinal analysis of the large UK Household Study.[9]

Further longitudinal analyses added that high-risk drinking prevalence increased post-lockdown whereas use of evidence-based support for alcohol reduction by high-risk drinkers decreased with no compensatory increase in use of remote support.[10]

3.1.4 Factors associated with increased alcohol

The review highlighted certain at-risk groups who had increased their drinking over the pandemic.

Survey analyses of 30,375 UK adults looking at sociodemographic, drinking and COVID-19 factors associated with alcohol consumption found drinking more was significantly associated with being younger, female, high income, stress about catching or becoming ill from COVID-19, stress about finances, or having a diagnosed anxiety disorder.[11]

Being female appeared as a moderating factor in increased drinking trends in other longitudinal survey analyses of 36,980 adults. The research looked at trends in drinking over the first lockdown and found high-risk drinking increased by more among women.[7]

Further longitudinal research in the UK found that young people aged 18–24 years had substantially higher odds of drinking more alcohol during lockdown in comparison with the oldest group,[12] reinforcing findings from other studies on links between increased alcohol consumption and younger adults.[11] The research available explored changes over national lockdowns and not further into COVID recovery phases.

3.2 Local data

In Nottinghamshire County council, Change Grow Live (CGL) are the provider of substance misuse treatment services.

To examine whether any new or existing inequalities emerged, data was interpreted by the following demographic breakdowns:

- By district
- By age
- By gender
- By ethnicity

3.2.1 Trends over time

Figure 3: Referrals to service by substance - trends over time

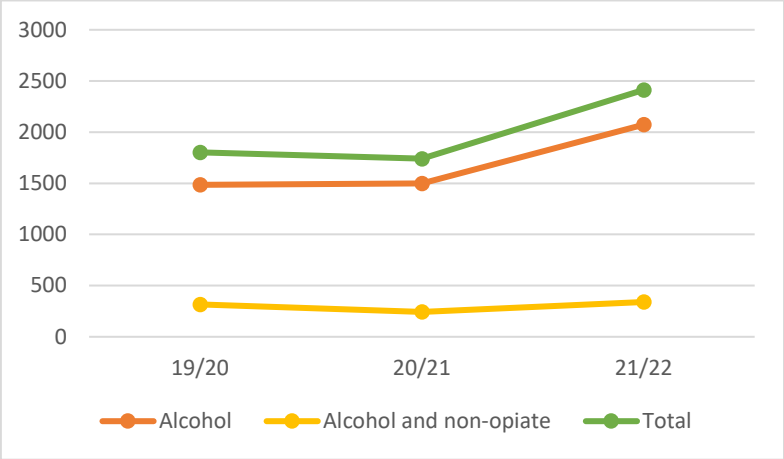


Figure 3 shows referrals into substance abuse services decrease slightly between years 2019/2020 (pre-pandemic years) and 2020/21 (during the pandemic). Post the pandemic, in years 2021/22, referrals increased to 2413 which is a significant increase on pre-pandemic levels.

3.2.2 By local authority

Figure 4: Referrals into service (alcohol) by Local Authority

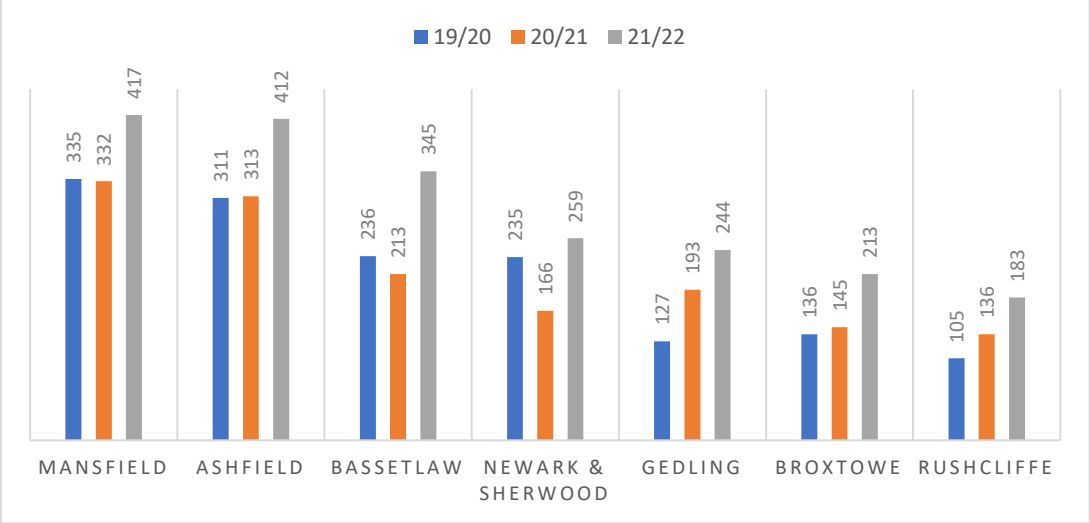


Figure 4 shows that in every local authority, referrals into alcohol services were highest in years 2021/22 compared to the previous two years of data. In 2021/2022 the local authorities with the highest number of referrals were Mansfield, Ashfield and Bassetlaw, which correlates to the districts with the highest levels of deprivation in Nottinghamshire. This could indicate a backlog of referrals. Further years of data will be important in assessing if referral numbers plateau over time.

3.2.3 By gender

Figure 5: Referrals into service – by gender

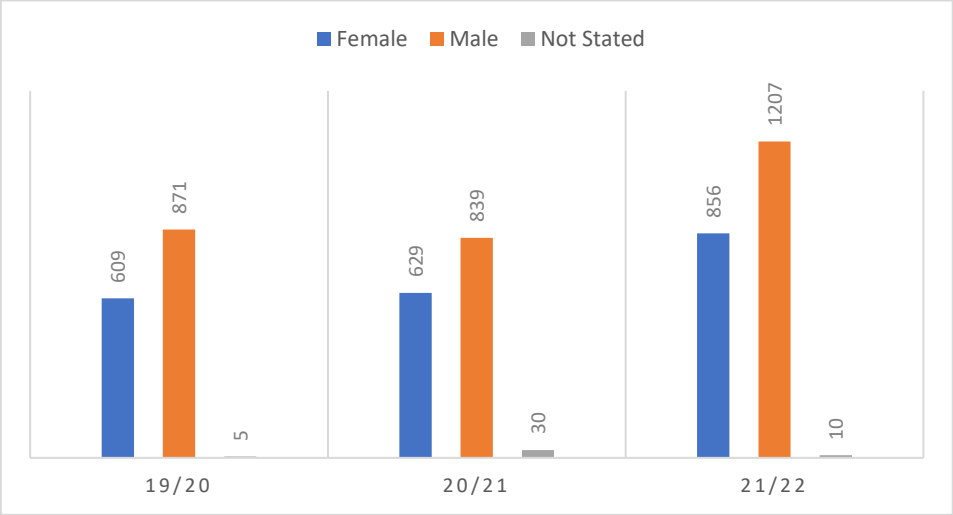


Figure 5 demonstrates that a greater number of males compared to women were referred into alcohol treatment services. The ratio between referrals for males, as compared to females has remained constant.

3.2.4 By ethnicity

Figure 6: Referrals into service – by ethnicity

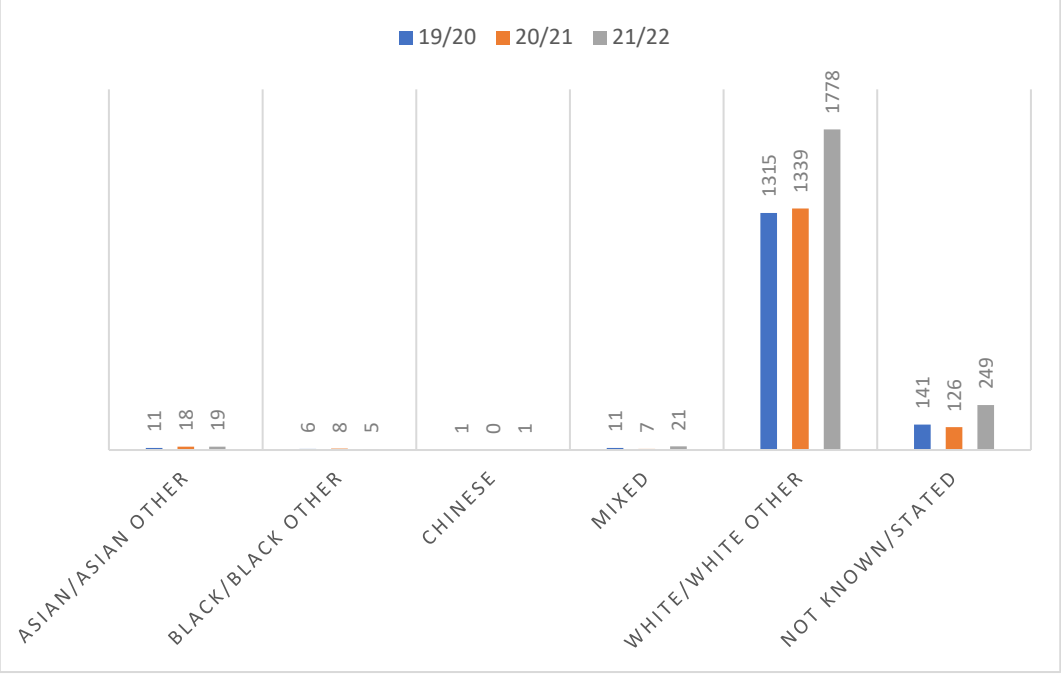


Figure 6 demonstrates that the greatest demand for services were those coming from a White background, correlating with the fact that Nottinghamshire has a predominantly White population.

3.2.5 By age

Figure 7: Referrals into service – by age

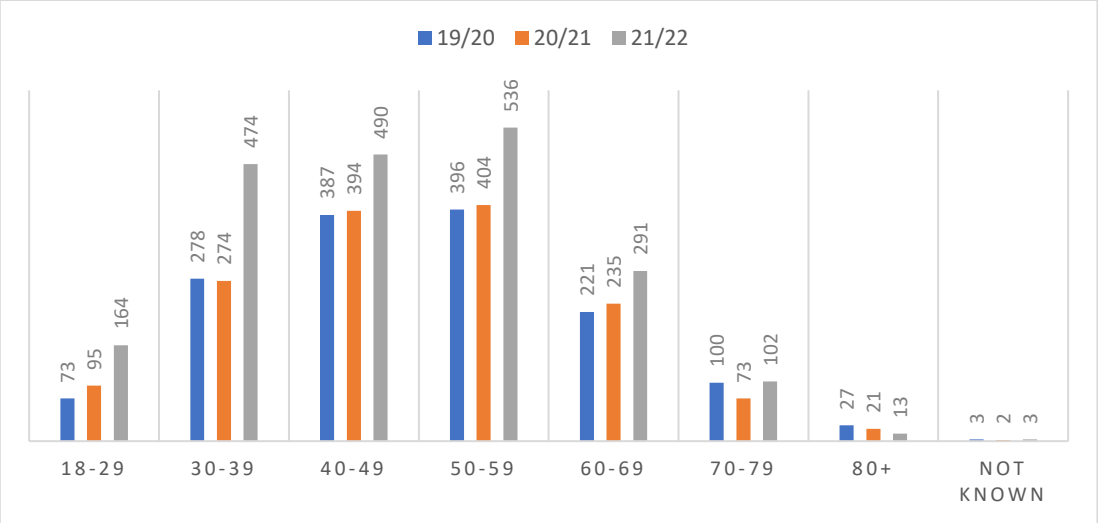


Figure 7 shows referrals into the service for age bands up to 60-69 have risen compared to pre-pandemic levels. This is consistent with themes from the evidence review; where young adults were associated with increased alcohol consumption. The literature review indicated young adults (18-24) were associated with increased alcohol intake during the pandemic. In Nottinghamshire referrals into alcohol services saw increased demand for services in older age groups also, particularly 30–39 year-olds; perhaps reflecting the older population structure within Nottinghamshire.

3.3 Key points

Local alcohol services for Nottinghamshire have seen significantly increased demand for services post the COVID-19 pandemic, compared to pre-pandemic levels. This could indicate that there has been a backlog of referrals. Further years of data will be important in assessing if referral numbers plateau over time.

Long-term, sustained action to prevent and reduce liver disease remains a priority for public health, given the step change increase in consumption during the pandemic and persisting trends of increasing and risky alcohol consumption emerging from the pandemic.

A polarisation in drinking habits has been demonstrated from national survey data in that the heaviest drinkers have increased their drinking the most whilst the lightest drinkers have reduced their drinking the most. Groups who have disproportionately increased alcohol consumption include those in the lowest socioeconomic groups. This will propagate existing health inequalities.

Other at-risk groups include:

- Younger adults - evidence of increased risky drinking in this cohort is reinforced by increased demand in recent service data for Nottinghamshire.
- Females – evidence of increased alcohol consumption through the pandemic, relative to men, yet demand for services is still dominated by males by similar proportions through service data from 2019-2022.

- High income groups and those with diagnosed mental health disorders – highlighted as factors associated with increased alcohol consumption during the pandemic. Local service data could not explore associations locally due to relevant demographic data not being collected. Anecdotally services have reported high income groups are underrepresented in services due to fears of 'labelling'.

3.4 Recommendations

The Nottinghamshire Alcohol Harm Reduction group will be responsible for implementing the following recommendations:

Drug and alcohol treatment and recovery services should consider evidence-based approaches by socioeconomic group, including acknowledging the stigma and barriers faced by higher socioeconomic groups presenting to drug and alcohol treatment services.

Drug and alcohol treatment and recovery services should explore where services are best placed and promoted to ensure high socioeconomic groups are willing to access appropriate treatment.

All front-line services including primary care should systematically undertake an audit C and refer appropriately into drug and alcohol treatment and recovery services. This will identify and support more people who have converted to increasing and higher risk drinking patterns during the pandemic.

At risk groups who have faced disproportionate impact from the pandemic and should receive targeted alcohol harm reduction approaches are:

- Younger adults
- Women, where there appears to be unmet need
- Those with diagnosed mental health conditions such as anxiety disorders

4. Smoking

For those who smoke, prompts by health professionals are one of the most important triggers for a quit attempt. The success of quit attempts can be significantly increased by helping patients identify and access appropriate quit aids and further support.[13]

The COVID pandemic has resulted in rapidly transformed smoking cessation services. Face to face provision has shifted to that of telephone and video call formats with remote provision of stop smoking aids.

4.1 Themes from literature

Research has shown that the pandemic and associated lockdown measures have had a mixed impact on smoking and tobacco dependency.

Certain population groups have been highlighted as particularly vulnerable to the impacts of COVID as existing inequalities in smoking rates were already prevalent, for example those living with mental health conditions.[14] People with poor mental health die on average 10–20 years earlier than the general population, and smoking is the biggest cause of this reduction in life.

4.1.1 Links to mental health

Research during the pandemic has highlighted smoking inequalities have worsened in a large clinical cohort of people with severe mental illness. Comparisons from before the pandemic to post showed high levels of nicotine dependence and heavier patterns of smoking in those with severe mental illness.[15] Although the study found that the pandemic may have prompted some users to change their smoking behaviour, for those who continued to smoke, aspects of the pandemic restrictions may have led to them smoking more.

Further survey-based research of a representative UK population sample found that deterioration of mental health and psychosocial well-being were linked to increased smoking.[16]

4.1.2 Links to deprivation

Smoking accounts for around half of the difference in healthy life expectancy between the most and least deprived communities in the country.[1] In a large population sample, current smoking was independently associated with confirmed COVID-19 infection. Researchers also noted socioeconomic disparities, with the association between smoking and COVID infection only apparent among those without post-16 qualifications.[17]

4.1.3 Links to age groups

Longitudinal survey analysis of 36,980 adults in England, from before the pandemic to the end of the first lockdown highlighted significant increases in smoking prevalence in the 18–34 age group.[6] These findings were reinforced by the Khan review, which reported that proportions of young adults smoking rose during the pandemic.[18]

Smoking cessation activity also increased during the pandemic. Longitudinal survey analysis showed that more younger smokers made quit attempts during lockdown with quit attempts overall being more successful compared to before the pandemic.[6] The research paper discussed that reductions in socialising meant that 'social' smokers were not in circumstances that they would normally associate with smoking. This may have led to quit rates being more likely to succeed.

4.1.4 Reconfigured services

The COVID-19 pandemic has also changed the way people interact with support services. More smokers want to access virtual support rather than visiting services in person.[18]

Research involving longitudinal survey analysis of 7300 adults in England showed a significant increase in the prevalence of use of traditional remote support by smokers in a quit attempt, specifically telephone support and websites. There was also a significant increase in the use of prescription medication, specifically varenicline. Those who reported using prescription medication and e-cigarettes had greater odds of reporting abstinence than people who did not.[19]

An online and multinational survey gathering views on how to provide smoking cessation advice and support during the COVID-19 pandemic strongly endorsed free, home-delivered nicotine replacement therapy. In terms of information sources, participants felt government departments and their own general practitioner were the most appropriate means of seeking more information about smokers' COVID-related risks.[20]

4.1.5 Motivations to quit

A review into the links between smoking and contracting severe COVID highlighted a significant association between COVID-19 and current or ever smoking.[21] Following on from this, research highlighted a significant predictor of the motivation to quit smoking during the pandemic was perceived probability of contracting COVID-19. This relationship remained when controlling for the severity of other smoking-related health risks, suggesting a COVID-19-specific effect.[22] Further research reinforced this fact and correlated findings to significant reductions in smoking patterns in a sample of daily cigarette smokers.[23]

4.1.6 Vaping and e-cigarette use

Research studies on the effect of the pandemic on vaping and e-cigarette use were limited. Studies were of poor quality, utilising study designs that were not robust i.e. prone to selection bias, or using cross-sectional study designs rather than longitudinal analysis.

National survey data by YouGov may offer some insight into vaping and e-cigarette use over the pandemic. The 'Wider Impacts of COVID-19 monitoring tool' analysed 'likelihood to use an e-cigarette' in multiple survey waves.[5] Figure 8 shows the percentage of respondents who were less likely, more likely or found no difference in their likelihood in using an e-cigarette over the pandemic (May 2020 to September 2020).

Figure 8: Likelihood to use an e-cigarette in England – survey results up to 26/09/20

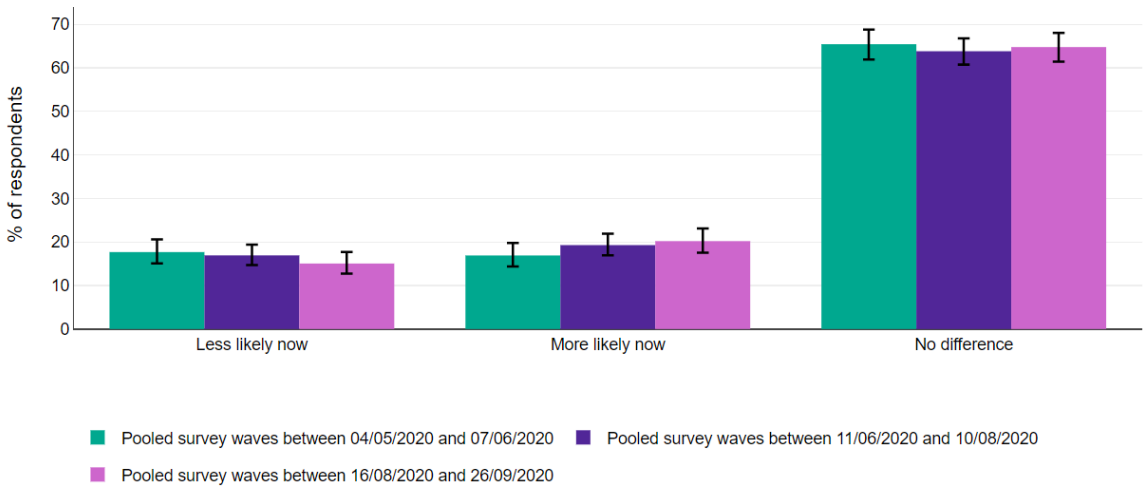


Figure 8 shows there were no significant differences in the likelihood of survey respondents taking up e-cigarette use over the pandemic. Even when results were broken down by age, there were no significant differences over time in likelihood of taking up e-cigarette use in young adults.

4.2 Local Data

In Nottinghamshire County Council, commissioned smoking cessation services are delivered as part of the Integrated Wellbeing Service provided by 'A Better Life' (ABL Health). The service started on 1st April 2020, at the height of the start of COVID-19 pandemic and related restrictions.

Outcome data from the previous smoking cessation services did not correspond to new service outcomes and so it was not possible to assess service data from the pandemic compared to baseline pre-pandemic trends. The Integrated Wellbeing Service further experienced significant staffing and capacity issues during the COVID-19 recovery phase which impacted on the volume of referrals and outcomes.

The outcome key performance indicator measured by the Integrated Wellbeing service is number and percentage of clients quit at 4 weeks following quit date which is validated by CO monitor or self-reported. Due to challenges posed by the pandemic in validating quit attempts, the total number of clients quitting at 4 weeks following quit rate is reported in total, with or without validation.

In order to examine whether any new or existing inequalities emerged, data was interpreted by the following demographic breakdowns:

- By age
- By socioeconomic classification
- By district

4.2.1 Trends over time

Figure 9: Number of clients quit at 4 weeks following quit date

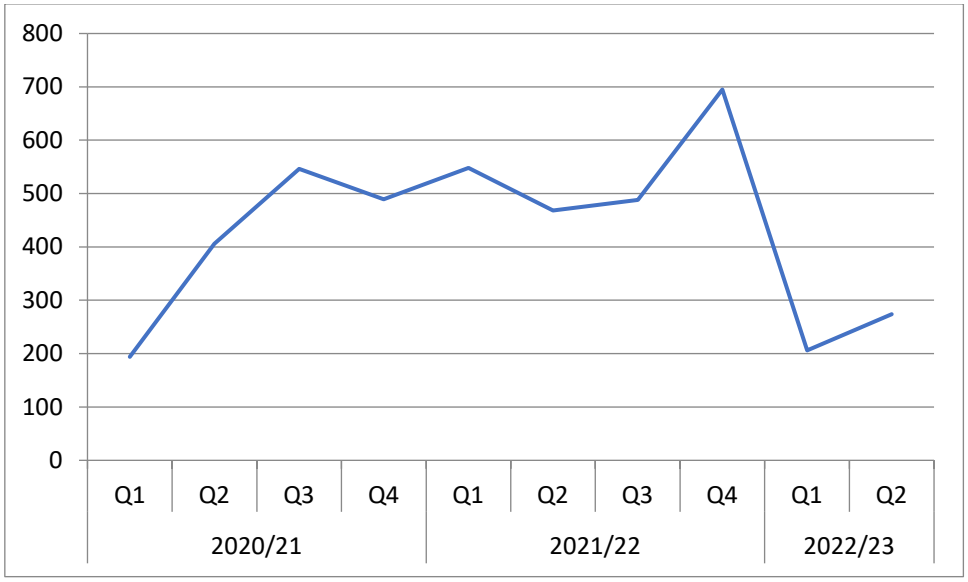


Figure 9 shows trends of increasing numbers of clients quitting at 4 weeks following quit date from the beginning of the pandemic (and from when the service was introduced) which stabilised before

reaching a peak of numbers quitting of 695 in quarter 4 of year 2021/22. At quarter 1 in year 2022/23 numbers of clients quitting sharply decline to 206.

Reasons for this include the Integrated Wellbeing service undertaking extensive work to reconciliate consolidate data and recontact clients who had disengaged with the service during quarter 4 2021/22. This resulted in better capturing and reporting of smoking cessation quits at 4-weeks. During quarter 1 and quarter 2 2022/23, the service experienced significant staffing and capacity issues which impacted on the volume of referrals and outcomes.

4.2.2 By district

Figure 10: Number of clients quit at 4 weeks following quit date, by districts

Figure 10 shows that similar trends are seen across all local authorities: from start-up of the service to generally stable quit numbers through the pandemic, before peaking in quarter 4 of year 2021/22 and sharply declining in quarter 1 in year 2022/23.

4.2.3 By socio-economic classification

Figure 11: Number of clients quit at 4 weeks following quit date, by socio-economic groups

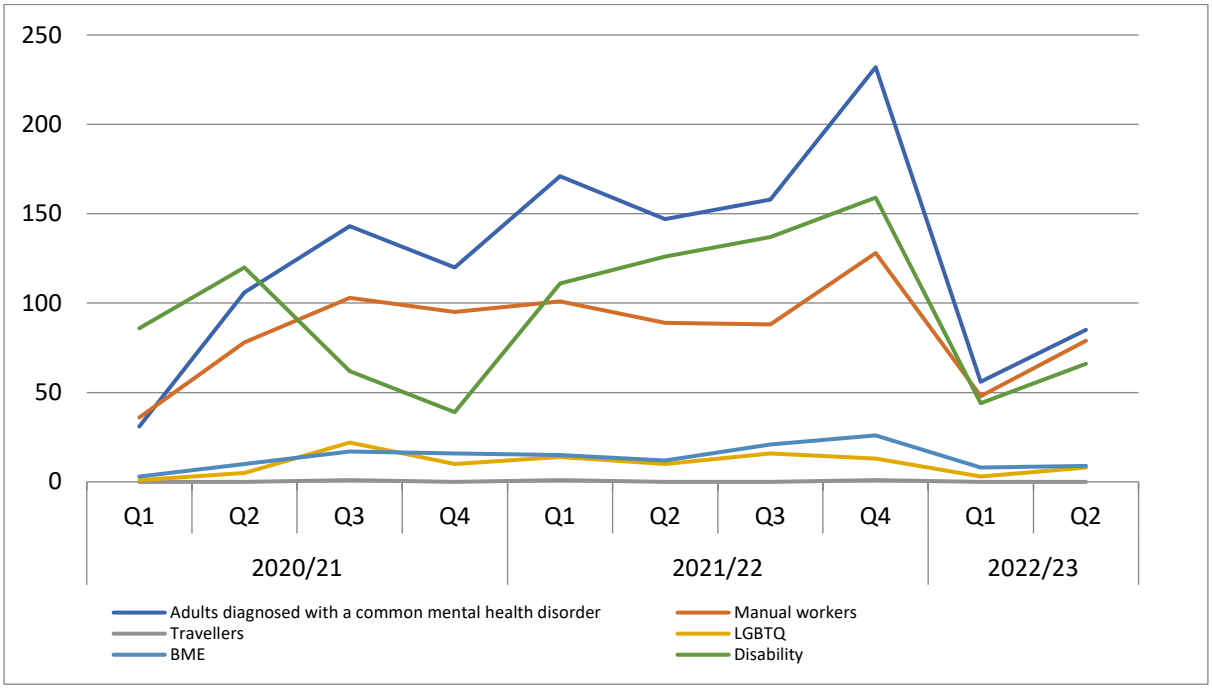


Figure 11 shows the differences in trends of quit numbers between socioeconomic groups. The greatest numbers of clients quitting are seen in adults diagnosed with a common mental health disorder, manual workers and those with disabilities. Trends show increases in numbers of clients quitting through the pandemic. For the 'Travellers' group, numbers were very low, with only 3 quits over the period analysed. Service data did not include overall numbers of travellers engaging with smoking cessation services to establish whether the low number was due to low success rates at quitting or low representation of travellers in services.

4.2.4 By age

Figure 12: Number of clients quit at 4 weeks following quit date, by age

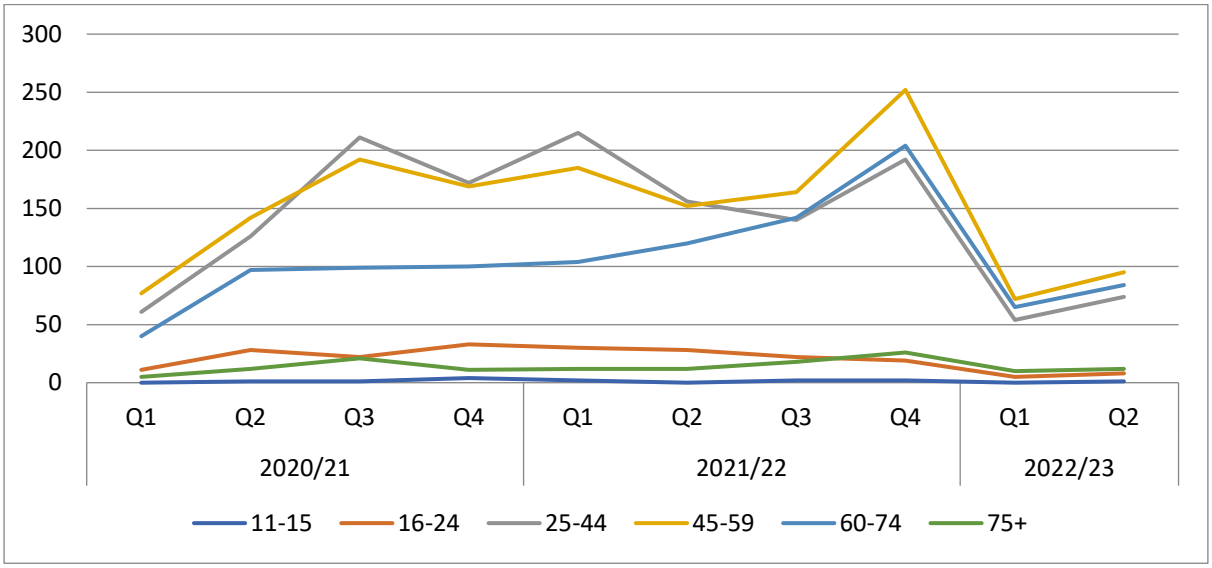


Figure 12 shows age groups 25-44 and 45-59 as having the greatest numbers of clients quitting through the pandemic. Generally, trends have remained stable by age group until the data reconciliation by the IWS in quarter 4 of 2021/22.

4.3 Key points

The COVID-19 pandemic has had a mixed impact on smoking and tobacco dependency.

National data and UK research has shown that lockdown and associated restrictions have led to increased smoking rates in some population groups, for example younger age groups. There have also been motivations to quit that were as a direct result of the pandemic, such as fear of contracting COVID-19 and facing more severe consequences through being a smoker.

