Nottingham City Council

Director of Public Health Annual Report 2021

COVID-19 an Opportunity for Change

Tackling Severe Multiple Disadvantage in Nottingham City

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Authors
Jenn Burton: Nottingham City Council, Public Health Insight Specialist
Jane Bethea: Nottingham City Council, Consultant in Public Health
Grant Everitt: Opportunity Nottingham, Evaluation and Learning Lead
Stacey Murton: Opportunity Nottingham, Communications Lead

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1. Introduction by the Director of Public Health

As Director of Public Health, I am pleased to welcome you to the Annual Report (2021) for Nottingham City. 2020 has been a very different and challenging year than any of us have experienced before, both in terms of our everyday lives but also for those of us working within public health. Since February 2020 responding to and containing the threat of COVID-19 has been the main focus of my public health team's efforts, but also for many other colleagues across Nottingham City Council, the health system and beyond. I have been particularly proud of the way those in Nottingham, along with colleagues across Nottinghamshire, have pulled together to keep people safe. Along with the hard work of local communities and businesses in ensuring the guidance and restrictions have been followed, this will have undoubtedly saved lives.

Whilst 2020 has been difficult in so many ways, we have also learned a great deal from our response to the pandemic and this introduction provides an opportunity to briefly reflect on those lessons learned and consider how we use them to inform our work going forward across all areas of public health.

As I have already alluded to, collaboration has been fundamental to what we have been able to achieve in response to COVID-19. The need to respond to such a significant issue at pace has seen partners from across the public, voluntary, education and business sector collaborate with a common purpose under the umbrella of the Local Resilience Forum. It is vital going forward that we retain this, and continue to build our partnership working to improve local outcomes.

COVID-19 has also shone a bright light on health inequalities and we have seen disparities both in terms of who has experienced COVID-19, but also in terms of the poor health outcomes as a result. As for many other health and wellbeing issues we have seen poorer outcomes for those from a Black, Asian or other minority ethnic background as well as within more deprived communities. It will be important to maintain momentum and build on the platform provided by COVID-19 to address the factors which underpin these inequalities.

The key focus of this annual report is on another group we know to experience poor health outcomes, as a result of severe multiple disadvantage. Opportunity Nottingham have led the way in relation to understanding and meeting the needs of this group, and I am grateful to them both for their work on this report, and their outstanding work to secure sustainable system level change to improve outcomes for those experiencing severe multiple disadvantage. Again, COVID-19 has provided an opportunity and impetus to work collaboratively, to support these individuals and keep them safe during the pandemic, but also to make a lasting difference to their wellbeing.

The report concludes with a forward look, to consider the impact COVID-19 has had on the wider health and wellbeing of our communities, and how we might need to address these as we begin to recover from COVID-19 and in the longer term.

I very much hope that you find the report an interesting read, and that it provides an opportunity for reflection on what we can take from the past 12 months, as well as stimulating conversation about how we use that learning to tackle the challenges that lay ahead.

Alison Challenger, Director of Public Health, Nottingham City Council

2. Foreword by Chair of the Health and Wellbeing Board

As Portfolio Holder for Health and Chair of the Health and Wellbeing Board for Nottingham City I warmly welcome this report and its focus on severe multiple disadvantage. This is such an important topic, and one which rightly deserves to have a light shone on it. Experiencing severed multiple disadvantage has a huge impact on outcomes for individuals, impacting on their health and wellbeing in a significant way. As with all health inequalities, this cannot be right and we must strive to do better. As hard as the last year or so has been we have also seen the power of partnership and what a 'can do' attitude can achieve. I am confident lessons have been learned that we will be able to build on to make a difference to this, and other health agendas. I sincerely hope you find this report as interesting and illuminating as I do and it is a starting point for many conversations and actions.

Cllr Eunice Campbell-Clark, Health and Wellbeing Board Chair

3. Background

Severe Multiple Disadvantage (SMD) refers to people with two or more of the following issues: mental health issues, homelessness, offending and substance misuse. SMD can include other sources of disadvantage, for instance poor physical health, domestic and sexual abuse and community isolation. Nottingham has the 8th highest prevalence of SMD in England and is an important issue for our City. Perhaps most stark is the average life expectancy for homeless individuals, at just 45 years for men and 43 years for women (Everitt and Kaur, 2019a). A life of trauma and the stigma faced by many homeless people when accessing health care, means that often health needs go unmet.

The global Coronavirus (COVID-19) pandemic and the government's emergency response measures, as set out in the Coronavirus Act 2020, gave local authorities greater powers to impose social distancing measures and imposed new duties on them to provide emergency accommodation (with emergency budgets in place to support this) for those at high risk of catching the virus. For people facing severe multiple disadvantage and the services supporting them, this posed a unique set of challenges as well as opportunities. Responding to the emergency and supporting people through this time has brought an unprecedented focus on the health needs of people experiencing SMD.

