# Bassetlaw Place-Based Partnership VCSE Providers

## Health Impact Report 2025

# Contents & Acknowledgement



"Thank you to all partners involved in the production of this Impact Report."

"Voluntary, Community and Social Enterprise (VCSE) organisations are the lifeblood of preventative care in our communities. They provide vital, person-centred services to the most vulnerable in our community, often at points of crisis such as post-hospital discharge or when facing complex social challenges. These are not peripheral services. They are essential preventative, front-line services that reduce the burden on overstretched NHS services.

These organisations are a secure bridge for many in Bassetlaw, and many organisations are already running on empty. Cuts to their financial provision will mean that many will be unable to play a significant role in our communities, and the consequences will be deeply felt across Bassetlaw."

**Jo White MP**

**Member of Parliament for Bassetlaw**

"Bassetlaw is both a description of a geographical area, but more importantly, of a partnership. In relation to the provision of services, Bassetlaw is a partnership that is built on long established and deeply rooted inter-reliance across the public, private and voluntary sectors. We are all acutely aware of the importance that each of us plays within this partnership in order to ensure we continue to meet the needs of the most vulnerable in our communities.

As a result, we are all committed to work together to ensure that there is a clear understanding of the benefits of this unique and effective approach to delivering services in order that future funding decisions take account of the specific local circumstances that exist in Bassetlaw."

**David Armiger**

**Chief Executive, Bassetlaw District Council & Chair of the Bassetlaw Place-Based Partnership**

"It has been an absolute privilege to work alongside the Voluntary, Community, and Social Enterprise (VCSE) sector in Bassetlaw over the past decade. Their unwavering commitment to tackling inequality and amplifying the voices of seldom-heard groups—particularly in the context of rurality and limited public transport—has been both inspiring and essential. The VCSE sector has played a pivotal role in supporting our shared vision of enabling people to live independently and receive care outside of hospital settings. These principles are at the heart of our neighbourhood health guidelines, and our partnership with local VCSE organisations has been instrumental in bringing them to life.

I remain deeply grateful for the passion, innovation, and dedication of our VCSE colleagues. Together with primary, community and secondary care partners, they continue to make a lasting impact on the health and wellbeing of our communities."

**Dr Vaithilingam Nanthakumar**

**Clinical Lead, Bassetlaw Place-Based Partnership**

# Executive Summary

**The Bassetlaw Place-Based Partnership (BPBP) VCSE Providers Health Impact Report 2025 highlights the critical role of Voluntary, Community, and Social Enterprises (VCSE) in delivering health and social care services across Bassetlaw.** It emphasises the integrated approach of VCSE providers in addressing health inequalities, supporting vulnerable populations, and contributing to the strategic aims of the NHS Nottingham and Nottinghamshire Integrated Care System (ICS).

## Integrated Service Delivery

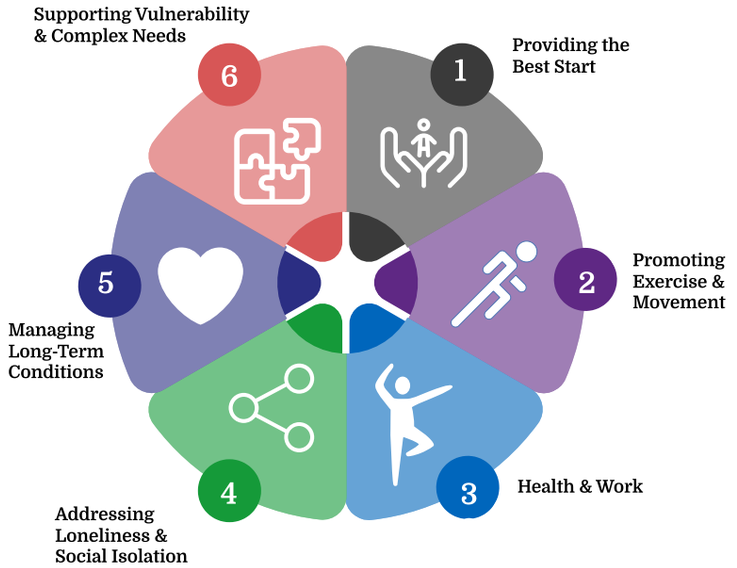
BPBP VCSE providers deliver preventative, person-cantered services aligned with the ICS 2025/26 strategy, focusing on improving outcomes, tackling inequalities, enhancing productivity, and supporting broader social and economic development. The Impact Report details specific services and outcomes related to social prescribing, bereavement support, mental health counselling, exercise programmes, and community transport.

## Impact on Health and Wellbeing

Within the Impact Report are series of detailed statistics covering the ICB funded operating year of 2024/25. The metrics include data on referrals, engagement sessions and programme focused outcomes that highlight the overall effectiveness of VCSE services improving health and wellbeing. For the 2024/25 operating year, VCSE providers directly supported over 4,400 vulnerable citizens and indirectly benefited over 50,000 people through engagement activities, volunteering awareness raising and volunteering take-up, ongoing caseworker support and onward referrals to other support services. Crucially, the report specifies how these key services directly address the key health determinants such as housing, financial resilience, food security, transport, education and social connectedness.

The report organises its findings into give key impact themes aligned with ICS priorities.

**Key Impact Themes**



## Challenges of Disinvestment

**Funding for Bassetlaw VCSE providers has decreased by 66% since 2022**, threatening the sustainability of critical services. Disinvestment risks include increased demand on primary and secondary care, reduced access to local support, and worsening health inequalities.

This Health Impact Report 2025 highlights the significant risks associated with disinvestment in VCSE services in Bassetlaw. These risks threaten the stability of the building blocks of health and could lead to increased demand on health care systems, worsening health inequalities, and reduced access to essential local support.

It is clear that there are a series of critical risks created through further disinvestment of VCSE services, which will directly impact on the core vision, strategic aims and priorities for the ICS moving forward. Central to this is the impact on children and families and those at risk from frailty, with the loss of specialist services negatively impacting on mental health, social isolation, heightened vulnerability and disengagement from education.

Removal of critical support for individuals with chronic health conditions in turn places further burdens on hospital, emergency care and primary care services, with the likelihood of increased hospital readmissions and reliance on emergency care due to lack of preventative services.

Prevention is a significant element of the integrated offer through BPBP VCSE Providers, with any further service disinvestment reducing access to exercise programmes and nature-based activities that improve physical and mental health. Loss of these services will lead to greater risks of obesity and long-term health conditions due to lack of supportive interventions.

There are also further risks for individuals with long-term health conditions who need support to sustain in employment. Such negative socio-economic impacts, including increased unemployment and financial instability, heightens economic exclusion and impacts on the financial resilience and wellbeing of citizens across Bassetlaw.

## Impact on the Building Blocks of Health

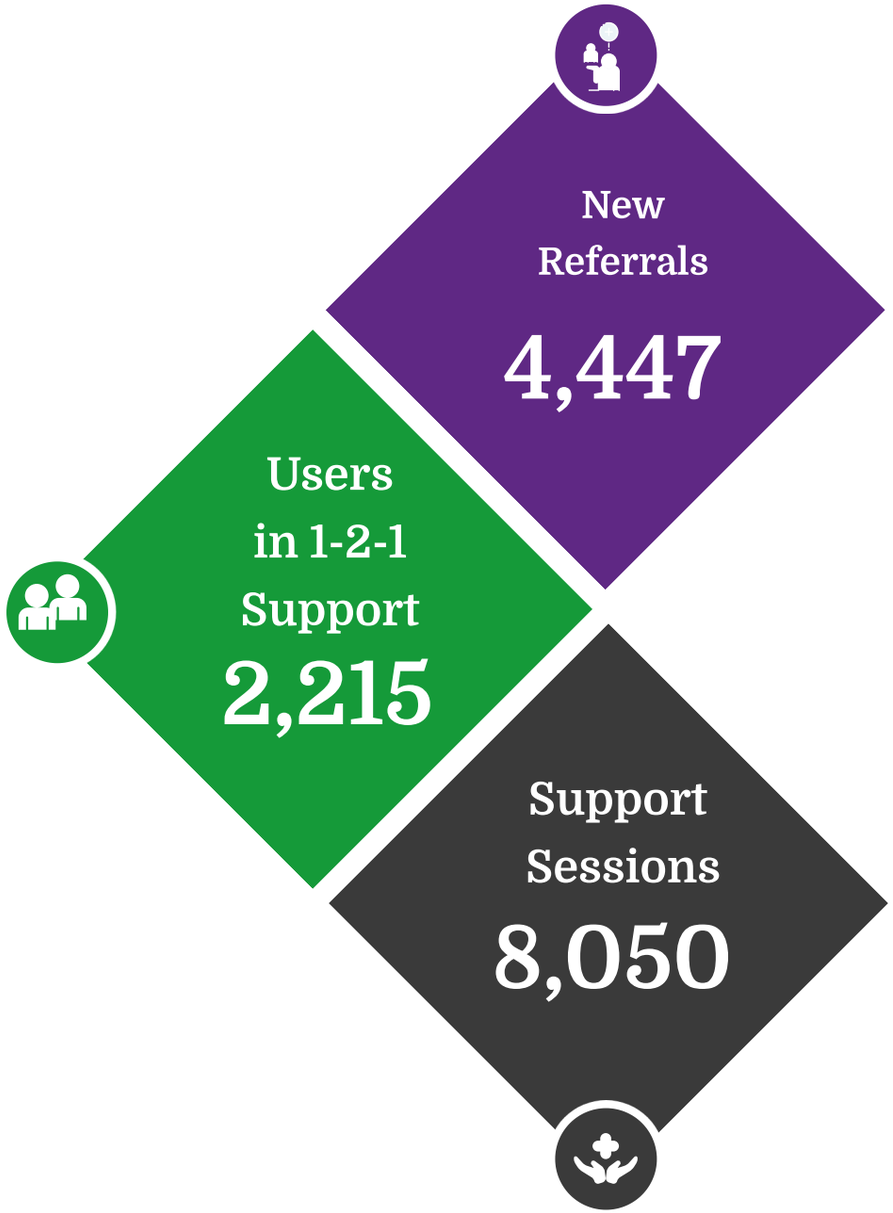
BPBP VCSE Providers play a vital role in underpinning the Building Blocks of Health across Bassetlaw. This includes services focused on addressing loneliness and social isolation involving befriending, counselling and the facilitation of group based social engagement. Working in parallel are key services to help elderly people live a better life, including support with managing long-term conditions, access to health, social care and welfare support via community transport and through home visiting, and pre and rehab support services.