Further exploration is needed to see if national trends in young people smoking are being seen locally. Local service data was not able to give the local picture due to the introduction of new smoking cessation services during the first national lockdown, data quality issues and challenges faced by the service provider.

Research studies on the effect of the pandemic on vaping and e-cigarette use were limited. Studies were of poor quality, utilising study designs that were not robust i.e. prone to selection bias, or using cross-sectional study designs rather than longitudinal analysis. National survey data on likelihood in using an e-cigarette over the course of the pandemic showed no significant change in trends, even when results considered young adults separately.

Smoking related inequalities are likely to have worsened during the pandemic, for example smoking prevalence among people with severe mental health conditions and in lower socioeconomic groups.

There have been some successes in the virtual delivery of smoking cessation services, with research implying smokers now want to access support in novel and more flexible formats than traditional face to face services.

4.4 Recommendations

Public Health team members supporting the Smoking and Tobacco agenda at Nottinghamshire County Council will be implementing the following recommendations:

Smoking cessation services should consider targeted approaches in supporting the needs of groups who have seen worsening health inequalities through the pandemic, such as those with severe mental illness and lower socioeconomic groups.

Embedding smoking cessation support within mental health services may better identify and support those with severe mental illness who smoke. They are a particularly vulnerable group who have seen worsening inequalities through the pandemic.

Smoking cessation services should incorporate more flexible remote elements to smoking cessation support, ensuring that services remain equitable through use of hybrid approaches for digitally excluded and hard to reach population groups.

Public health strategies should deliver key smoking cessation messages focussing on the added risks to smokers from respiratory infections such as COVID-19. This has been shown to give smokers' increased motivation to quit during the pandemic.

5. Physical Activity

The COVID-19 pandemic led to the implementation of national lockdown measures to reduce social contact and viral spread. These measures affected the ways in which people carried out physical activity as sports and exercise venues were closed and restrictions were place on outdoor activities.

5.1 Themes from literature

A report by Sport England in 2021 said most physically active adults in England managed to maintain their habits despite the challenges of COVID-19 pandemic.[24] However, initially in the pandemic and related restrictions, increases were seen in the number of people who were classed as inactive; this is defined as doing less than 30 minutes of activity a week or nothing at all.[24]

The population groups most negatively impacted beyond the initial lockdown period were women, young people aged 16-24, over 75s, disabled people and people with long-term health conditions, as well as those from Black, Asian, and other minority ethnic backgrounds.[24]

5.1.1 Persisting trends in physical inactivity post lockdown

Research on longitudinal trends in physical activity in the UK has shown that changes to physical activity levels have persisted beyond the first lockdown, without recovery to pre-pandemic levels.[25] Furthermore, downward trends in physical activity have been more common in certain population groups, for example those from lower socioeconomic backgrounds or those with health factors such a limiting health condition.[25,26]

5.1.2 Health and demographic factors

Factors linked with physical activity intensity before and during the UK lockdown were highlighted through research comparing physician-diagnosed health conditions against self-report change in physical activity levels. Most participants (63.9%) maintained their normal physical activity intensity during lockdown. Those who changed toward less intensive activity (25.0%) were more likely to be diagnosed with hypertension, lung disease, depression or as being obese or having a disability.[26]

Further factors were elicited from this large study for less intensive physical activity. These were being female, living alone, or without access to a garden. Younger adults were also more likely to change their physical activity intensity compared to older adults which has been consistent with other longitudinal research,[27] described below.

Policies on maintaining or improving physical activity intensity during lockdowns should consider vulnerable groups of adults including those with chronic diseases and the importance of access to green or open spaces in which to exercise.

5.1.3 Ethnic variations

Longitudinal survey analysis from the born in Bradford birth cohort study found there were large reductions in children being sufficiently active during the first COVID-19 lockdown (28.9%) compared to pre-pandemic (69.4%). This cohort is drawn from an ethnically diverse population with high levels of deprivation. Researchers elicited that White British (WB) children were more sufficiently active compared to Pakistani Heritage children or 'Other' ethnicity children.[28]

Other research measuring physical activity by demonstrable tools, i.e. daily step count in a UK sample, showed all population groups had reduced step counts during lockdown restrictions, with Black, Asian and minority ethnic groups showing significant reductions compared to White British ethnicity.[29]

5.1.4 Disability

The annual disability and activity survey by Activity Alliance found twice as many disabled people,

compared with non-disabled people, felt that the pandemic greatly reduced their ability to be active.[30] Reasons included the pandemic presenting new barriers to being active, such as shielding, having fears or concerns about social distancing or contracting coronavirus.

Disabled people were also less likely to take part in lockdown activities such as outdoor exercise or online activities amidst a lack of information for disabled people on how to be active. This highlights the need for clear and consistent information about being active, inclusive practices and a change in attitudes towards disabled people in sport and activity.[30]

5.1.5 Age

A report from Age UK used qualitative research with people aged over 60 from hard-to-reach communities, including older people who are digitally and socially excluded and older people from ethnic minority communities.[30,31] The report reinforced known links between ethnicity and deprivation, stating "…like their younger counterparts, older people from ethnic minorities have been hit harder in various ways, as have older people who are living on low incomes." The report highlighted some consistencies in research that groups of older people who have been particularly hard hit include carers, older people who have been bereaved, and those who have been shielding.

Markers of social isolation, loneliness and depression were also associated with lower physical activity levels following lockdown measures in a UK prospective cohort sample of older adults aged 50-92 years.[32]

5.1.6 Deprivation

A large cohort study showed that socioeconomic inequalities in moderate to vigorous physical activity (MVPA) has increased during the pandemic, even when restrictions were relaxed.[31] Researchers found low educated and low-income individuals had significantly higher odds of decreasing MVPA, with the reciprocal found in high educated and high-income individuals.[33]

5.1.7 Determinants of behaviour change

Research from the University College London COVID-19 Social Study followed 35,915 adults in England during and after the first national lockdown to explore characteristics of groups who changed their physical activity levels over the course of the pandemic.[27]

People who were older, more educated, had a higher income, shared a household with others, and those without long-term physical and mental health problems, were more likely to be highly active.[27] This is consistent with previous evidence that age, education, income, health status, and social support are associated with physical activity during lockdown.

Researchers also highlighted that individuals who became unemployed were more likely to see their physical activity levels change from being in the highly active group to lowest active groups. This suggested that this group was unique in having to adjust how they spent their time during lockdown after becoming unemployed, compared to those who were employed or economically inactive throughout this period.

Other research exploring determinants of behaviour change found that if UK adults believed they had the physical opportunity and were motivated, they were more likely to have maintained or increased their physical activity during the COVID-19 lockdown.[34] This reinforces the links already made from the evidence about lacking physical opportunities to be active such as having a limiting health condition or poor to green or open space. [26]

5.2 Local Data

In Nottinghamshire County council, commissioned physical activity services are delivered through 'Your Health Your Way' as part of the Integrated Wellbeing Service and provided by 'A Better Life' (ABL Health). The service started on 1st April 2020, at the height of the start of COVID pandemic and related restrictions. There were significant challenges in establishing an integrated service early in the pandemic, with resulting poor uptake in services.

The new service also did not have similar physical activity provision or key performance indicators as the previous Obesity Prevention and Weight Management Service. Therefore, longitudinal assessment of uptake in services and impacts from COVID could not be clarified due to the lack of comparative data from before the pandemic.

Another strategy to ascertain COVID impact on physical activity was to explore Active People survey data.[33] The national Active People survey tracks the number of people taking part in sport and wider physical activity in England. Press Red consultancy are contracted by Nottinghamshire County council to analyse the Active People survey data to provide local insight. Data was obtained for years 2015 to 2021.

To examine whether any new or existing inequalities emerged, data was interpreted by the following demographic breakdowns:

- By age
- By gender
- By socioeconomic classification
- By ethnicity
- By other vulnerable groups (limiting illness).

5.2.1 Trends over time

Figure 13: Changes in activity levels in Nottinghamshire County council

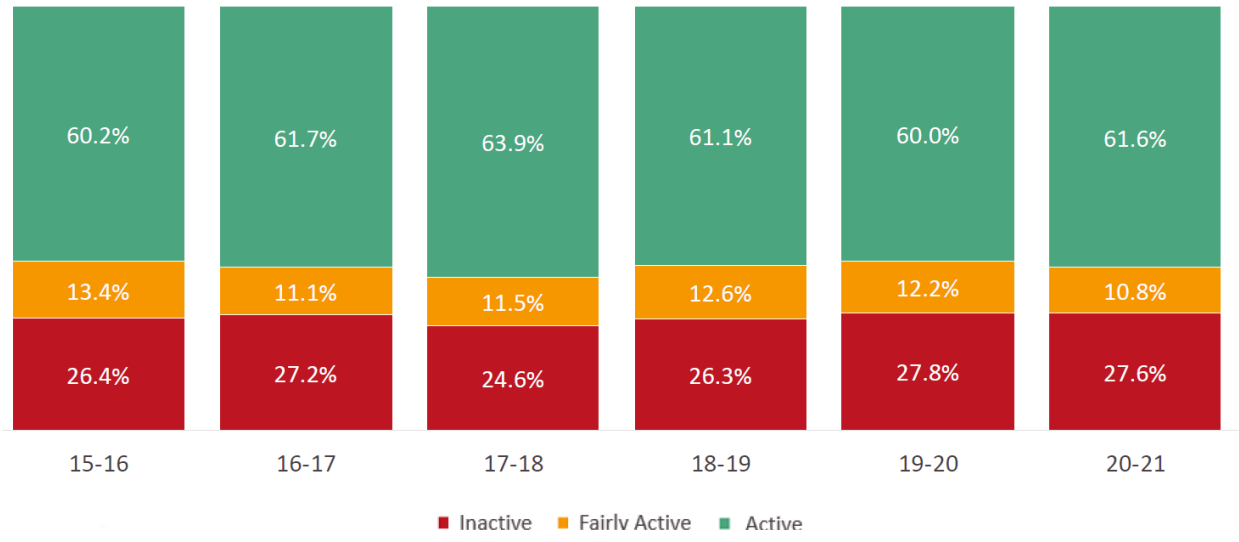


Figure 13 shows trends over time in proportions of inactive, fairly active, and active groups of Nottinghamshire residents, based on Active lives survey data between years 2015/16 to 2020/21. Residents of Nottinghamshire County mirror the picture from the national Active Lives survey data, in that most physically active adults in England managed to maintain their physical activity habits.[24]

The chart also shows that during the pandemic, many people were able to adapt and find ways to be physically active, shown by the consistent proportions of inactive people into data for years 2020-2021.

Figure 14: Inactivity by demographic group - trends

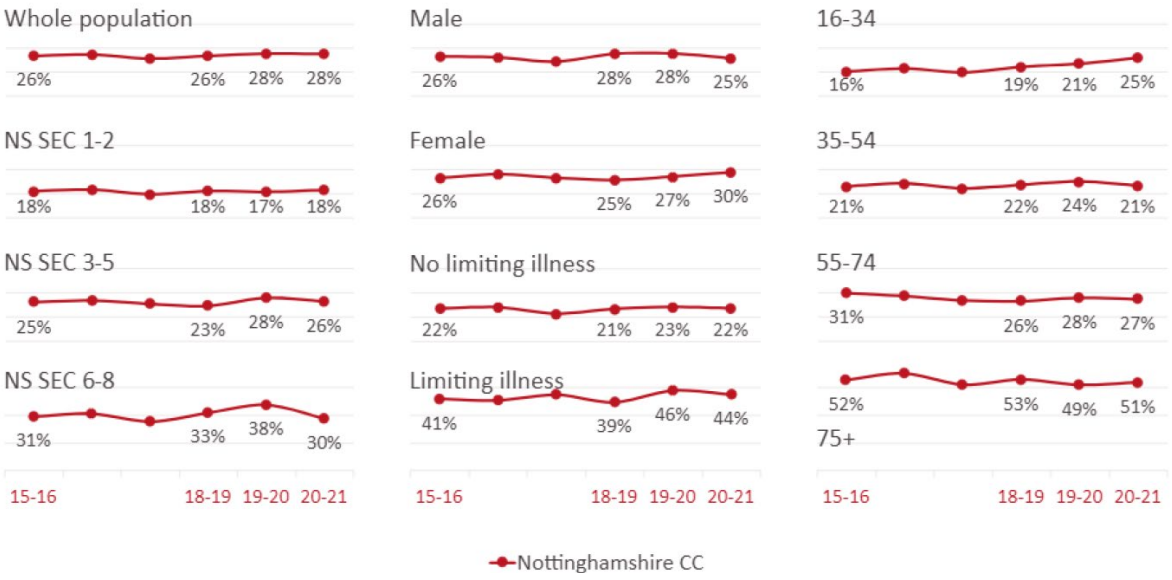


Figure 14 shows trends over time of physical inactivity by demographic group (based on Active lives survey data between years 2015/16 to 2020/21). When looking at physical activity by demographic group, not all groups were affected equally by the pandemic. Females, those with limiting illness and those aged 16-34 and over 75 saw inactivity levels increase in the latest Active Lives survey data for Nottinghamshire residents.

5.2.2 By age

Figure 15: Inactivity by age group

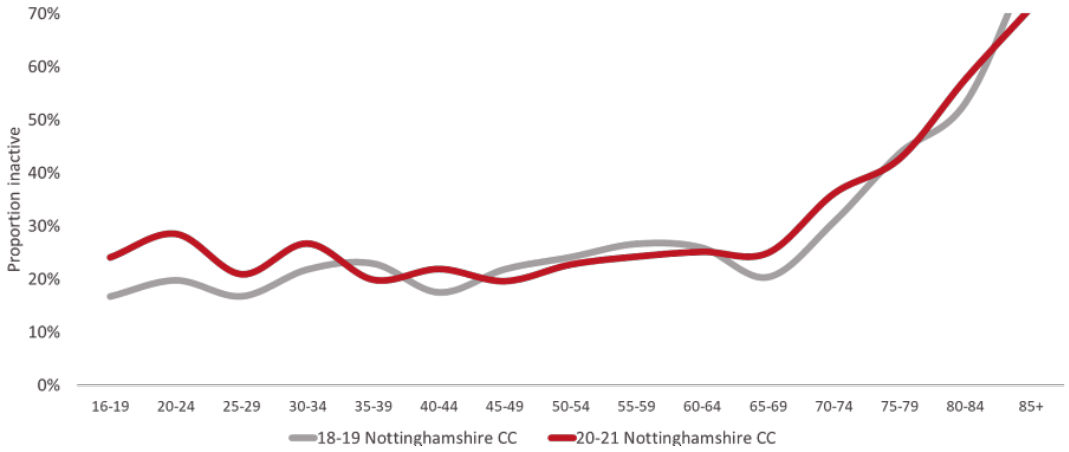


Figure 15 compares the proportion of age groups inactive from the Active Lives survey for Nottinghamshire between years 2018/19 and 2020/21. Nottinghamshire residents have become increasing inactive in younger age groups, for example 16-34 year olds, in 2020-2021 compared to pre-pandemic years. This is consistent with the literature review which highlighted younger age groups as a population with reduced activity levels.

Figure 16: Inactivity by age group – including gardening or not

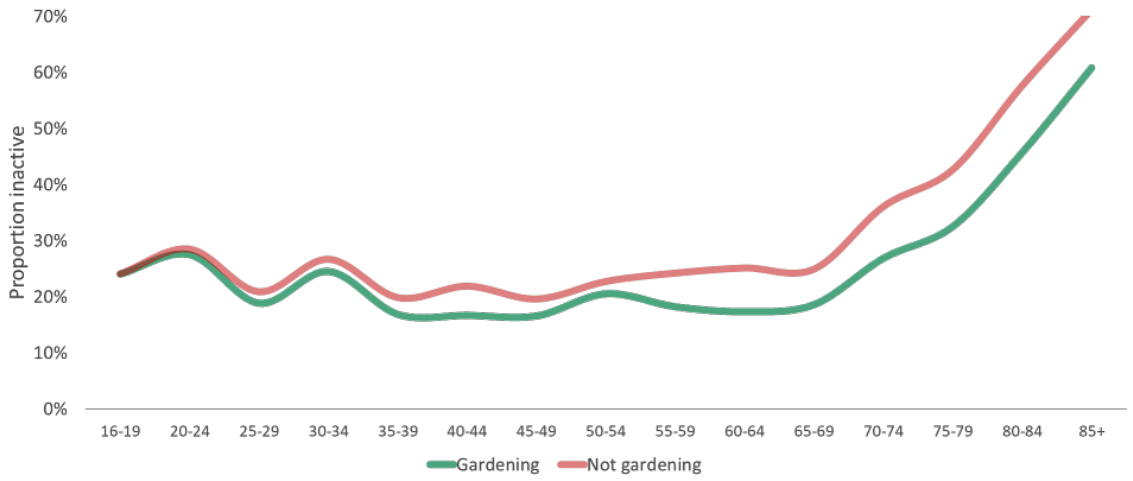


Figure 16 compares the proportion of age groups inactive from the Active Lives survey for Nottinghamshire between years 2018/19 and 2020/21, excluding data on gardening. This shows that older age groups also had increasing inactivity levels in years 2020-2021 for those aged 50 or above in Nottinghamshire County. This is particularly important considering the age profile of Nottinghamshire.

5.2.3 By ethnicity

Figure 17: Inactivity by ethnicity

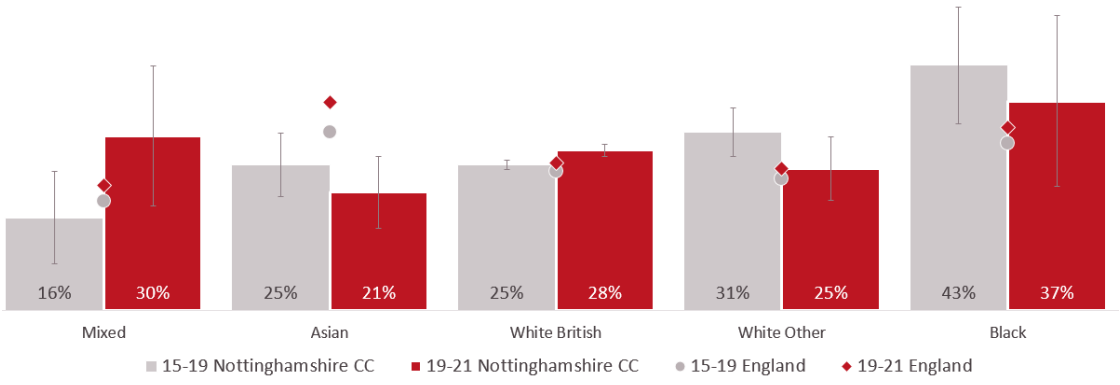


Figure 17 compares inactivity proportions by ethnicity between years 2015/19 and 2019/21. White British and Mixed ethnicities saw increased proportions of inactivity compared to previous years. This reflects the county's ethnicity profile which is predominantly white.

5.2.4 By employment

Figure 18: Inactivity by work status

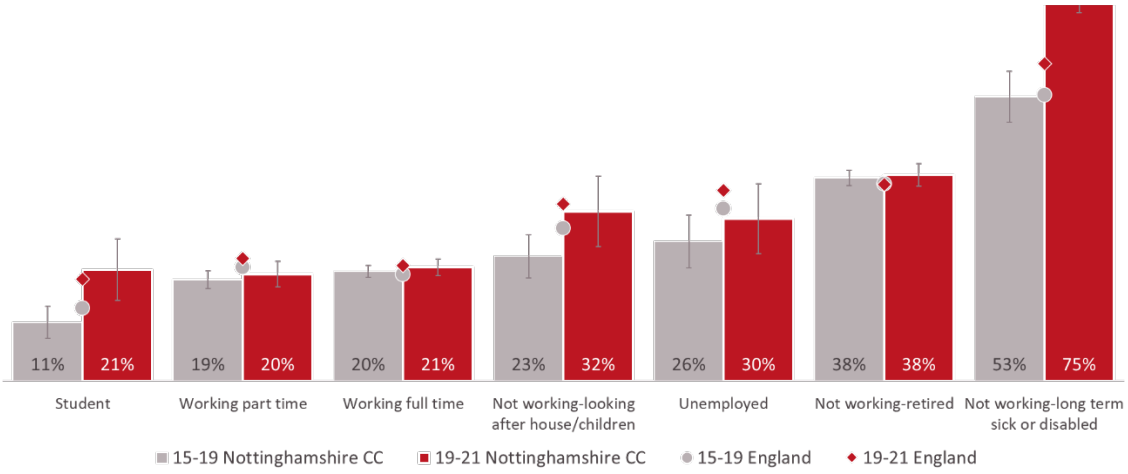


Figure 18 compares inactivity proportions by work status between years 2015/19 and 2019/21. The biggest increases are seen the student population and those not working due to being long-term sick and disabled. This reinforces messages from the literature search that those with health factors, and younger age ranges were population groups who had reduced activity levels through the pandemic.

Figure 19: Inactivity trends by work status

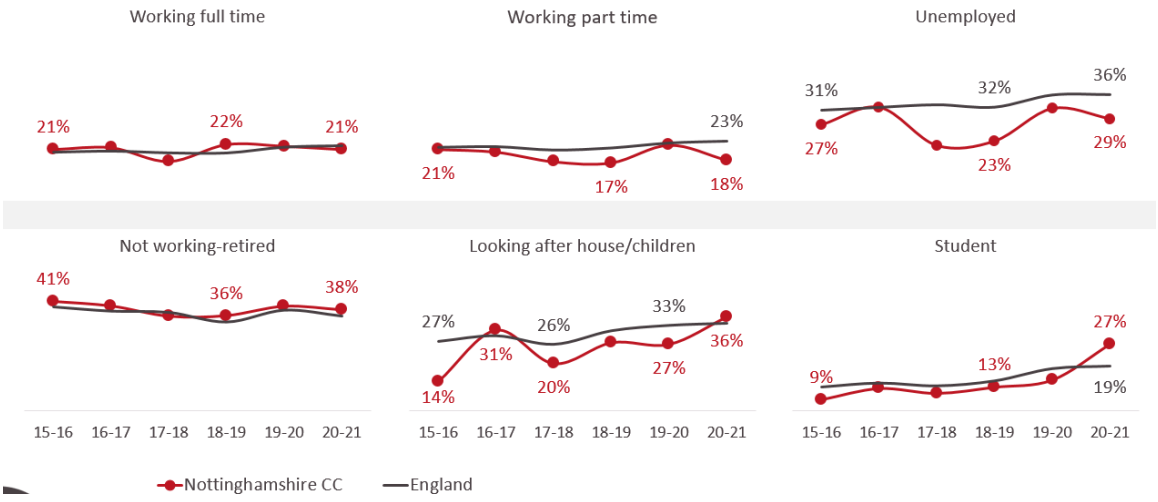


Figure 19 compares trends in work status for Nottinghamshire County residents between years 2015/16 and 2020/21. Groups such as students had increasing inactivity proportions compared against England averages.

5.2.5 By deprivation

Figure 20: Inactivity by socioeconomic groupings

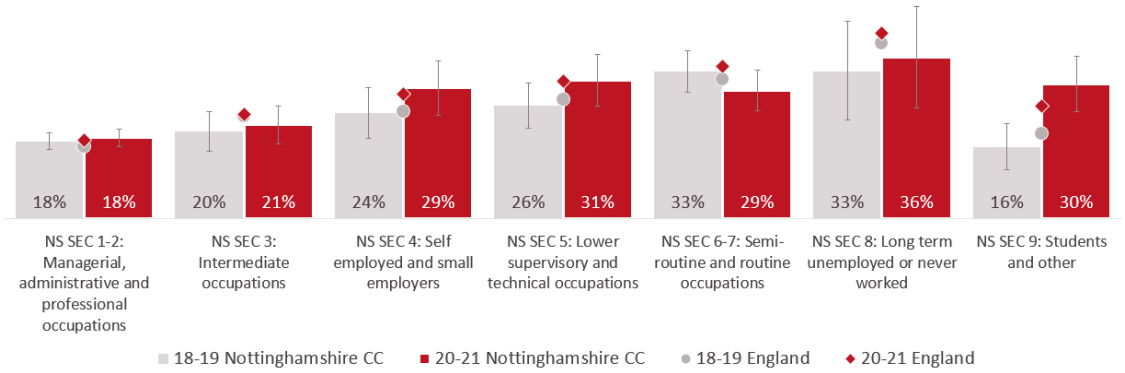


Figure 20 compares inactivity proportions by socioeconomic groupings between years 2018/19 and 2020/21. Significant increases were seen in the student population.

As expected, incremental increases in physical inactivity levels were seen with generally decreasing socioeconomic groupings. This reinforces messages from the national literature search that increasing deprivation was a factor implicated in perpetuating health inequalities for physical activity level attainment during the pandemic.

5.3 Key points

There has been a deepening of existing health inequalities for certain groups achieving recommended physical activity levels during lockdown. These groups include those living in deprived communities or living with poorer health status or a disability. Furthermore, research has highlighted that changes to physical activity levels have persisted beyond the first lockdown, without recovery to pre-pandemic levels.

Certain demographic factors have also been linked to decreasing physical activity trends through the pandemic which correlates to local Active Lives survey data for Nottinghamshire. These factors include being female, being a young adult or in the older 75 age group.

Older groups were highlighted as a group with increasing inactivity when linked to other risk factors such as low income, being from an ethnic minority group or socially isolated. Data from the Active Lives survey for Nottinghamshire reinforced this with over 75s seeing increasing inactivity levels compared to other ages.

Groups at risk of decreasing physical activity levels were those whose circumstances changed significantly during the pandemic, for example becoming unemployed or studying from home. This correlated with Active Lives survey data for Nottinghamshire residents which showed students, young

adults and those who were unemployed due to being long term sick as having the largest increases in inactivity levels compared to employed and retired groups.

Research has shown that determinants of change include having the motivation and physical opportunity to change physical activity levels behaviours, such as access to open and green space.

5.4 Recommendations

Public Health team members supporting the physical inactivity agenda at Nottinghamshire County council will be considering the following recommendations:

Public health teams, commissioned providers and wider partners in health and social care need to consider how best to support vulnerable groups that have emerged from the pandemic with worsened health inequalities. These groups include those with a disability or limiting health condition and deprived communities.

Public health teams, commissioned providers and wider partners in health and social care need clear and consistent information about being active, especially following the shift in many educational and work settings to home working. Messages should be inclusive to all abilities and aiming to foster a renewed emphasis on the importance on keeping active.

Public health teams, commissioned providers and wider partners in health and social care should focus priorities on minimising the socioeconomic divide in physical activity attainment by targeting the most deprived communities. This includes ensuring local environments are safe and attractive to people wanting to get physically active.

Targeted interventions to increase physical activity should be considered in the following at risk groups:

- Young adults and students
- Females
- Unemployed groups, particularly if long term sickness or a disability is implicated
- Over 75s, particularly from deprived communities, ethnic minority groups or who are socially isolated.

6. Sexual Behaviours

In response to the COVID-19 pandemic and related restrictions, sexual health services in England substantially reduced capacity to deliver face-to-face consultations and reconfigured services to operate through telephone or internet consultations.

Many aspects of sexual lifestyles were disrupted, triggering an urgent need for population-level data on sexual behaviour, relationships, and service use.[36]

Many research studies below utilised Britain's National Surveys of Sexual Attitudes and Lifestyles (NATSAL).[36] NATSAL surveys have run every 10 years since 1990 and provide a key data source for sexual and reproductive health policy.

6.1 Themes from literature

6.1.1 Sex behaviour patterns

Several articles discussed decreased sexual activity during the pandemic.[37 38] Williams et al [37] discussed how "restrictions altered the number of new sexual partners per week with over 80% not having any new sexual partners for the 12 weeks of the first lockdown. However, as the weeks progressed following the first lockdown there was an increase in the number of new sexual partners." Men who have sex with men (MSM) also reported fewer sexual partners during the lockdown months compared with 2017.[39]

Further research looking at sexual behaviour once restrictions began to ease showed a tendency for greater sexual risk behaviour. Pre and post lockdown analysis of large community surveys of MSM in the UK showed greater sexual risk behaviour after restrictions eased in in late 2021 compared to 2017. Unmet testing need was defined as reporting any new and/or multiple condomless anal sex partners without a recent STI/HIV test. Despite self-reporting of recent testing being higher in late 2021, researchers found that there remained considerable unmet STI/HIV testing need among UK MSM groups.[40]

6.1.2 Reduced services for HIV prevention

Several articles focused on behavioural change with HIV services, namely a reduction in PrEP use and PrEP adherence.[41] This was reinforced by other research which looked at prescriptions for post exposure prophylaxis (PEP) from six English centres, noting a decrease in prescriptions of 34.5% in 2020 compared with 2019.[42] There was no difference found in characteristics of PEP recipients before and during the first lockdown i.e. age, ethnicity or country of birth.

At a populational level, the NATSAL-COVID study into sexual health services highlighted differential access to key primary and secondary STI/HIV prevention interventions. For example, unmet need for condoms was more likely among participants: aged 18-24 years, being of black or black British ethnicity, and reporting recent same-sex partners or one or more new relationships in the past year.[43]

6.1.3 Reduced testing

Surveillance data of HIV and STI testing by the UK Health Security Agency (UKHSA) highlights the extent to which testing levels were impacted by the pandemic.[44] Testing in sexual health services declined by 77%, from 95,455 to 22,332, for HIV and by 71%, from 391,006 to 112,441, for STIs during January to April 2020, compared to 2019 data. The proportion of tests accessed through internet services increased substantially beginning in April 2020. Internet services accounted for around 63% of HIV

and 51% of STI tests during April–September 2020, compared with 25% for HIV and 22% for STIs in 2019.