For perhaps the first time, there has been a truly systematic response that brought together health interventions, substance misuse services, housing support and to more rapidly address and flexibly respond to the health needs of people experiencing SMD throughout the COVID-19 pandemic. As part of the government's COVID-19 'Everyone In' initiative, people who were sleeping rough, in unsafe communal settings or at imminent risk of rough sleeping had to be placed into emergency accommodation. This included people coming in directly from the streets, those previously housed in shared night shelters and people who have become vulnerable to rough sleeping during the pandemic.

The 'Everyone In' initiative required local authorities to house all rough sleepers and homeless people, with much needed funding made available to enable local authorities to respond quickly. In Nottingham,

a multi-agency team was assembled in the space of a few days, with key partners including Nottingham City Council, Opportunity Nottingham, Framework, charities and community and voluntary organisations.

This new approach swiftly brought health interventions to people who had previously struggled to access health services and demonstrates the value of collaboration and in-reach health care. People who were sleeping rough were placed in hotels and hostels across the city and provided with a suite of wrap around care and support. Nottingham has since witnessed the transformative impact on those people previously deemed 'hard to reach'. COVID-19 has shown us what can be done in the hardest of circumstances by people coming together.

Nottingham has grasped an extraordinary opportunity to work collaboratively and help people experiencing SMD to access support to enable them turn their lives around, our principal resource has shown to be our aptitude and willingness to work together, to be flexible and to have a shared vision.

This report showcases how Nottingham's remarkable effort to support people facing SMD during the COVID-19 pandemic has protected many lives and paved the way for new, innovative and collaborative ways of working. It is vital that we maintain momentum and continue strengthening the partnerships forged during these extraordinary circumstances, and in doing so, we will improve the long-term outcomes of the most vulnerable people in our society and ensure that all we have achieved in response to this pandemic is not lost.

This report sits alongside a video which features key partners involved in the planning and delivery of the project, but most importantly, the video shares the voice and experience of local people who benefited from Nottingham's multi-agency response to bring about lasting change and positive outcomes. To view the video, visit the video section of the Opportunity Nottingham website at **www.opportunitynottingham.co.uk**

4. About Opportunity Nottingham

Opportunity Nottingham is a project that supports people (within the boundary of Nottingham City) who are experiencing severe and multiple disadvantage. This is defined as a combination of at least three of the following needs; homelessness, mental ill health, offending, substance misuse and domestic abuse.

The project commenced delivery in July 2014 and will run until June 2022. It is made possible by funding from The National Lottery Community Fund and is one of 12 projects across England funded as part of the Fulfilling Lives Programme. More information on the programme can be found at **www.multipledisadvantageday.org**.

Opportunity Nottingham is delivered through a partnership of local agencies; the lead partner is Framework, a Nottingham-based charity dedicated to supporting people facing complex challenges in their lives, through housing support, employment support, and health and social care; empowering people to live fulfilled and independent lives. Other partners include Services for Empowerment and Advocacy, Double Impact, Emmanuel House, Nottingham Community Housing Association, Nottingham Community and Voluntary Service, Nottingham City Clinical Commissioning Group, Nottingham City Council, Notts. NHS Healthcare Trust, Nottinghamshire Police, and Nottingham Women's Centre.

The main aim of Opportunity Nottingham is to improve the lives of people experiencing severe and multiple disadvantage via System Change, working with various organisations, delivering services at operational and strategic levels and resulting in:

Services that are easy to access, delivered with the beneficiary (service-user) in mind, and offer coordinated support across city-wide partners and organisations.

System Change work within the project involves:

- Continuous evaluation, sharing and application of learnings
- Driving positive change in the way services are commissioned
- Representation and input at strategic and policy-setting level (Nottingham City)
- Participation and input in national strategy and policy-setting.

Opportunity Nottingham beneficiaries are supported via an intense wrap-around service, delivered by a dedicated team of Personal Development Coordinators. Support is tailored to each beneficiary and involves working with specialist services and partner agencies in relation to severe and multiple disadvantage. Meetings take place in an environment the beneficiary feels comfortable in, and this can range from their home to prison, to a hospital ward.

Expert Citizens (former and current project beneficiaries) form part of the project team and are involved in all aspects of project planning and delivery. Staying at the second hotel, with dedicated support as part of the Everyone In approach in Nottingham City, has been extremely positive for Millie. It enabled various agencies to support her, working collaboratively to achieve the best possible outcomes.

5. What is Severe Multiple Disadvantage?

SMD is generally considered to be an experience of two or more of the following sources of disadvantage simultaneously: (MEAM, 2018).

- Mental health issues
- Homelessness
- Offending
- Substance misuse.