Furthermore, vulnerable individuals are at risk of losing access to services that ensure their safety and well-being this again represents a greater strain on healthcare systems as these individuals face unmet needs.

Disinvestment also undermines the integrated approach of BPBP VCSE providers overall, destabilising the interconnected services that support health, work, education, and social inclusion. The ripple effects of disinvestment could lead to a far more fragile healthcare system, reduced equity, and diminished social value across Bassetlaw.

This report emphasises that sustained funding is essential to prevent these risks and maintain the health and well-being of the Bassetlaw population.

ICB Grant funded delivery for 2024/25 has seen Bassetlaw Place-Based Partnership VCSE Providers deliver:-



# Introduction

This Health Impact Report has been produced by the **Bassetlaw Place-Based Partnership VCSE Providers (BPBP VCSE Providers)** at a time when funding for services provided by local charities and wider VCSE organisations are under review from the NHS Nottingham and Nottinghamshire Integrated Care Board.

The Impact Report seeks to provide a summary position of the services provided to the local community in Bassetlaw as of June 2025 and to demonstrate the close interrelationship of this range of services to local residents.

Bassetlaw remains a district with health and wider socio-economic inequity, with 4000 of the most vulnerable citizens receiving direct support from 12 NNICB grant funded local charities and VCSE organisations. A further 10,000 people in the local community receive indirect support in a wide range of community-based services as a result of NHS investment. The removal of this level of investment will bring significant financial challenge to the infrastructure of local specialists. At the same time, any withdrawal of support services will undoubtedly bring increased patient demand for primary and secondary care services.

This Impact Report has been structured in such a way as to demonstrate close alignment with the Integrated Care Strategy 2023 -2027, NHS Nottingham and Nottinghamshire Integrated Care System (updated March 2025).

At the same time, the BPBP VCSE Providers have also taken the opportunity to highlight the wider impact of its work, including through use of the Ripple Effects Mapping methodology, developed by the NIHR Applied Research Collaboration West. This information is summarised in Part 4 of this report.

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# Part 1 - The Building Blocks for a Healthier Bassetlaw

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## The Bassetlaw Place-Based Partnership VCSE Providers

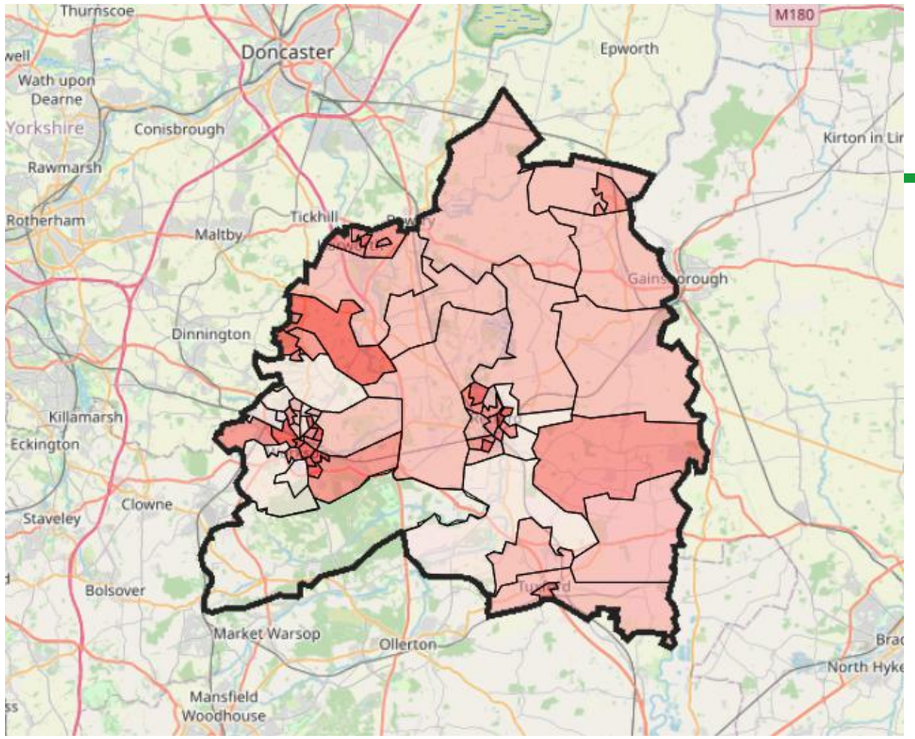
In Bassetlaw there is a long established, integrated and effective **BPBP VCSE Provider Partnership** made up of Voluntary, Community and Social Enterprises (VCSE) delivering key services across the Care System. **These BPBP VCSE Providers** are made up of organisations with **longstanding expertise** in community facing service delivery, including outreach and the provision of planned, preventative, person-centred, support. This has resulted in a mature place-based partnership, with many VCSE health providers having received health funding for over 10 years.

**At a place-based level all work is shaped by the 2024-27 Bassetlaw Health and Wellbeing Strategy, with its focus on Starting Well, Living Well, Ageing Well and Working Together.**

The BPBP VCSE Providers play a pivotal role in delivering the strategic aims, system wide outcomes and performance impact of the **NHS Nottingham and Nottinghamshire Integrated Care System**. This includes supporting the **NHS Nottingham and Nottinghamshire Integrated Care Board**'s (ICB) leadership of health strategy and delivery, advocating and providing supportive challenge via the ICB's steering arrangements and collectively planning and reviewing grant funded and wider healthcare delivery.


Bassetlaw Place-Based Partnership Plan 2025/26

# About Bassetlaw




With an ageing population in Bassetlaw there are more evident risks from frailty and living with long-term health conditions.

(BPBP Plan 2025/26)

**122,000**
**population**

**78.6 years/ 82.9 years**
Life expectancy at birth

**57.9%**
**children assessed as having a good level of development**

**£642**
**gross weekly earnings**

**21.1%**
**16-64 economically inactive**

# Health and Wellbeing in Bassetlaw: An Overview

Bassetlaw has a total population of 122,300 residents. 19.7% of the population are aged under 18, and 22.3% of the population are aged 65 or over. 2.6% of the population are from a black or minority ethnic (BME) population, and 5.5% of the population described themselves as non white UK (i.e. not white British, English, Northern Irish, Scottish, or Welsh) at the last Census (2021). This compares to a BME population of 14.6% and a non white UK population of 20.2% for England as a whole. 0.8% of the population report that they cannot speak English well or at all.

The Indices of Deprivation (IMD) combine a range of economic, social and housing indicators to provide a measure of relative deprivation, i.e. they measure the position of areas against each other within different domains. A rank of 1 indicates highest deprivation. Bassetlaw is ranked 106 out of 317 districts in England on overall deprivation and is ranked 129 out of 317 districts on income deprivation.

The median gross weekly wage for employees living in Bassetlaw is £642.20. This compares with £696.40 in Nottinghamshire and an England wage of £732.00.

The life expectancy at birth in Bassetlaw is 78.6 years for males and 82.9 years for females which compares to Nottinghamshire is 78.9 years for males and 82.9 years for females and compares with 79.1 years for males and 83.0 years for females for England overall. At the last Census (2021) 6.7% of residents in Bassetlaw reported their health as poor or very poor, and 21.8% reported a long term illness or disability that impacts on their day to day activities. The standardised mortality rate for deaths from all causes under 75 is 107.3. For comparison, the standardised mortality rate for Nottinghamshire is 99.4 and England is 100.

68.2% of adults in Bassetlaw are reported as obese or overweight (2023/24). This compares to 67.5% Nottinghamshire and 64.5% for England as a whole. 25.5% of adults in Bassetlaw report that they take part in sport and active recreation for an equivalent of 30 minutes three times per week.

**Source: Nottinghamshire Insight 2025**

# The Building Blocks of Health

To create a healthy Bassetlaw, one which improves the lives of everyone and tackles the root causes of inequality, local, responsive, solutions are needed. Partners working together to shape service delivery can ensure that the **building blocks of health** are in place, covering:

- **A focus on surroundings** – finding ways to articulate the voice of local people, their care needs and the challenges they face, including addressing inequalities that restrict opportunities;
- **Providing safe and secure homes and housing** – ensuring everyone benefits from a stable, safe place to grow up and live in;
- **Financial resilience** – ensuring everyone benefits from money and resources, which are essential for good health, helping us lead healthier, active, lives and feel connected through safe homes and communities;
- **Food health and wellbeing** – healthy food is a priority from birth, and it is critical for it to be accessible and affordable;
- **An accessible and affordable transport system** – this connects us to work, to care support, provides social connectedness, exercise and helps build a vibrant community;
- **Family, friends and communities** – is the cornerstone of our everyday lives, helping to shape our health and wellbeing. They provide social interaction, helping cement our social network and capital, tackling loneliness;
- **Work** – good jobs that can balance work with life and provide reliable employment helps build a healthy Bassetlaw;
- **Education and skills** – provide a foundation for a decent quality of life, including building social and economic resilience through vocational skills and lifelong learning.

BPBP VCSE Providers have developed a system wide infrastructure that provides the core, community facing, foundation for tackling health inequality and responding to the wider determinants of health. This infrastructure is a major asset for Bassetlaw, helping to support the key building blocks for a healthy society.