6.1.4 Proportional declines in testing

The data further showed the largest proportional declines in testing occurred among 15-19 year olds and those older than 45. These age groups also showed the slowest relative recovery towards pre-pandemic levels of testing during June and September 2020.[44]

Over the same period, there were larger proportional declines in testing among heterosexual men and heterosexual or bisexual women compared to other sexual orientation groups. Recovery was slowest among heterosexual men.[44]

In terms of ethnicity, the largest declines in testing were among Asian and Black ethnicities; with those of Black ethnicity showing the slowest recovery.[44]

Ethnic groups were again highlighted in research that looked at the NATSAL-COVID survey and surveillance data in combination. Sexual health inequalities persisted during the first year of the pandemic with evidence of more unmet need among minority ethnicities including Black and Asian ethnicities.[45] Further robust surveillance data found STI testing inequalities in MSM with multiple marginalised identities, such as Black or Asian MSM, those above 65 years or living in the more deprived.[46] This is also the case in groups who are at greatest STI/HIV risk; those reporting condomless sex with new sexual partners and men reporting same-sex partners.[45]

Overall research highlighted that the differential access to testing seen through the pandemic has followed similar distributions to testing patterns in pre-pandemic times. This means that whilst the pandemic might not have exacerbated inequalities in access to primary and secondary prevention, large inequalities have persisted, typically among those at greatest STI/HIV risk.

6.1.5 Inequalities in reproductive health services

A large prospective cohort showed that access to contraception in the UK has become harder during the COVID-19 pandemic and the proportion of unplanned pregnancies almost doubled.[47]

For certain population groups, restrictions in access to contraception through clinics were counteracted by online provision of oral and emergency contraception.[48] However, inequalities in reproductive health outcomes were highlighted through NATSAL-COVID survey data;[49] this being that young and vulnerable participants were more likely to report difficulties accessing reproductive services resulting in less planned pregnancies during the pandemic. Vulnerable groups included those reporting no educational qualifications or anxiety or depression symptoms.

6.1.6 Digitalisation of services

Within sexual health, digitalisation has translated to postal self-sampling for STIs and blood borne viruses. Research generally suggests that these services appeal more to women, people with higher educational qualifications, and those from more affluent areas, whereas people with mild learning disabilities find considerable barriers to this type of care.[50]

Digital sexual health has considerable potential to meet the needs of people who are able to engage with online care. However, STIs, like digital literacy are socially patterned.[50] STIs disproportionately affect those who already experience health inequalities and people experiencing health inequalities are less digitally and health literate.[50]

6.1.7 Challenges in accessing sexual health services

The NATSAL-COVID survey reported that though many people accessed sexual health services during the initial lockdown, young people and those reporting sexual risk behaviours reported difficulties in accessing services.[51] The analysis however excluded those aged 45-59 years due to low rates of service use. This in itself highlights that older people as a hard-to-reach group when it comes to reconfigured services during the pandemic.

A further analysis on NATSAL-COVID data, this time including all ages (18-59) offered insight on those who reported being unable to access sexual health services.[52] In addition to appointments not being available, another factor was discomfort with using online or telephone services. 26% of the participants who did not receive STI services reported being uncomfortable with telephone services, compared to 7% for contraception services. Exploring unmet need highlighted how services may need to adapt to improve access by offering face-to- face and remote provision through a hybrid model.

Further challenges included navigating changing information and procedures; perceptions of gatekeepers as obstructing access; and inflexible appointment systems. This seemed to act as a barrier to hard-to-reach population groups.[53]

6.1.8 Loss of outreach services

Sexual health services needed significant reconfiguring due to the COVID pandemic, with a prioritisation of central hub sites over 'spoke' models of care.[54]

One of the impacts seen from reduced outreach care was failing to reach hard-to-reach groups within sexual health. A report on addressing inequalities in good sexual health reported the lack of informal settings to seek advice coupled with reluctance from vulnerable groups to seek out formal services was linked to poorer sexual and reproductive health outcomes.[55]

6.1.9 Lacking evidence

A systematic review found there was a paucity of evidence into outcomes for sexual and gender minority groups post the COVID-19 pandemic.[56] This was driven by a lack of routinely collected sexual orientation and gender identity data, which researchers suggested possibly resulted from institutional homophobia/transphobia. Lack of research gives significant concern, given pre-existing health inequities.

6.2 Service Data

Genitourinary Medicine Clinic Activity Dataset (GUMCAD) is the mandatory surveillance system for STIs and collects data on STI tests, diagnoses and services from all commissioned sexual health services in England. The following data was obtained from the UKSHA's HIV/STI data exchange and outlines for Nottinghamshire residents the number of diagnoses for:

- Chlamydia
- Gonorrhoea
- Herpes (first episode - genital)
- Syphilis
- Warts (first episode - genital)

Data was obtained for years 2018 to 2021 allowing interpretation of data from pre-pandemic levels to the beginning of recovery of services post the pandemic. In order to examine whether any new or existing inequalities emerged, data was interpreted by the following demographic breakdowns:

- By gender

- By age
- By sexual risk
- By ethnicity

6.2.1 Trends over time

Figure 21: Number of diagnoses of sexually transmitted infections over time

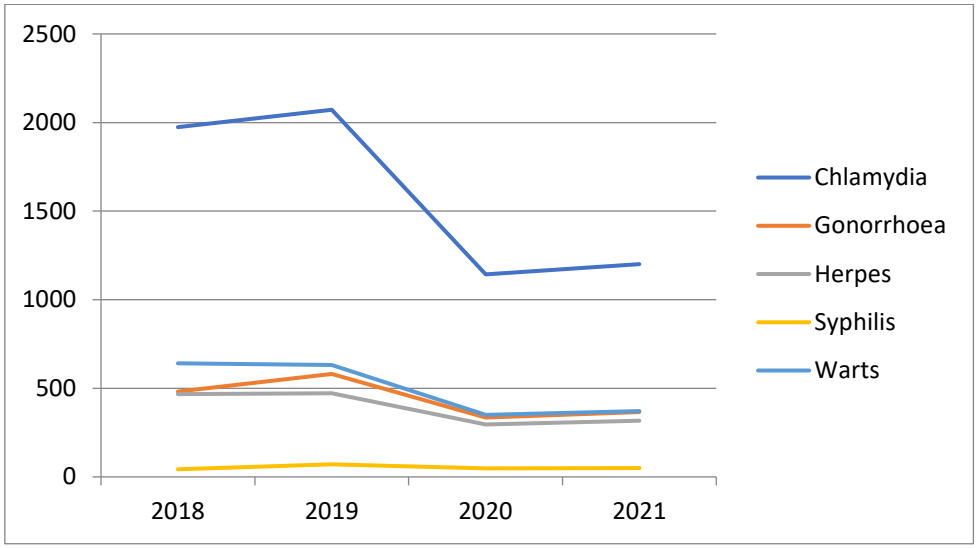


Figure 21 shows the number of sexually transmitted infections decreasing across all infections between 2019 and 2020. Over this period, larger decreases in diagnoses were observed for STIs that are usually diagnosed clinically at a face-to-face consultation, such as genital warts, when compared to those that could be diagnosed using remote self-sampling kits such as gonorrhoea.

Between 2020 and 2021, all sexually transmitted infections begin to change trajectory and show modest increases, in line with restored testing services post the pandemic.

STI testing services within Nottinghamshire County currently operate at a limited capacity with a 'daily cap' on tests. This may be hindering the recovery of STI diagnoses to pre-pandemic levels.

6.2.2 By gender

Figure 22: Number of diagnoses of sexually transmitted infections by gender

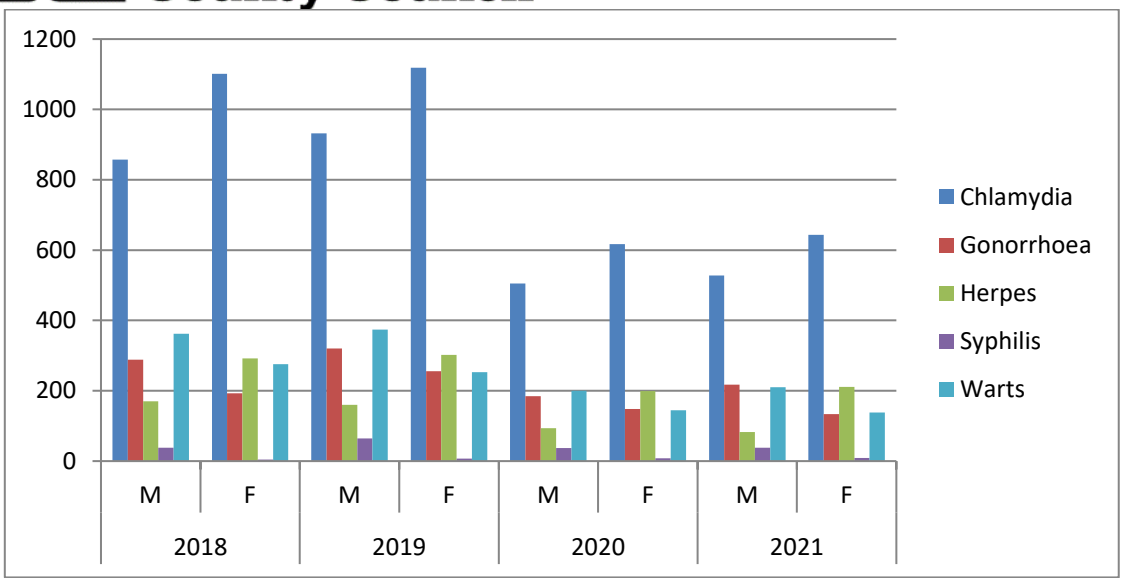


Figure 22 shows the largest reductions in sexually transmitted infections across both male and females were between years 2019 and 2020, coinciding with the start of the pandemic. The number of sexually transmitted infections diagnosed by gender displayed consistent ratios between male and females through all years charted.

Between 2020 and 2021 almost all sexually transmitted infections for males and females have shown recovery in diagnoses towards pre-pandemic levels apart from gonorrhoea and warts diagnosed in females and herpes diagnoses in males; for these STIs there have been further declines in diagnoses between 2020 and 2021.

6.2.3 By age

Figure 23: Number of diagnoses of sexually transmitted infections by age

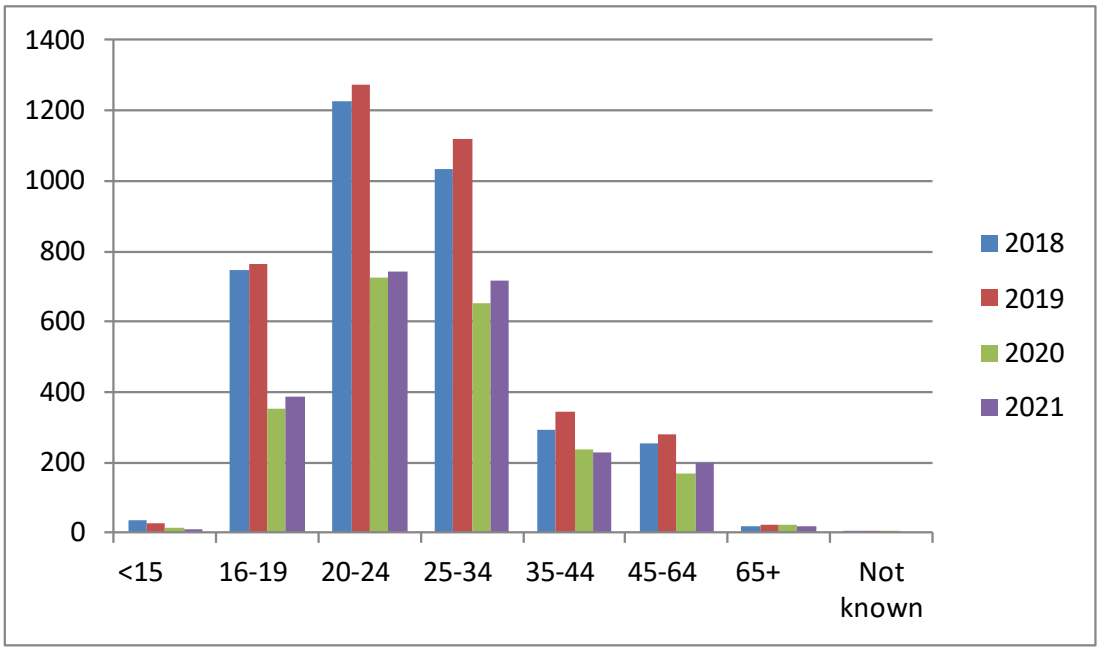


Figure 23 shows the number of sexually transmitted infections by age. Substantial declines in diagnoses were seen between 2019 and 2020 in almost all age bands, except in over 65-year-olds; for whom numbers of diagnosed STIs have remained consistently low through all years charted.

Those aged between 16-19 saw the greatest reductions in diagnoses between 2019 and 2020; numbers of STIs more than halving from 763 to 351. This is consistent with findings from the literature review that young people appeared to have the largest proportional declines in testing for STIs nationally. This has implications for the need and demand for sexual health services as young people are more likely to be diagnosed with an STI and represent most of the chlamydia and gonorrhoea diagnoses.[58]

In terms of recovery, numbers of STIs have shown recovery towards pre-pandemic levels apart from the 35-44 age group. National data also highlighted that over 45s were another group who had largest proportional declines in testing and were slowest to recover.

6.2.4 By sexual risk

Figure 24: Number of diagnoses of sexually transmitted infections by gender and sexual risk

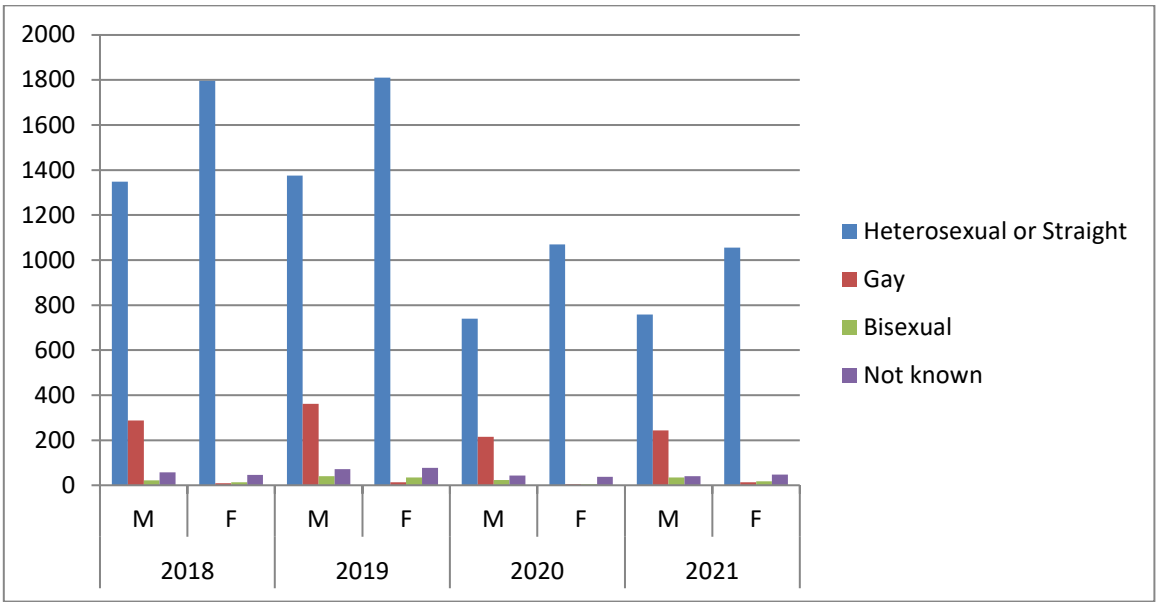


Figure 24 shows the number of sexually transmitted infections by gender and sexual risk. Sexuality is a key factor in sexual and reproductive health. One example of this is that gay, bisexual and other men who have sex with men (MSM) are more likely to be diagnosed with bacterial STIs than other men.[58]

The national data on testing found that heterosexual groups had largest declines in STI and HIV testing, with heterosexual men slowest to recover, this is reinforced by local Nottinghamshire data (figure 23). Heterosexual men saw a 46% reduction in diagnoses between 2019 to 2020 compared to gay men who experienced a 40% reduction in diagnoses.

Local sexual health services have been maintaining access and prioritising population groups in need for example MSM, which partly explains greater reduction in diagnoses in heterosexual groups. The

other reason for the slow recovery even in MSM groups is the fact testing capabilities have been capped in the county.

6.2.5 By ethnicity

Figure 25: Number of sexually transmitted infections by ethnicity and sexual risk

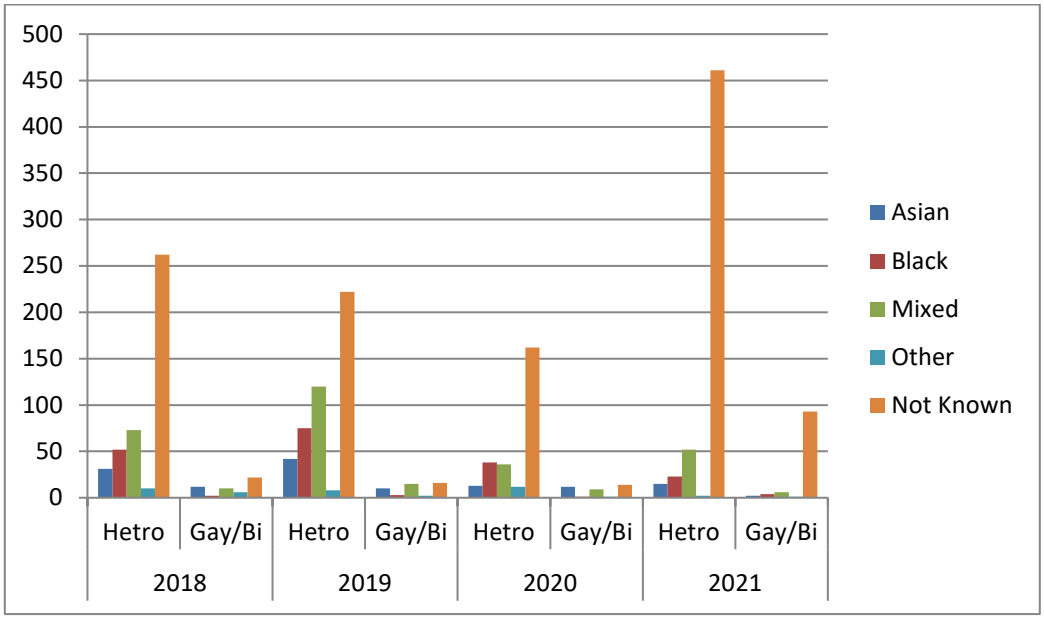


Table 1: Number of sexually transmitted infections by ethnicity and sexual risk

		Asian	Black	Mixed	White	Other	Not Known
2018	Hetro	31	52	73	2739	10	262
	Gay/Bi	12	2	10	286	6	22
2019	Hetro	42	75	120	2757	8	222
	Gay/Bi	10	3	15	410	2	16
2020	Hetro	13	38	36	1575	12	162
	Gay/Bi	12	1	9	217	1	14
2021	Hetro	15	23	52	1342	2	461
	Gay/Bi	2	4	6	216	1	93

Figure 25 shows the number of sexually transmitted infections by ethnicity and sexual risk (excluding white ethnicities). Table 1 shows number of sexually transmitted infections for all ethnicities and sexual risk.

Numbers of 'not known' ethnicities are substantially higher than other ethnic groupings limiting the inferences we can make from the data. This is a considerable limitation of the service data as there is a missed opportunity to see how certain ethnicities who are at increased risk of STIs, fare locally.

6.3 Integrated sexual health service provider data

Another source was used to gain service level data for Nottinghamshire residents who attended Genito-Urinary medicine (GUM) services provided by the Integrated Sexual Health Services (ISHS) for Nottinghamshire residents. The data includes three service providers across the area: Nottingham University Hospitals (NUH) for Broxtowe, Gedling and Rushcliffe; Sherwood Forest Hospitals (SFH) for Mansfield, Ashfield, and Newark & Sherwood; and Doncaster and Bassetlaw Hospitals (DBH) for Bassetlaw.

The data provided included the number of consultations provided by GUM services, broken down by lower tier local authority area and index of multiple deprivation quintiles.

Figure 26: Numbers of consultations at by lower tier local authority area

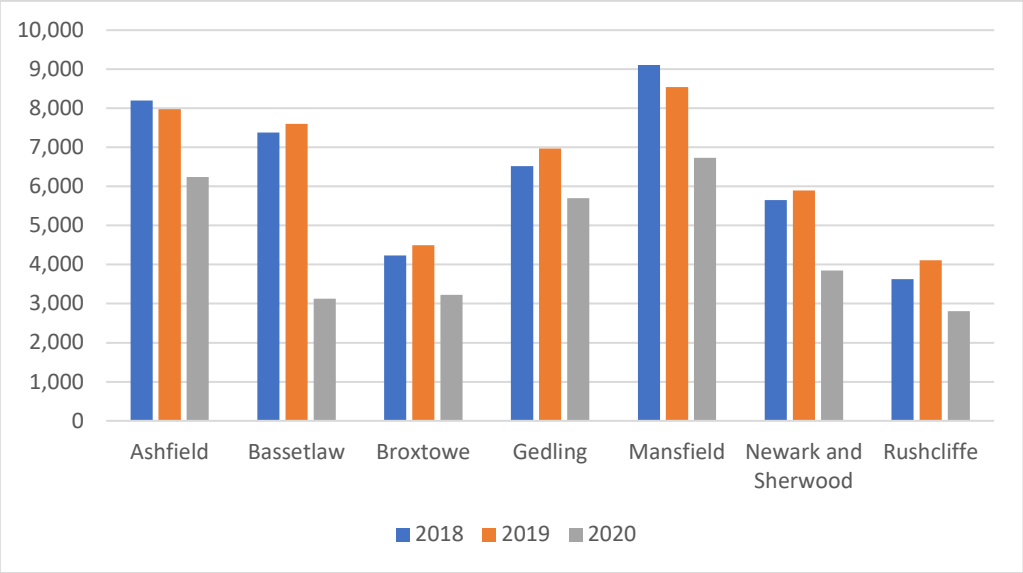


Figure 26 shows in every local authority, number of consultations decreased in the year 2020 compared to the previous two years of data. Local authorities which generally see the highest number of consultations are Mansfield, Ashfield and Bassetlaw, correlating to the districts with the highest levels of deprivation.

For the year 2020 Bassetlaw appeared to have a significant reduction in consultations compared to other local authority tiers. Numbers of consultations decreased by 59% from 7,604 to 3,129 consultations.

Figure 27: Numbers of consultations by index of multiple deprivation 2019

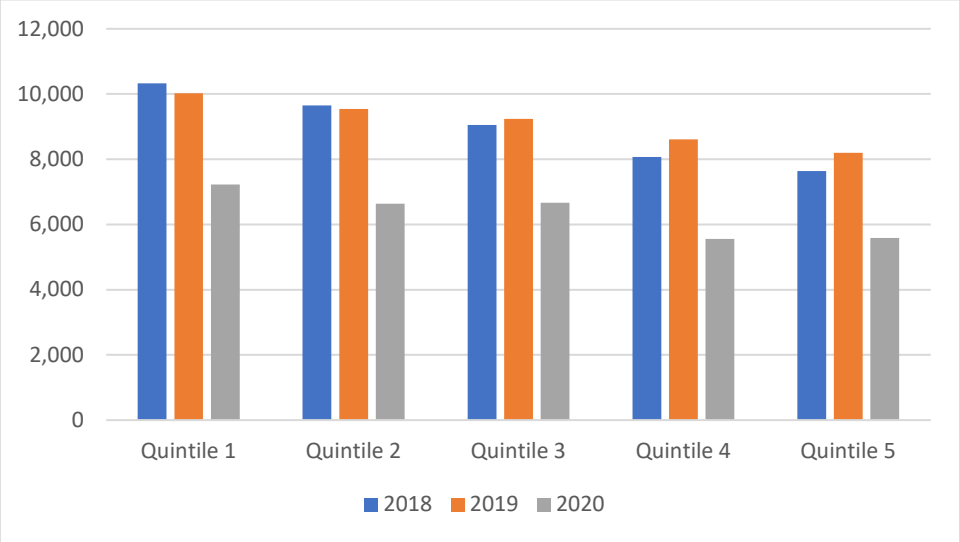


Figure 27 shows that numbers of consultations correlate with index of Multiple Deprivation (IMD). As numbers of consultations increase, levels of deprivation increase (Quintile 1 being the most deprived). This in in keeping with expected patterns that sexual health need is greatest in deprived communities.

6.4 Key points

Overall research has shown the COVID pandemic has not exacerbated inequalities in access to primary and secondary prevention in sexual health. However large inequalities have persisted, typically among those at greatest STI and HIV risk. There is significant unmet need for services by young adults, black or black British ethnicities, and for those reporting same-sex partners or new relationships in the past year. PrEP and PEP prescriptions and adherence has decreased among all subgroups with surveillance data outlining no differences in those accessing services from before the pandemic.

In terms of STI testing, proportional declines were seen in 18–24-year-olds and those aged over 45, heterosexual groups, in Black and Asian ethnicities and in men who have sex with men (MSM) with multiple marginalised identities. These include MSM who are older than 65 years, from ethnic minorities or from deprived communities. Local service data showed younger people and heterosexual groups had greater declines in diagnoses of STIs between 2019 and 2020 with slow growth patterns in 2021 data. A lack of ethnicity data precluded examining the extent to which COVID-19 widened pre-existing health inequalities.

For reproductive services inequalities were linked to deprivation, with lower socio-economic grades reporting the most difficulty accessing contraception. Digitalisation of services further acted as a barrier to hard-to-reach population groups as acquiring services during COVID was described to need tenacity because of changing information and procedures.

Reduced outreach care further exacerbated inequalities in hard-to-reach groups within sexual health, for example marginalised communities such as lesbian, gay, bisexual, transgender (LGBT) groups, ethnic minority groups and migrant communities.

Sexuality and ethnicity were not captured for a significant proportion of people presenting to sexual health services locally, limiting the extent to which health inequalities highlighted from national sources could be assessed in local services.

6.5 Recommendations

The Sexual Health Commissioning team at Nottinghamshire County council will be considering the following recommendations in the recommissioning process for Integrated Sexual Health services for 2024:

Sexual health services should continue to offer flexible remote elements to their services, ensuring equity by use of hybrid approaches for online and face to face delivery mechanisms for the digitally excluded and hard to reach population groups.

Planners of sexual health services should build back outreach care to increase access for hard-to-reach groups such as ethnic minorities and the LGBT+ communities. These groups are more receptive to discrete and informal outreach settings.

Targeted interventions to increase testing should be considered in the following groups who have experienced declines in testing:

- MSM with multiple marginalised identities such as those older than 65 years, from ethnic minorities or from deprived communities
- Heterosexual groups
- Younger adults

7. Gambling

According to the 2005 Gambling Act, gambling is defined as 'playing a game of chance for a prize, betting and participating in a lottery.'[59]

Harmful gambling is distinct to general gambling in that it involves high participation in online gambling, casino and bingo games, electronic gambling machines in bookmakers, sports and other event betting, betting exchanges and dog racing. Typically, 7 or more gambling activities are used by harmful gamblers.[59]

The most socio-economically deprived and disadvantaged groups in England have the lowest gambling participation rates, but the highest levels of harmful gambling. They are also the most susceptible to harm from gambling, making existing health inequalities worse.[59]

7.1 Themes from literature

7.1.1 Gender

There appears to be consensus from literature that harmful gambling habits are typically seen in males.[59 60 61]

A gambling-related harms evidence review by PHE stated "Demographic factors, particularly being male, appear more significant in predicting at-risk gambling behaviour than economic factors such as income, employment, and relative deprivation."[59] Further studies reinforced gender inequalities, concluding regular gamblers were more likely to be male than female in longitudinal survey analyses taken from before to after national lockdown.[61] The same study noted that gambling frequency was reduced during lockdown for both males and females and that there was a shift to online gambling due to lockdown and social distancing measures.

7.1.2 Alcohol and substance use

There were strong associations between heavy alcohol use and regular gambling in research.[60 61]. A cohort study looking at predictors of gambling behaviour through the pandemic also found those who frequently drank alcohol were more likely to gamble during strict lockdown or increase their frequency of gambling compared to before the lockdown.[62]

A PHE report into the 'Risk factors for gambling and harmful gambling' concluded that in children and young people, substance use was a risk factor of harmful gambling with a high degree of confidence.[60]

7.1.3 Mental health

An evidence review by PHE noted poor mental health was a stronger predictor of at-risk gambling than both poor physical health and negative health behaviours.[59] This was reinforced by a PHE report that stated depression specifically was a risk factor for harmful gambling in children and young people with a high degree of confidence.[60]

Cohort study data during the pandemic found those with anxiety and depression more likely to have increased their frequency of gambling during strict lockdown.[62]

7.1.4 Further research needs

The umbrella review was published in September 2021 by Public Health England into the 'Risk factors for gambling and harmful gambling'. The review concluded that there was stronger evidence across a range of risk factors for children and young people compared to the body of evidence for adult

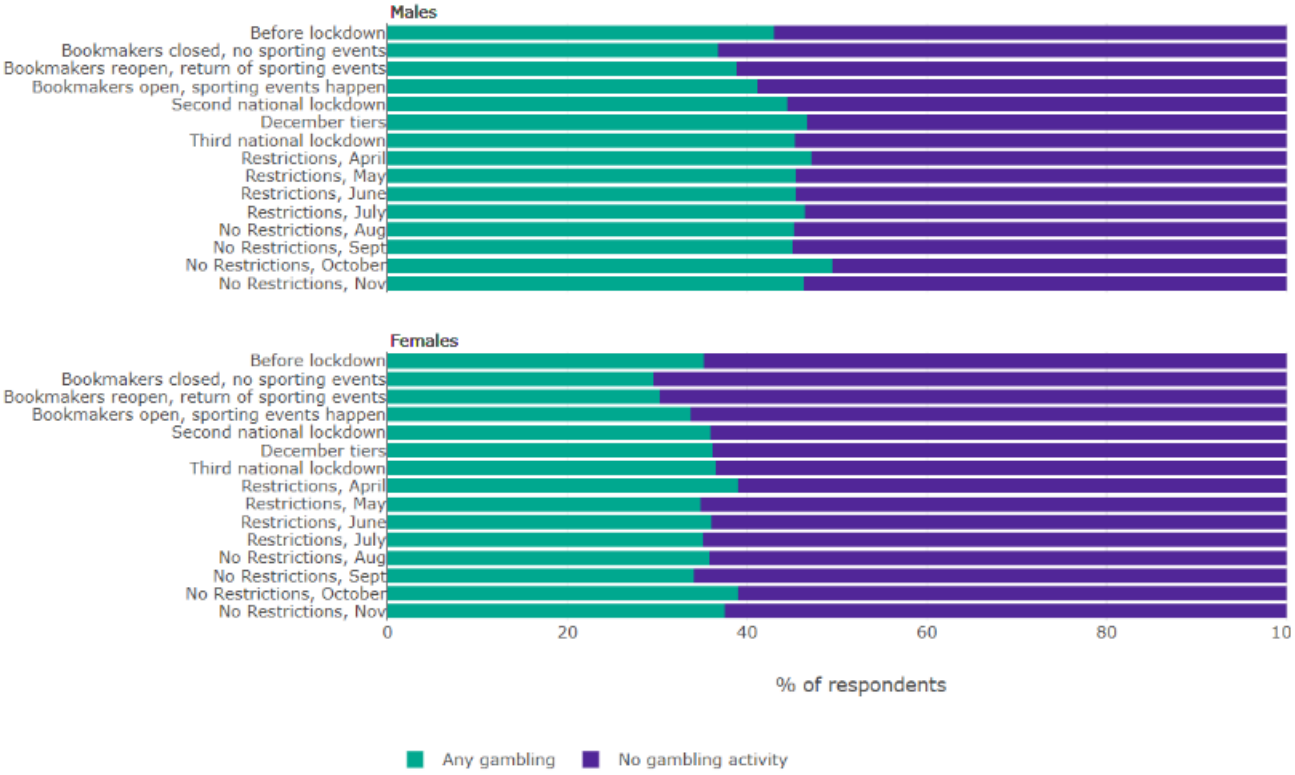
populations. The evidence base for adults was lacking due to cross-sectional study designs rather than longitudinal analyses.[60]

7.1 National and Regional Data

7.1.1 National data

National survey data from before the first national lockdown to November 2021, looked at patterns of gambling activity broken down by sex.[5] Figure 28 shows the proportion of males carrying out any gambling increased from 43% before lockdown to 47.2% by the end of the third national lockdown, following a brief period of reduced levels coinciding with the beginning of the pandemic. Similar trends over the pandemic were seen in females but with lower overall levels of gambling compared to males. The proportion of females carrying out any gambling increased from 35.1% before lockdown to 39% the end of the third national lockdown.