There are an estimated 363,000 adults experiencing multiple disadvantage across England - including a combination of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. Many of these people have been caught in this situation for years, experiencing ingrained disadvantage, trauma and ill-health. They come into repeated contact with police, criminal justice, and emergency response services without receiving the support they need to help them break the cycle – generating significant costs to the public purse without seeing improved life outcomes (Bramley et al, 2015).

People facing SMD will be much more likely than the general population to have other needs, such as long-term health conditions or disability and be subject to domestic and sexual abuse. MEAM (2019) consider the likelihood of experiencing SMD to be increased by growing up in circumstances of material deprivation, experiencing abuse or neglect in early life. Approximately 85% of people facing

SMD have experienced childhood trauma. This effects mental health which can lead to issues such as homelessness, substance misuse and offending. (MEAM, 2018).

(Lankelly Chase, 2015) differentiate between three categories of SMD experiences as follows:

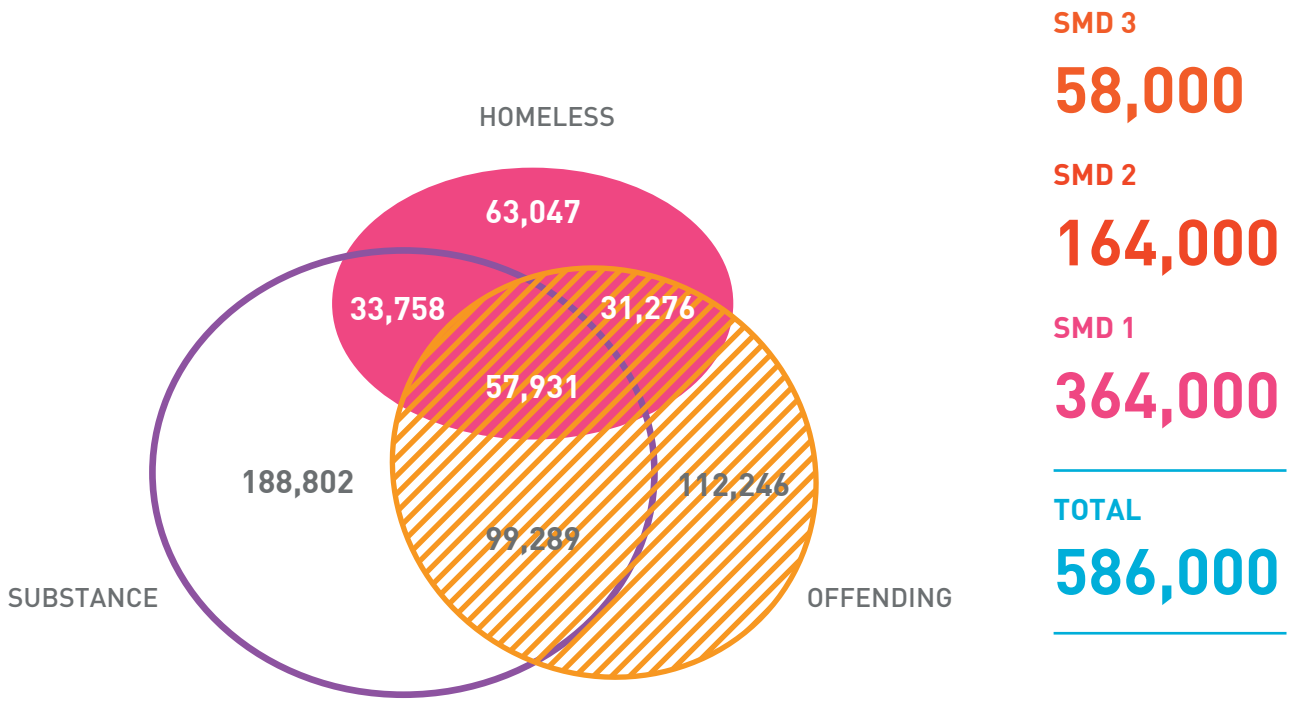
1. **SMD1** - Experiencing one disadvantage domain only (i.e. 'homelessness only', 'offending only', or 'substance misuse only')
2. **SMD2** - Experiencing two out of three disadvantage domains (i.e. 'homelessness + offending'; 'substance misuse + offending'; 'substance misuse + homelessness'
3. **SMD3** - Experiencing all three disadvantage domains (i.e. 'homelessness + offending + substance misuse')

Figure 1 shows it is estimated that 58,000 people experience all three disadvantage domains, homelessness, substance misuse and offending, in any one year. Within this group, a majority will have also experienced mental health problems.

Within the SMD2 'overlap' category, about 99,000 people have a combination of substance and offending issues; about 31,000 people have a combination of homelessness and offending issues; and about 34,000 homelessness and substance issues, totalling 164,000.

It is estimated that around 364,000 people are in the SMD1 category, comprising around 112,000 people receiving services relating to offending only, 189,000 to substance misuse only, and 63,000 receiving services relating to homelessness only.