BPBP VCSE Providers' integrated and person centred approach demonstrates excellent value in terms of performance outputs, outcomes and a wider social return on investment. For example, the Citizen's Advice North Notts service provides support on a range of issues linked to the wider determinants of health, including advice on housing, energy and debt, alongside support with welfare benefits and Macmillan cancer support. Such 1-2-1 engagement and responsiveness delivers a range of social value, for example greater resilience through life events, addressing the impact of homelessness, a fast-track approach for cancer patients and treatment, debt management and advocacy.

These interventions and wrap around additionality subsequently deliver key outcomes, including a positive step change in mental health and wellbeing, a greater sense of empowerment and reduced isolation, which in turn leads to a reduced demand on primary and secondary care provision, greater employment and education outcomes giving broader social and economic benefits.

Similarly, the **Social Prescribing Link Worker (SPLW)** service delivered across Bassetlaw and managed by BCVS, plays a proactive and person-centred interface between primary care, secondary care discharge and community support services. SPLWs knit together access to support across VCSE Providers, from referral to cancer rehabilitation support, physical activity and volunteering opportunities through to counselling for children and young people and their families.

In summary, BPBP VCSE Providers have established a range of expert, preventative and proactive services, delivering healthcare solutions which support the building blocks of a healthier Bassetlaw. **ICB grant funding plays an important role in ensuring that this integrated service offer is sustainable. However, should further disinvestment of critical services take place then the building blocks of health become unstable, negatively impacting the core strategic focus of the ICS and ultimately creating greater health inequity and a less healthy Bassetlaw overall.**

This Impact Report has been developed to highlight both the wider societal impact of the services provided by local charities and VCSE organisations in Bassetlaw. At the same time, we are demonstrating a close alignment with the priorities of the Integrated Care Strategy - NHS Nottingham and Nottinghamshire Integrated Care System.

**It is important to note that the funding for VCSE Providers of health services has reduced by on average 66% since the District joined the NHS Nottingham & Nottinghamshire ICB in 2022.**

We have set out details of the work led by BPBP VCSE Providers in the subsequent sections of this part of the report, highlighting the direct contribution of services to the stated ICS aims and principles of:-

- Improving outcomes - involving a core focus on children and young people, supporting older people living with long-term health conditions and maximising the benefits of working together and making a success of the **Making Every Contact Count** strategy.
- Tackling inequalities.
- Enhancing productivity and value for money.
- Supporting broader social and economic development.

In summary, BPBP VCSE Providers have established a range of expert, preventative and proactive services, delivering care solutions which support the building blocks of a healthier Bassetlaw.

# Improving Outcomes

## Children and Young People

BPBP VCSE Providers aim to support children and young people (11-25) to have the best start in life. Partners deliver an integrated approach towards preventative support, understanding points of expertise across the system and ensuring there are effective referral pathways for responsive healthcare and social support.

The Children's Bereavement Centre operates across Bassetlaw providing engagement with schools, whole school planning and 1-2-1/family-based support for children affected by death or terminal illness. Bereaved children are far more vulnerable to poor mental health and face a greater risk of exclusion, social isolation and substance misuse. The services offered through the Centre helps empower children to manage their feelings and helps provide a safe environment, reducing the effects of trauma and anxiety.

The Centre Place LGBT+ Service delivers 1-2-1 and group-based support for young people and their families, including access to counselling and school/college-based interventions. This helps young people access preventative support helping them to improve the conditions of their life. Through their support children and young people report a reduction in loneliness and isolation, with less risk of self-harm and reduced ideas of suicide. The services report an increase in emotional wellbeing, a feeling of being more accepted and a reduced risk of disengaging from education, training and employment.

Further outcomes are supported via Aurora Wellbeing and their focus on families and children who have loved ones living with cancer or survive their loved ones following cancer related bereavement. This leads to increasing emotional resilience and wellbeing, with a focus on mental health.

## Elderly People – Living with Frailty, Health Conditions and Maintaining Independence

BPBP VCSE Providers work together to underpin all the building blocks of health. Partners provide important solutions to help elderly people live more fulfilling lives, including supporting their access to services following discharge from hospital and helping them and their families plan and secure effective healthcare. BPBP VCSE Providers play a key role in listening to the needs of elderly citizens, capturing their voice and using this to inform planning and collaboration for ongoing service delivery, including dealing with loneliness and living with dementia.

The Bassetlaw Action Centre (BAC) provides three principle support services, two of which are currently funded with ICB grants (the Community Transport and the Befriending services had their ICB funding disinvested at the end of the 2023/24 operating year, although they are still actively operating). The 'Staying Well' programme is a 6-week self-management course for people living with long-term conditions to better manage their health through learning and peer support. The Promoting Independence programme is a hospital engagement service, engaging PO patients that may need additional non-medical help following discharge, leading to a person-centre support plan to help people remain safe and well at home. BAC also manage solutions to support essential blocks of healthcare – the Supported Independent Living Service includes befriending and housing support, and the self-sustaining Community Transport service connects elderly people to vital health support across Bassetlaw, with over a third of all journey's made relating to healthcare.

Aurora Wellbeing based in Worksop, provides support for individuals living with cancer or long-term health conditions. Services can be 1-2-1 or group based and include counselling, wellbeing workshops and a range of activities to promote self-care to individuals and their families affected by cancer. Playing a pivotal role linking NHS pre and rehab pathways, Aurora perform proactive health needs assessments and responsive signposting including to other key providers across the BPBP such as the Social Prescribing Link Workers, Citizens Advice and community befriending/independent living services.

## Maximising the Benefits of Working Together Across the System

BPBP VCSE Providers in Bassetlaw have played a critical role in **Making Every Contact Count**. As an integrated, proactive partnership, the BPBP has planned carefully for how it interacts with local people living in Bassetlaw about their health, promoting a positive conversation and signposting to key resources and healthcare solutions operating across the System. Working together, partners recognise and value the multiple contacts made every day with people through staff delivering health and care, including through voluntary organisations and healthcare providers.

BCVS has coordinated and delivered awareness raising and eLearning solutions for organisations to develop a consistent understanding and approach towards healthcare and the factors impacting on a person's health and wellbeing. It focuses on the importance of inquiry – asking questions and listening – is a vital aspect of changing behaviour and providing effective guidance through the system.

BPBP VCSE Providers work together to plan and review their combined offer, including understanding shared impact, reviewing service delivery and outcome focused reviews of how activities ripple across the Care System to support the building blocks of health.

Working together, partners recognise and value the multiple contacts made every day with people through staff delivering health and care, including through voluntary organisations and healthcare providers.

# Tackling Inequalities

Strategically and operationally BPBP VCSE Providers focus on how best to deliver inclusive solutions for people living with greater health related, social and economic inequality. Service engagement is monitored against key demographic indicators, including support provided to deprived communities as defined by the Indices of Multiple Deprivation. Advocacy to capture the voice and plan service support for minority ethnic groups and communities at risk of greater exclusion, is a core feature of the BPBP VCSE leadership approach, including coordination through the Bassetlaw Voices facilitated through BCVS.

Key partners such as Citizen's Advice, Aurora, Centre Place and The Oasis Community Centre based in Kilton, Worksop, integrate support through referrals and follow-up, coordinating services and engagement/volunteering opportunities. The Oasis Centre itself provides a comprehensive package of engagement, enrichment and volunteering opportunities including preventative group work with men, young adults and the elderly.

**Prevention forms a cornerstone of the value offer overall through the work of the BPBP. As a combined response, these services provide a key role in reducing demand on primary and emergency care.**

In terms of tackling inequalities, thematically a range of activities and issues are supported, including:

- **Tackling Obesity** – Bassetlaw features higher than national rates for both childhood and adulthood obesity. Services have been developed through BPBP VCSE Providers to tackle the challenges obesity presents, including through 1-2-1 and group-based exercise activities delivered by Barnsley Premier Leisure (BPL). Their long-term exercise programme, which is promoted through GP surgeries and the Primary Care Networks, has seen an average reduction of BMI and resting heart and blood pressure rates for users. The programme also plays a key role in cancer rehabilitation, with referral pathways established between Link Workers and Aurora Wellbeing. Muddy Fork, a health and wellbeing service based at the Idle Valley nature reserve near Retford, provides a key resource for helping users manage their physical and mental wellbeing within the context of conservation and wildlife gardening. In Sam's Name, a walk and talk group engagement programme, provides regular sessions across the Retford and Worksop areas supporting men with both physical and mental wellbeing.

- **Substance Misuse** (including alcohol and tobacco dependency) – services provided by providers include the Suicide Prevention Group via the Bassetlaw Voices programme, managed by BCVS and key counselling support provided by Centre Place.

- **Mental Health Support** – across BPBP VCSE Provider services include 1-2-1, group based and whole family engagement on mental health and wellbeing. Belonging and befriending are two elements of how support is integrated across the system, including a range of social groups facilitated by The Oasis Community Centre, which is not funded by NNICB, but is the fourth largest referral pathway for SPLWs. Suicide prevention, as previously highlighted, is a recurring theme of preventative support, with shared impacts demonstrated through the support offered by the Children's Bereavement Centre and through the tackling loneliness outcomes demonstrated by Centre Place.

- **Independent Living** – person-centred support to help local people in Bassetlaw to have full, independent, lives forms another integral part of the role of the BPBP. Focusing on a range of non-medical inputs, including financial management, falls prevention, housing advice, routeways to training, skills and employment and transport planning, all form part of this preventative solution.

# Enhancing Productivity & Value For Money

BPBP VCSE Providers are committed to monitoring impact and reviewing value at a system-wide level. Insights and data, including outcome related information, is shared as a leadership group to inform ongoing planning and continuous improvement.

For 2025/26, the BPBP has engaged in an enhanced approach towards understanding the full integration of outputs and outcomes across the system and is exploring methods to standardise the capture and measurement of social value through outcome related evidence.

All providers recognise the importance of highlighting current performance data in order to demonstrate value for money to funders, whilst at the same time collecting powerful case studies emphasising lived experience.