Figure 28: Gambling activity and the impact of the COVID-19 lockdown in England by sex.[5]



7.1.2 Regional data

Within Nottinghamshire County council, no service data was available to ascertain local gambling trends.

The Health survey for England (HSE) is able to provide some insight of gambling on a regional basis for England. The HSE is a nationally representative cross-sectional survey of people aged 16 years and over, combining data from the 2012; 2015; 2016 and 2018 surveys.

Table 2 shows gambling participation by regions in England.[63] In the East Midlands, the prevalence of gambling participation from the HSE was 61.1%. East Midlands were second only to the North East region, where gambling participation was 64.7%.

It was not possible to produce meaningful local authority analysis for at-risk gambling or problem gambling due to the small number of counts for these questions at local authority level.[63]

Table 2: Overall gambling participation by region, England 2012, 2015, 2016, 2018[63]

	North East (%)	North West (%)	Yorkshire and the Humber (%)	East Midlands (%)	West Midlands (%)	East of England (%)	London (%)	South East (%)	South West (%)	Total (%)
Spent money on at least one gambling activity	64.7	58.7	60.8	61.1	57.8	61.1	48.0	56.8	57.8	57.6
Base	1,329	3,592	2,699	2,332	2,838	3,013	4,115	4,442	2,803	27,164

7.2 Key points

Research during COVID has shown that generally gambling frequency reduced during lockdown, with a shift to online gambling methods due to lockdown and social distancing measures.

Emerging evidence through COVID looking at predictors of gambling behaviour found those who frequently drank alcohol and were diagnosed with anxiety and depression were more likely to increase their frequency of gambling compared to before the lockdown. Further research is needed to add to the evidence base on risk factors for harmful gambling.

It is also likely that gender inequalities have been accelerated. Longitudinal survey analysis during COVID lockdown concluded regular gamblers were more likely to be male than female. Research was not available to show if gambling trends have persisted into COVID recovery.

7.3 Recommendations

Public Health team members supporting the gambling agenda at Nottinghamshire County Council should consider the following recommendations:

Public health teams, commissioned providers and wider partners in health and social care should raise awareness of the problems around harmful gambling, particularly that it is predominantly males and the lowest socioeconomic groups, who are most susceptible to harm from gambling.

Public health teams, commissioned providers and wider partners in health and social care should consider delivering clear information about the harms of gambling, particularly online gambling which became more popular over the COVID-19 lockdown restrictions.

Targeted support may be required in groups for whom emerging evidence links the pandemic restrictions to increased gambling rates, such as men, substance misuse service users and those known to mental health services.

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Nottinghamshire County Council

Report to the Nottinghamshire Health and Wellbeing Board

8 March 2023

Agenda Item 6

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: SPECIAL EDUCATIONAL NEEDS AND DISABILITY

Purpose of the Report

1. To request that the Health and Wellbeing Board approve the Joint Strategic Needs Assessment (JSNA) chapter on special educational needs and disability (SEND).

Information

Background

2. This report considers the needs of children and young people aged 0-25 years with special educational needs and disabilities (SEND, also often referred to as SEN) who live in Nottinghamshire.

3. The SEND code of practice provides the following definition of SEN:

   "A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty if he or she:

   - has a significantly greater difficulty in learning than the majority of others the same age
   - or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions". [1]

4. Children and young people who have SEN may also have a disability under the Equality Act (2010).[2] The act defines disability as "a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities". All children and young people with disabilities do not necessarily have SEN, but there is a significant overlap.

[1] Department for Education, Department of Health. *Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities.* 2015.
[2] Legislation.gov.uk. *Equality Act 2010*. https://www.legislation.gov.uk/ukpga/2010/15/section/6.

5. SEND includes a broad range of conditions and is categorised into four broad areas of need and support:

    a) Communication and interaction
    b) Cognition and learning
    c) Social, emotional, and mental health
    d) Sensory and/or physical needs.[3]

6. However, individual needs may change over time and needs can include either, or all of these areas.

National Context

7. In England, the number of pupils with SEN increased to 1.37 million in 2020. There was an overall decline since 2010 in the number of pupils with SEN, which may be due to more accurate identification of children with SEN following the Ofsted SEN review and the 2014 SEN reforms.[4] However, more recently (2018-2020) the proportion of children with SEN has increased, and the proportion of pupils with an Educational Health and Care Plan (EHCP) has also increased to 3.3.% in 2020.

8. For pupils with SEN, the most common primary need reported is speech, language, and communication needs (21.9%). However, for pupils with an EHCP, autistic spectrum disorder (ASD) is the most common primary need (30.1%).[5]

9. The SEND review 'right support, right place, right time' was published in March 2022.[6] The review identified three key challenges facing the SEND system:

    a) Outcomes for children and young people with SEN or accessing alternative provision are poor
    b) Navigating the SEND system and alternative provision is not a positive experience for children, young people, and their families
    c) Despite unprecedented investment, the system is not delivering value for money for children, young people, and their families.

10. Key proposals in the SEND review include:

a) "Setting new national standards across education, health, and care to build on the foundations created through the Children and Families Act 2014, for a higher performing SEND system;

[3] Department for Education Department of Health. *Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities.* 2015.
[4] Department for Education. *Special educational needs and disability: an analysis and summary of data sources. 2021.*
[5] Ibid
[6] Gov.uk. SEND Review: *Right Support, Right Place, Right Time*. https://www.gov.uk/government/consultations/send-review-right-support-right-place-right-time

b) A simplified EHCP process through digitising plans to make them more flexible, reducing bureaucracy and supporting parents to make informed choices via a list of appropriate placements tailored to their child's needs, meaning less time spent researching the right school;
c) A new legal requirement for councils to introduce 'local inclusion plans' that bring together early years, schools and post-16 education with health and care services, giving system partners more certainty on who is responsible and when;
d) Improving oversight and transparency through the publication of new 'local inclusion dashboards' to make roles and responsibilities of all partners within the system clearer for parents and young people, helping to drive better outcomes;
e) A new national framework for councils for banding and tariffs of high needs, to match the national standards and offer clarity on the level of support expected, and put the system on a financially sustainable footing in the future;
f) Changing the culture and practice in mainstream education to be more inclusive and better at identifying and supporting needs, including through earlier intervention, and improved targeted support;
g) Improving workforce training through the introduction of a new Special Educational Needs Coordinator (SENCo) National Professional Qualification (NPQ) for school SENCos and increasing the number of staff with an accredited level 3 qualification in early years settings; and
h) A reformed and integrated role for alternative provision (AP), with a new delivery model in every local area focused on early intervention. AP will form an integral part of local SEND systems with improvements to settings and more funding stability.

11. The Office of National Statistics (ONS) produces population predictions. In 2018, ONS data shows that there were 226,690 children and young people and this is projected to increase by 7.1% by 2028.[7]

Local Context

12. According to the School Census January 2021, there were 124,208 pupils aged 0-19 years in Nottinghamshire schools, of which 13,699 children have SEND (11%).[8] 1.5% have a recorded EHCP and 9.5% have SEN support, compared to 3.1% and 10.3% nationally. The School Census does not include children and young people attending out of county schools, independent schools or colleges and further education colleges.

13. The SEN2 survey shows 2840 children and young people with an EHCP aged 0 - 19 years and 3033 children and young people 0 to 25 years in Nottinghamshire. The SEN2 survey includes children and young people aged 0 to 25 years in settings as per school census, but also includes those attending out of county schools, independent schools or colleges and further education colleges.[9]

[7] ONS population projections for Nottinghamshire. Source: ONS 2018
[8] Total size of SEND population (0 to 19 years) in Nottinghamshire. Source: School Census Jan 2021
[9] SEN2 data collection, Department for Education, (2023)

14. During February 2023 Nottinghamshire received a local area SEND inspection. This was undertaken jointly by the Care Quality Commission (CQC) and Ofsted. At the time of writing this report the outcome of the inspection has not been published.

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

15. The SEND code of practice highlights the importance of a Joint Strategic Needs Assessment (JSNA), to inform joint commissioning arrangements between the Local Authority and Integrated Care Board (ICB) to ensure the needs of children and young people with SEND are met. The full JSNA chapter on SEND is provided in **Appendix 1**.

16. There is a need for more specialised SEND provision in Nottinghamshire. For example, many children are awaiting placement at a SEN school where it has been identified that their needs would be best met, however due to a lack of capacity within current specialist provision, they are receiving their education at mainstream school. Funding is available, and the County Council have applied to the Department for Education to build a new free school.

17. Continued improvements need to be made in the quality of preparation for adulthood for children and young people with SEND. Work to better meet need is currently ongoing and the development of an all-age approach within SEND is a driver behind much of this work.

18. There are delays in accessing timely health support, and some gaps in commissioning. This leads to long waiting times for children, young people, and families to access the support needed.

Recommendations for consideration

19. The JSNA recommendations identify key changes needed to address needs of children and young people with SEND in Nottinghamshire. These are set out in the table below;

	Recommendation	**Lead(s)**
	Data collation and reporting	
1	Improved data capture and reporting for SEND indicators in all CYP and adult health services. Continue to develop a multiagency data dashboard to robustly capture and monitor outcome-based data (with a focus on health inequalities).	Nottingham and Nottinghamshire NHS Integrated Care Board (ICB), health providers
2	Routinely collate and analyse data about SEND children and young people transitioning to adult services.	ICB, health providers, Local authority (LA), Public health (PH)

3	Routinely collate and analyse data about children and young people with SEND in the Youth Justice Services.	ICB, health providers, LA
	Service delivery	
4	Review the feedback from the SEND parent carer survey and use information to inform improvements in service provision.	ICB, health providers, LA
5	Ensure that Nottinghamshire can respond to the increasing children and young people with SEN needs which will lead to an increasing demand on services.	LA, ICB, health providers
6	When planning new Special Schools ensure there are secure, private clinic rooms with examination couches and handwashing facilities to facilitate health appointments in this setting.	LA
7	Review options to offer Special and Language Therapy in the Youth Justice setting.	Violence Reduction Unit (VRU), ICB, LA
8	Engage in review of Specialist Education provision commissioning framework review for the provision of Independent Non-Maintained Schools (due to end in September 2023).	LA
	SEND Local Offer	
9	Continue to co-produce and refresh the current Local Offer website so that it is more easily navigated by parents and carers following earlier feedback that this was previously a challenge.	ICB, health providers, LA,
10	Develop a new communications plan for the SEND Local Offer to promote the site to members of the public and professionals.	ICB, health providers, LA,
11	Ensure the SEND Local Offer information is reviewed and kept up to date through the agreed review process and engage with service providers to ensure they keep their records as up to date as possible.	ICB, health providers, LA,
	Covid-19 pandemic recovery	
12	Develop a Covid-19 pandemic impact assessment for SEND CYP across Nottinghamshire.	ICB, health providers, LA,
13	Use lessons learned during the pandemic to develop flexible ways of working including digital delivery if preferred and appropriate with children, young people, and their families.	ICB, health providers, LA,
	National Guidance	
14	Implement as appropriate for Nottinghamshire the National SEND Improvement Plan- due for publication early 2023.	SEND Accountability Board

Other Options Considered

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

Reason/s for Recommendation/s

21. The JSNA has been written to reflect current local issues.

Statutory and Policy Implications

22. 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

23. There are none arising from this report.

RECOMMENDATIONS

The Health and Wellbeing Board is asked:

1) To approve the Joint Strategic Needs Assessment (JSNA) chapter on Special Educational Needs and Disability (SEND), provided in **Appendix 1**.

2) To receive an update from the SEND Accountability Board regarding implementing the JSNA recommendations following the inspection outcome being published.

Jonathan Gribbin
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Constitutional Comments (GMG 23/02/23)

24. The recommendations set out in this report fall with the remit of the Board for determination under its terms of reference (see Section 7, Part 2, paragraph 8 of the Council's Constitution on page 117).

Financial Comments (DG 27/02/23)

25. 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 Health & Wellbeing Board

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

Special Educational Needs and Disability

0 to 25 years

01 02 2023

Topic information	
Topic owner	Nottingham & Nottinghamshire (Special Educational Needs and Disability 0 to 25 years) Strategic Advisory Group
Topic author(s)	Dr Robyn Wight Public Health Specialty Registrar Nottinghamshire County Council Katharine Browne Senior Public Health and Commissioning Manager
Topic quality reviewed	Sue Foley, Consultant Public Health
Topic endorsed by	SEND Accountability Board
Topic approved by	Pending approval from Health and Wellbeing Board
Replaces version	Not applicable
Linked JSNA topics	Chapters for issues faced by children and young people, which outline service

	provision for these areas in Nottinghamshire. These include: • 1001 days: From conception to age 2 (2019) • Avoidable injuries in children and young people (2019) • Breastfeeding and healthy start programme (2014) • Child poverty (2016) • Early years and school readiness (2019) • Emotional and Mental Health of Children and Young People (2021) • Excess weight in children, young people and adults (2016) • JSNA 2013: Children and young people • Teenage pregnancy (2017) • Youth offenders (2014) • Substance Misuse Young People and Adults (2022)

Nottinghamshire Health & Wellbeing Board

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Nottinghamshire Health & Wellbeing Board

Executive summary

Introduction

This chapter considers the needs of children and young people, aged 0 to 25 years with special educational needs and disabilities (SEND, also often referred to as SEN) who live in Nottinghamshire. The SEND code of practice highlights the importance of the Joint Strategic Needs Assessment (JSNA) for informing local authority and Integrated Care Board (ICB) joint commissioning for children and young people with SEND (1). The code of practice defines SEN as:

"A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age
- or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions."

Children and young people who have SEND may also have a disability under the Equality Act 2010. The Equality Act 2010 defines disability as "a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on person's ability to carry out normal day-to-day activities." (2). All children and young people with disabilities do not necessarily have SEN but there is significant overlap (1).

The Nottinghamshire vision is "that children and young people with Special Educational Needs and Disabilities (SEND) will be safe, healthy, and happy, and have a good quality of life and opportunities to fulfil their aspirations, develop their independence and make a positive contribution to society." (3)

Summary of Need

- There are a number of factors which may make a child more at risk of requiring SEND support or an Education Health Care Plan (EHCP) such as smoking and alcohol or drug use during pregnancy and poverty is "both a cause and effect of SEND" (12).
- In terms of inequalities:
    - There is ethnic disproportionality in the identification of SEND in England.
    - Although children from low income families are more likely to be identified as having SEND, they are less likely to receive support or effective interventions.
    - Research has shown people with a learning disability have worse physical and mental health than those without a learning difficulty.
- The numbers of 0-24 year olds is projected to increase by 7.1% from 226,690 in 2018 to 235,808 in 2028.

- School Census data shows that 11% of pupils in Nottinghamshire schools have SEND needs.
- Children and young people with SEN support or an EHCP are more likely to be male and white.
- The highest proportion of children with an ECHP are educated in a special school, followed by mainstream school and post 16 settings such as further education colleges.
- 16-17 year olds with SEND in Nottinghamshire have similar rates of participating in education or training as those with no SEND needs and is higher than the England average.
- The percentage uptake of annual health checks by those with learning disabilities is 66% at Nottingham and Nottinghamshire ICS Level.

Unmet need and gaps

1. There is a need for more specialised SEND provision in Nottinghamshire. For example, many children are awaiting placement at a SEN school where it has been identified that their needs would be best met, however due to a lack of capacity within specialist provision, they are receiving their education at mainstream school. Funding is available and the County Council have applied to the Department for Education to build a new free school. Free schools are funded by the government but are not run by the local authority and have more control over how they do things (Free schools - GOV.UK).
2. There needs to be continued improvements in the quality of preparation for adulthood for children and young people with SEND. The development of an all-age approach within SEND is a driver behind much of this work.
3. There are delays in accessing timely health support for children and young people, with SEND due to waiting lists within respective services.
4. There are gaps in data collection and reporting which need to be addressed if a complete picture of children and young people with SEND is to be obtained.

Recommendations for consideration

	Recommendation	Lead(s)
	Data collation and reporting	
1	Improved data capture and reporting for SEND indicators in all CYP and adult health services. Continue to develop a multiagency data dashboard to robustly capture and monitor outcome-based data (with a focus on health inequalities)	ICB, health providers
2	Routinely collate and analyse data about SEND children and young people transitioning to adult services	ICB, health providers, LA, PH

3	Routinely collate and analyse data about children and young people with SEND in the Youth Justice Services	ICB, health providers, LA,
	Service delivery	
4	Review the feedback from the SEND parent carer survey and use information to inform improvements in service provision.	ICB, health providers, LA,
5	Ensure that Nottinghamshire can respond to the increasing children and young people with SEN needs which will lead to an increasing demand on services	LA, ICB, health providers
6	When planning new Special Schools ensure there are secure, private clinic rooms with examination couches and handwashing facilities to facilitate health appointments in this setting	LA
7	Review options to offer Special and Language Therapy in the Youth Justice setting	Violence Reduction Unit, ICB, LA
8	Engage in review of Specialist Education provision commissioning framework review for the provision of Independent Non Maintained Schools (due to end in September 2023),	LA
	SEND Local Offer	
9	Continue to co-produce and refresh the current Local Offer website so that it is more easily navigated by parents and carers following earlier feedback that this was previously a challenge.	ICB, health providers, LA,
10	Develop a new communications plan for the SEND Local Offer to promote the site to members of the public and professionals	ICB, health providers, LA,
11	Ensure the SEND Local Offer information is reviewed and kept up to date through the agreed review process and engage with service providers to ensure they keep their records as up to date as possible	ICB, health providers, LA,
	Covid-19 pandemic recovery	
12	Develop a Covid-19 pandemic impact assessment for SEND CYP across Nottinghamshire	ICB, health providers, LA,
13	Use lessons learned during the pandemic to develop flexible ways of working including digital delivery if preferred and appropriate with children, young people, and their families.	ICB, health providers, LA,
	National Guidance	
14	Implement as appropriate for Nottinghamshire the National SEND Improvement Plan- due for publication early 2023	SEND Accountability Board

Nottinghamshire Health & Wellbeing Board

Full JSNA report

Notable changes from previous JSNA

No previous chapter.

What do we know?

1. Who is at risk and why?

1.1 Definition and scope

The special educational needs and disability code of practice: 0 to 25 years uses the following definition of SEN (1).

"A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age
- or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions "

Children and young people who have SEN may also have a disability under the Equality Act 2010. The Equality Act 2010 defines disability as "a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on person's ability to carry out normal day-to-day activities." (2). All children and young people with disabilities do not necessarily have SEN but there is significant overlap (1).

SEND includes a broad range of conditions and is categorised into 4 broad areas of need and support (1):

- Communication and interaction
- Cognition and learning
- Social, emotional, and mental health
- Sensory and/or physical needs

However, individual needs may change over time and needs can include all these areas. They can also represent a wide spectrum of needs and disability. See section 1.3 for identifying SEND.

1.2 National Picture

1.2.1 Numbers of Pupils with SEND

In England, the number of pupils with SEN was 1.37 million pupils in 2020. Since 2010 there has been an overall decline in the number of pupils with SEN, which may have been due to more accurate identification of children with SEN following the 2010 Ofsted SEND review and the 2014 SEN reforms (4). However, more recently (2018-2020) the proportion of children with SEN has increased and the proportion of pupils with an Educational Health and Care Plan (EHCP) has also increased to 3.3% (in 2020).

For pupils with SEN, the most common primary need reported is speech, language. and communication needs (21.9%). However, for pupils with an EHCP, autistic spectrum disorder is the most common primary need (30.1%) (4).

1.2.2 SEND reforms

The Children and Families Act 2014 reformed the SEND system, with implementation of reforms supported by guidance detailed in the special educational needs and disability code of practice: 0-25 years. The reforms placed a greater emphasis on participation of children and young people and parents in decision making, improving outcomes and support to enable those with SEN to succeed and prepare for adulthood. In addition, the reforms place responsibilities on SEND leaders for duties including joint planning and commissioning, SEN support and EHCP's and publishing a 'local offer' of support (5).

Local area SEND leaders are required to be monitored and evaluated on their effectiveness on discharging their duties and meeting the needs of children and young people with SEND. This is undertaken jointly by Ofsted and Care Quality Commission (CQC) inspectors. The current framework for inspection provides 3 judgement questions that assess how effectively children and young people with SEND are identified, how their needs are assessed and met, and how effectively are outcomes improved for children and young people with SEND (6).

After an 18-month enquiry into the reforms, it was found that the reforms were correct, however, "poor implementation has put local authorities under pressure, left schools struggling to cope and, ultimately, thrown families into crisis" (7). In response, the Government acknowledged the need for the SEND system to improve, and made more funding available, improving support and leadership (8). The Government committed to a SEND review to establish how the system has evolved since the 2014 reforms in September 2019 (9).

The SEND review 'right support, right place, right time' was published in March 2022. The review identified 3 key challenges facing the SEND system: outcomes for children and young people with SEN or alternative provision are poor; navigating the SEND system and alternative

provision is not a positive experience for children, young people, and their families; and despite unprecedented investment, the system is not delivering value for money for children, young people. and families (10).

Key proposals in the SEND review include (11):

- "Setting new national standards across education, health, and care to build on the foundations created through the Children and Families Act 2014, for a higher performing SEND system;
- A simplified EHCP process through digitising plans to make them more flexible, reducing bureaucracy and supporting parents to make informed choices via a list of appropriate placements tailored to their child's needs, meaning less time spent researching the right school;
- A new legal requirement for councils to introduce 'local inclusion plans' that bring together early years, schools and post-16 education with health and care services, giving system partners more certainty on who is responsible and when;
- Improving oversight and transparency through the publication of new 'local inclusion dashboards' to make roles and responsibilities of all partners within the system clearer for parents and young people, helping to drive better outcomes;
- A new national framework for councils for banding and tariffs of high needs, to match the national standards and offer clarity on the level of support expected, and put the system on a financially sustainable footing in the future;
- Changing the culture and practice in mainstream education to be more inclusive and better at identifying and supporting needs, including through earlier intervention and improved targeted support;
- Improving workforce training through the introduction of a new Special Educational Needs Coordinator (SENCo)[1] National Professional Qualification (NPQ) for school SENCos and increasing the number of staff with an accredited level 3 qualification in early years settings; and
- A reformed and integrated role for alternative provision (AP), with a new delivery model in every local area focused on early intervention. AP will form an integral part of local SEND systems with improvements to settings and more funding stability.

An Implementation Plan is due to be published by the Government in Early 2023.

1.3 Identification of SEND

1.3.1 Initial Identification

Medical professionals identify disabilities involving a physical or mental impairment which have a substantial and long-term adverse effect on ability to carry out normal day-today activities. Conversely, SEN is likely to be identified in the school setting and put on a SEN Register, and children may move in or out of categories of SEN during their schooling (12) or

[1] A SENCo, or Special Educational Needs Co-ordinator, is the school teacher who is responsible for assessing, planning and monitoring the progress of children with special educational needs and disabilities (SEND). For more information: Link

come off the Register altogether. Local authorities must identify all children and young people who may have SEN or a disability. Anyone including parents and carers, early year providers, schools and colleges can bring a child or young person who they believe may have SEN or disability to the attention of a local authority. Health professionals working in Integrated Care Boards (ICBs), NHS Trusts and NHS Foundation Trusts have a duty under Section 23 of the Children and Families Act 2014, to inform the appropriate local authority if they identify a child under compulsory school age as having, or probably having, a SEN or a disability.

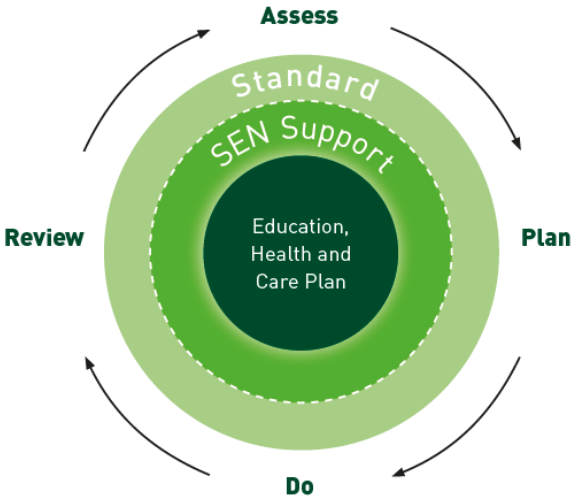
Early identification of SEND and making effective provision improves long-term outcomes for children (1). However, some children and young people's difficulties may only become evident at a later age as they develop. It is important that parental concerns are listened to and those who work with children and young people are alert to emerging difficulties.

In the early years, SEN may be identified by parental observation, health services and during the progress check at age two. A delay in learning and development may indicate a child has SEN. In school years, teachers should make regular assessments of progress for all pupils which aims to identify pupils who are not making expected progress for their age and circumstances which may indicate SEN. In further education and sixth form colleges, needs may be identified, and teaching staff should work with specialist support to identify potential SEN.

1.3.2 SEN support and EHCP

2 broad levels of support are in place for children and young people with SEN: SEN support, and Educational, Health and Care Plans. SEN support is support or provision which is additional to, and different from what is standard. The SEND code of practice also sets out a 'graduated approach' to removing barriers and supporting pupils' learning with special provision. This is designed to be a responsive, spiral system of regular and personalised assessment, targeted action, and review (13). It is based on personalised outcomes, has tracking for those outcomes, might involve extra planned adult support in class or for interventions and it is reviewed with parents/carers and pupils.

Figure 1: Assess, Plan, Do Cycle. Taken from: SEN support in mainstream schools. A summary for parents and carers. Nottinghamshire County Council



Early years practitioners work with the SENCo and a child's family to assess the child's needs, which should be reviewed regularly to ensure support matches' need. In schools, teachers, with the SENCo should assess if children have SEN. SEN support should be adapted depending on effectiveness and if the child or young person is not making expected progress, an EHCP request should be considered. Legally anyone can request an EHC assessment irrespective of the graduated approach or SEN support in place. EHCP's are a statutory process which describes the pupil's needs and necessary provision. Plans are for children with the most complex needs and content will be highly individual and unique to that pupil. Pupils' needs do not remain static, and it is possible that some pupils will move between different levels of support at different times in their school career. Children can be educated in settings including mainstream schools, special schools, and SEN units. In addition, parents can choose to provide education for their children at home instead of sending them to school which is called elective home education (14).

1.3.3 Short breaks

Short breaks are commissioned by the local authority to provide support to disabled and some non-disabled children and their families including the provision of day, evening, overnight and weekend activities. The breaks aim to provide fun and safe activities for children and provide a break from caring for parents (15).

1.4 Risk factors for SEND

There are a number of factors which may make a child more at risk of requiring SEN support or an ECHP.

Learning disabilities can be developed in the prenatal, perinatal, and postnatal period and can be linked to specific conditions. Learning disabilities are linked to chromosome and genetic abnormalities such as Down's syndrome, maternal and childhood infections such as rubella,

meningitis and measles and cerebral palsy. Prematurity can also lead to learning disabilities (16).

Smoking in pregnancy is a modifiable risk factor for poor birth outcomes including stillbirth, miscarriage, and pre-term birth, and can increase the risk of children developing learning difficulties (17). Alcohol and drug use during pregnancy can also affect foetal brain development, increase risk of poor birth outcomes and the development of learning difficulties. (18) Low birth weight and prematurity are associated with adverse developmental and educational outcomes (19) which children with low birth weight more likely to have special educational needs (20) and children born prematurely 2.85 times more likely to receive special educational assistance (21).

Poverty is strongly linked to SEND and is “both a cause and an effect of SEND” (12). Children from low income families are more likely to be born with and develop SEND. They are also more likely to be born into poverty and experience poverty growing up. This may be due to factors associated with poverty such as smoking and alcohol during pregnancy, low birth weight, parental stress and family breakdown which also contribute to the likelihood of the development of certain types of SEND. There is an association between higher prevalence of a life limiting condition/s and deprivation.