Figure 1 Hard Edges: Mapping Severe and Multiple Disadvantage in England (2019)



(Bramley et al, 2015)

(Bramley et al, 2015) state that given the nature of multiple disadvantage there is not sufficient cross sector collaboration and coordination between mental health, housing, criminal justice and substance misuse services – as well as social care and the Department of Work and Pensions (DWP). This lack of coordination and collaboration exists at all levels from ground level staff to strategy and commissioning. Evidence has shown that better coordinated interventions from statutory and voluntary agencies can improve people's lives and reduce the use and cost of crisis services.

Furthermore, Sahota et al (2019) conducted a study of addiction and recovery among Nottingham's Black, Asian and Minority Ethnic (BAME) community. The report presented the findings from qualitative research with people accessing the BAC-IN drug and alcohol recovery service for BAME communities in Nottingham. The report revealed a range of interconnected factors were central to people suffering from SMD, including trauma, mental ill health, poor family relationships and parental neglect, racism, lack of education, and several more - that interacted with addiction pathways (and with each other) in different ways. When considering approaches and interventions to address SMD, it is prudent to understand these issues as part of the same complexities of people's life experiences, rather than issues or events which 'cause' one another in direct or linear ways.

6. Severe Multiple Disadvantage: The size of the issue locally

Nottingham City has an estimated resident population of 331,100, having risen by 1,900 since 2017. The population is projected to rise to 344,200 in 2028 and to 356,100 in 2043. Nottingham has a young population with 29.1% of the population aged 18 to 29. Full-time university students comprise about 1 in 8 of the population. Despite its young age-structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability.

The 2011 Census shows 35% of the population as being from BAME groups: an increase from 19% in 2001. The City has a transient population, gaining young adults due to migration, both international and within Britain, whilst losing all other age groups - this includes losing families with children as they move to the surrounding districts.

Data relating specifically to people who face SMD is limited with just two large specific sources.

1) **Hard Edges Mapping Severe and Multiple Disadvantage** - published in 2015 by the Lankelly Chase Foundation. This mapping, is useful in relation to understanding the overall number of people in Nottingham who face SMD (Bramley et al., 2015)
2) **Fulfilling Lives Programme,** of which Opportunity Nottingham is a part. Unlike Hard Edges this cannot be used for overall numbers as it only covers certain locations and does not include data from most people facing SMD in those locations, including Nottingham. The projects making up the Fulfilling Lives data set better reflect the overall demography of people facing SMD, as between them the projects support a diversity of different groups.

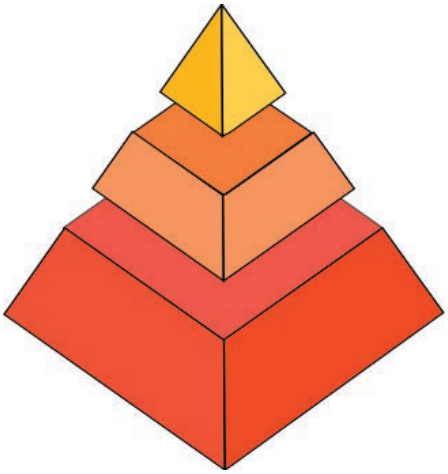
It is estimated that over 5,000 of the City's citizens currently experience SMD, meaning Nottingham has the 8th highest prevalence of SMD in England (Everitt and Kaur, 2019).

Data in Hard Edges for Nottingham can be broken down to give an estimate of the numbers of people facing SMD in the city as outlined in the table below.

Table 1 Estimated current annual SMD population in Nottingham (Data based from Hard Edges, Bramley et al. (2015)).

Original data from Hard Edges	4,650
Additional mental health need estimate	192
Increased need due to funding reductions since 2010	252
Additional need from hidden groups	252
Total Need	**5,348**

Figure 2, shows the source of disadvantage in terms of severity (Everitt and Kaur, 2019).



Yellow: People with four sources of disadvantage = 294
Orange: People with three sources of disadvantage = 1,620
Red: People with two sources of disadvantage = 3,428

Sources of Disadvantage:

- Mental Health Issues
- Homelessness
- Substance Misuse
- Offending

6.1 Who experiences SMD in Nottingham?

Data from Fulfilling Lives gives us an understanding of who it is that is experiencing SMD in Nottingham City. Approximately two thirds (66%) of those facing SMD are men, compared to one third (34%) women *(Fulfilling Lives programme data July 2014 to Dec 2018)*.

Table 2 provides a breakdown of the age profile of this cohort.

Table 2: Age profile: Fulfilling Lives data shows the following age profile for people in Nottingham facing SMD

Age group	Percentage of people facing SMD
16 to 19	1.8
20 - 29	16.9
30 - 39	28.5
40 - 49	24.8
50 - 59	10.3
60 plus	0.5

It is significant to note that there is some gender variation relating to age. Women tend to be more heavily concentrated in the younger age ranges - women make up 39% of the under 20 to 39 groups but 31% of those aged 40 to 49 and 19% of those aged 50 to 59.