# Supporting Broader Social & Economic Development

BPBP VCSE Providers place great emphasis on empowering the local education, government and social enterprise sectors through dedicated education and training activities. This includes coordination of proactive health and wellbeing conversations via the MECC programme and delivering training programmes to schools and colleges covering a range of health and wellbeing issues. A number of key partners provide whole school planning support for children and young people at risk of crisis due to personal or family related health and social issues.

Partners provide a rich platform of volunteering opportunities that includes engagement with environmental and sustainable health and care services. Referrals include volunteering opportunities at over 100 local VCSE organisations including for people recovering from substance misuse, ex-offenders and an important work experience environment for disabled people and those living with a learning difficulty.

At a leadership level, the BPBP is represented by BCVS on the North Nottinghamshire Skills Board and the Employment and Skills Collaboration Group, providing a key strategic focus point to integrate the issues of economic and social inclusion with that of health and wellbeing, **effectively providing a trailblazer for the ICS 2025/26 ambition to form a Health and Work Collaborative.**

# Part 2 - The Impact and Value of Bassetlaw's VCSE ICB Grant Funded Programme

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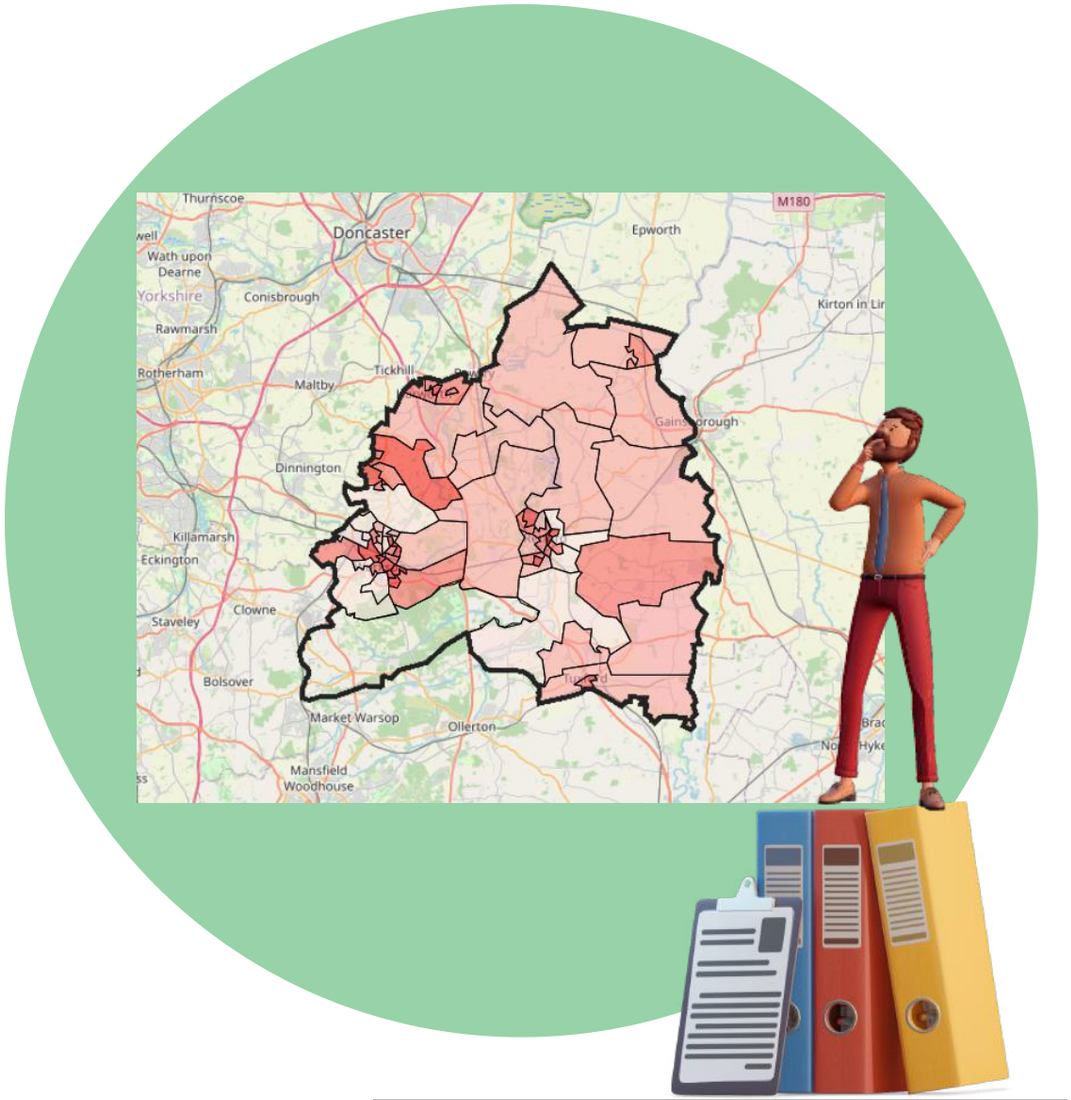
## ICB Funded Impact Summaries

Each of the core Bassetlaw VCSE projects that receives ICB grant funding for the 2024/25 operating year are featured in the following section . In addition, these impact summaries highlight the key performance information reported to the ICB and include a snapshot of how outcomes directly support the ICS 2025/26 delivery expectations, with an **emphasis on prevention, equity and integration.**

The impact report also includes details of the BCVS facilitated Bassetlaw Voices programme which has played an underpinning role in delivering health conversations at an integrated neighbourhood level.



# BCVS

## Hospital BCVS Social Prescribing Link Worker Service

The BCVS Hospital SPLW takes referrals from the Emergency Department and the Discharge teams at Bassetlaw Hospital to support both reductions in presentations as well as facilitate prompt and safe discharges. Following significant reduction in funding, this contract employs 1 FTE hospital focused link worker. This role provides a person centred, holistic approach to dealing with the immediate issues that have caused presentation in ED or are preventing discharge, as well as continuing to pro-actively support patients with wider health and social issues. Supporting people to live well and to find appropriate solutions that improve the quality of their lives and reduces future primary and secondary care presentations.

In 2024 - 2025 the Hospital SPLW connected and supported patients into 81 different organisations and services that included all of the other Bassetlaw ICS grant funded organisations. BCVS also employs a wider network of SPLWs on behalf of Larwood and Newgate PCN's in a model that is unique in Nottinghamshire as it is Voluntary and Community sector based. The Hospital SPLW is part of this wider network, benefitting from the shared knowledge and experience, and the team ethos of peer support and collaborative case management.

The Hospital SPLW service directly supports the ICS 2025/26 delivery expectation of supporting the health and work of people helping to sustain people in employment, to promote the best outcomes for children and young people, and support people living with frailty.

Key outcomes that support the ICS delivery expectations are:

- Preventing people losing their employment by providing holistic, person-centred, referral pathways to services that are responsive to individual needs. This includes physical activity and wellbeing, access to counselling and mental health support and referral to community healthcare following hospital discharge.
- Preventing their risks brought on through frailty in elderly people or people living with complex health needs by coordinating referral to living well support, exercise, fall prevention and community transport services.

## 2024/25 PERFORMANCE SUMMARY (FOR ED & DISCHARGE ELEMENT)

### Referrals

Total number of referrals accepted into the service.

346

### Issues Identified

Total number of users joining the service and receiving direct support.

630

### Actively Supported Onward Referrals

Patients given pro-active SP support to access wellbeing solutions

578

# Case Study: Social Prescribing Link Workers (BCVS)

**Elderly patient experiencing domestic violence receives support to start a new life.**

A referral was received from Bassetlaw A&E Department and Mental Health Liaison Team. The patient had a diagnosis of Leukaemia, COPD, depression and anxiety and had disclosed that they were a victim of domestic violence and had been pushed over on the night they presented in ED.

The patient was seen by the Hospital Social Prescriber (SP) at the Aurora Centre Worksop and was assisted to obtain new items of furniture that had been broken and given information about social activity groups. Previous MASH referrals had been made and the patient was also receiving support from Women's Aid.

A couple of weeks later the patient was admitted to hospital following another incident at home. The Hospital SP visited the patient on the ward, and found out that it had been deemed that it would be unsafe for them to go home. Women's Aid was looking into emergency accommodation for the patient, but due to the patients' health conditions, none were suitable to allow her to leave hospital, and she was being kept in hospital for her own safety on a social admission.

There was no available emergency accommodation locally, but in the holistic conversation with the Hospital SP, the patient said she could stay with her sister but that she lived 300+ miles away and could not afford to pay for the transport needed to get there. After discussions between the SP and the hospital team to find a resolution, it was agreed that a Personal Health Budget (PHB) could be applied for.

The PHB supported the patient to be discharged and transported to a place of safety. The patient spent 8 weeks at this location and the SP continued to support them by working with Bassetlaw District Council housing to ensure that locks were changed to her existing home and a house clean was arranged for her return.

The SP then worked with the Macmillan Team at Citizen's Advice to source additional funding to support the patient's journey home. Several months later the patient contacted the SP due to a bailiff visit and the SP worked with Citizen's Advice on their behalf. This involved multiple calls to all relevant agencies, including the company instructing the bailiff, to advise them of the patient's vulnerability.

After working with Bassetlaw District Council Housing Team to find a more suitable property the patient was offered somewhere close to local amenities and green spaces. The property has also enabled the patient to enjoy hobbies and is suitable for her to have her pets returned to her. This support involved 19 face-to-face/telephone sessions over a 10-month period, totalling 22 hours spent on this case by the SPLW.

# BCVS

## Bassetlaw Voices

The Bassetlaw VCSE Voices programme facilitates partnership working with VCSE leaders, volunteers and forums. The programme has reached out to over 44,000 citizens at events and campaigns across the District via the programme's delivery. Key activity includes leadership engagement and the facilitation of collaborative meetings, health volunteering campaigns and events, promoting, developing and impacting health engagement. In addition, the programme has helped new partnerships to develop that can shape engagement with the ICS strategy and ICB funded delivery.