1.5 Health inequalities and SEND

There is ethnic disproportionality in the identification of SEN in England. Most ethnic minority groups are underrepresented for social, emotional, and mental health difficulties (SEMH) and moderate learning difficulties. For Social, Emotional and Mental Health (SEMH), Black Caribbean and mixed White and Black Caribbean are overrepresented, whereas Black African pupils are underrepresented (23). Research suggests that greater socioeconomic deprivation may account for this overrepresentation.

Learning disabilities are also more prevalent in young people in custody and are estimated to be between 23 – 32%, compared to 2 – 4% in the general population. Young people with learning disabilities are also overrepresented throughout the different stages of the criminal justice system from community based sanctions such as anti-social behaviour orders through to incarceration (24).

Although children from low income families are more likely to be identified as having SEND, they are less likely to receive support or effective interventions, and more likely to be excluded from school or withdraw from education. Children with SEND from low income families face multiple disadvantages throughout their lives. SEND can also exacerbate poverty as parents may need time away from work to care for their child with SEND and this can present a high cost. It can also lead to family stress and breakdown. Parsons and Platt found that socio-economic disadvantage was strongly associated with SEN conditions including behaviour, learning or speech and language difficulties, but not dyslexia. (25)

Research has shown that people with a learning disability have worse physical and mental health than people without a learning difficulty. Women with a learning difficulty have a life

expectancy 18 years shorter than for women in the general population, and men with a learning disability have a life expectancy that is 14 years less than men in the general population. The Confidential Inquiry into premature deaths of people with a learning disability found that 38% of people with a learning disability died from an avoidable cause, compared to 9% in the general population (26). Barriers for people with a learning disability from getting good quality healthcare include lack of accessible transport, lack of identification, lack of staff understanding, failure to make a correct diagnosis, lack of joint working and inadequate follow up and aftercare (26). All people with a learning disability over 14 years old should have an annual health check with their GP (27) which provides an opportunity for an annual assessment of health and wellbeing.

Looked-after children and previously looked-after children are significantly more likely to have SEN than their peers. Of those with SEN, a significant proportion will have Education, Health, and Care Plans (28). In 2019, 55.9% of looked-after children had a special educational need compared with 14.9% of all children (29). Most children and young people become looked after because of abuse and neglect. Although they have many of the same health needs as their peers, they may also have additional health care needs and the extent of these is often greater because of the impact of their past adverse experiences. Effective close work between partner agencies is required to ensure their health needs are met.

Children requiring SEN support or an ECHP also tend to have worse job prospects than those not having those requirements[2]

2. Size of the issue locally

2.1 Expected change in 0 to 25 years population

The Office of National Statistics (ONS) produces population projections. Table 1 shows the population projections for 0-24 year olds in Nottinghamshire. In 2018, there were 226,690 children and young people, this is projected to increase by 7.1% by 2028. This is mainly due to projected large increases in the 10-14 years and 15-19 year populations.

Table 1: ONS population projections for Nottinghamshire. Source: ONS 2018.

Age group	2018	2028	Change	% change
0-4	44,888	44,199	-689	-1.5%
5-9	49,617	46,579	-3,038	-6.1%
10-14	46,494	51,015	4,521	9.7%
15-19	42,034	50,794	8,760	20.9%
20-24	43,657	43,220	-438	-1.0%

[2] Post 16 education and labour market activities, pathways, and outcomes (LEO) Research report 2021

Total	226,690	235,808	9,118	7.1%

2.2 Size and demographics of SEND population in Nottinghamshire

According to the School Census[3] January 2021, there are currently 124,208 pupils aged 0 to 19 years in Nottinghamshire schools, of which 13,699 children have SEND (11%). Nationally this is 13.4%. Of the 11% in Nottinghamshire, 1.5% have a recorded EHCP and 9.5% have SEN support, compared to 3.1% and 10.3% nationally. The School Census does not include children and young people attending out of county schools, independent schools or colleges and further education colleges.

Table 2: Total size of SEND population (0 to 19 years) in Nottinghamshire. Source: School Census Jan 2021

	Nottinghamshire	**National average**
Pupils with no known SEN provision	110509 (89.0%)	86.6%
SEN support	11851 (9.5%)	10.3%
Pupils with an EHC plan	1848 (1.5%)	3.1%
All pupils with SEN	13699 (11%)	13.4%

The SEN2 survey shows 2840 children and young people with an EHCP aged 0 - 19 years and 3033 children and young people 0 to 25 years in Nottinghamshire. The SEN2 survey[4] includes children and young people aged 0 to 25 years in settings as per school census but also includes those attending out of county schools, independent schools or colleges and further education colleges. Figure 2 shows the age profile of children and young people 0 – 25 years with EHCP in Nottinghamshire according to SEN2 data.

[3] The School Census collects information from primary schools, secondary schools, special schools, maintained nurseries and academies and pupil referral units three times a year. It's done electronically and private schools are not included. Link
[4] The information collected via the annual SEN2 data collection provides the major source of data collected on children and young people with Education, Health and Care (EHC) plans. It is the only source of data on the totality of EHC plans maintained by individual local authorities. Link

Figure 2: Age profile of population with EHCP in Nottinghamshire. Source: SEN2 Jan 2021

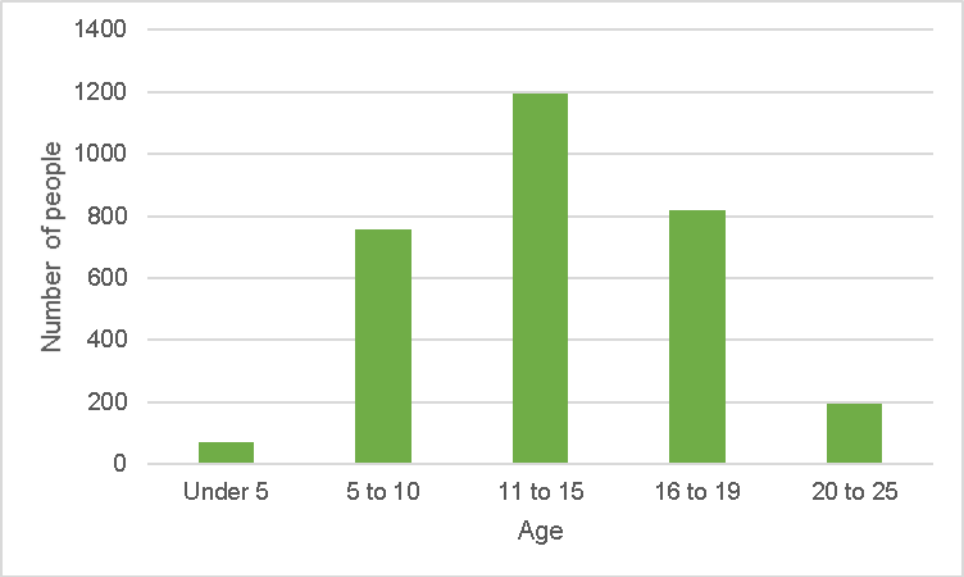


Figure 3 below shows the age profile of school age children with SEN support and EHCP according to School Census data.

Figure 3: Age profile of school age children with EHCP in Nottinghamshire. Source: School Census Jan 2021.

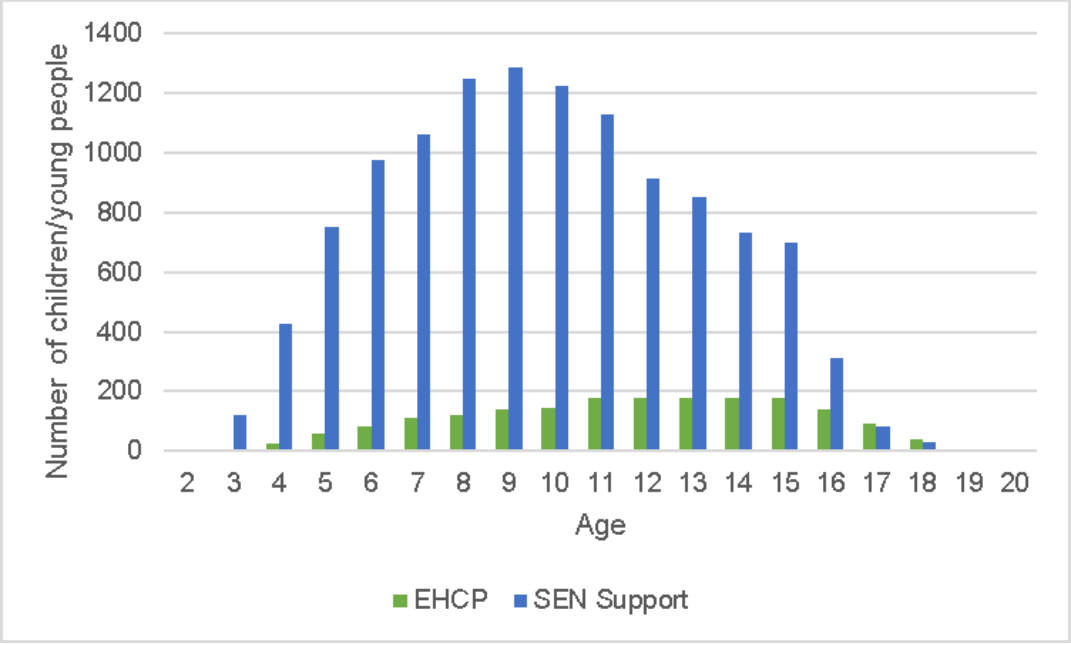


Table 3 shows the gender profile of 0 – 19 years with an EHCP, SEN support and no SEN support. Children young people with EHCP or SEN support are more likely to be male with 70% and 67.7% respectively. This pattern is echoed in the SEN2 survey showing children young people with EHCP 0 – 25 years are 71% male in Nottinghamshire and 73% nationally. This is compared to the population with no SEN support which shows a more even gender split with 48.6% male. Children young people with EHCP or SEN support in Nottinghamshire are also more likely to receive free school meals, with 39.5% of children with EHCP, 35.7% of children with SEN support receiving free school meals, compared to 15.9% of children with no SEN support (Source: School Census 2021).

There are higher levels of poverty amongst families with disabled children and young people. Children and young people from low income families are more likely to be identified as having SEND and are more likely to be in receipt of free school meals (25).

Table 3: Total size of SEND population (0 to 19 years) in Nottinghamshire, by gender and EHCP or SEN support. Source: School census Jan 2021.

Gender	EHCP	SEN support	No SEN
Female	560 (30.3%)	3832 (32.3%)	56829 (51.4%)
Male	1288 (70%)	8019 (67.7%)	53680 (48.6%)

We can see that a greater percentage of males have either an EHCP or receive SEN support compared to females.

Figure 4 shows the ethnicity of children and young people with an EHCP in Nottinghamshire with the highest proportion of EHCP issued to children and young people who are white.

Figure 4: Ethnicity of children and young people with EHCP (0 to 25 years) in Nottinghamshire. Source: SEN2 January 2021.

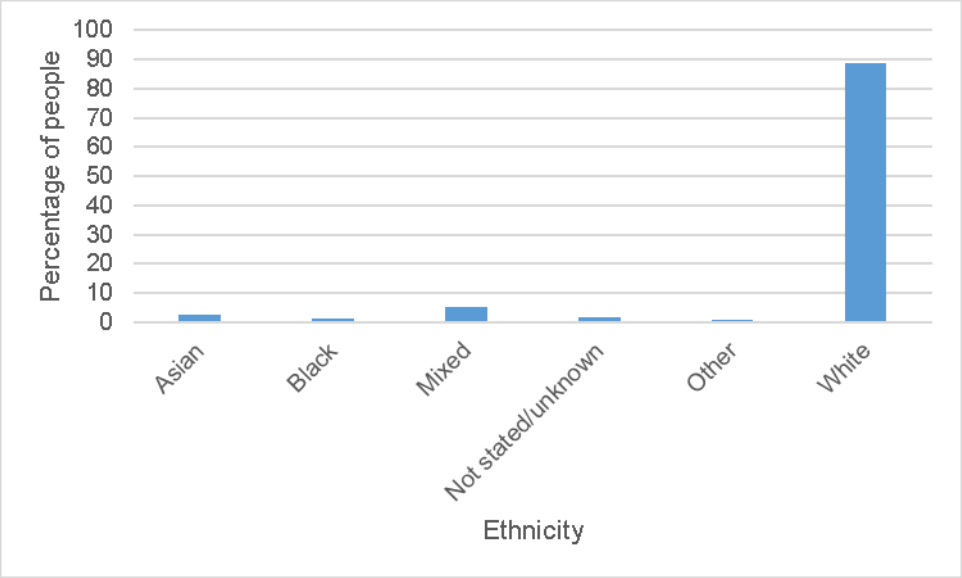


Figure 4 shows that approximately 90% of children and young people aged 0-25 with an EHCP are white, and less than 10% are from mixed, Asian, or Black ethnic groups. There are similarities in data when we compare this with the general 0-25 ethnic group population[5] in Nottinghamshire, where we can see that 87.8% of those aged 0-25 are white, 2.8% are Asian, 0.8% are black and 4.3% are from mixed ethnic groups.

[5] *Source: 2021 census link*

2.3 Change over time in SEND population in Nottinghamshire

Figure 5 shows data for all children aged 0 to 19 years with an EHCP. It shows the largest increase since 2016 in EHCP in 11 – 15 years and 16 – 19 years.

Figure 5: Number of children and young people aged 0-19 with an EHCP in Nottinghamshire by age band, 2016 – 2021. Source: SEN2 Jan 2021.

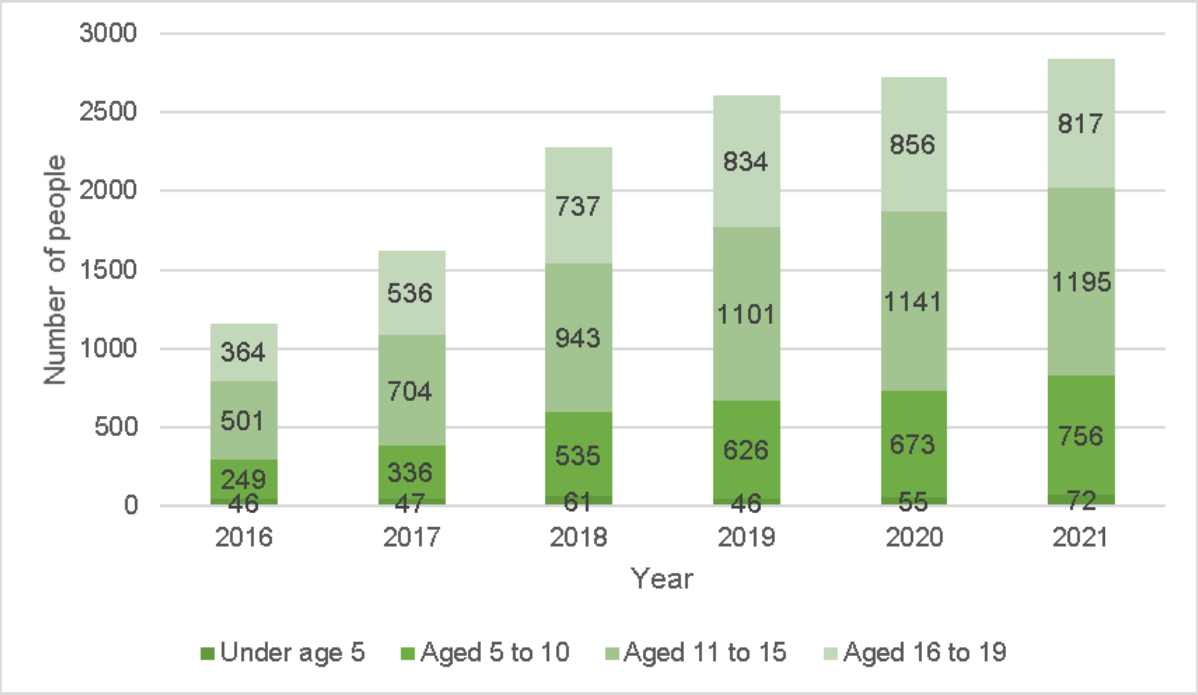


Figure 6 shows the percentage of children young people 0 to 19 years with SEN support and EHCP which shows a larger percentage increase in SEN support than EHCP since 2017.

Figure 6: Trend 2017 – 2021 of percentage of children young people 0 – 19 years with SEN support, EHCP and total in Nottinghamshire. Source: School census Jan 2021.

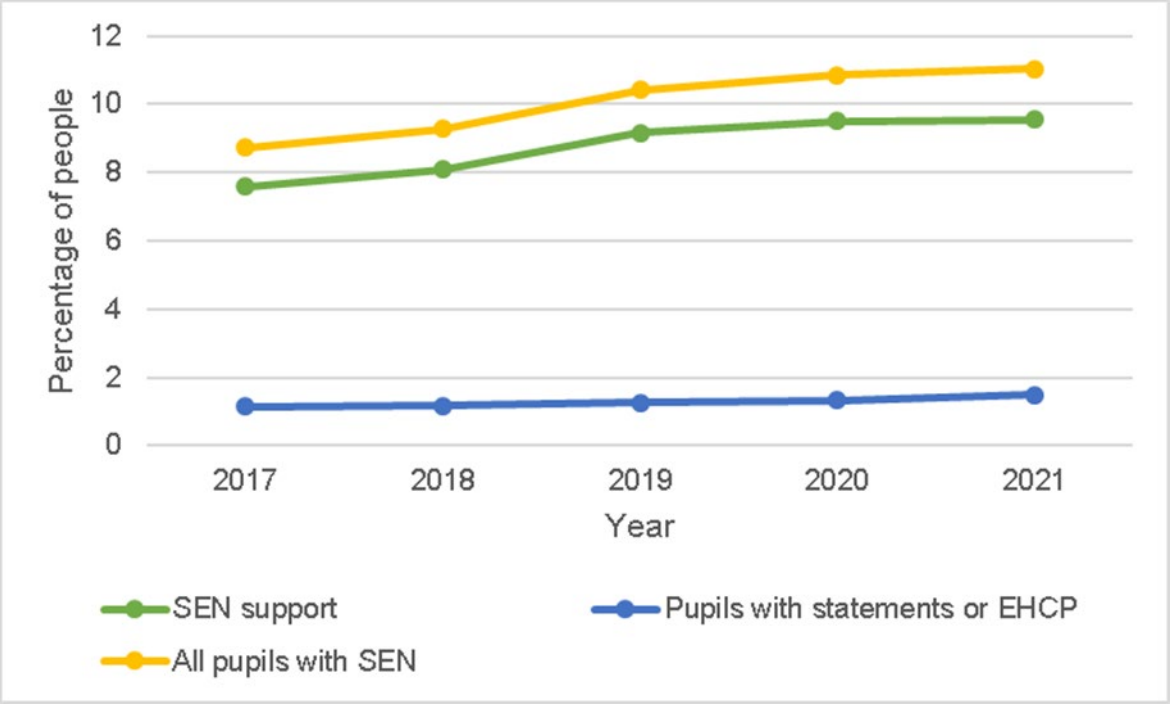
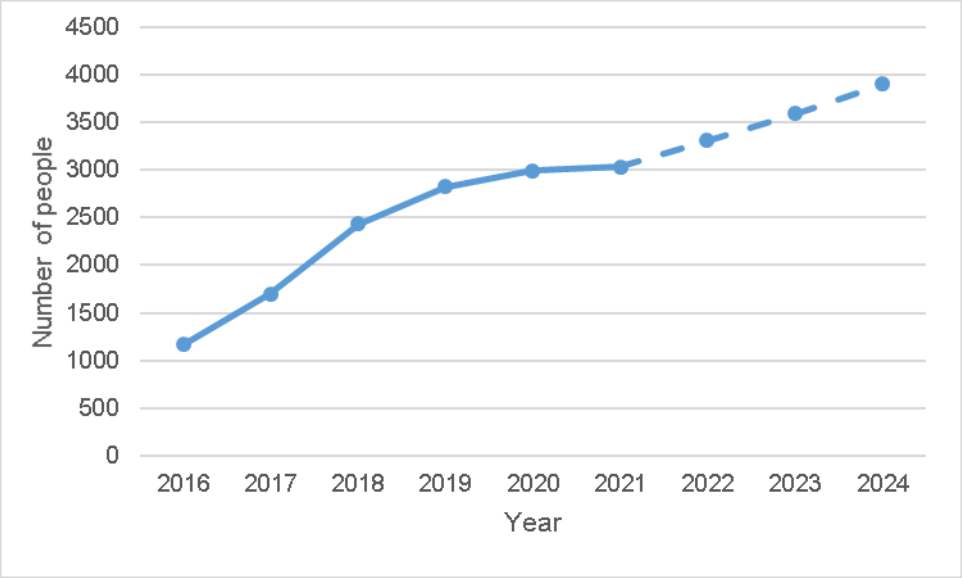


Figure 7 shows the number of children young people 0 – 25 years with EHCP with projections to 2024 which predicts an overall increase in EHCP.

Figure 7: Time trend of 0 – 25 population with EHCP in Nottinghamshire over time with projection to 2024. Source: SEN2 Jan 2021



2.4 Needs of SEND population in Nottinghamshire

2.4.1 Primary Needs

Table 4 shows the primary need of children and young people 0 – 19 years with an EHCP and SEN support in Nottinghamshire. The most common primary needs for children and young people with an EHCP are autistic spectrum disorder (44.3%), severe learning difficulty (12.8%) and social, emotional, and mental health needs (12.3%). This contrasts with children and young people with SEN support where social, emotional, and mental health (20.8%), moderate learning difficulty (20.6%), speech, language, and communication needs (15.9%) are the most common primary needs.

In primary schools, speech, language, and communication needs are the most common primary need followed by moderate learning difficulty, social emotional and mental health, and autistic spectrum disorder.. In secondary schools it is social, emotional, and mental health, followed by autistic spectrum disorder and moderate learning difficulties. In special schools, severe learning difficulties and autistic spectrum disorder are the most common primary needs.

Table 4: Primary needs of school age children and young people 0 – 19 years with EHCP and SEN support. Source: School Census Jan 2021.

Primary need	EHCP	SEN support
Autistic spectrum disorder	819 (44.3%)	1779 (15.0%)
Hearing impairment	19 (1.0%)	182 (1.5%)
Moderate learning difficulty	106 (5.7%)	2447 (20.6%)
Multi-sensory impairment	9 (0.5%)	37 (0.3%)
Other difficulty / disability	67 (3.6%)	572 (4.8%)
Physical disability	78 (4.2%)	468 (3.9%)
Profound & multiple learning difficulty	106 (5.7%)	22 (0.2%)
SEN support but no specialist assessment of type of need	0	369 (3.1%)
Severe learning difficulty	236 (12.8%)	68 (0.6%)
Social, emotional, and mental health	228 (12.3%)	2469 (20.8%)
Specific learning difficulty	71 (3.8%)	1428 (12.0%)
Speech, language, and communication needs	95 (5.1%)	1886 (15.9%)
Visual impairment	14 (0.8%)	124 (1.0%)
Total	**1848 (100%)**	**11851 (100%)**

2.4.2 Life Limiting Conditions

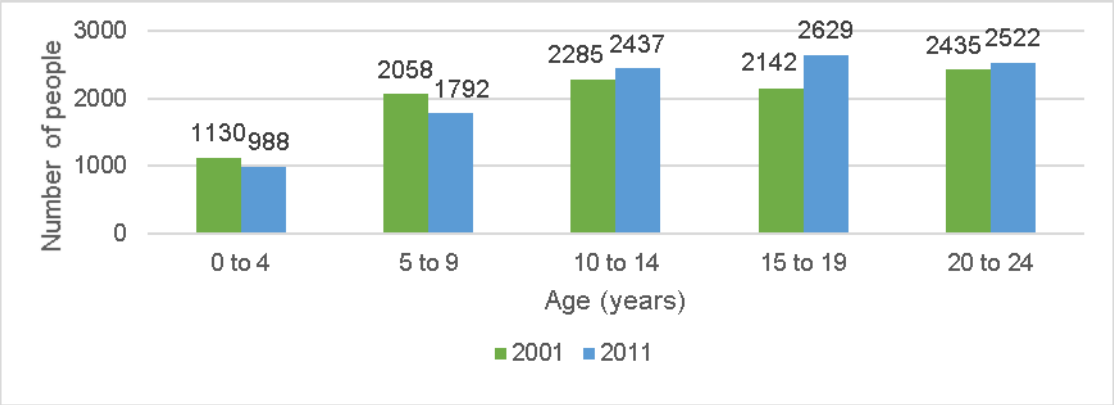
The national prevalence of life limiting conditions in children and young people (aged 0-19 years) in England had increased over 17 years from 26.7 per 10000 in 2001/2 to 66.4 per 10000 in 2017/18 (30). There are two key trends contributing to rising numbers of children with life limiting conditions:

- Improved survival rates of preterm babies and babies with congenital conditions;
- Increased life expectancy for children with complex disabilities, including children with severe cerebral palsy, cystic fibrosis, and Duchenne muscular dystrophy.

It is problematic to collate accurate, timely data in relation to disabled children and young people who may have a life limiting condition both locally and nationally, as definitions of

disability vary widely. However, Census 2011 data shows the number with limiting long term illness in Nottinghamshire increasing between 2001 and 2011 (see figure 8). The data from the 2021 Census is still awaited.

Figure 8: Children and young people (aged 0-24) with limiting long term illness in Nottinghamshire. Source: Census 2001, 2011. Adapted from: (31)

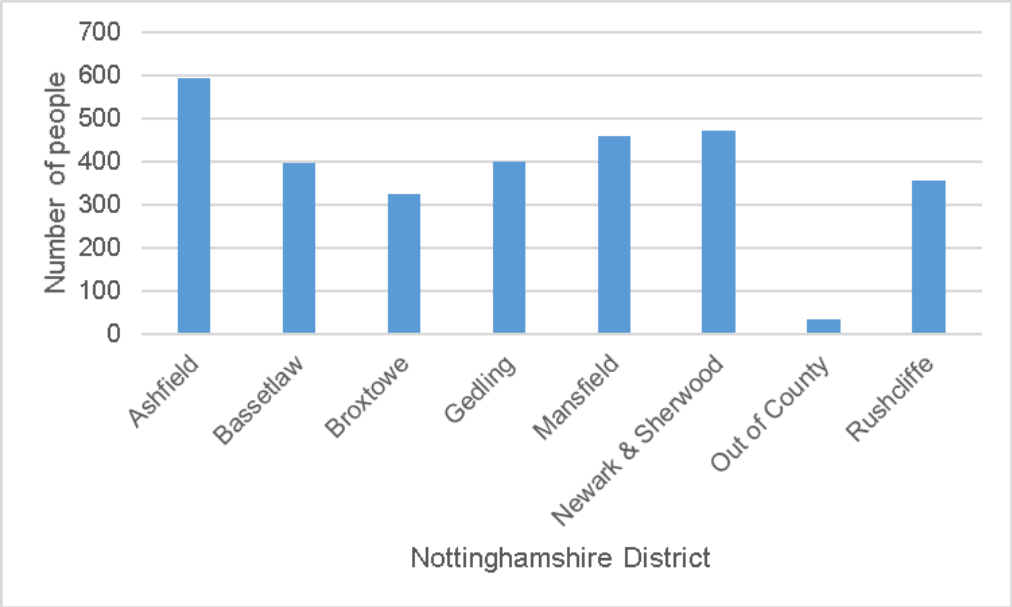


There are requirements to ensure joined up educational, social and health pathways with regard to children with life limited illness.

2.5 Where children and young people with SEND live

Figure 9 shows where children and young people aged 0 to 25 years with an EHCP live in Nottinghamshire.

Figure 9: Number of children young people with EHCP by Nottinghamshire district. Source: SEN2 January 2021.



Mansfield, Ashfield, and Bassetlaw are the most deprived boroughs in the County, with Rushcliffe the least deprived[6]. The distribution in this graph roughly follows that pattern, though Rushcliffe does not have the least number of SEN pupils (this may be due to proportion of children in the district or borough).

2.6 Where pupils with SEND are educated within Nottinghamshire

2.6.1 Schools, Colleges, and Special Schools

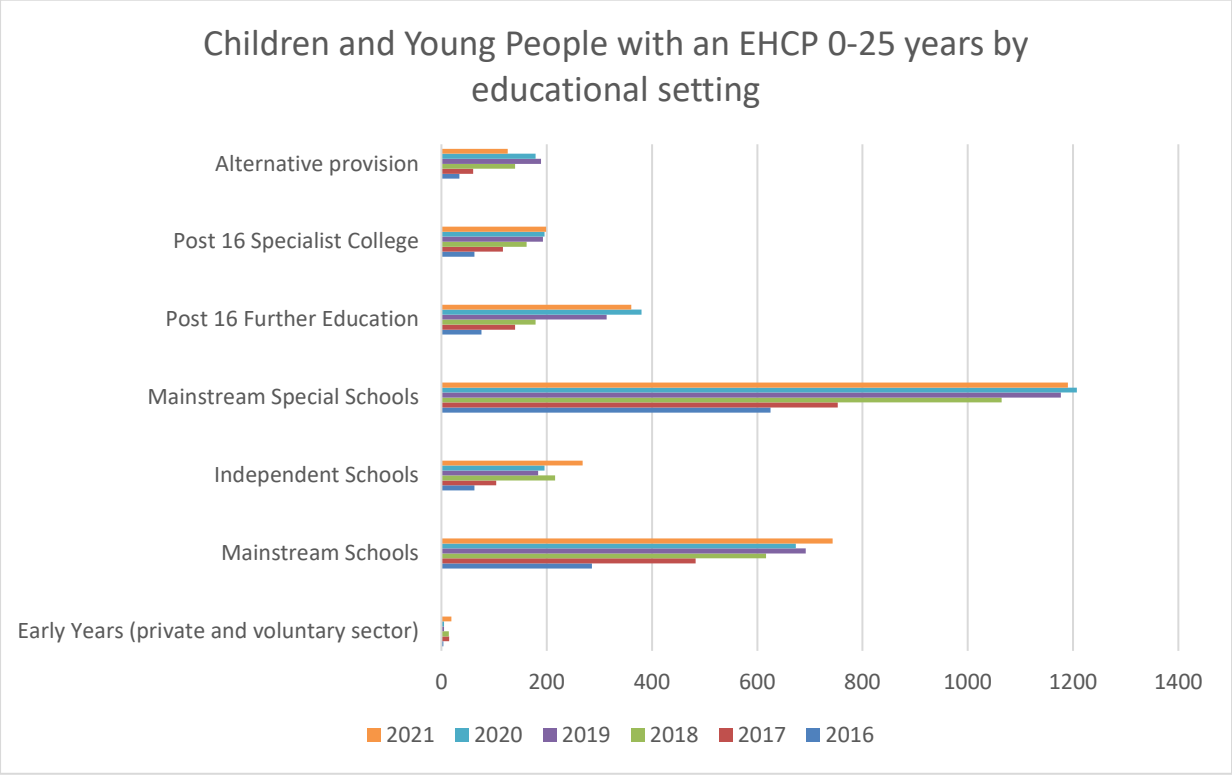
Table 5 shows where children and young people are educated according to the School Census. Table 6 shows where children and young people with an EHCP are educated and the change over time. It shows the highest proportion of children and young people with an EHCP are educated in a special school, followed by mainstream school and post 16 settings such as Further Education (FE) colleges. In addition, in the 2021 SEN2 survey, 29 children were awaiting provision, 61 had an EHCP but were not in employment, education or training and 19 were awaiting decision to cease an EHCP which is subject to an appeal to the Tribunal. In addition, 23 children were electively home educated.