Research by Opportunity Nottingham has found there is hidden need amongst people from BAME groups, they may be less likely to fit the SMD definition or not engage with mainstream services. This issue was found to be most prevalent amongst Asian people (Everitt and Kaur, 2019). The table below shows the prevalence of SMD among Nottingham's BAME communities.

Table 3: People facing SMD – Ethnicity (Opportunity Nottingham Data July 2014 to Dec 2018)

Ethnicity	Opportunity Nottingham Beneficiaries	Ethnicity	Nottingham Census 2011 (Nottingham Insight, 2013)
Asian/Asian British	9.9	Asian/Asian British	13.1
Black British/African/ Caribbean	12.1	Black British/African/ Caribbean	7.3
Mixed Ethnicity/ Dual heritage	7.2	Mixed Ethnicity/ Dual heritage	6.7
White British	63.0	White British	65.4
White Irish/White Other	6.7	White Irish/White Other	6.1
Other	1.1	Other	1.5

Local Opportunity Nottingham data shows that at the end of 2018, 28 beneficiaries (supported individuals) had sadly died since joining the programme. This represents 7.3% of all beneficiaries. The average age of death amongst this group is just 45.04 years of age. Data for the wider Fulfilling Lives (SMD) programme shows a similar picture with 171 out of 3,480 beneficiaries sadly dying as of the end of 2018.

Healthy life expectancy is undoubtedly even lower. Data from the Fulfilling Lives (SMD) programme and Opportunity Nottingham indicates it is almost certainly significantly lower than both England and Nottingham averages. Beneficiaries with mental health and substance misuse issues is 92% and 95% respectively, for the Fulfilling Lives (SMD) programme - and for Opportunity Nottingham it is 93% and 96% respectively. These issues are likely to impact on physical health and ultimately mortality.

Services working with people facing SMD struggle to meet needs, because they are mainly set up to deal with single issues, whereas the data clearly shows multiple interrelated issues are experienced.

The Centre for Regional Economic Social Research (CRESR) research into Homelessness and Mental Health in Nottingham (Reeves et al 2018), found that homeless people with a mental health issue were 11 times more likely to also have an offending history than homeless people without a mental health issue. Data from the Fulfilling Lives (SMD) programme shows 92% have a mental health issue and 81 % have an offending history. Data for Opportunity Nottingham shows 86.6% of Beneficiaries had both an offending history and mental health issues.

7. The national response to mitigate the impact of COVID-19 on people experiencing Severe Multiple Disadvantage

Lockdown, isolation, and fear of infection are known to have a negative psychological impact on the global population (Brooks et al 2020). People sleeping rough who experience SMD often have underlying health conditions. This puts them in the 'high risk' group for COVID-19. At the start of the pandemic in mid-March 2020, the government announced £3.2 million of funding to help support rough sleepers during the pandemic. The funding was available to local authorities in England, to help them to cover the cost of emergency accommodation. In many local areas, including Nottingham, this funding was used to house rough sleepers in hotels, ensuring they were safely off the street, and able to self-isolate if displaying symptoms

In mid-April 2020, the government announced a further £1.6 billion of funding for Councils across England. This funding was to cover a range of essential services, including rough sleepers continuing to receive support and safe accommodation during the pandemic.

The availability of additional funding has been crucial to mitigating these risks. Public safety and protecting the most vulnerable people in society from COVID-19 is a key priority. Nottingham's approach to managing these risks and supporting the most vulnerable who experience SMD has included:

- A self-isolation protocol, and contingency plan, as well as a plan for priority treatment for rough sleepers found to have the virus but who cannot self-isolate.
- Having a focus on delivering person-centered support which has led to greater integration and collaboration across different services, and to more effective support for vulnerable groups
- Sustainable and transformational changes to local systems which have benefited people experiencing SMD, and have cultivated strong multi-agency partnerships and have enabled innovative ways of working
- Improved governance and better use of data, helping to shape future commissioning to improve services for those experiencing SMD, and deliver better care and support as well as better value for money.

8. The 'Everyone In' initiative, tackling Severe Multiple Disadvantage in Nottingham City

8.1 Background

The COVID-19 pandemic has changed many things, and one of these has been providing impetus to the understanding and desire to address severe multiple disadvantage (SMD) in Nottingham. The biggest element of this has been the "Everyone In" initiative which occurred in the early stages of the pandemic. Everyone In was the name given to the significant effort that was made by the local authority along with partners in the public, voluntary and private sectors to accommodate rough sleepers in hotels. Altogether 115 rough sleepers (guests) were accommodated in two hotels. All but four of these had needs other than homelessness, with over a third having at least three of the needs associated with severe and multiple disadvantage (SMD), of which mental ill-health and substance misuse were the most common.

