Nottinghamshire
Health & Wellbeing Board

HEALTH & WELLBEING BOARD SUMMARY
Wednesday 1 February 2023 (2pm)

Please see Nottinghamshire County Council's website for the papers, membership, work programme and strategy of the Health & Wellbeing Board. Joint Strategic Needs Assessment (JSNA) chapters are available on Nottinghamshire Insight.

The meeting on Wednesday 1 February can be viewed here.
If you have any queries about this summary, please contact Briony Jones.

CHAIR'S REPORT

Councillor John Doddy, Chair of the Nottinghamshire Health and Wellbeing Board, presented a report where the following points were discussed:

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

THE 2022 – 2023 BETTER CARE FUND ADULT SOCIAL 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 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. 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. Regular reporting to NHS England will be carried out on a fortnightly basis and ongoing performance information for the key areas will begather collectively and provided to the Board – along with a formal annual report at the end of the year. 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. 'Virtual' wards are also being developed to support people with acute care needs.

TAKING COLLECTIVE ACTION ON HOMELESSNESS

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.

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. 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. The following points were discussed:

a) 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.
b) 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.
c) 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.
d) 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.
e) 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.

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.