Table 5: Children and young people 0 – 19 years by educational setting. Source: School Census January 2021.

	Pupils with no known SEN provision	Pupils with SEN support	Pupils with EHCP
Primary	63,720 (89%)	7,533 (10.5%)	378 (0.5%)
Secondary	46,789 (90.9%)	4,318 (8.4%)	345 (0.7%)
Special	0	0	1,125 (100%)
Total	110,509 (89%)	11,851 (9.5%)	1,848 (1.5%)

[6] Indices of Deprivation (2019) - Nottinghamshire Insight

Table 6: Children and young people with EHCP 0 – 25 years by educational setting. Source: School Census January 2021.



2.6.2 Electively home educated

In October 2021, there were 23 children and young people aged from 5 to 19 with an EHCP who were electively home educated. 57% of these were aged 14-15 years. The most common primary need of children and young people being electively home educated is Autism Spectrum Disorder (78%).

2.7 Continuing Care

Continuing Care is a package of care which is arranged and funded by the NHS and Local Authority for children up to the age of 18 who may have very complex care needs. Nottingham and Nottinghamshire Integrated Care Board (ICB) are responsible for the population of Nottinghamshire (including Bassetlaw from July 2022[7]).

[7] *NB: Prior to the amalgamation of the Clinical Commissioning Groups (CCG) and creation of the ICB in 2022, Bassetlaw data was previously reported separately from the rest of Nottinghamshire.*

Table 7: Total Number of Bassetlaw CYP eligible for Continuing Care. Source: Bassetlaw CCG 2021.

Year	Total Number of Bassetlaw CYP eligible for Continuing Care	New in year
2018-19	4	4
2019-20	5	1
2020-21	6	1
2021-22 (to Jan 2022)	13	7
Section 117[8]	3	3

Table 8: Total Number of Nottinghamshire CYP eligible for Continuing Care. Source: Nottingham and Nottinghamshire CCG 2022.

Year	Total Number of Nottinghamshire CYP eligible for Continuing Care	New in year
2018-19	42	
2019-20	50	18
2020-21*	40	9
2021-22 (to Jan 22)	18	

*2020 does not reflect a usual year. Referrals appear to have been impacted by Covid-19.

2.8 SEN Children and Young People in Nottinghamshire receiving social care support

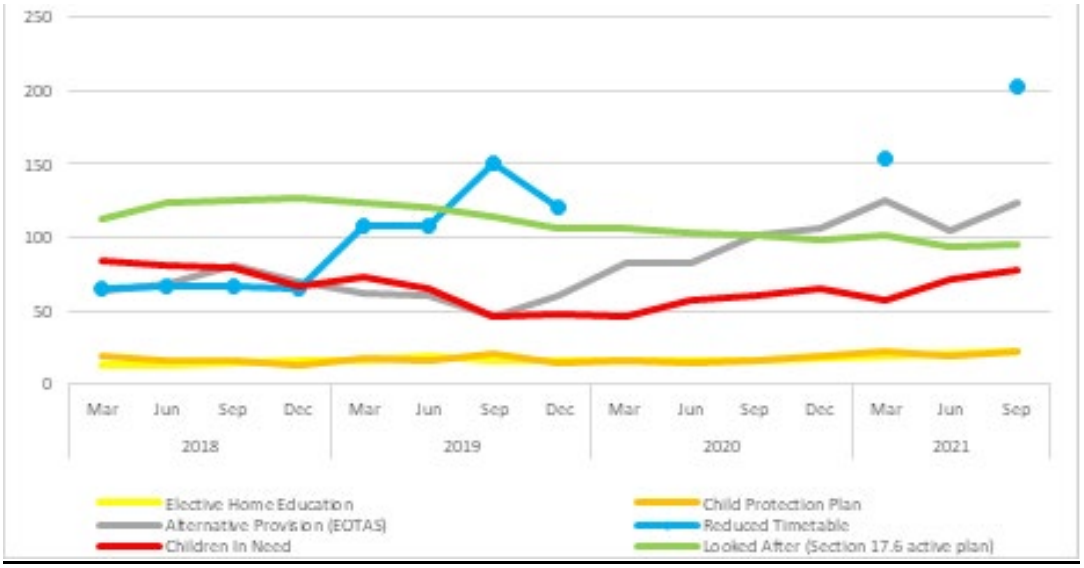
2.8.1 Children in Need

According to SEN2 January 2021 data, of the 3033 0-25 year olds with an EHCP, 65 were classified as Child in Need[9] (CIN). 19 had a Child Protection Plan, 99 were Nottinghamshire Looked after Child (LAC) and 85 were LAC in other local authorities. Figure 10 shows number of vulnerable children with an EHCP, some children may belong to more than one group. During the Covid-19 schools were closed therefore no reduced timetables were in place.

[8] ** 117 - Some people who have been kept in hospital under the Mental Health Act can get free help and support after they leave hospital. The law that gives this right is section 117 of the Mental Health Act, and it is often referred to as 'section 117 aftercare'.*

[9] *Children in need are a group supported by children's social care, who have safeguarding, and welfare needs, including: children on child in need plans, children on child protection plans, looked after children and disabled children. Link*

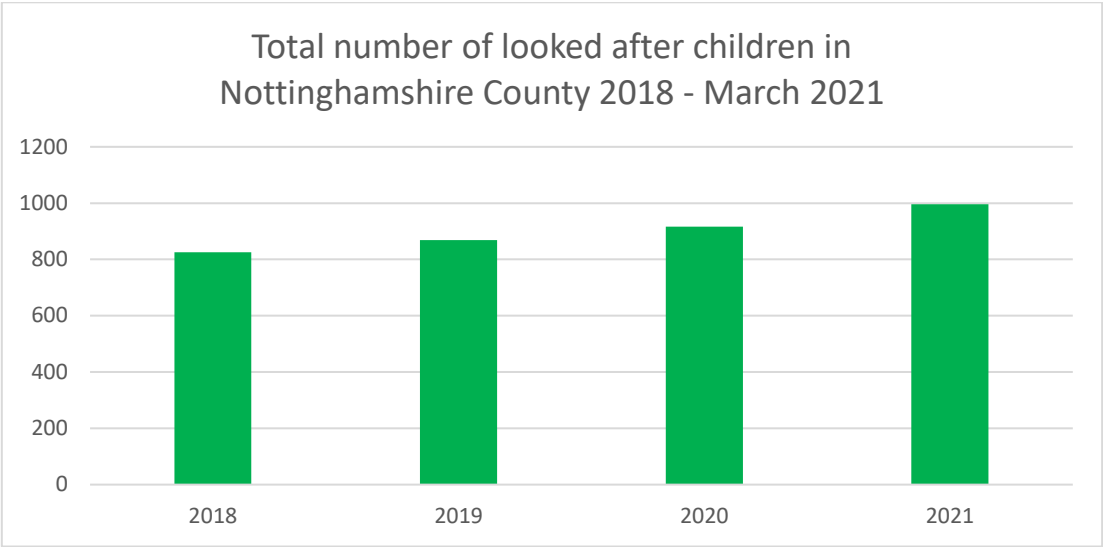
Figure 10: Number of vulnerable children with an EHC Plan. Source: requested



2.8.2 Looked after children and young people

There has been an increase in the number of looked after children in recent years with a continued increase in the numbers of CYP becoming looked after locally with graph 10 reflecting a consistent increase from 2018.

Figure 11: Number of Nottinghamshire children, young people who are looked after. Source: Annual data retrieved from the local authority.



2.9 Youth Justice

The Youth Justice service regularly benchmark and assess their practice to ensure good practice is embedded to meet the needs of children and young people within the service. All staff receive training for SEN and additional training on specific conditions such as Neuro-Developmental Disorders (ADHD and Autistic Spectrum Disorder) and speech, language and communication needs assessment and intervention is undertaken, recognising the impact these can have on communication.

Currently there is not a data system in place to identify the number of children within the Youth Justice service with SEND. Data is captured on the number of young people receiving court orders or out of court disposals[10] (OOCD) and the number and percentage of those recorded with EHCP and also those without EHCP but with SEN but this would not reflect the prevalence within the Youth Justice service.

2.10 Housing

Older young people with SEN needs may require housing support. Nottinghamshire County Council's 'Housing with Support' offer aims to provide people who have an assessed need with a clear understanding of what housing support will be available to them. 'Housing with Support' includes supported accommodation, short term residential care and providing a suitable care and support package within an ordinary house (32). In Nottinghamshire, 74.5% of adults with a learning disability live in stable and appropriate accommodation, England average 78.3% (Source: B06a Public Health Outcomes Framework 2021). Data for children and young people is not available.

Table 9: Number of people aged 18 – 35 years, receiving support by Nottinghamshire County Council – June 2019. Source: Nottinghamshire County Council

Type of accommodation	Number of people aged 18 – 35 years
Supported Accommodation	179
Residential Care	173
Ordinary housing – owned or rented	885
Live with carer, parents, family or in a shared lives arrangement	87

[10] Out of Court Disposals ("OOCD's") are one of several methods of concluding criminal investigations without proceeding to a formal court prosecution. They are administered to offenders to enable the police to deal proportionately with mainly (but not exclusively) low-level, often first-time offending and with a view to maximising victim satisfaction whilst addressing the offending behaviour and criminogenic needs of the offender. Link

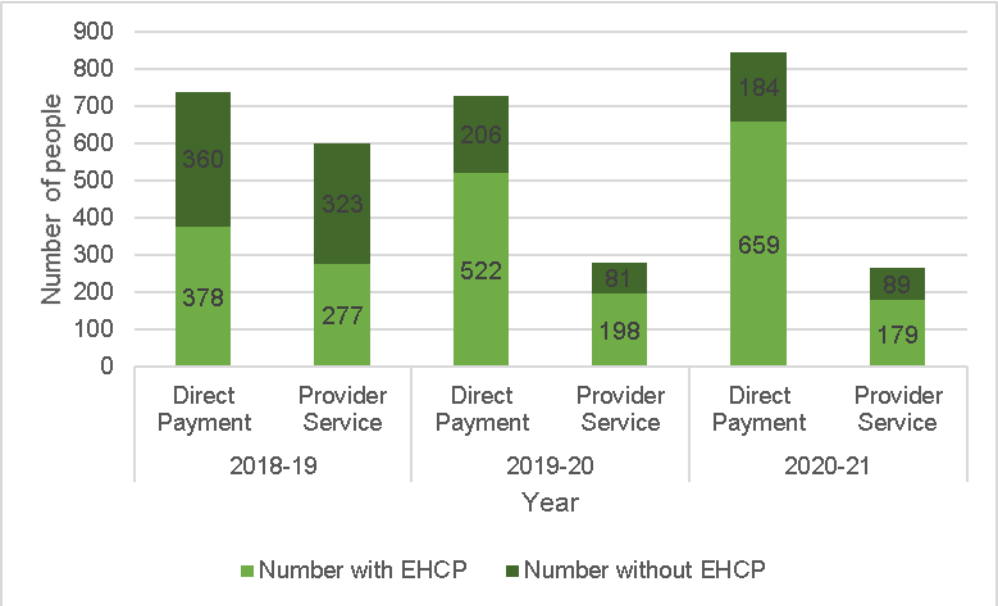
2.11 Short breaks provision

Short breaks can be offered by service providers commissioned by the local authority or via direct payments for families to buy short breaks from a registered provider (15). Figure 12 shows the number of children and young people accessing community short breaks in Nottinghamshire. Table 10 shows the average number of hours for short breaks. There has been a decline in the number of families accessing provider's services and overall, the average numbers of hours have increased by 25%.

The decrease in the number of packages and increase in hours relate to the removal of the flexible short breaks offer of 80 hours that was given prior to November 2018, following the co-produced review of short breaks in 2017-2018. All families with 80 hours reapplied for a new minimum offer of 24 hours. The number of families re-applying for short breaks dropped considerably as a result of the new criteria introduced following the review. However, many of those families applying and being assessed found that the hours offered were now higher than 80 hours. This resulted in fewer packages with a significant number of families receiving more hours. One of the criteria of the short breaks review was to offer a more focused offer to children, young people, and families. This delivery model and criteria was co-produced and agreed with the Nottinghamshire Parents and Carers Forum.

The decline in numbers of families accessing community short breaks provider services reflects the availability of these services across the county during the Covid-19 pandemic. During this period, many parents and carers requested direct payments due to provider services being closed, or as a result of health concerns. It should be noted that the number of service providers is above the pre Covid-19 numbers.

Figure 12: Number of children and young people accessing community short breaks in Nottinghamshire, 2018 – 2021. Source: Nottinghamshire County Council



Comparable 2021-22 data shows an increase in the numbers of children and young people accessing community short breaks both with and without an EHCP. 781 children and young people with an EHCP accessed community short breaks using a direct payment in 2021-22 (an increase of 122 on 2020-21) and 309 accessed community short breaks who do not have an EHCP (an increase of 124 on 2020-21).

Comparable 2021-22 data also shows an increase in the numbers of children and young people accessing community short breaks via a provider service. 309 children and young people with an EHCP accessed community short breaks via a provider service in 2021-22 compared to 179 in 2020-21 (an increase of 130), and 126 children and young people without an EHCP accessed community short breaks via a provider service in 2021-22 compared to 89 in 2020-21 (an increase of 37).

Source: Nottinghamshire County Council 2023

Table 10: Number of average hours for short breaks in Nottinghamshire. Source: Nottinghamshire County Council 2021

	Direct Payment	**Provider service**
2018-19	122	126
2019-20	144	173
2020-21	153	157
2021-22	174	175

2.12 Specialist Education provision

The County Council has a statutory responsibility to secure school places for all children including those whose special educational needs, typically set out within an Education, Health and Care Plan, are assessed as being unable to be met within a mainstream school and for whom the Council is thus obliged to procure specialist education placements within the independent / non-maintained school sector.

A gap analysis has found;

- Provision is not equally distributed around the County
- There are limited provisions not offering a mix of academic and vocational courses as well as therapeutic sessions across whole county, ultimately limiting opportunities for children and young people.
- There is a lack of provision for primary years, specifically for under eights, and Post 16 throughout the County.
- There is a lack of providers that can meet all the complex needs outlined in EHC plans and struggle to meet complex student's potential SEND needs.

In response to this the council will engage in review of Specialist Education provision commissioning framework review for the provision of Independent Non-Maintained Schools.

3. Targets and performance

3.1 Educational attainment/outcomes

As shown in table 11,16-17 year olds with SEND in Nottinghamshire have similar rates of participating in education or training as those with no SEND needs and is higher than the England average.

Table 11: Proportion of 16- to 17-year-olds recorded in education and training in Nottinghamshire. Source: Department for Education. 2021.

Percentage of 16-17 years recorded as participating in education or training in 2021			
	With EHCP	With SEN support	With no SEND needs
Nottinghamshire	94.8%	93.5%	94%
England	89.2%	87.7%	93.2%

Data has not been published at the pupil level for 2020 or 2021 due to Covid-19 for educational attainment or outcomes, therefore SEN cannot be identified in the aggregate data for these years. This JSNA will be updated when this data becomes available. The following summarises Nottinghamshire Attainment data from 2019 for all children and young people with SEN (33):

Key Stage 1 SEN

14.7% of SEN pupils achieved the expected standard in combined reading writing and maths. This represents an increase of 0.5 percentage points from 2018. This is lower than the National Consortium for Examination Results (NCER) national figure of 18.6%.

Key Stage 2 SEN

21.0% of SEN pupils achieved the expected standard in combined reading writing and maths. This represents an increase of 1.3 percentage points on 2018 but is still lower than the NCER national figure of 22.3%. Progress figures for SEN pupils are below national in reading, broadly in line for writing and above in maths for the same pupil group. Figures are -1.9 for reading (-1.5 nationally), -2.1 for writing (-2.2 nationally) and -1.3 for maths (-1.5 nationally).

Key Stage 3 SEN

There is no national assessment of progress at KS3 and therefore no data.

Key Stage 4 SEN

15.8% of SEN pupils achieved grades 9-5 in both English and maths. This represents an increase of 4.8 percentage points from 2018, higher than the NCER national figure of 13.8%. 28.2% of SEN pupils achieved grades 9-4 in both English and maths. This represents an increase of 4.7 percentage points from 2018. NCER national figure of 26.7%. The attainment 8 figure for the cohort is 26.6% with a national figure of 27.6%. Progress figures for SEN pupils are broadly in-line with national for the same pupil group and are -0.63 compared with -0.62 nationally.

3.2 Absence, fixed term, and permanent exclusion rates

As shown in Table 12, unauthorised absence rates are higher in children with SEN support and EHCP in both primary and secondary schools compared to children with no SEN support. This is similar to the national pattern.

Table 12: Percentage unauthorised absence sessions by school type in Nottinghamshire. Source: School Census. 2019

	No SEN	**SEN support**	**EHCP**
Primary school	1.19%	1.67%	3.05%
Secondary school	1.63%	3.56%	3.93%
Special school	N/A	0.71%	1.76%

The fixed term exclusion rate is higher for children with SEN support and an EHCP in both primary and secondary schools than those without. In primary schools, the fixed term exclusion rate[11] in children with no SEN is 0.12 compared to 3.24 with SEN support and 21.03 with an EHCP. This trend is mirrored in secondary schools with the fixed term exclusion rate in children with no SEN is 6.50 compared to 29.97 with SEN support and 41.67 with an EHCP. In special schools, the fixed term exclusion rate is lower at 3.42. The permanent exclusion rate is lower (0) in children and young people with EHCP in all settings. However, it is higher in those with SEN support in secondary schools (0.21) compared to no SEN support (0.04) in secondary schools.

3.3 EHCP services in Nottinghamshire

In 2021, there were 465 assessments which resulted in an EHCP being issued and 148 requests for assessment that were refused. 22% of initial requests were refused which is in line with England average of 21.6%. The SEND tribunal appeal rate is the proportion of appealable decisions of the total number of SEND appeals registered with the Tribunal in the calendar year. Nottinghamshire's most recent SEND tribunal rates are similar the mean for all English local county authorities. This is depicted in figure 13. The increase within 2017 reflects a time when the Local Authority refused a greater number of EHC assessments in the second half of 2016 which lead to a higher increase of legal challenge. Nottinghamshire still says no to a greater percentage of EHC assessment requests than the national average but a lower percentage.

Figure 13: SEND tribunal appeal rate. Source: Local government interactive tool (Ministry of Justice) 2021

[11] The head teacher can exclude a pupil for a fixed period (up to a maximum of 45 days in a school year). This can comprise of a series of short exclusions or a single 45 day exclusion. Headteachers decide about the length of the exclusion in accordance with the schools behavioural policy. Link

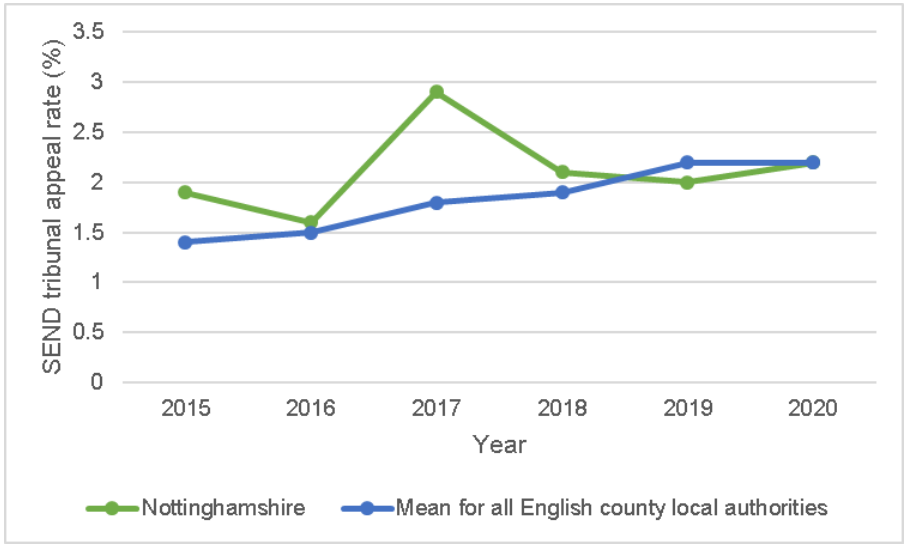
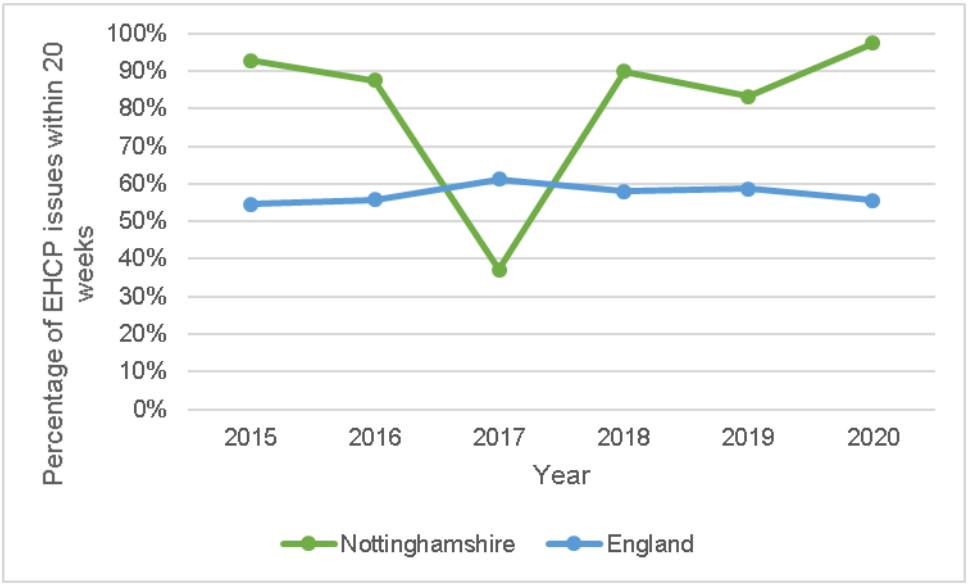


Figure 14 shows the percentage of EHCP issued within the recommended 20 weeks in Nottinghamshire compared to England average.

Figure 14: Percentage of ECHP issued within 20 weeks including exceptions. Source: SEN2 January 2021.



3.4 Annual health checks

All people aged over 14 on the GP practice learning disability register are eligible to have an Annual Health Check[12]. The check is designed to pick up a wide range of unmet health needs and leads to the treatment of health conditions which may be serious or life-threatening. In the Midlands the average uptake of Annual Health Checks is 76%. In Nottingham and Nottinghamshire Health and Care ICS level, it is 66%. This is better than the England average at 51.9% (2019/20 data)[13]. The range of achievement by Primary Care Networks in Nottingham and Nottinghamshire varies from 24% to 89%. For some practices there may be reasons for low achievement related to demographics or size, for example if they are a smaller practice in an area with lower levels of socioeconomic deprivation. Some data for some practices is in error due to nil returns.

3.5 Ofsted

In June 2016 Ofsted and the Care Quality Commission (CQC) conducted a joint SEND inspection of Nottinghamshire to judge the effectiveness of implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014 (34). Main findings included:

- Children and young people describe very positive experiences of the support they receive from health services, social care provision and their education setting.
- Inspectors found a high level of commitment to implementing the reforms from all stakeholders. Approaches such as the education, health and care hub meetings are promoting the improved identification of children and young people's needs and also improving their outcomes.
- The local area's evaluation about how well it has implemented the reforms is broadly accurate. However, the local area's self-evaluation does not include sufficient reference to the views of parents, children, and young people.
- Most parents who spoke with or contacted the inspectors during the inspection had some dissatisfaction with at least a part of the access to health provision, social care services or education. The level of dissatisfaction was a concern to the inspection team and leaders from the local area, including the corporate director of children, families, and cultural services. However, inspection evidence indicates that parental dissatisfaction is often successfully resolved when it is identified. Special educational needs appeals by parents across Nottinghamshire are at a lower rate than found nationally.
- Health visitors and school nurses are effective in identifying children's needs at an early opportunity and this helps them to put effective support in place to improve their outcomes.
- National comparative information indicates that fewer children and young people in Nottinghamshire are identified as having special educational needs and/or disabilities than found in other areas nationally. Significantly fewer children and young people than found nationally have an education, health, and care plan. Children and young people tend to have their needs met quickly because families of schools are able to draw on expertise and funding from within their family of schools group.

[12] Learning disabilities - Annual health checks - NHS (www.nhs.uk)
[13] learning-disability-annual-health-checks-sept-2020-p2.xlsx (live.com)

- Fewer 16 and 17 year olds who have special educational needs and/or disabilities in Nottinghamshire are in education or training than found nationally.
- The quality of preparation for adulthood of children and young people who have special educational needs and/or disabilities is a concern in Nottinghamshire.
- The local authority maintains a secure children's home which benefits Nottinghamshire's young people and those from across the county. The commitment by leaders to multi-agency working is exemplary and ensures that a wide range of needs are met.

Since this inspection the SEND Accountability Board has overseen improvements in relation areas where improvements could be made.

In October 2020, Ofsted and the Care Quality Commission (CQC) visited Nottinghamshire to discuss the impact of the COVID-19 pandemic on children and young people with special educational needs and/or disabilities (35).This visit was carried out as part of a series, the findings of which were aggregated into three national reports to support whole-system learning.

The following points were identified in their summary note:

- leaders at the beginning of the pandemic moved rapidly to set up systems to help professionals across education, health, and care services to communicate and work remotely. This enabled support and services for children and young people with SEND and their families to be prioritised
- the workforce experienced considerable stress and additional workload as a result of responding to the frequent changes in national guidance, and this was often at short notice
- the vast majority of schools remained open during the pandemic, including during holiday periods. Some parents and carers advised that remote and blending learning had suited their children's needs very well
- risk assessments were completed for all children and young people with Education, Health, and Care Plans, as well as those with additional needs who practitioners deemed may need extra help. However, they were not always multi-agency in content and not all parents were aware that the risk assessment had taken place
- the provision of some health services was reduced due to the redeployment of health professionals to focus on the national response to the pandemic. Where possible, health teams devised new ways of continuing to support children and young people
- social care professionals continued their work with families using technology to support communication. They checked regularly on those who had a designated social worker before the pandemic
- some parents and carers felt abandoned due to the restrictions imposed on services. Parents and professionals felt that the needs of children and young people with SEND had not been correctly prioritised in national guidance. Other parents and carers

described feeling like they had reached 'crisis point' before getting help and support from social care professionals

- leaders are aware that the impact of the pandemic on parents and practitioners is ongoing. They are keen to reflect and learn from the way professionals have worked together in new and innovative ways to meet the needs of families during this difficult time.

Nottinghamshire Public Health is currently conducting a COVID Impact Assessment, which includes the effect on education and mental health. Results will be made available to inform this JSNA and SEN provision planning.

3.6 Service usage

3.6.1 Health services

Figures 14 and 15 show first appointment numbers for health services in Nottinghamshire County and Bassetlaw accessed by all children. Nottinghamshire County figures for 2021/22 figures are actual Q1,2,3, and quarter 4 provisional data are added for full year estimate.

Caveats to data:

- Bassetlaw 2021/22 figures include activity position at quarter 3 uplifted for full year estimate.
- Bassetlaw children's physiotherapy and speech and language therapy (SALT) includes activity where service is clearly labelled as children
- fracture clinic is excluded from these figures as unable to spilt adult and children's data.
- Data is not available for Children's physio and SALT for 2020/21 and 2021/22 as reduced reporting was agreed to assist the provider with additional pressures due to the COVID-19 pandemic.
- In addition, Children's physio and SALT figures include an uplift at month 11 for the full year estimate.
- The ASD and ADHD pathway data includes referrals from the General Developmental Assessment Pathway.

Figure 15: First appointment numbers per service for Nottinghamshire county (excluding Bassetlaw). Source: NHS Nottingham and Nottinghamshire CCG.

Service	2017/18	2018/19	2019/20	2020/21	2021/22	Trend line
Paediatric Occupational Therapy	438	456	429	382	406	
Paediatric Physiotherapy	295	311	314	291	314	

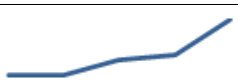
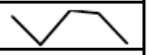
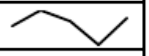
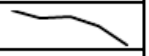
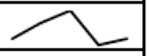
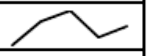
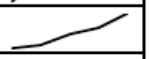
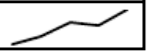
Paediatric Specialist Speech and Language Therapy	1606	1588	1966	2078	2971	

Figure 16: First appointment numbers per service for Bassetlaw. Source: Bassetlaw CCG.