For some of the hotel guests, Everyone In led to an end to long-term rough sleeping. For services and commissioners, it demonstrated how much outcomes can be improved through taking a strong partnership, collaborative approach, that has gone onto inspire further positive change.

8.2 Project aims and objectives

The principal explicit aim of Everyone In was to protect rough sleepers from contracting and spreading COVID-19. In this respect in Nottingham, it was successful to our knowledge, no rough sleepers contracted COVID-19 whilst accommodated under the scheme. It soon became clear however that Everyone In provided an opportunity to achieve other aims:

1. To provide a means to reduce rough sleeping longer term (It should be noted that in relation to this report that rough sleepers are largely a sub-cohort of people expiring SMD).
2. To 'lead by example' – that is to demonstrate how the systemic changes and multi-agency working that is needed in order to successfully provide interventions for people experiencing SMD can be provided.

In relation to this second point the Everyone In initiative directly supported the Nottingham City Integrated Care Partnership (ICP) priority of "Supporting people who face multiple disadvantages to live longer and healthier lives".

8.3 The power of collaboration

The Everyone In initiative would not have succeeded without a great deal of partnership working. This can be observed in all three phases of the scheme: development, operation and exit (move on).

In the development phase, Everyone In had to be established in a very short space of time. This required a great deal of hard work, good will and creativity from partners. The Local Authority had responsibility for the scheme, but key also was help from health and voluntary sector partners, particularly in providing support to run the scheme. Also, from the private sector, through security and transport and not least the hotels themselves. Their staff showed high levels of customer service and treated people with dignity and respect that contributed to a change in "mind set" that helped some of the guests move out of long-term rough sleeping.

Then in the operational phase, the collaboration between services was crucial. Much of this related to the support provided to the guests principally by Framework and Emmanuel House but also other small charities who delivered food – and one outcome not to be overlooked was an improvement in nutrition. It was realised too that Everyone In provided a great opportunity for "In-reach". This was particularly valuable for services delivered by the Homeless Health Team nurses and the Healthshop. It provided a significant opportunity too, to register a number of guests with GPs. The increased contact between services that came about through Everyone In also enabled better multi-agency working than had been achieved in the past and this hopefully will become a permanent change

For the exit phase, guests could not simply to allowed to return to rough sleeping. Again, a huge amount of collaboration was required to offer move-on options to guests. This response was led by Housing Aid but also included support services to facilitate move on and accommodation services.

8.4 Learning and key outcomes

Some of the key outcomes and main learning points were:

- 96 positive 'move ons', 36 of which are now in long term accommodation
- Of 37 with no recourse to public funds, 30 now have settled status
- 101 received homeless health nursing assessments
- Access to needle exchange, Naloxone and Prescribing
- Significant improvement in nutrition – charities delivering food to hotels

The integrated care model showed marked improvements in:

- Engagement (with all services)
- Health
- Improvement in collaborative working arrangements
- The hotels helped prevent the spread of COVID-19, which was their original primary purpose - no cases in the hotels
- It helped that the hotels were good quality - people respected the buildings much more than anticipated. They gave people who may have forgotten, a sense of what it was like to have a 'home'.
- Staff trained in customer service helped - they treated rough sleepers at the hotel the same as any other residents - helped rough sleepers feel cared about and not stigmatised

- Bringing services like the Homeless Health Team into the hotels really helped with engagement - “in-reach” - integration
- Not quite everyone in - the rough sleeper population is fluid not static, so new people coming onto the street, which meant needing to help people there plus the hotels. Also, people with higher levels of multiple disadvantages were more likely to be excluded from hotels. Women also had poorer outcomes, showing the need for gender-specific approaches as part of resolving SMD.

8.5 System change and opportunities for better working

At the point that Everyone In was ending, partners recognised that the progress that had been made was something that needed to be sustained and further developed. Nottingham City Integrated Care Partnership (ICP) had also recognised SMD as one its priority areas and so this provided an excellent opportunity to develop what had begun as an organic network of individuals and organisations into a more formal partnership with an associated action plan.

During the Autumn of 2020 the ICP SMD sub-group came together more formally and developed an initial action plan, that identified six key areas of focus:

- Developing an integrated SMD function that would bring together resources from several agencies to form a function that would support our most vulnerable citizens
- Develop and sustain a Multi-Disciplinary Team (MDT) that would identify individual’s needs and then provide wrap around support
- Make sure that the workforce across all sectors understands the challenges people experiencing SMD face and that they can respond appropriately and that we understand future workforce needs
- Ensure that services understand the role that SMD plays in need and engagement, looking for opportunities for services to be more flexible and provided in a way that encourages engagement
- Optimise the use of technology to support joint working and information sharing
- To look for ways to take a preventative approach, using data and information to look for opportunities for early intervention.