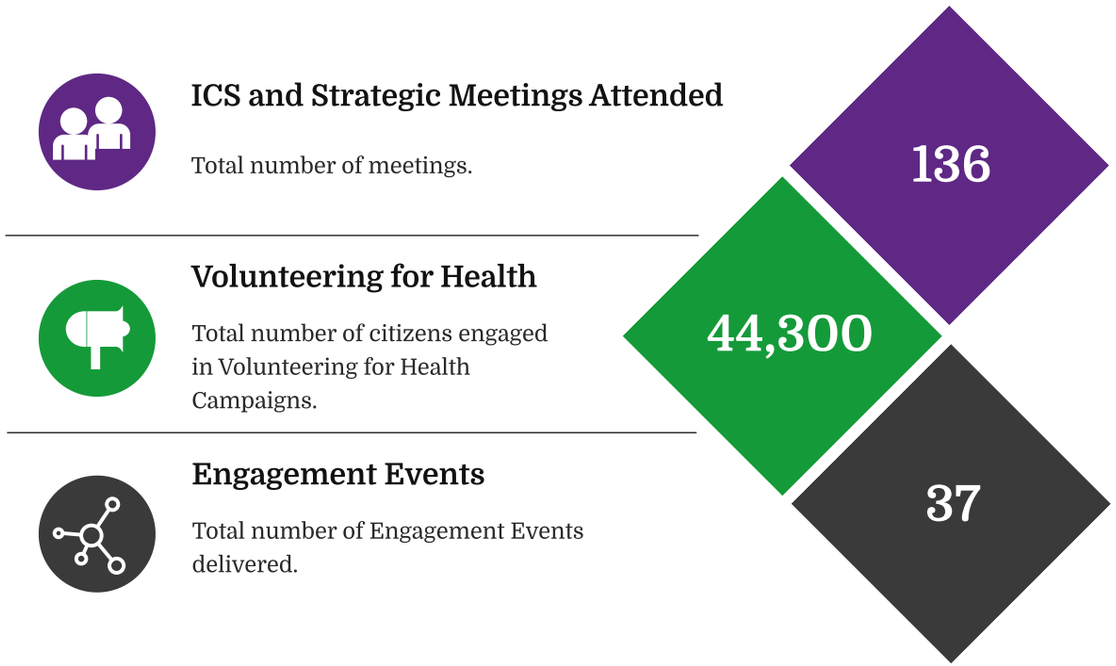
The Bassetlaw Voices programme supports the ICS 2025/26 delivery expectation of Making Every Contact count, ensuring positive conversations about health are effectively developed ultimately to local people to make positive changes to their physical and mental health.

Key outcomes that support the ICS delivery expectations are:

- Preventing people losing their employment by encouraging people to make positive changes to their health, including through movement, exercise and diet/better food choices.
- Preventing their risks brought on through frailty in elderly people or people living with complex health needs by coordinating the development and impact BPBP VCSE Providers have across the health system and place.

In addition, the BCVS CEO acts as the SRO for the BPBP Priority "Working Well Together".

## 2024/25 PERFORMANCE SUMMARY



# Case Study: Bassetlaw Voices (BCVS)

**VCSE Voice work shapes Community Grants**

Building on a long-standing partnership with the District Council and VCSE membership organisations, Bassetlaw Community and Voluntary Service (BCVS) has played a pivotal role in amplifying the voices of the voluntary sector and the communities they serve. This collaboration was instrumental in shaping the Shared Prosperity Fund investment plan and co-designing the Shared Prosperity Fund Community Grants Programme.

BCVS led the community grants programme in Bassetlaw, providing match funding to ensure the programme's successful operation across the district. By working closely with communities, BCVS focused on the partnership, process, and product of a robust community grants programme, resulting in a significant investment of £355,000 in Bassetlaw VCSE groups and placing health and wellbeing at the heart of programme development over the last 2 years.

**Impact:**

- Number of Volunteers: The programme engaged **864** volunteers
- Projects: A total of 31 projects and VCSE organisations were funded, addressing various community health and wellbeing and place building needs.
- People Involved: 16,958 individuals participated in these projects, benefiting from the initiatives.

**Focus on Health and Wellbeing:**

The grants programme prioritised health and wellbeing, leading to significant additional benefits for the Bassetlaw community. This focus ensured that the funded projects not only addressed immediate needs but also contributed to the long-term health and wellbeing of residents.

**Conclusion:**

Through strategic partnerships and community engagement, BCVS has demonstrated the power of collaboration in driving positive change. The community grants programme in Bassetlaw stands as a testament to the impact of VCSE Voice work and the collective efforts in fostering a healthier, more vibrant community.

**Another example of VCSE Voice work impact can be seen in Secondary Care Discharge work.**

BCVS established and facilitates quarterly Bassetlaw VCSE hospital discharge meetings that include all grant funded discharge services (BAC, BCVS. RVS) as well as the NCC funded Framework Connect hospital discharge service. This network works together to ensure all organisations understand partner service offerings to remove duplication and create clear, well connected pathways to better facilitate rapid, supported hospital discharge.

All partners contribute and this clarity of service and pathways is communicated back to DBTH discharge coordinators so that they can ensure the patient sits at the heart of the services provided, with DBTH staff working hand in hand with VCSE teams.

# BASSETLAW ACTION CENTRE

## Staying Well Programme

This is a 6-week self-management course for people with long term conditions to better manage their condition through learning and peer support. Groups usually consist of 8-16 people and through shared experience and learning, develop skills to proactively manage their long-term health conditions.

The Staying Well Programme directly supports the ICS 2025/26 delivery expectation of helping people living with frailty and complex needs, helping people live as healthy as possible into older age.

Through a preventative role the service's core outcomes are:

- Personalised support planning following hospital discharge leads to improvements with work, volunteering and other opportunities.
- Reductions in non-elective admissions to hospital and in re-admissions.
- Independent living planning reduces demands on primary care services, ensuring people living with long-term health conditions can implement solutions to manage their health. These include exercise programmes which can reduce risks caused by frailty and immobility and can establish effective family/peer support networks.

## 2024/25 PERFORMANCE SUMMARY

**Referrals**

Total number of referrals accepted into the service against a target of 50.

83

**Empowerment**

% of users who report they have choice, control and feel empowered.

94%

**Positive Impact**

% of users who report an overall positive impact.

100%

**100% of users report they have felt listened to and supported.**

# Case Study: Staying Well Programme (Bassetlaw Action Centre)

DF attended a Staying Well course in Retford. She found that it was very useful and as a direct result engaged with Bassetlaw District Council to find more suitable housing and understood the benefits of contacting an Occupation Therapist to support her application.

This is what DF thought of the staying well programme “Attending the Staying Well program was a really positive experience for me. From the start, making enquiries and booking felt easy and welcoming, with friendly phone support and reassuring email confirmation. The venue itself was local, pleasant and comfortable — not overly formal, but modern, homely and functional, with access to kitchen facilities and good access to toilets and natural light. I felt at ease as soon as I arrived. The relaxed welcome set the tone: we were invited to help ourselves to drinks and take a seat at the table with a small, manageable group of eight plus the session leader. From the outset, the program was explained clearly, and the delivery was friendly, human and relevant, making it easy to engage. There was space for gentle social interaction too, which helped us connect and apply what we were learning. I felt lucky to be there — reassured, respected and treated with kindness. Hearing others’ contributions helped me think in new ways, and overall, it was an encouraging and valuable experience. I can't recommend it highly enough to anyone who might be sat on the fence about giving it a go.”

As a result of hearing about the NHS App on the Staying Well course DF and her friend came into the office to learn more about it. They had a session with a Digital Champion where they went over all the features and benefits of the app. They were particularly impressed by the Patients Know Best section, the ability to communicate directly with their doctors’ surgery and that they could request repeat prescriptions at any time. They found the app so useful that they requested the Digital Champion attend a Fibromyalgia support group that they attend.

At the support group the Digital Champion spoke to eight ladies (including DF) in Bassetlaw. They had all of the function explained and felt that they would be very useful. Several ladies downloaded and registered the app as a direct result of the session, all planned to use it to record symptoms and contact their surgeries. One lady felt empowered to go back to her surgery as she could now clearly see that they were at fault while another planned to use the ability to access her documents as evidence for a benefit application. Several ladies said that they planned to make use of the ability to access family members details so that they could ensure spouses and elderly family members were kept up to date with prescriptions and didn’t miss appointments.

As the group found the NHS App session so useful they asked if Bassetlaw Action Centre (BAC) helped with understanding benefits. BAC provided a member of the Supported Independent Living Service (SILS) who went and talked to them. They were informed of the benefits that they could access and how to make applications or appeals and that BAC could assist with that. DK and others had a benefit check done to ensure that they were receiving the help they were entitled to. The benefit talk was also advertised by DK on Facebook so the wider community are now also aware that help is available. The group were also informed of the other services that BAC can offer and know that they are there if required.

Since this talk the SILS team have completed an attendance allowance form and a blue badge application for one lady, sorted a pension credit claim out for another and two of them now use the BAC community car scheme to get out and about.

# BASSETLAW ACTION CENTRE

## Promoting Independence Service

A service that visits Bassetlaw Hospital on a fortnightly basis to identify P0 patients that may need additional non-medical support on discharge from hospital. Follow up calls/visits as necessary take place with all patients and following assessment, a range of community services are recommended to enable the patient to remain safe and well at home, and avoid readmission.

The Staying Well Programme directly supports the ICS 2025/26 delivery expectation of helping people living with frailty and complex needs, helping people live as healthy as possible into older age.

Key outcomes that support the ICS delivery expectations are:

- Reduction in feelings of loneliness and isolation.
- An increase in emotional wellbeing.
- Greater access to advice and guidance on welfare benefits and financial resilience.