Service	2017/18	2018/19	2019/20	2020/21	2021/22	Trend line
Nottingham Healthcare NHS Trust						
Childrens community nursing	55	51	67	77	72	
Children's Learning Disability Nursing	23	30	25	25	28	
Paediatric Occupational therapy.	68	75	78	70	117	
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust						
Children's Physiotherapy	254	324	385	-	-	
Children's Speech and language therapy	369	288	327	-	-	
Community Paediatrics – General Development Assessment	141	205	258	135	257	
Community Paediatrics - Autism Pathway	65	68	64	63	128	
Community Paediatrics - ADHD Pathway	51	38	44	29	85	
Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)						
Children's Epilepsy	21	19	23	9	36	

Figure 17: Referral numbers per service for Nottinghamshire county. Source: NHS Nottingham and Nottinghamshire CCG.

	2017/18	2018/19	2019/20	2020/21	2021/22	
Bassetlaw LD	25	33	30	21	29	
Bassetlaw Nursing	77	62	80	78	63	
Bassetlaw OT	111	131	116	86	120	
County Nursing	276	242	246	209	125	
County OT	511	591	661	481	515	
County Physio	339	423	460	364	407	
County SLT	2295	2405	2793	3004	3530	
Totals	3634	3887	4386	4243	4789	

The first appointment data reflects the referral data trends over the past 5 years. Whilst the year on year trend for first appointments for SLT is upwards, as would be expected with more children identified with SEND and surviving with complex needs, there is a fall in first appointments for OT and Physio that coincided with the first wave of Lockdown. Numbers have not recovered to pre-pandemic levels for children receiving OT services in the County. The provider is investigating the trend further.

3.6.2 Mental health services

Figure 18: Children and young people's access to mental health services. Source: NHS Nottingham and Nottinghamshire CCG.

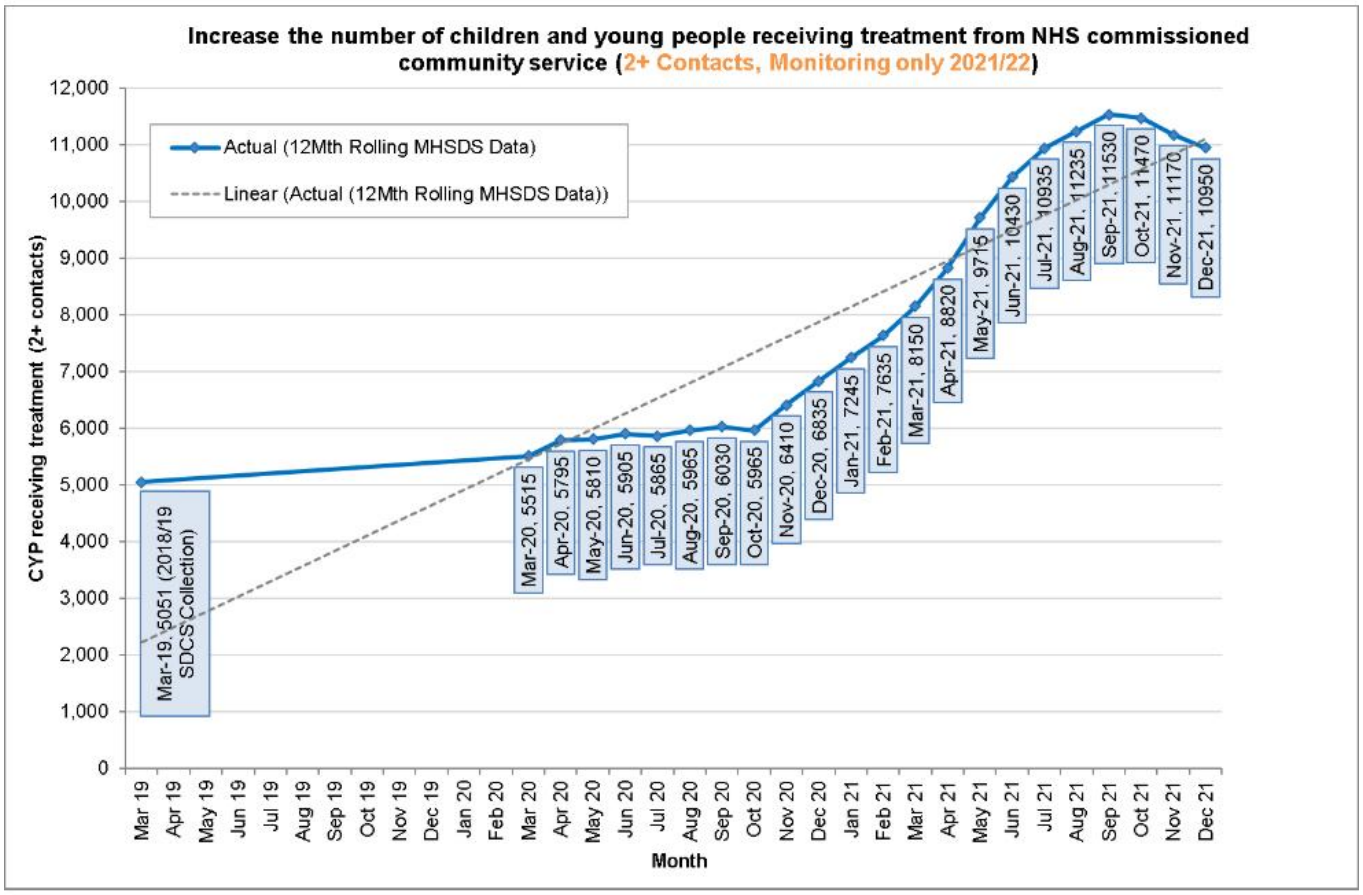


Figure 18 reflects the increased numbers of children and young people accessing mental health services (with 2 contacts) in Nottingham and Nottinghamshire. This includes children with SEND and those without. Since October 2020 there has been a significant increase in the number of children and young people accessing support, this is in part a reflection of providers submitting improved data submissions, but also due to increased investment in children and young people's mental health services, which has increased the support available. The Joint Local Transformation Plan outlines the investment made to children and young people's mental health services locally.

Table 13: Nottinghamshire Healthcare NHS Foundation Trust CAMHS teams The average waiting time for the Community Teams as of March 2022 Source: NHS Nottingham and Nottinghamshire CCG.

Waiting times	North Team	South team	West team	Numbers waiting
Waiting time from referral to assessment (weeks)	11.4	14.2	11.3	(607 patients)

Waiting time from referral to treatment (weeks)	15.3	23.1	13.2	(62 patients)

Additional early support provision to ensure responsive provision is in place has been commissioned to meet needs earlier. This includes Mental Health Support Teams and Be U Notts.

4. Current activity, service provision and assets

4.1 Local policy, strategy, action plans and Boards

4.1.1 Nottinghamshire SEND Accountability Board

The purpose of the SEND Accountability Board is to lead and co-ordinate the continuous improvement of Nottinghamshire's implementation of the Children and Families Act 2014 and the SEND Code of Practice. The SEND Accountability Board regularly reviews and monitors the SEND Strategic Action Plan and strategy. The Board is accountable to the following governance arrangements as shown in Figure 19.

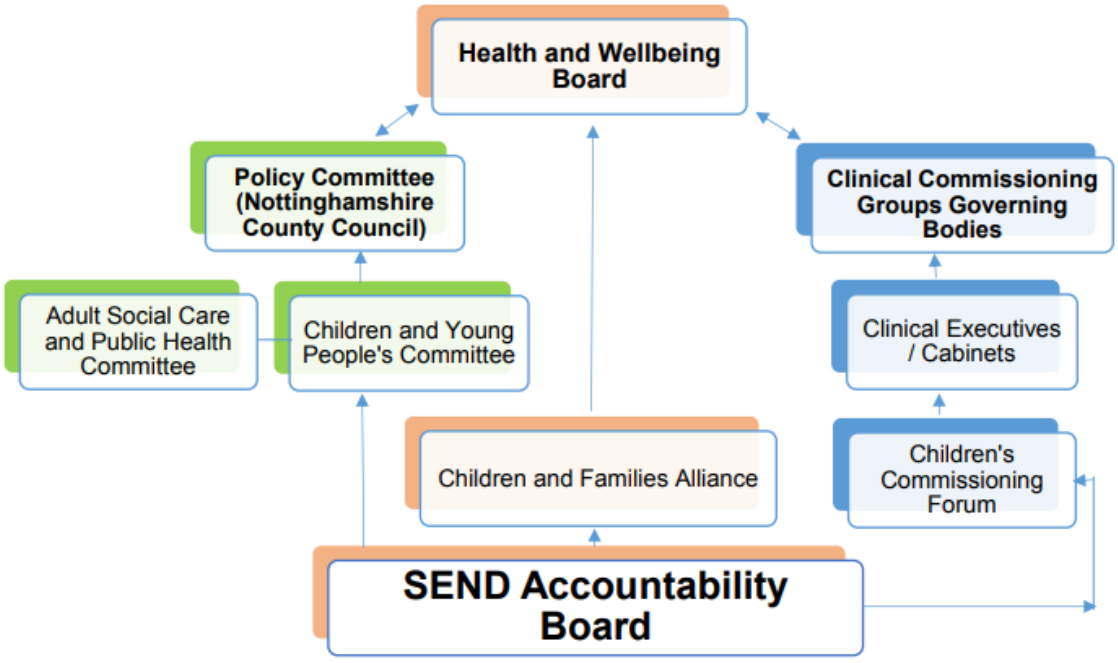


Figure 19: Governance arrangements SEND Accountability Board. Source: Nottinghamshire Local Area Special Educational Needs and Disabilities (SEND) Accountability Board Terms of Reference

4.1.2 Nottinghamshire Special Educational Needs and Disabilities (SEND) Policy (0-25 years), 2020-2023

The 2020-2023 SEND policy was developed with partners and extensive public consultation. The policy vision is:
"…that children and young people with Special Educational Needs and Disabilities (SEND) will be safe, healthy and happy, and have a good quality of life and opportunities to fulfil their aspirations, develop their independence and make a positive contribution to society."

The policy recognises and addresses that there are more children and young people with SEND, that needs of some children have become more complex and reflects legislation to support young people with SEND until the age of 25.

4.1.3 Nottinghamshire's Special Educational Needs and Disabilities (SEND) Strategic Action Plan (January 2021 to March 2023)

The multi-agency Strategic Action Plan outlines key actions to implement the policy including SEND partnership, SEND provision, SEND systems, SEND workforce, and SEND communication.

4.1.4 Nottinghamshire Integrated SEND Commissioning Strategy 2021 - 2023

This Strategy describes how Nottinghamshire will build upon its successes in meeting its commissioning responsibilities as set out in the Children and Families Act 2014, SEND Code of Practice and Equality Act 2010 and continue to remove the barriers to learning and achieving, whilst building resilience and taking a preventative approach. It describes how Nottinghamshire is working together to collaboratively commission services which improve health, social and educational outcomes, reduce inequalities for Nottinghamshire's children and young people with SEND.

4.1.5 SEND Local Offer

Local Authorities, including Nottinghamshire, must produce a 'Local Offer'. The Local Offer brings together useful information across education, health, and social care within one website with information, advice and guidance and a range of provider services listed who support children and young people with SEND.

The Nottinghamshire Local Offer provides information on:

- Education
- Health and social care
- Preparing for adulthood
- Getting around
- Things to do
- Short breaks

4.1.6 Designated Clinical and Medical Officers for Special Education Needs and Disabilities

The Designated Medical Officer (DMO) and Designated Clinical Officer (DCO) play a key part in implementing the SEND reforms and in supporting joined up working between health services and local authorities. The Code of Practice states that the DMO and DCO roles are non-statutory. The persons in these roles must have appropriate expertise and links with other professionals to enable them to exercise them in relation to children and young adults with EHC plans from the age of 0 to 25 in a wide range of educational institutions.

Nottingham and Nottinghamshire Integrated Care System (N&N ICS) have 3 DMOs and 2 DCOs in post, supported by an Associate DCO. The team provides expert advice to the N&N ICS to support the organisation and health partner providers in meeting their statutory duties, outlined within the Children and Families Act (2014), which focus on improving outcomes for children and young people with SEND, by working collaboratively with education, health, and social care partners to support children and young people (CYP) aged 0-25 years to achieve their full potential.

The DCO team not only provide strategic leadership and oversight to assure the N&N ICS; but acts on behalf of the N&N ICS as a point of contact for health providers partners education and social care settings, parent carer forums and works with a range of stakeholders, including CYP and their families, to provide;

- Expert knowledge and guidance, strategically and operationally, when navigating SEND legislation
- Continued improvements of Education, Health and Care Plan systems, mechanisms, and processes
- Supporting pupils with complex medical conditions to access their education within appropriate settings
- Embed the Preparation for adulthood agenda and improve transition experience for children and young people with SEND, as they progress into adulthood
- Ensure that up to date health information is appropriate and available to be accessible on the SEND Local Offer and other platforms and resources for children and young people with SEND and their families
- Inform commissioners for children and young people and for adults of any identified gaps in provision to ensure needs are met and outcomes improved.
- To ensure that the local area partners are signed up to a joint commissioning strategy.
- To support local area partners to prepare for readiness of future joint SEND local area inspections
- Embed co-production in practice to ensure children and young people with SEND and their families voices are captured and involved in decision making about their care and future planning.

In addition to these specific policy, strategy and action plans which directly support improvement in the health and care with SEND the following areas support improvement in specific areas of SEND which support the overall approach to improvement

Other roles within the local system are now being embedded within provider organisations, such as a SEND coordinator role with Nottinghamshire Healthcare NHS Foundation Trust. These roles will further ensure the requirements for SEND are embedded within clinical services, safeguarding, training and service planning.

4.1.7 Nottinghamshire Best Start Strategy 2021 to 2025

The Best Start Partnership aim is to assess local needs and subsequently provide and co-ordinate the effective delivery of the Best Start Strategy which will focus on pre-conception to statutory school age concentrating on the first 1,001 days. This group will champion and deliver effective and meaningful multi-agency planning and service delivery to give every child in Nottinghamshire the best start in life, through delivery of the 10 key ambitions of the Nottinghamshire Best Start Strategy. The strategy can be accessed here and outlines how partners will work together to ensure all children, including those with SEND achieve a good level of development and that transition arrangements for this cohort are strengthened.

4.1.8 Children and Young People's Transformation Programme Board

There are a range of physical health strategic groups that are condition specific either as part of an all ages Nottingham and Nottinghamshire ICS group such as Diabetes or Palliative and End of Life Care or have been created to implement an ICS wide, but CYP focussed approach such as Asthma or Obesity. A CYP Transformation Programme Board oversees the NHS Long Term Plan for Children and Young People and has met to consider purpose, membership, and function, it will be developed and established further during 2022. Provision for children and young people who reside in Bassetlaw is considered as part of this work, but the specialist /secondary care is provided as part of the South Yorkshire ICS.

4.1.9 Children and Young Peoples Mental Health Local Transformation Plan and Executive

The aim of the Children and young People's Mental Health Executive is to bring together commissioners, providers, and stakeholders at a strategic level to work in partnership and collaboration to agree and oversee delivery of the Children and Young People's 0-25 Mental Health and Wellbeing Transformation Plan for Nottinghamshire and Nottingham City.

Part of their role is to oversee and implement a cross organisational delivery plan ensuring local and national priorities in relation to children and young people's mental health is achieved.

4.1.10 Nottingham and Nottinghamshire ICS: Learning Disability and Autism

Nottingham and Nottinghamshire is an established ICS, within which Learning Disabilities and Autism Transformation is overseen by the partnership Executive Board, reporting into the ICS Board. The Executive Board has strategic oversight of the transformation programme and its associated risks, the operational detail of which is overseen by the Operational Delivery Group. The Operational group determines the direction and agrees action of four main themes/action groups.

The CYP LD/ASD steering group is an integral part of the Nottinghamshire LD/A Transformation governance structure and as such benefits from strong links with the other steering groups (including the Key working steering group) and themes which changes outcomes, and the shared model is agreed. The section below outlines the governance structure.

4.11 Preparing for Adulthood Project Board

This group is responsible for the overview and authorisation of the Children and Young People's Community Services (CCYPS) Transition developments, planning, updates on best practice and will facilitate ownership by the Directorate. This ensures all young people within the CCYPS caseload receive good quality transition planning and empowerment, before they move to adult services.

4.2 Education services

4.2.1 Educational Psychology Service (EPS)

The Educational Psychology Service consists of a team of Educational Psychologists who support the development and wellbeing of children and young people. This involves supporting individual children and groups of children with direct work with Nottinghamshire schools. Most work is with adults who are with children on a day-to-day basis such as teachers, parents and other professionals. The service offers: support and advice for schools in understanding and supporting children with complex needs (core offer), to lead group problem-solving meetings to help people to navigate complex or 'stuck' situations e.g., Solution Circles, training and development work in schools and organisations and independent evaluation research (sold services).

4.2.2 Schools and Families Specialist Service (SFSS)

A team of specialist teachers and teaching assistants with additional qualifications and extensive experience in working with children and young people with special educational needs/disabilities (SEND) aged from 0-19. Teaching, advice, support, and training for pupils with the most complex needs, and for the staff who work with them, is available free of charge to all Nottinghamshire schools, including academies and primary, voluntary, or independent settings.

4.2.2.1 Habilitation Officer

The Habilitation Officer works within the Sensory Team as part of Nottinghamshire County Council's Schools and Families Specialist Service (SFSS). The Officer works with families, babies, children, and young people who have a significant visual impairment and who are resident in Nottinghamshire. Any Nottinghamshire school/setting where a young person will a visual impairment is on roll can also seek advice and support from the Habilitation Officer. The Habilitation Officer offers advice to families on paediatric mobility, sensory development, and the development of physical skills.

4.2.3 Integrated Children's Disability Service (ICDS)

The Integrated Children's Disability Service was created in September 2016 and brings together colleagues from education and social care into one team to deliver a holistic approach to support for children and young people with disabilities aged 0 to 25 years. There is a variety of support, advice, and information available to help disabled children and their families with everyday tasks.

The service consists of 6 teams:

- Education, Health, and Care Assessment Team – Pre 16
- Education, Health, and Care Assessment Team – Post 16
- Specialist Support Team
- Short Breaks Assessment and Review Team
- Children's Occupational Therapy Team
- Physical Disability Support Service

4.2.3.1 Physical Disability Specialist Service

PDSS is responsible for providing specialist advisory support and guidance to schools, pre - schools and post 16 educational settings to support the inclusion of pupils with significant physical disabilities and complex medical/health needs to access their educational setting.

4.2.4 Early Years Quality and Attainment Team

The team promote and support the delivery of high-quality early education and childcare provision, in addition to fulfilling the role of Area Special Educational Needs and Disabilities Coordinator (SENDCo) in order to raise attainment, especially for vulnerable children. Early Years settings (childminders, schools, day nurseries or preschools) who are registered with Ofsted are allocated one of three levels of support. The level of support identified will be based upon the settings RAG rating, the numbers of vulnerable children and in a discussion with the setting. The offer aims to be flexible and responsive to settings needs. The level of support offered to the setting will be regularly reviewed and adjusted depending on Ofsted grading and numbers of vulnerable children.

4.2.5 Health Related Education Service

This service supports children who are unable to attend school for health-related reasons including: pregnant school age learners and school age mothers, learners in hospital receiving treatment and children who are too ill to attend school.

4.2.6 Personal, Social and Emotional Development (PSED)

Specialist teachers and teaching assistants provide advice and support to schools and to partnerships of schools with regard to the social and emotional needs of children aged 3 to 11 years. The service aims to secure and strengthen the school places of the primary aged children with the most severe and complex emotional and social needs; where such children are without a school place, the team has responsibility for ensuring that they have access to appropriate education.

4.2.7 Special needs travel assistance

Most children and young people with Special Educational Needs or Disabilities (SEND) do not have a special transport need. Travel assistance may be available for a child or young person living in Nottinghamshire if they are assessed as being eligible, this includes living within walking distance of the school/college but cannot walk or travel to school even if accompanied by a parent/carer or is unable to use public transport when accompanied. Travel assistance can include provision of a Direct Travel Assistance Payment (DTAP), parental mileage allowance or the provision of special/medical transport.

In addition, Independent Travel Training (ITT) helps people to travel independently without the need for Council-funded transport. On completion of the programme, participants should be able to travel independently to local and more widespread landmarks, work, day centres, work experience, school/college and back home. The training is tailored to participants' needs and circumstances and delivered by staff in schools, colleges and voluntary services.

4.2.8 Nottinghamshire EHC Assessment Teams

The Education, Health, Care and Assessment Team is responsible for delivering the EHCP statutory duty as detailed in the Children and Families Act 2014 to children and young people with SEND. The team manages requests for EHC needs assessments and for the writing of plans describing the statutory education, health and social care provision needed in order to meet the young persons need. The team will work with the family and young person to produce an EHCP detailing the specialist education needs of the child/young person, the provision needed in order to meet the need and the desired outcomes.

4.2.9 Youth Justice Service and SEN Education (YJS)

The YJS have a dedicated education team who pick up anything that relates to education for young people in the youth justice system. The team consists of the Senior Education Practitioner, Training & Employment Co-ordinator, 3 Education, Training and Employment Advisers based in each locality team, 1 Functional Skills Tutor, and a Speech, Language and Communication Therapist. The team works with young people with special educational needs in the youth justice service, which includes sharing educational information and SEN with the custodial establishment, carrying out EHCP reviews, brokering support necessary and practicable in a custodial setting, and education, training, and employment advice.

4.3 Health services

This section provides an overview of the key services which work with children and young people aged 0 to 25 years with special educational needs and disabilities. In addition to these services universal services are available.

4.3.1 0-19 offer

The Healthy Families Programme is provided by Nottinghamshire Healthcare NHS Foundation Trust and brings together care provided by Specialist Public Health Practitioners (Health Visitors and School Nurses) and their teams to support all children, young people, and families in Nottinghamshire. Healthy Family Teams offer universal health reviews for all children and deliver first level support and advice on health issues such as maternal mental health, breastfeeding, formula feeding, minor ailments, eating, parenting issues, behaviour and continence and refer or signpost to other services who will be able to provide ongoing help.

4.3.2 Community paediatrician service

Community Paediatrics are specialist children's doctors (Paediatricians) and nurses who have expertise in a range of medical and developmental conditions, including complex disability. Clinics may be held in schools, health centres or hospital settings.

4.3.3 Community Learning Disability Team (CLDT)

The teams have the remit of being the gatekeeper to services, providing a seamless, needs-led service to adults with a learning disability living in the community. There are 10 CLDTs that cover the whole of the county.

4.3.4 Children and Adolescent Mental Health Service (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) are for children/young people up to 18 years old. They offer a range of services for children and young people who are experiencing issues with their emotional wellbeing and mental health from mild to complex. The service offers a mix of consultation, assessment, and therapy. Children and young people may also receive support from the CAMHS Intellectual Disability Service who provide support to those who have a diagnosed learning disability, including autism, and who are presenting with an emotional/mental health need. Information on all mental health services can be accessed from the local system website for children and young people's mental health www.nottalone.org.uk

4.3.5 Community Mental Health Teams (CMHT)

They work with service users, aged between 18 and 65, who have mental health difficulties which require the involvement of specialist mental health services and cannot be managed by the GP surgery.

4.3.6 Children's Occupational Therapy Team

The team provides specialist assessment for disabled children and young people resident in Nottinghamshire up to the age of 18, who have a permanent and substantial disability which has an adverse effect on their ability to carry out normal day to day activities within the home environment. Occupational Therapy aims to provide support and intervention to help children and young people with disabilities develop to their full potential, considering the stage of development the child/young person has reached. It can assist with overcoming practical problems and maximising a child/young person's independence in their own home, as well as supporting parents/carers to care for their disabled child/young person safely.

4.3.7 Occupational Therapy

There is a County Children's Occupational Therapy team and a Whole Life Disability Occupational Therapy team in the City who provide specialist assessment for disabled children and young people up to the age of 18, who have a permanent and substantial disability which has an adverse effect on their ability to carry out normal day to day activities within the home environment. Occupational Therapy aims to provide support and intervention to help children and young people with disabilities develop to their full potential. It can assist with overcoming practical problems and maximising a child/young person's independent in their own home, as well as supporting parents/carers to care for their disabled child/young person safely.

4.3.8 Speech and Language Therapy Service

The Children's Speech and Language Therapy Service supports children in Nottingham city and county, from birth to the end of school. Children meeting the service entry criteria will receive assessment, diagnosis, and support. The service offers support and advice to parents/carers of children with eating, drinking and communication difficulties.

4.3.9 Specialist Children's Speech and Language Therapy

The Specialist Children's Speech and Language Therapy service supports children in Nottingham City and County, including those with SEND. They support children who need support with, for e.g., understanding what is being said to them, using words and linking them together, saying sounds and speaking clearly and using alternative ways of coping.

4.3.10 Children's Physiotherapy

The core purpose of the children and young people's physiotherapy therapy element of the ICCYPS service is to provide physiotherapy intervention through assessment, treatment, management, education and evaluation for children and young people who have disorders of movement and posture, disabilities or illness which may be improved or controlled by therapeutic skills and use of specialist equipment.

4.3.11 Specialist Physiotherapy

The children's physiotherapy service provides physiotherapy assessment and treatment for children who have a disability or long term health condition affecting their movement, coordination, or ability to engage in activities of daily living.

4.3.12 Key-working service

The Key-working service provides support to children and young people with autism and/or a learning disability who are deemed at risk of hospital admission or placement breakdown due to mental health struggles. The service works with children and young people (CYP) up to the age of 25 years old and referrals can be made for a child or young person who is on the Dynamic Support Register (DSR). The DSR is owned and maintained by the Integrated Care Board (ICB) and it is there to support young people, parents/carers, and professionals to work together and may include thinking about whether there is a need for a Community Care Education and Treatment Review (CETR). The aim is to report concerns early enough that actions are taken to reduce the risk of children or young people going into hospital. The keyworker will manage a caseload with focus on providing therapeutic intervention that is strengths-focused, evidence-based and tailored to meet the needs of the child/young person and their family/carer.

4.3.13 Annual Health Checks

All people aged over 14 on the GP practice learning disability register are eligible to have an Annual Health Check. The check is designed to pick up a wide range of unmet health needs and leads to the treatment of health conditions which may be serious or life-threatening. (27). More information on the latest performance of GP practices for Annual Health Checks is in section 3.

4.3.14 The Concerning Behaviours Pathway

Concerning behaviour can arise for many different reasons which could be social, emotional or medical. The pathway is for all children and young people who are registered with an NHS Nottinghamshire County GP (and their families) who have behaviours that are causing concern to them, to their family, or that have been identified by someone working with them e.g. a Teacher, Nursery Nurse or Health Visitor. The pathway supports children and young people 0-19 and up to their 25th birthday where an Education and Health Care plan (EHC) is in place. The Bassetlaw Concerning Behaviours Pathway mirrors and reflects the approach in Nottinghamshire County and Nottingham City, ensuring cohesion and consistency for service users.

4.3.15 Deaf and Visual Impairment service

In Nottinghamshire County, the deaf and visual impairment service consists of specialist teachers and teaching assistants who work with children and young people to provide specialist assessments and interventions, including services for children and young people who are deaf, visually impaired, autistic and have cognitive learning difficulties

In Nottingham City, the hearing impairment and visual impairment team service consists of specialist teachers, educational audiologists, BSL instructors and specialist teaching assistants. The visual impairment team consists of specialist teachers and teaching assistants and mobility officers. Both teams work closely with hearing and visually impaired children and families in order for children to achieve their full potential.

4.3.16 Children and Young People's Continuing Care

Continuing Care is a package of care, which is arranged and funded by the NHS for children up to the age of 18 who may have very complex care needs. Children with such complex needs may need additional health support to that which is routinely available from GP practices, hospitals or in the community. A referral can be made when a registered health, social care or education professional has identified that a child's health needs may not be met through universal, targeted or specialist services and where needs are such that they may meet eligibility for a package of continuing care. The health assessor will make a case to a panel of experts, who decide based on the evidence, and the recommendation, if the child or young person has a continuing care need. A decision is usually made 6-8 weeks from referral for package of care which is kept under regular review to ensure needs are supported.

4.3.17 Children and Young People's Community Nursing

The children and young people's community nursing service provides community-based nursing care, which includes holistic health needs assessments and individual nursing care plans for children and young people with acute and additional health needs including disability and complex needs and those requiring palliative and end of life care. This is for children with acute and short-term conditions requiring interventions over and above those provided by universal and primary care services, to avoid hospital admission and/or reduce length of stay, as well as children with long-term conditions. It excludes the activity delivered by condition specific Clinical Nurse Specialists based within Acute Trusts.

4.3.18 Butterfly Project

A team of Project Workers are able to work closely with families who have a child with a life limiting condition or at end of life to meet essential needs of the family as a whole. A Project Worker can be allocated to support the family and to act as an advocate. Support can be provided such as help with benefits, short breaks, and access to equipment and activities. They carry out one-to-one Home Visits to support individuals and carry out focused work with siblings plus signpost parents to relevant agencies and to support them by attending key multi-professional meetings. The service covers current ICS footprint which excludes Bassetlaw

4.3.19 Youth Justice Team: Nursing Service

This nursing team provides health needs assessments to children and young people within the criminal justice system. Children and young people are automatically referred to the service when they enter the Youth Offending Service and referrals can be made by professionals, parents, carers, and children and young people. The team delivers health interventions for 10 to 19-year-olds. They reduce health inequalities and improve health outcomes for vulnerable children and young people who are under the supervision of the Nottingham City and Nottinghamshire County Youth Justice Services.

4.4 Social Care Support

4.4.1 Nottinghamshire's Pathway to Provision

The pathway (accessible here) is Nottinghamshire's multi-agency approach to assessing the needs of children and young people and the level of support that they may need. It is recognised that children, young people, and their families may have different levels of need and also that these needs may change over time. There are four levels which separate the different levels of need and the types of services that can be accessed at each level:

Universal (Level 1) – For children and young people who are achieving expected outcomes and have their needs met within universal service provision without any additional support. This provision could include GP's, schools, children's centres, and Healthy Family Teams including health visitors and school nurses.