This partnership is still developing but is already putting initiatives in place that will change outcomes for Nottingham City citizens that experience SMD. The MDT for example is achieving buy-in from almost all relevant services, including physical health, mental health and housing. A process has been developed for referring people into the MDT and a Coordinator is being funded. Priority is given to *the most complex cases*, where a person in crisis will have a long history of failed interventions and services seeking to support them aren’t sure what to do next. Through a combination of coordinating information and interventions and using the MDT as a creative problem-solving forum, successful outcomes are being achieved. To the end of February 2021, 27 individuals had been assessed by the MDT, with early evaluation is showing more than half of cases achieving positive outcomes. For the remainder, some cases are still on going and there has been relatively little disengagement.

8.6 Supporting outbreak response and vaccination

The work done and the partnerships strengthened under everyone in has undoubtedly helped public health response to the crisis, particularly in terms of outbreak control and vaccination delivery. As a city we have been able to respond quickly to outbreaks in vulnerable settings such as hostels and where we have had people experiencing rough sleeping who have been symptomatic, or who have tested positive and have needed support to self-isolate safely. Public Health have been able to pull in the support of the Homeless Health Team, primary care colleagues, Nottingham Recovery Network, the police and many housing, health and voluntary sector agencies to make sure we identify people’s needs and get them the right support to allow them to recover and to self-isolate. Protecting them as individuals and our wider population.

Vaccination has also been supported by this partnership and, as a city, we have been able to rapidly draw together plans to vaccinate almost 400 very vulnerable citizens that are either experiencing rough sleeping, at risk of rough sleeping or in temporary accommodation. NHS, local authority and voluntary and community sector agencies and staff have been pivotal to this response, and we continue to work hard to make sure we offer vaccination to this vulnerable group of citizens.

8.7 Case study

Millie is a 40-year-old woman who has remained in the homelessness cycle for many years. In the last six years, she has spent a significant amount of time street homeless. Alongside homelessness, she regularly misuses substances and has issues with her mental health, which has led to suicidal ideation and on occasions she has attempted to take her own life. During the first few weeks of the initial COVID-19 lockdown, Millie was evicted from her accommodation due to issues with her behaviour. This led to her rough sleeping, making it hard for workers to engage with her, as they did not know where she was. During this time, Millie was physically assaulted by her partner which led to his arrest. She was then accommodated in a hotel, but without any intervention or support. Millie felt unsafe at the hotel, and when she went food shopping she was verbally abused by members of the public. However, she was motivated to try and reduce her substance misuse and so decided to self-detox, which led to a hospital admission due to seizures. After her hospital discharge, Millie returned to the hotel, and there were concerns raised by support workers, because she was essentially 'alone'.

Millie was eventually accommodated at a different hotel where she was able to receive support from various agencies as part of her stay. The Homeless Health Team helped her to access treatment for her physical health, and workers supporting those staying in the hotel, helped Millie complete all of her paperwork for a rehab service application. During her stay, Millie also started to engage with her Substance Misuse Worker and was able to access a Mental Health Assessment. It is unlikely that any of this would have happened whilst Millie was rough sleeping.

Historically, Millie would often find herself getting evicted, thus losing her housing duty. Therefore, a case conference meeting was held between Framework, Housing Aid and Opportunity Nottingham to discuss Millie's housing and the most effective way to support her going forward. They agreed that Millie's transition into rehab needed to go smoothly, and she was also offered accommodation at a service suitable for her needs. If her partner finds her location before she enters rehab, plans have been put in place to protect Millie, and to ensure that he does not hinder her progress. Millie is also receiving intensive support from Opportunity Nottingham.

8.8 Short Film project

A short film is currently being produced which explores the work delivered in Nottingham City during the initial Everyone In campaign, and considers 'what's next?' This is due for launch in late April 2021, and will be available to view at **www.opportunitynottingham.co.uk**. It includes interviews with key staff and the views of those who were directly supported by Everyone In.

9.Summary and next steps

This last year has bought both challenges and opportunities for Nottingham City. COVID-19 meant that the system needed to work together to solve problems quickly and to respond to emerging issues as a partnership. From a SMD perspective this had bought real benefits and the system now needs to continue that close partnership working. This is essential to sustain the benefits we have seen and to also continue to build on the excellent work of Opportunity Nottingham. The vehicle for this will be the Nottingham City Integrated Care Partnership work stream on SMD.

We also as a system, need to make sure our understanding of SMD is as complete as possible. We need to make sure we understand the experience of SMD for people from our BAME communities and the experience of women, including women that experience domestic violence and abuse and women that are engaged in sex working. 'Hidden homelessness' amongst sex workers has for example been identified as an issue during the pandemic and we need to understand that in order to respond as a system.