## 2024/25 PERFORMANCE SUMMARY

### Referrals

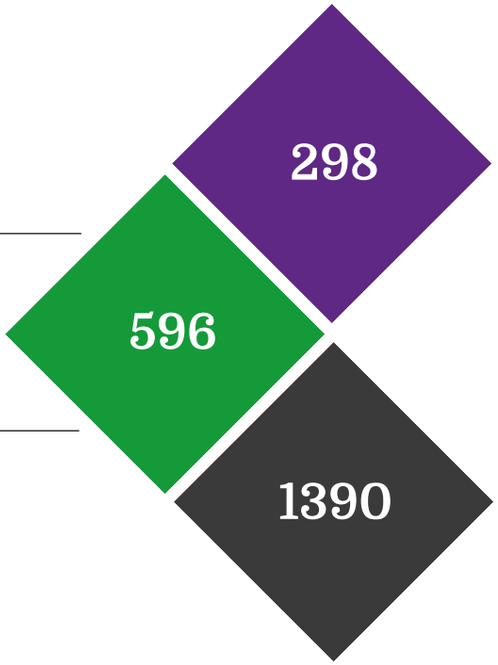
Total number of referrals accepted into the service against a target of 250.

### Engagement Sessions

Total number of standard engagement sessions provided against a target of 500.

### Onward Referrals

Total referrals/signposting made to other support services.




**98% of users report a reduction in feeling lonely and socially isolated and 100% of users report an increase in their emotional wellbeing.**

# Case Study: Promoting Independence Service (Bassetlaw Action Centre)

The Promoting Independence Service is a dedicated support initiative aimed at helping vulnerable individuals who have recently been discharged from the hospital, to regain and maintain their independence. The service provides personalised interventions, collaborating with health and voluntary sectors to address holistic well-being. It focuses on enhancing confidence, reducing isolation, improving access to local services, and decreasing reliance on extensive healthcare interventions. By aligning with the Integrated Care Strategy's principles, the Promoting Independence Service ensures patient-centred care, partnerships, continuous improvement, preventive measures, and inclusivity.

RB is a single male, aged 93-94 with multiple long-term health conditions including falls, cellulitis, leukaemia, Type 2 diabetes, CKD stage 3, and atrial fibrillation. RB required high care and support needs with limited support from a goddaughter and was not in receipt of any benefits beyond his pension.

RB experienced a range of barriers set out below:

- Transport: Struggled to get around due to lack of a blue badge.
- Money and Resources: No access to disability benefits, relying solely on his pension.
- Family, Friends, and Communities: Limited support network, with only one goddaughter providing occasional support.
- Education and Skills: Not digitally able, struggled with completing application forms, and manually collected his pension.
- Housing: Lived in an unkempt house that was not very clean.
- Health: Multiple physical health needs and a recent hospital stay due to a chronic subdural hematoma following a fall.

Through BAC's Promoting Independence Service, the following key activities were delivered:

- Support Call: Provided upon discharge from the hospital.
- Needs Assessment: Conducted to identify support requirements.
- Referrals: Made to relevant services.
- Benefit Claims: Assisted with applications for Attendance Allowance (AA) and Pension Credit.
- Blue Badge Application: Helped with the process to support his transport needs.
- Care Finance Form: Assisted with filling out the form to pay for his ongoing care.

Results:

- Financial Situation: Improved significantly with successful applications for AA and Pension Credit, providing funds for personal care and cleaning services.
- Housing: Improved living conditions with the ability to pay for a cleaner.
- Family, Friends, and Communities: Enhanced support network, potentially improving the relationship with the goddaughter due to respite opportunities. Signposted to befriending services.
- Education and Skills: Improved understanding of application forms and awareness of who to reach out to for further support.
- Health: Better management of health needs with access to care services, minimising risks of falls and monitoring long-term conditions.
- Transport: Blue Badge allows safe and accessible transport, facilitating mobility and independence.

# THE CENTRE PLACE

## LGBT+ Service Nottinghamshire

The Centre Place LGBT+ Service delivers 1-2-1 and group-based support for young people and their families, including access to counselling and school/college-based interventions. This enables young people to access preventative support, helping them to improve their lives. Through this support, children and young people report a reduction in loneliness and isolation, with less risk of self-harm and reduced ideas of suicide.

The LGBT+ service directly supports the ICS 2025/26 delivery expectation of supporting the best outcomes for children and young people, ensuring they have the best start, are supported with their mental health and fully engage with school.

Key outcomes that support the ICS delivery expectations are:

- Striving for equity by keeping vulnerable and disadvantaged children and young people safe – providing counselling on a 1-2-1 and whole family basis and through delivering individual and group support.
- The prevention of health risk through feelings of loneliness and suicide, through support with emotional and mental wellbeing.
- Increasing the coverage of support to schools and the education sector – priming schools to provide preventative, integrated, systems to support children and young people at risk.

## 2024/25 PERFORMANCE SUMMARY

### Referrals

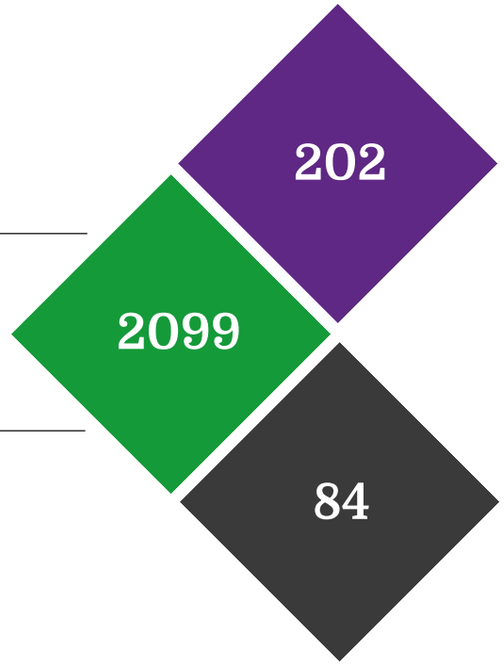
Total number of referrals accepted into the service against a target of 150.

### 1-2-1 Engagement

Total number of 1-2-1 engagement sessions provided against a target of 1200.

### Group Engagement

Total number of group sessions provided against a target of 104.




**100% of users report a positive impact and are satisfied with the service and support received.**

# Case Study: LGBT+ Service (The Centre Place)

B is 19 years old Trans Female, struggling with gender identity, internalised Transphobia, and anxiety around leaving the house and has been very socially isolated, and has complex and conflicting feelings around socially transitioning.

After a number of sessions at online, B agreed to meet at a local community gaming café which is linked to one of her interests, and is a known LGBT+ Hub, they felt confident enough to meet there through gentle encouragement during sessions. The Centre Place support worker met there and introduced the young person to the facilities. In doing this they started the process of building confidence in the community in a safe environment with positive distractions from their anxiety, in an environment with other LGBT+ people. B Continued to have sessions there, and online, over the next few months to help B become familiar with the Café, with the staff and other people who access the café and its services.

B Bulit on their confidence and their relationships with other people that visited the café and being around other LGBT+ people, this supported B in building up a network as had become quite isolated and had taken to only engaging with others online.

B is awaiting support from specialist mental health services and has been left on a long waiting list- this also meant that Centre Place have been supporting around challenges with anxieties, setting goals and utilising resources such as the peace of mind booklet to support B while they are awaiting specialised support for their emotional wellbeing.

In working with B in this way, Centre Place have supported B in building confidence in the community, within herself and meeting other people like her, as well as being in a space that is accepting. Centre Place have been able to introduce B to a new space, with people like her, that share common interests, and are understanding of her complex feelings.

# BARNSLEY PREMIER LEISURE (BPL)

## Community Health (Long-Term Exercise) Service

BPL operates across Bassetlaw offering a 12-week community health exercise progamme that is tailored around health-related conditions. The programme, which is accessible through NHS referral, includes personal assessment carried out by a Referral Co-ordinator at a local leisure facility and the development of a tailored long-term exercise plan. Ongoing support, guidance and review is provided throughout the service duration.

The BPL Community Health service directly supports the ICS 2025/26 delivery expectation supporting the health and work of people by helping to sustain people in employment and supporting people living with frailty.

Key outcomes that support the ICS delivery expectations are:

- Keeping people in work and reducing worklessness, through tailored exercise to address a wide range of long-term health conditions.
- An increase in the emotional and mental wellbeing of elderly people, enabling people to stay healthy, access exercise and reduce deterioration.
- Reducing the demand on NHS services through the delivery of personalised exercise that reduces the risk associated with long-term conditions, including diabetes, obesity and osteoporosis.

## 2024/25 PERFORMANCE SUMMARY

### Referrals

Total number of referrals accepted into the service.

845

### 1-2-1 Engagement

Total number of users joining the service and receiving direct support.

747

### Guidance Delivered

Total number of users given information to continue with a healthier lifestyle, including forward referral/signposting.

766

**The Long-Term Exercise Referral programme helps promote regular exercise, a healthier lifestyle and can help with a wide range of health conditions.**

# Case Study: Community Health Exercise Service (Barnsley Premier Leisure - BPL)

Peter was referred to the Long-Term Exercise programme by his physiotherapist at the beginning of February 2024.

Jane the coordinator at your Pace Retford said, “I will never forget our first meeting”. Peter is a very happy, and loud at times chap -his first words were “I haven’t got a clue what you are going to do with me”.

Previously having undergone an operation to remove the C5/C6 disc in his back, (this was due to an accident where Peter was crushed) - he has a metal cage inserted in his neck area to hold it in place. Peter also suffers from severe arthritis in his back and knees, he is awaiting 2 knee replacements.
Peter walks with two crutches and is diabetic type 2.

Peter had never been to a leisure centre and wasn’t quite sure what to expect. With poor mobility and needing to lose at least 3 stone he wasn’t sure what he would be able to take part in.
BPL decided together that swimming would be the best option, unfortunately, Peter couldn’t swim so we decided that swimming lessons would be a starting point.

Peter can now swim and smashers 90 lengths at a time.