Early Help (Level 2) - Children and young people where some concerns are emerging and who will require additional support usually from professionals already involved with them. This could include the Level 1 support but also services such as the Early Help Unit.

Targeted Early Help (Level 3) - Children and young people who are causing significant concern over an extended period or where concerns recur frequently. This may include mainstream services where the child/young person does not have to have a disability such as the Family Service and CAMHS but there are also services specifically for children and young people with disabilities including the Integrated Children's Disability Service (ICDS) and the Specialist Support Team.

Specialist (Level 4) - Children and young people who are very vulnerable and where interventions from Children's Social Care are required. This would include child protection cases where children are at risk of harm. This would be support/services through the Children's Disability Service and would include children in need of specialist support, children in need of protection and children in need of care. Additional services at this level could include The CAMHS Children Looked After and Adoption Service, Fostering Support, Support After Adoption and the Youth Justice Service.

4.4.2 Early Help Unit

The Early Help Unit provides a central contact point for families to access early help services in Nottinghamshire. They can provide information and advice and will signpost to non-County Council Services, as well as accepting referrals on behalf of Nottinghamshire County Council's early help services. This includes Children's Centre and Family Service which provides early help support children and young people aged 5 to 18 with a variety of needs.

4.4.3 Specialist Support Team

The Specialist Support Team offers bespoke, individualised packages of support for children and young people aged 0-18 years, either within their own homes or local communities, delivered by trained / experienced support workers. The team is registered and inspected by Care Quality Commission (CQC). The team offers personal care and family support, and specialised short breaks and interventions.

4.4.4 Children's Disability Social Work Team

The Children's Disability Social Work Team is a frontline children's social care team and Level Tier 4 service. The team works with families who are in crisis and need specialist services, or for whom there are safeguarding concerns. CDS also works with children with disabilities who are looked after; and with children and young people who have been detained under the Mental Health Act.

4.4.5 Community Short Breaks and Short Break Assessment and Review Team

A short break is a planned break from the routine of caring for a child or young person. It is usually planned in advance and is not the result of an emergency or crisis. A short break is intended to give the carer a break from caring and the child/young person the opportunity to experience new or different opportunities.

The Short Break Assessment and Review team are responsible for delivering Nottinghamshire County Council's Community Short Break offer to children and young people with disabilities that do not meet the threshold for social care intervention. The offer which was co-produced with children, young people and families in 2018, and aims to enable children and young people with disabilities to participate in positive activities which promote independence as well as giving their parents and carers a break from caring. Requests to the service are via an online self-assessment which young people, parents and carers can access directly.

4.4.6 Short Breaks for children with life limiting conditions and at end of life

There are 2 children's hospices in Nottinghamshire that are able to offer overnight care and health support in home for children and their families with life limiting conditions or are at end of life. This includes play therapy that aims to increase opportunities for the child or young person to have fun and maximise their cognitive and physical skills. The service is open 24 hours a day, 365 days a year, a member of staff is available to families at all times.

4.4.7 Personal budgets

There are two types of Personal Budget in Nottinghamshire: Personal Social Care Budget and Personal SEND budget. The Personal Social Care Budget is the budget made available to a child or young person following a local authority assessment to meet their identified outcomes. A Resource Allocation System (RAS) is used for identifying the indicative short break budget. The RAS assessment will be used alongside other assessments to set the amount of the personal social care budget. The Personal SEND Budget is made available to a child or young person following a local authority assessment to make SEND Home to School/College Transport provision for a child/young person who meets the appropriate eligibility criteria. The Council may elect to make a Direct Payment for a child or young person with an Education Health & Care plan, as part of a Personal SEND Budget, for education provision as part of an assessed need.

4.4.8 Maximising Independence Service

The service is open to any young person with disabilities aged 17 and over and support can be provided for up to 12 weeks, depending on individual's needs and goals. Promoting Independence workers typically work with people face-to-face, either in their own home or in the community on a 1:1 basis. Workers have a discussion with the individual to identify their personal goals. They can help to develop people's skills and confidence relating to several areas, including travel, household routines, shopping, managing finances, meal planning, transitioning to adulthood and undertaking voluntary or paid work.

4.5 Transitions

4.5.1 Transitions Pathway

The Nottinghamshire Transitions Pathway for Young People aged 13-25 years with disabilities is currently under review as part of the County Council's 'All Age Approaches' programme of work. This 'whole life course' approach focusses on improving outcomes for people with disabilities (including SEND, autism, and mental health) by minimising risk factors and making effective interventions at key life stages, including transitions. The aim of the programme is to:

- Achieve better outcomes for people at every life stage and raise/nurture aspirations from an early age to adulthood
- Collaborate across the Council and with partner organisations, putting individuals at the centre
- Understand and improve the journey through services for people (including the Council's offer to them, and pathways for all disabilities including SEND, autism, and mental health)
- Understand current and future demands/costs to enable better planning for services
- Identify investment needed to better support people to achieve their outcomes.

Anticipated benefits of the 'All Age Approach' programme include:

- Preparation for adulthood begins at an earlier age, with plans and support in place to develop independence beginning prior to the young person reaching their 18th birthday
- Young people and their parents/carers having a clear understanding of what will happen as part of preparing for adulthood, and what support will look like post-18 years
- Less reliance on high-cost packages of care as people are supported from an earlier age to develop the skills to live as independent lives as possible
- More adults with disabilities being in employment, through increased opportunities to gain work experience and develop the skills needed for work.

This programme of work being led by the Corporate Director, Adult Social Care and Health. The Preparing for Adulthood Steering Group is actively involved and reports to the All Age Approaches Programme Board.

4.5.2 Preparing for Adulthood Team

The Preparing for Adulthood Team is comprised of Social Workers and Community Care Officers who provide strengths-based support including advice, promoting independence, assessment and planning for young people who require Adult Social Care Provision due to support needs arising from a health condition or disability. The Team uses a 'Conversation Based' model of assessment and support planning to work with young people and their families, focussing on their social care outcomes. The team's role is to ensure that appropriate support is in place from the age of 18 when they move from Children's to Adult Social Care.

They work in partnership with colleagues from the NCC Children and Families service, NCC Maximising Independence Service and external partners including the NHS, District Council and the Provider and voluntary sectors. To access the service young people can be referred between the ages of 14 and 17.5; the age at which they start to work with a young person depends on their needs.

4.6 Parent/Carer Support

4.6.1 Nottinghamshire Parent Carer Forum (NPCF)

Nottinghamshire Parent Carer Forum is an independent parent carer led organisation run by volunteers who represent the views, experiences and ideas of families that live or access services in Nottinghamshire and have a child or young person with an additional need and/or a disability. The NPCF is part of the regional and national network of over 150 Parent Carer Forums.

4.6.2 Nottinghamshire County Council Young Carer's Support

Young carers are aged between 5 and 18 and provide care, assistance, and support to someone else in their family. After a Young Carers Assessment, the council can offer support including help towards school or college activities, leisure activities, hobbies, and a personal budget.

4.6.3 ASK US Nottinghamshire

ASK US Nottinghamshire is the local Information and Advice Support Service (IASS) for Nottingham and Nottinghamshire. Ask Us offers a range of advice from signposting, helpline support and one-to-one advice for intensive support for complex issues, including education, EHCPs and health and social care issues. This provides impartial advice, information and support to parents and carers of children and young people with SEND, as well as children and young people themselves. A quarterly IRIS magazine provides information on local events, groups, and news to help young people with additional needs, as well as parents of children with SEND.

In addition, there are dedicated JSNA chapters for issues faced by children and young people, which outline service provision for these areas in Nottinghamshire.
These include:

- 1001 days: From conception to age 2 (2019)

- Avoidable injuries in children and young people (2019)
- Breastfeeding and healthy start programme (2014)
- Child poverty (2016)
- Early years and school readiness (2019)
- Emotional and Mental Health of Children and Young People (2021)
- Excess weight in children, young people and adults (2016)
- JSNA 2013: Children and young people
- Teenage pregnancy (2017)
- Youth offenders (2014)

5. Local Views

5.1 Key headlines from the SEND Parent and Carer Survey 2022

The parent and carer Special Educational Needs and Disability (SEND) survey 2022 was co-produced with the Nottinghamshire Parent Carer Forum (NPCF). The survey was shared with the SEND Accountability Board in July 2021. The survey offered the opportunity for parents and carers to comment on education provision and services as well as health and social care services.

The survey was available from 24 January 2022 to 28 February 2022, and in total there were 738 responses. The number of responses reflect the strong communication plan for the survey.
Colleagues across Education, Health, and Social Care and the NPCF were driven and supportive in sharing the survey with families who they work with. Other ways the survey was promoted was via the following:

- Nottinghamshire SEND Accountability Board members,
- SEND Local Offer,
- Children Centres,
- Family Information Service,
- Short break providers
- IRIS E-Newsletter
- NCC Social Media

It should be noted that for individual questions the number of responses were considerably lower reflecting the level of access to individual services and possibly the willingness of respondents to answer the more detailed questions. However, respondents provided considerable individual comments in the 'free text' boxes which provided a rich source of information about the lived experiences of families with children and young people with SEND in Nottinghamshire.

'Based on your experience, overall, how satisfied are you with the services/provision in Nottinghamshire for children and young people (aged 0 – 25) with additional needs and or disabilities?

- 34% of parents and carers in Nottinghamshire are either **satisfied** or **very**
- **satisfied** with received services and provision for children and young people with SEND.

- 18% of parents and carers are **neither satisfied of dissatisfied** with received services and provision for children and young people with SEND.
- 43% of parents and carers were either **dissatisfied** or **very dissatisfied** with received services and provision for children and young people with SEND.
- 5% of respondents either did not know or did not answer the question.

5.2 Education

- 60% of responses were from parents and carers whose child/young person was attending a mainstream school/academy.
- 50% of parents and carers either **agree** or **strongly agree** that their child/young person is making positive progress in their current placement, this is compared to 28% of parents and carers who either **disagree** or **strongly disagree.**
- 57% of parents and carers either **strongly agree** or **agree** that their school or colleges listens to their views as the parent or carer, this is compared to 23% of parents and carers who either **disagree** or **strongly disagree.**
- 54% of parents and carers either **strongly agree** or **agree** that their child's educational placement is helping their child or young person to prepare for adulthood by developing their independence, this is compared to 22% of parents and carers who either **disagree** or **strongly disagree.**
- For those parents and carers whose child or young person has an Education, Health and Care plan 37% either **strongly agree** or **agree** that their current educational setting meets the needs and outcomes specified in their final plan, this is compared to 32% who either **disagree** or **strongly disagree**.

5.3 Health

- 48% of parents and carers who have accessed their GP practice in the last 12 months for their child and young person with SEND either **strongly agree** or **agree** that they had provided appropriate services, this is compared with 25% who either **disagree** or **strongly disagree**.
- Nearly 50% of parents and carers stated that their child or young person's mental health has **declined** in the last 12 months, this is compared to 18% of parents and carers felt that their child or young person's mental health had **improved** over the last 12 months. 27% of parents and carers commented that there had been **no change** in their child or young person's mental health.
- Families regularly commented that being in the correct education setting and receiving the correct medication was the biggest contributions to their child/young person's mental health. Many families also commented that home schooling during Covid-19 had a positive impact on their child/young person's mental health.
- 27% of parents and carers either **strongly agree** or **agree** that health services are helping their child or young person to prepare for adulthood by developing their independence, this is compared to 32% of parents and carers who either **disagree** or **strongly disagree.**
- Positive feedback from parents and carers indicated that many families have had a positive experience with the service provided from their Paediatrician.
- Negative feedback indicated that CAHMS waiting times and service provided did not meet family's expectations.

5.4 Social Care

- 47% of parents and carers who have accessed social care for their child or young person with SEND in the last 12 months either **strongly agree** or **agree** that they found the service was easy to access this is compared with 18% who either **disagree** or **strongly disagree**.
- Many families commented that they were not aware of the adult social care transitions team (PFA Team).
- To those parents and carers whose child or young person received a County Council Short Break, 65% either **strongly agree** or **agree** that they felt involved and listened too, this is in comparison to 15% who either **strongly disagreed** or **disagreed** with that statement.

5.5 Further Engagement

In January 2022 a further consultation focussed on the Notts help yourself page, further information on the findings can be reviewed on the You Said, We Did (SEND) feedback page. Respondents shared that the page was convoluted and confusing to use and in response the local authority are undergoing the process of a wireframe upgrade to improve the general accessibility to the site.

In addition to this there is going to be a refresh of the site design, which will include the SEND Local Offer pages. This should help to improve the navigation of the site to enable users to find the information they need more easily. This work is taking place through the Notts Help Yourself working group and will involve user engagement to ensure that the re-designed site will meet the needs of local residents. It is anticipated this work should be completed by Spring/Summer 2022.

6. Evidence of what works

6.1 National strategies, legislation, and policy

6.1.1 Children and Families Act 2014

The act reformed the system for identifying children and young people in England with SEN, assessing their needs, and making provision for them (5). Local authorities must pay attention to views, wishes and feelings of children and their parents, importance of participating as fully as possible in decision-making, providing information to enable this and supporting children and young people's development and helping them to achieve the best possible educational and other outcomes. It also promotes joint working across agencies, service and institutions and education, health and care assessment and plans (36).

In addition to the Children and Families Act, other key legislation includes:

- Equality Act 2010

- Education Act 1996
- The Special Educational Needs and Disability Regulations 2014
- The Special Educational Needs (Personal Budgets) Regulations 2014
- Care Act 2014

6.1.2 Special educational needs and disability code of practice: 0 to 25 years

The code of practice provides statutory guidance for organisations who work with and support children and young people who have special educational needs or disabilities. It includes statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014.

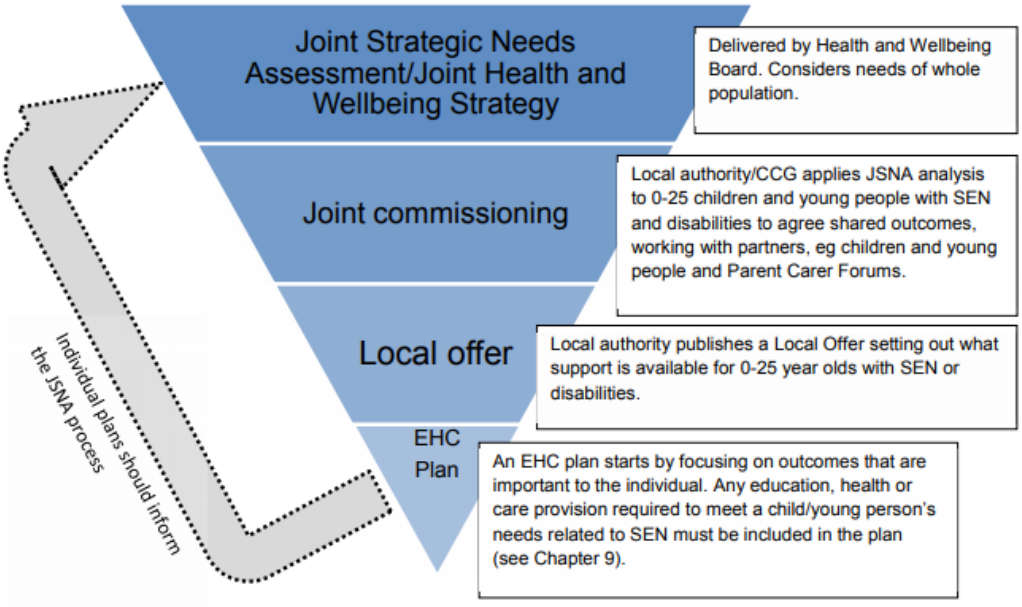
6.1.3 Local area SEND inspection: framework

Ofsted and the Care Quality Commission (CQC) jointly inspect local areas to see how well they fulfil their responsibilities for children and young people with special educational needs and/or disabilities. This framework sets out the inspection principles for local area inspections.

6.1.4 Joint Strategic Needs Assessments

The SEND code of practice states “there is a clear relationship between population needs, what is procured for children and young people with SEN and disabilities, and individual EHC plans”. Figure 20 outlines this relationship. The JSNA informs joint commissioning decisions made for children and young people with SEND.

Figure 20: Joint strategic needs assessments. Source: SEND code of practice. 2015.



6.2 Evidence, guidance, and recommendations for best practice for SEND

6.2.1 Early years

A qualitative study based on 16 case studies for the Department for Education of early education and development: meeting the needs of children with special needs and disabilities in the early years. Key conclusions of this study include; making SEND provision more accessible to parents, significance of building strong communication strategies with children's parents, communication between parents and providers, introduction of EHC plans and the greatest barrier to fully meeting the needs of children with SEND was resource constraints (37).

6.1.3 SEN in Mainstream Schools

The Education Endowment Foundation provides evidence-based guidance and recommendations for mainstream primary and secondary schools to improve their provision for pupils with SEND and is complementary to the SEND code of practice. The guidance focuses on improving quality of teaching and learning in mainstream classrooms and ensuring pupils are full members of the school community who have a rich and positive experience (38). Five key recommendations from the 2020 guidance include:

1. Create a positive and supportive environment for all pupils without exception
2. Build an ongoing, holistic understanding of your pupils and their needs
3. Ensure all pupils have access to high quality teaching
4. Complement high quality teaching with carefully selected small-group and one-to-one interventions
5. Work effectively with teaching assistants

6.1.4 SEND systems

The Local Government Association commissioned a project to look at what partners in local areas and systems can do to effectively identify needs, provide support, use existing resources to best effect and achieve the best outcomes for children and young people with SEND. Key themes from the 2018 report include:

1. Partnership working and co-production with parents and carers, and with young people
2. Strategic partnership working and joint commissioning across education, health and care
3. Identifying, assessing young people's needs and ensuring they can access the support that they need
4. Building inclusive capacity in mainstream schools and settings
5. Developing responsive, flexible, and effective local specialist provision
6. Preparation for adulthood

6.1.5 Health services

NHS England provides guidance for health commissioners and providers of health services for children and young people with SEND. It highlights the importance of the health system working closely with the education system as educational attainment can be affected by school

absences due to health issues (39). Further guidance is provided for commissioners for personal health budgets and Integrated Personal Commissioning (IPC) for children and young people (40).

6.1.6 Transition between children and adult services

NICE guidance transition from children's to adults' services for young people using health or social care services aims to help young people and their carers have a better experience of transition from children's to adults' health and social care services by improving planning and delivery. Overarching principles include involving young people and their carers in service design, delivery and evaluation related to transition, ensure transition support is developmentally appropriate, ensure support is strength-based, uses person-centred approaches and service managers work together to ensure a smooth and gradual transition for young people.

6.1.7 Impact and recovery from the COVID-19 pandemic

In May 2020, to give organisations more flexibility in responding to demands placed on them due to the coronavirus pandemic, aspects of legislation regarding EHC needs assessments and plans timescales, changed temporarily until September 2020 (41). In Spring 2021, the All-Party Parliamentary Group for Special Educational Needs and Disabilities, published a report on the experiences of young people with SEND and their educational transitions during the COVID-19 pandemic in 2020. Key recommendations include: an urgent parliamentary review to assess the COVID-19 impact, call for new and additional funding for support, recovery, delays, and mental health in relation to SEND, and that support children and young people with SEND must be a feature in all future pandemic planning (42).

Ofsted published a report in June 2021, about the experiences of children and young people with SEND and their families during the pandemic. The report states that many families were already experiencing flaws in services they were receiving before the first national lockdown in March 2020. The pandemic and related lockdowns exacerbated these issues. During the pandemic, local areas had to adapt ways of working to continue to provide services and success was related to quality of their work with families and implementation of reforms before the pandemic. When looking to recovery from the pandemic the report highlights the importance of good-quality universal services for children and young people with SEND across education, health, and wider children's services, alongside more specialist health or social care support where needed (43).

7. What is on the horizon?

As shown in Section 2, the number of children and young people (0-25 years) in Nottinghamshire with an EHCP is projected to continue increasing. This is from the current 3033 in 2021 to nearly 4000 by 2024. Between 2021 and 2026, Nottinghamshire will require an additional 490 specialist educational placements (44). These places will be delivered through a mixture of provision including the expansion of the current Nottinghamshire Special

School estate, the building of a new Special School, and the development of Specialist Satellite Centres on existing mainstream schools or new mainstream schools being planned to be built.

To improve the uptake and experience of children and young people to access learning disabilities annual health checks (AHC) a multi-agency working group has been established. A population profile is being established to identify areas requiring targeted support and monitoring as follows: amending local LD AHC reporting to provide a breakdown of performance by age, providing a baseline and enabling progress to be monitored; and developing the profiling tool to provide a profile of those on the verified LD registers by age, ethnicity, and deprivation. Further developments include to increase opportunities for children and young people with SEND to have a single visit to have their health needs assessed and reviewed by specialists spanning community and acute Trusts.

The NHS long term plan was published in January 2019 and sets out key ambitions for the NHS over the next 10 years. This includes the promise for keyworker support for children and young people with learning disability, autism or both with the most complex needs, for those who are inpatients or at risk of being admitted to hospital and the most vulnerable children with a learning disability and/or autism. “NHS staff will receive further training and guidance on how to support people with complex needs, and over the next five years, the whole NHS will be implementing national learning disability improvement standards across all of its services, while also working with the Department for Education and local authorities to improve their support for children and young people with learning disabilities and autism.” (45)

The SEND review: right support, right time place, right time, green paper is undergoing consultation from March to July 2022. Following completion of the consultation, a national SEND delivery plan, setting out the government’s response to the consultation and how the proposals will be implemented, will be published in 2022 (10).

Pending/writing in progress: Ofsted inspection updates

What does this tell us?

8. Unmet needs and service gaps

- In education services, staff are not always able to meet the needs outlined in EHC plans. Staff with appropriate training and skills are not always available to meet needs.

- Education report for health appointments in the special school settings in some areas there is a lack of adequate facilities. There is a lack of secure, private clinic rooms with examination couches and handwashing facilities.

- Protected Speech and Language Therapy is not currently available in Youth Justice Services.

- Transition services and Children's Disability Service can find it challenging to meet young people and their family's needs in the way they prefer due to limited resources.

- Families can find the Local Offer challenging to navigate.

- There is a gap in the assessment and diagnosis of learning difficulties, especially for those children and young people without severe or clear moderate learning needs. This gap in provision has an impact on community provision such as Annual Health Checks.

- There has been a significant increase in demand for specialist placements, and there is very limited supply even in the independent sector.

- Health and education partners reported Sensory assessments are not available readily for families.

- Though there are many services commissioned there is limited data available on health outcomes.

9. Knowledge gaps

- There is limited collated data reporting for SEND children transitioning to adult services. Although information is available on an individual level, this is not routinely collated, analysed and reported. This lack of systematised reporting can provide challenges to predict trends and appropriately plan to support young people as they transition to adulthood.

- There is limited routinely collated data reporting for health care services which support children and young people with SEND. Improved data on prevalence and outcomes is required.

- There is limited collated data reporting for children and young people with SEND in the Youth Services. Although information is available on an individual level, this is not routinely collated, analysed and reported.

- There is limited information about the primary needs of young people with EHCP and SEN support aged 19 – 25 years. There is a gap on information for employment outcomes for over 18s with SEND.

- It is problematic to collate accurate, timely data in relation to disabled children and young people who may have a life limiting condition both locally and nationally, as definitions of disability vary widely. Most recent available data is from the 2011 census.

- There is potential for duplication in reporting across Youth Justice, Children in Need and Looked After Children as children and young people can be classed in multiple groups.

- There is limited educational attainment data collated 2020 onwards for children and young people with SEND, due to disruption due to the COVID-19 pandemic.

What should we do next?

10. Recommendations for consideration

	Recommendation	Lead(s)
	Data collation and reporting	
1	Improved data capture and reporting for SEND indicators in all CYP and adult health services. Continue to develop a multiagency data dashboard to robustly capture and monitor outcome-based data (with a focus on health inequalities)	ICB, health providers
2	Routinely collate and analyse data about SEND children and young people transitioning to adult services	ICB, health providers, LA, PH
3	Routinely collate and analyse data about children and young people with SEND in the Youth Justice Services	ICB, health providers, LA,
	Service delivery	
4	Review the feedback from the SEND parent carer survey and use information to inform improvements in service provision.	ICB, health providers, LA,
5	Ensure that Nottinghamshire can respond to the increasing children and young people with SEN needs which will lead to an increasing demand on services	LA, ICB, health providers
6	When planning new Special Schools ensure there are secure, private clinic rooms with examination couches and handwashing facilities to facilitate health appointments in this setting	LA
7	Review options to offer Special and Language Therapy in the Youth Justice setting	Violence Reduction Unit, ICB, LA

8	Engage in review of Specialist Education provision commissioning framework review for the provision of Independent Non Maintained Schools (due to end in September 2023),	LA
	SEND Local Offer	
9	Continue to co-produce and refresh the current Local Offer website so that it is more easily navigated by parents and carers following earlier feedback that this was previously a challenge.	ICB, health providers, LA,
10	Develop a new communications plan for the SEND Local Offer to promote the site to members of the public and professionals	ICB, health providers, LA,
11	Ensure the SEND Local Offer information is reviewed and kept up to date through the agreed review process and engage with service providers to ensure they keep their records as up to date as possible	ICB, health providers, LA,
	Covid-19 pandemic recovery	
12	Develop a Covid-19 pandemic impact assessment for SEND CYP across Nottinghamshire	ICB, health providers, LA,
13	Use lessons learned during the pandemic to develop flexible ways of working including digital delivery if preferred and appropriate with children, young people, and their families.	ICB, health providers, LA,
	National Guidance	
14	Implement as appropriate for Nottinghamshire the National SEND Improvement Plan- due for publication early 2023	SEND Accountability Board

Key contacts

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Appendix 1: SEND glossary of terms

Taken from: Nottinghamshire County Council. Nottinghamshire Special Educational Needs and Disabilities (SEND) Policy (0-25 years) 2020-23. Available from: https://search3.openobjects.com/mediamanager/nottinghamshire/fsd/files/glossary_of_terms.pdf

Appendix 2: Summary of services for children and young people with SEND

Education								
Educational Psychology Service (EPS)	Schools and Families Specialist Service (SFSS)	Integrated Children's Disability Service (ICDS)	Physical Disability Specialist Services	Health Related Education Service	Personal, Social and Emotional Development (PSED)	Special needs travel assistance	Nottinghamshire EHC Assessment Team	Youth Justice Service and SEN Education (YJS)
Early Years Quality and Attainment Team								
Health								
Community paediatrician service	Community Learning Disability Team	Children and Adolescent Mental Health Service (CAMHS)	Community Mental Health Teams (CMHT)	Children's Occupational Therapy Team	Occupational Therapy (Adults)	Butterfly Project	Children and Young People's Community Nursing	Youth Offending Team: Nursing Service
Specialist Children's Speech and Language Therapy	Speech and Language Therapy Service (Adult Intellectual Disabilities)	Children's Physiotherapy Therapy	Specialist Physiotherapy Intellectual Disabilities Service	Annual Health Checks	Children and Young People's Continuing Care	The Concerning Behaviours Pathway	Adult Deaf and Visual Impairment Service (ADVIS)	
Social care support								
Nottinghamshire's Pathway to Provision	Early Help Unit	Specialist Support Team	Children's Disability Social Work Team	Short Breaks and Short Break Assessment and Review Team	Personal budgets: social care and SEND	Maximising Independence Service		
Transitions		**Parent/carer support**						
Nottinghamshire Transitions Pathway For Young People aged 13-25 years with disabilities	Preparing for Adulthood Team	Nottinghamshire Parent Carer Forum (NPCF)	Nottinghamshire County Council Young Carer's Support	ASK US Nottinghamshire				

Nottinghamshire County Council

Report to the Nottinghamshire Health and Wellbeing Board

8 March 2023

Agenda Item 7

REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

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

Information

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

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

Other Options Considered

4. None.

Reasons for Recommendation

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

Statutory and Policy Implications

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

RECOMMENDATION

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

Marjorie Toward
Service Director for Customers, Governance and Employees

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Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

- None

Electoral Division(s) and Member(s) Affected

- All

WORK PROGRAMME: 2023

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

Report title	Purpose	Lead officer	Report author(s)	Notes
Q1 MEETING: Wednesday 8 March 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Covid-19 Impact Assessment: Behavioural Risk Factors	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley Safia Ahmed	
JSNA Chapter: Special Educational Needs and Disabilities	To consider and approve the JSNA chapter on special educational needs and disabilities for publication on Nottinghamshire Insight.	Cllr Doddy	Amanda Fletcher Katherine Browne	
Workshop: Working together - Health and Wellbeing Priorities & Plans		Cllr Doddy	Briony Jones	
Q2 MEETING: Wednesday 19 April 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	

Report title	Purpose	Lead officer	Report author(s)	Notes
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Vivienne Robbins	
Domestic Abuse Local Partnership Board Report	To provide an update on the progress of the Domestic Abuse Local Partnership Board.	Jonathan Gribbin	Maggi Morris Rebecca Atchinson	
Nottinghamshire Combating Substance Misuse Strategy and Delivery Plan	To share for information the new Substance Misuse Strategy and Delivery Plan for Nottinghamshire.	Jonathan Gribbin	Lisa Burn Sue Foley	
The Better Care Fund End of Year Template 2022 - 2023	To seek approval of the Nottinghamshire 2022-23 Better Care Fund Year End reporting template.	Melanie Williams	Naomi Robinson	**To be confirmed**
Q2 MEETING: Wednesday 24 May 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
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: Pregnancy & Early Years	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley Lucy Hawkin	
JSNA Chapter: Looked After Children and Care Leavers	To consider and approve the JSNA chapter on looked after children and care leavers for publication on Nottinghamshire Insight.	Cllr Doddy	Amanda Fletcher Ann Berry	

Report title	Purpose	Lead officer	Report author(s)	Notes
Q3 MEETING: Wednesday 5 July 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Vivienne Robbins	
Director of Public health: Annual Report		Jonathan Gribbin	Bryony Adshead	
Homelessness: Implementation Plan		Cllr Doddy	Dawn Jenkin	
Workshop: Inclusion Health	To discuss partnership working and support for residents with severe and multiple disadvantage.	Cllr Doddy	Sue Foley	

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