We don't yet know the full impacts of COVID-19, we don't know for example if more people will be become homeless, if more people will be tipped into problematic substance misuse or what the impact of the crisis will have on mental health. However, by developing strong and functional partnerships, by listening to our citizens with lived experience and by learning from our strengths and our vulnerabilities, we will be in a good position to improve outcomes for people that experience SMD. Through taking this approach, we can help some of our most vulnerable citizens to live a longer and a happier and healthier life.

10. Impact of COVID-19 on health and wellbeing

This report started by acknowledging that 2020 has been a difficult and challenging year. Whilst the immediate focus has naturally had to be on responding to the health protection challenge, the impact of COVID-19 and all that has come with it will continue to be felt in the longer term, reaching across many aspects of the health and wellbeing of local communities. As such it felt appropriate to close out this year's Annual Report with a short consideration of some of the key impacts likely to need addressing over the next 12 months and beyond.

10.1 Loneliness and social isolation

Human interactions are crucial to living a happy, fulfilled life. Feeling lonely sometimes is normal. However, ongoing loneliness impacts negatively on the lives of a significant section of our population, as well as placing additional demand on health and care services. Social isolation is more of an objective state determined by having insufficient quality and quantity of social relationships. Social isolation most commonly occurs to individuals, though for some recent migrant communities, social isolation may be felt at a wider, community level.

It can come as no surprise that loneliness and social isolation has increased across all age groups during COVID-19, with restrictions impacting every aspect of our normal day-to-day lives. There are a range of risk factors that make loneliness and social isolation more likely, including at times of life changes. For many who have experienced changes such as becoming a new parent, becoming unemployed or being bereaved during the last 12 months there have been increased challenges as a result of the reduced social interaction.

Nottingham City Council has worked hard, alongside partners and local communities, to support people throughout the pandemic, particularly those asked to shield as a result of being clinically extremely vulnerable. It will be important to build on the relationships established to tackle the issue moving forward.

10.2 Alcohol harm

Reporting indicates that alcohol consumption and referrals to services have increased during COVID-19, with isolation and boredom highlighted as contributing factors. Challenges in continuing to provide services and difficulties in overcoming technological barriers for both service providers and service users have further compounded the issue. As is the theme of this report issues do not occur in isolation, and patterns and links between mental health, alcohol and domestic violence have been highlighted throughout COVID-19. COVID-19 restrictions have meant that many individuals have been stripped of their coping strategies – exercise options have been restricted and social support structures fragmented. This has decreased motivation, with people unable to 'see a way out', leaving people more likely to drop out of services.

10.3 Physical activity

2020 could be described as a 'mixed picture' in relation to physical activity, with some doing more exercise (particularly walking, running and cycling) but others doing much less for a range of factors.

Broadly, COVID-19 has exacerbated inequalities in physical activity that already existed, with older people, those who are digitally excluded and women who were more likely to shoulder the burden of childcare and home-schooling, tending to do less. Opportunities to build activity into day-to-day routines have been reduced, with gyms and leisure centres largely closed, removal of the work commute and schools closed. Whilst there is further work needed, it is important to also consider the positives, and there is much to be celebrated in that way services have adapted, taking advantage of technology as well as socially-distanced Zumba sessions on your doorstep, for example.

10.4 Access to healthcare

Data released from the British Medical Association indicates that the shutdown of most non-COVID-19 health services in the first wave, combined with drastic changes in patient behaviour, mean the NHS is now facing a large backlog of non-COVID-19 care, storing up greater problems for the future. In April and May 2020, national A&E demand decreased significantly. Whilst demand is likely to have reduced partially due to less traffic- and alcohol-related accidents during lockdown, there were concerns that some patients were avoiding seeking care from A&E even when suffering from life-threatening symptoms. There has since been a significant focus on ensuring people understand that the NHS and health services are open, and it is important they are used when needed.

Preventative programmes, including screening services, have been particularly impacted. Jo's Cervical Cancer Trust revealed in January 2021 that as many as one in ten women delayed getting a smear test because of concerns about visiting the doctor during the COVID pandemic.

Whilst services are now largely running there will continue to be further development to ensure the capacity is in place to manage patients who have experienced a delay during COVID-19.

It would not be possible to close out this report without touching on the health inequalities. Whilst reducing health inequalities has always been the fundamental goal of public health policy and practice, COVID-19 has shone a bright light on the unfair and unjust differences in health outcomes between different groups. Nottingham City Council, alongside partners within both the Health and Wellbeing Board and Integrated Care Partnership are committed to addressing a range of health inequalities, and the wider determinants that underpin them. At this time, we are focused on reducing inequalities in vaccination uptake but looking ahead it all will be core element of all efforts to improve health and wellbeing of Nottingham communities.

2020 has given us all a significant shake-up in relation to how we think about our health. It is vital that we learn from it and use that learning to help up protect out most vulnerable in the years ahead.

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