BPL now provide a fantastic Good Boost program which Peter attends twice weekly at the Your Space Retford. This is an individual aqua class designed by AI, (Artificial intelligence) all participants have their own individual iPad on the poolside and the programme has been personalised around their health needs, the coordinator goes through the questionnaire attached to the Good Boost device completing questions regarding their mobility, medications, and water confidence. Peter has really enjoyed taking part in these sessions and finds the variation of exercise a benefit.

Peter now wants to do more dry-side-based activities, and together, Jane and Peter agreed that a chair-based exercise session would be the best way to start. Peter has continued to improve. He now takes part in the On Your Feet class, which is the next level session to the chair-based class, and he now has his own gym program to follow.

After the exercise classes, Peter walks 2 miles home on two crutches. Peter is an absolute inspiration to others, nothing fazes him. Peter says Your Space Retford has saved him, as he thought life was over before he joined us.

# THE CHILDREN'S BEREAVEMENT CENTRE

## Children's Bereavement Service

The Children's Bereavement Service supports children and their families who have experienced bereavement or are living with a loved one through their terminal illness. The service facilitates counselling and 1-2-1 planning on a case-by-case basis. The service also provides a critical support interface with schools and colleges, enabling integrated, proactive, support across the education system to reduce the health and broader socioeconomic risks associated with children and young people affected by bereavement. This includes the impact on emotional and mental wellbeing, feelings of isolation and suicide, substance misuse and the risks associated with disengagement from school, training and work.

The Children's Bereavement service directly supports the ICS 2025/26 delivery expectation of supporting the best outcomes for children and young people, ensuring they have the best start, are supported with their mental health and fully engage with school. Furthermore, it supports the expectation of keeping people in work through positive interventions with health and wellbeing.

Key outcomes that support the ICS delivery expectations are:

- Reduces unemployment with affected young people and families when experiencing the negative impact of bereavement.
- Sustains engagement with learning and active participation/inclusion with schools for children and young people, helping to ensure the best start in life.
- Provides a focus of equity on vulnerable children and families, particularly in disadvantaged areas, through whole family intervention on emotional and mental wellbeing.

## 2024/25 PERFORMANCE SUMMARY

### Referrals

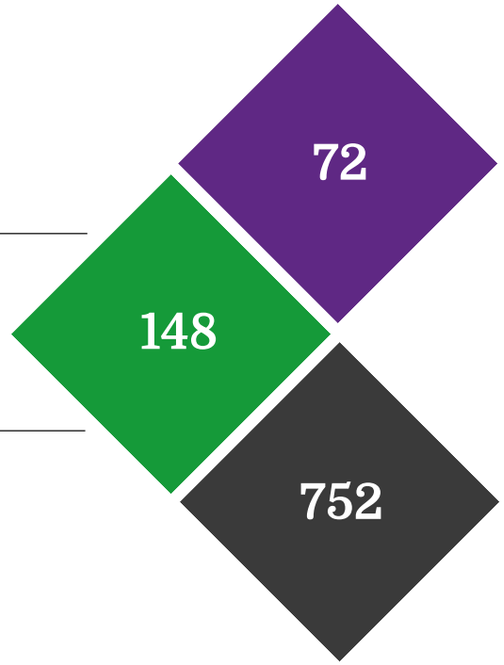
Total number of referrals accepted into the service across Bassetlaw.

### Children Supported

Total number of children supported against a target of 135.

### 1-2-1 Sessions Delivered

Total number of sessions delivered against a target of 900.




**A recent promotion of the new School Grief Awareness partnership has seen an increase of referrals in Bassetlaw.**

# Case Study: Children's Bereavement Service (The Children's Bereavement Centre)

*Noah's Story - Age 13

Noah struggled with the sudden death from cancer of his Father five years before. This was compounded by the divorce of his parents not long before the death of his Father. The upheaval led to him feeling confused, upset, and angry. This resulted in him self-harming. His school referred him to the CBC for support.

Noah struggled with the sudden death from cancer of his Father five years before. This was compounded by the divorce of his parents not long before the death of his Father. The upheaval led to him feeling confused, upset, and angry. This resulted in him self-harming. His school referred him to the CBC for support.

"His Dad was a strong working man and Noah saw such a dramatic change in those months leading up to his passing. Noah felt so confused and angry at the world and was struggling to moderate his emotions and anger. Noah was self-harming and getting upset, crying at insignificant issues, or getting very angry at family and friends.

Having the counselling sessions gave Noah the space and time to think about his Dad in a positive way and work through all the good memories he has rather than box away the thoughts of his Dad completely.

Noah was not talking to me about his Dad as he was worried he would upset me and I was doing the same to an extent. Having the joint session gave us the opportunity to talk about how we would like to keep reminding each other about his Dad and the good memories, favourite music, food, films and holidays.

Noah still has a way to go but the sessions have shown him how to do that positively; thinking about his emotions rather than knee jerk reactions of anger or sadness. We haven't had any self-harm or incidents at school since the referral. We hope this continues now he has the tools to work through the issues himself.
Thank you for your support. I know this is a vital service supporting children to grow into healthy adults and hopefully prevent bigger issues as they progress in life."

*(Noah's Mother)*

* This is a true story of a service user but his name has been changed to protect his identity.

# CITIZENS ADVICE NORTH NOTTS

## Citizens Advice Service

Citizens Advice North Notts (CANNS) delivers a package of core services providing essential advice, guidance and referral. These include support for: debt advice, energy advice, housing advice, welfare benefits and cancer support (via Macmillan benefit). In totality, CANN's services perform an end-to-end support platform for Bassetlaw's building blocks of health and CANNS are a key partner in the BPBP.

The CANNS service directly supports the ICS 2025/26 delivery expectation of supporting the health and work of people helping to sustain people in employment, to promote the best outcomes for children and young people, and support people living with frailty.

Key outcomes that support the ICS delivery expectations are:

- Preventing people from losing their employment by providing proactive guidance on welfare benefits, including access to health-related provision.
- Providing greater equity to disadvantaged families, through financial resilience planning, housing and energy advice.
- Helping elderly people experiencing greater health risk through frailty lead independent lives through key life event planning, providing fast track support pathways for cancer patients and advising on health at home related issues.

## 2024/25 PERFORMANCE SUMMARY

**Triage**

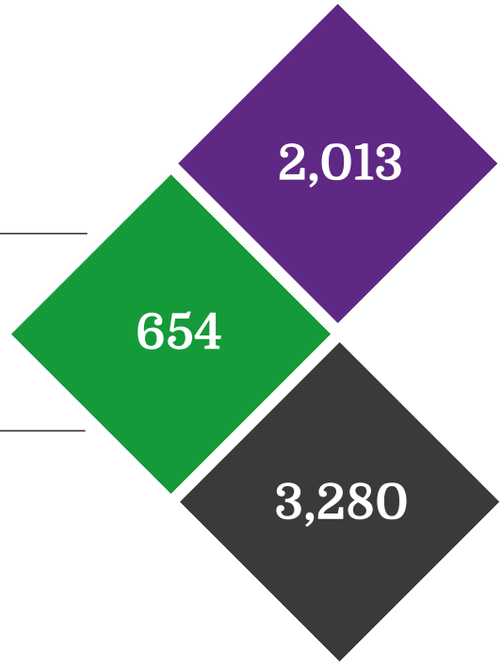
Total number of clients triaged.

**Casework Support**

Total number of clients receiving caseworker support.

**Casework Contacts**

Total number of casework contacts delivered.




**CANNS interventions significantly increase the wellbeing of clients, positively impacting those who have wellbeing lower than the the general population.**

# Case Study: Citizens Advice Service (Citizens Advice North Notts - CANNS)

Jane was living in a privately rented flat near the town centre when she first met with a Citizens Advice North Notts (CANNS) client support advisors at an outreach. Her home was up a flight of stairs, making access difficult as she relied on a mobility scooter due to various health issues.

In addition to her mobility challenges, Jane was trapped in an abusive relationship and was desperate to flee and make a fresh start. However, due to previous rent arrears with the council, she believed she was ineligible for council housing. Renting privately on her own was financially out of reach.

Jane's mental health had deteriorated significantly, and she felt hopeless about her future. She was not claiming any benefits, as she lacked the literacy skills to navigate the application process. After discussing her situation, CANNS identified potential benefits she could claim with CANNS assistance. CANNS discovered that Jane was eligible for Personal Independence Payment (PIP), which significantly improved her financial situation and opened up new opportunities for her.

Throughout conversations with CANNS, Jane often broke down in tears, overwhelmed by her circumstances. Matters worsened when she was served a Section 21 eviction notice. However, CANNS encouraged her to view this as an opportunity to start a new chapter in her life.

On Jane's behalf, CANNS contacted the council, established the outstanding amount, and arranged a manageable payment plan. With her debts under control, Jane was now eligible to apply for council housing. She successfully bid on a bungalow, allowing her to relocate and escape her abusive partner.

To provide additional support, CANNS referred Jane to NHS Talking Therapies and informed her about Women's Aid for further advice. Jane had also been attending a local coffee morning, which was a crucial part of her social life. Since her move meant she could no longer attend, CANNS introduced her to a similar outreach group near her new home, ensuring she remained socially connected.

Several months later, CANNS received an update from Jane. She was walking with an aid rather than using her mobility scooter—a testament to the positive impact the changes in her life had on her physical health. Jane shared that she had settled well into her new community, continued attending coffee mornings, and felt happier than ever. She told CANNS that without the support of Citizens Advice, she would still be in a violent relationship and uncertain about her future.

Jane's story highlights the importance of proactive community outreach in reaching individuals who may not seek help themselves. Her journey demonstrates the profound impact of accessible support and guidance, reinforcing CANNS's commitment to continuing and expanding this vital work.

# ROYAL VOLUNTARY SERVICE (RVS)

## Home From Hospital Service

RVS Volunteers offer a Home from Hospital service for those with health issues coming back home after an illness, accident or surgery. This covers practical and emotional support to help patients get back on their feet.

Support begins while the patient is still in hospital and continues for up to 6 weeks, making sure the patient has everything they need to get back to a healthy, independent life, as soon as they can.

The Home from Hospital service directly supports the ICS 2025/26 delivery expectation of supporting people living with frailty.

The service supports the following key outcome:

- Helping elderly people experiencing greater health risk through frailty lead independent lives through key life event planning, providing fast track support pathways for cancer patients and advising on health at home related issues.

## 2024/25 PERFORMANCE SUMMARY

### Referrals

Total number of clients referred.

82

### Volunteer Hours

Total number of volunteer hours delivered.

457

### Volunteers

The average number of volunteers supporting the service.

20

# Case Study: Bassetlaw Home from Hospital Service (Royal Voluntary Service)

Doreen was referred to the Bassetlaw Home from Hospital service by the BCVS social prescriber following a long stay in hospital. Doreen had family reasonably close by, but they worked full time and although they were able to support with shopping and visit regularly in the evenings, Doreen found herself lonely during the day as she is only able to leave her home in a wheelchair.

Doreen was able to mobilise a little in her home using aids including a walking frame but depended on support with going out as she required someone to push her wheelchair.

Doreen really wanted to be able to visit her local community centre for the weekly coffee morning, so it was arranged that a volunteer would collect her and take Doreen to the coffee morning so that she could socialise and reconnect with friends. The volunteer would stay for the duration of the visit before taking her back home, settling her back in and making her a drink before leaving.

Doreen said what a difference that this made to her and how she looked forward to the visits, as she got along incredibly well with her volunteer. She enjoyed the companionship and explained how her mental health improved with being able to go out and socialise and see other people.

Using the right support going forward, Doreen hopes to be able to continue getting out unaided to meet people.

During 2024/25 the RVS Home from Hospital Service had on average 20 volunteers delivering the service, of which around half are female volunteers. RVS volunteers have given over 450 hours of their time to deliver support services to patients and clients.

# AURORA WELLBEING

## Aurora Wellbeing Service

Aurora Wellbeing offers a person centred recovery programme for people and their families affected by cancer, a unique service for the area. Aurora provides a key rehabilitation service that provide closer to home NHS referral pathways.

The service fuses wellbeing alongside a range of social and environmental activities, all shaped from their person-centred, responsive, approach. Engagement happens on both a 1-2-1 and group-based form and the support pathways includes pre and rehabilitation stages of cancer treatment. There is direct engagement with primary and secondary care services via a Cancer and Wellbeing Coordinator, including hospital visits. The service also provides a preventive, 'Well woman' approach, providing important information and context around cancer prevention. Referrals are well integrated across the BPBP, with referrals to and from SPLWs and to specific therapy/volunteering opportunities.

The Aurora Wellbeing service directly supports the ICS 2025/26 delivery expectation of supporting the health and work of people helping to sustain people in employment, to promote the best outcomes for children and young people, and support people living with frailty.

Key outcomes that support the ICS delivery expectations are:

- Keeping people in work and reducing worklessness, including directly linking with key employers across the Bassetlaw area.
- Providing greater equity for young children, supporting them with their mental health and wellbeing and helping them sustain their education.
- An increase in the emotional and mental wellbeing of elderly people, enabling people to stay healthy, access exercise and reduce deterioration.

## 2024/25 PERFORMANCE SUMMARY

### Referrals

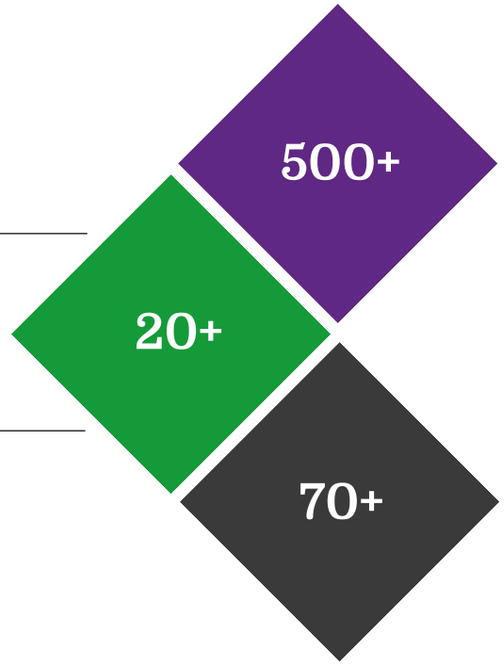
Total number of referrals accepted into the service across Bassetlaw.

### Group Engagement

Total number of group sessions delivered.

### 1-2-1 Sessions Delivered

Total number of sessions delivered.




**100% of users reported an increase in their emotional wellbeing, an overall positive impact and service satisfaction.**

# THE SLEEP CHARITY

## The Sleep Service

The Sleep Charity provides advice and support to enable individuals to sleep better, this includes access to high quality information, raising awareness of the value of a good night's sleep and promoting an understanding around the complexities of sleep.

The Sleep service directly supports the ICS 2025/26 delivery expectation of supporting the health and work of people helping to sustain people in employment, to promote the best outcomes for children and young people, and support people living with frailty.

Key outcomes that support the ICS delivery expectations are:

- Preventing people from losing their employment by providing proactive guidance on welfare benefits, including access to health-related provision.
- Providing greater equity to disadvantaged families, through financial resilience planning, housing and energy advice.
- Helping elderly people experiencing greater health risk through frailty lead independent lives through key life event planning, providing fast track support pathways for cancer patients and advising on health at home related issues.

## 2024/25 PERFORMANCE SUMMARY

### Caseloaded Users

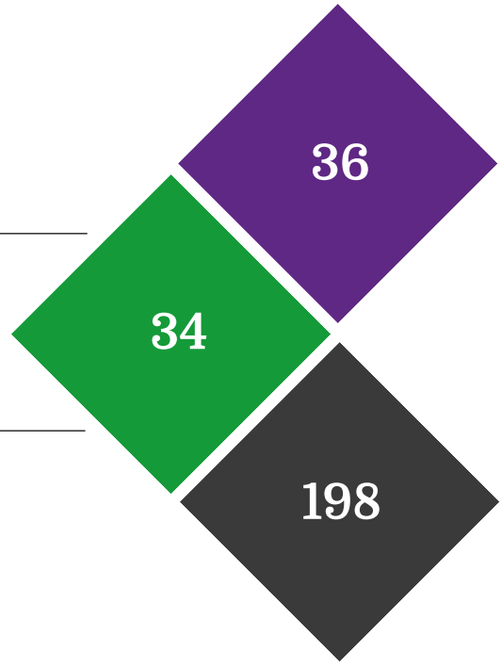
Total number of clients on caseload.

### Support Sessions

Average number of sessions accessed per user.

### 1-2-1 Client Support

1-2-1 sessions delivered.



# IN SAM'S NAME

## Group Support Service

In Sam's Name provides talking and peer support for men who have been through a challenging time or are going through issues that are affecting their mental health. Support includes meetings in Worksop and Retford and monthly walk and talks.

The service directly supports the ICS 2025/26 delivery expectation of supporting the health and work of people helping to sustain people in employment and to promote the best outcomes for children and young people.

Key outcomes that support the ICS delivery expectations are:

- Preventing people from losing their employment by providing proactive support for men experiencing a range of mental health challenges.

## 2024/25 PERFORMANCE SUMMARY

### Group Sessions

Total number of group sessions delivered against a target of 6.

22

### People Attended

Number of people attending sessions against a target of 55.

232

### New People Attending

Number of new people attending sessions.

17

# MUDDY FORK

## Gardening For Wellbeing Service

Muddy Fork is a Gardening For Wellbeing Charity based at the Idle Valley Nature Reserve in Retford. They are privileged to have a large natural space in a quiet area of the reserve. Their garden is shared with a huge variety of wildlife.

With over 100 active members who attend regular sessions, Muddy Fork helps people to improve their wellbeing and mental health through volunteer conservation opportunities and wildlife gardening. They help people change their lives step by step doing useful work and through learning new skills, accessing peer-to-peer support from staff and with other fellow volunteers. All the while giving them a unique experience for their circumstances.

Key outcomes that support the ICS delivery expectations are:

- Keeping people in work and reducing worklessness, including directly linking with key employers across the Bassetlaw area.
- An increase in the emotional and mental wellbeing of elderly people, enabling people to stay healthy, access exercise and reduce deterioration.

## 2024/25 PERFORMANCE SUMMARY

### New Referrals

Total number of new referrals.

19

### People Attended

Total number of people attending support sessions.

401

### Support Sessions

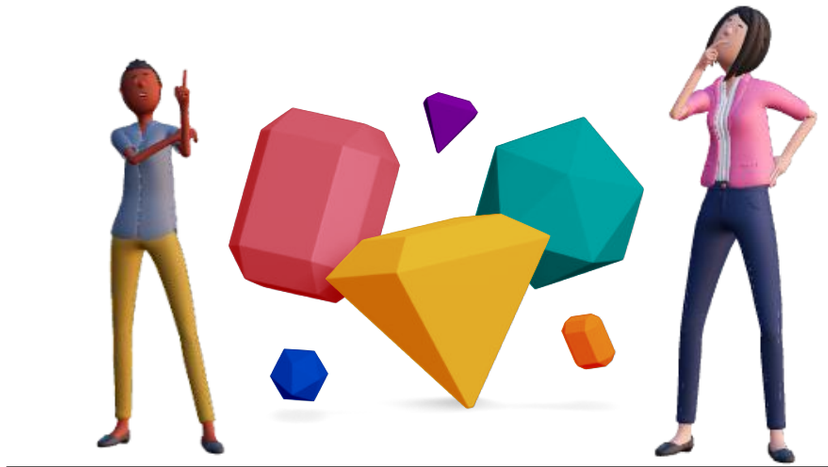
Total number of support sessions delivered.

163

BCVS Bassetlaw Voices

# 44,300 citizens engaged in Volunteering for Health Campaigns.

# Part 3 - Weakening the Building Blocks of Health: The Risks of ICB BPBP VCSE Provider Disinvestment

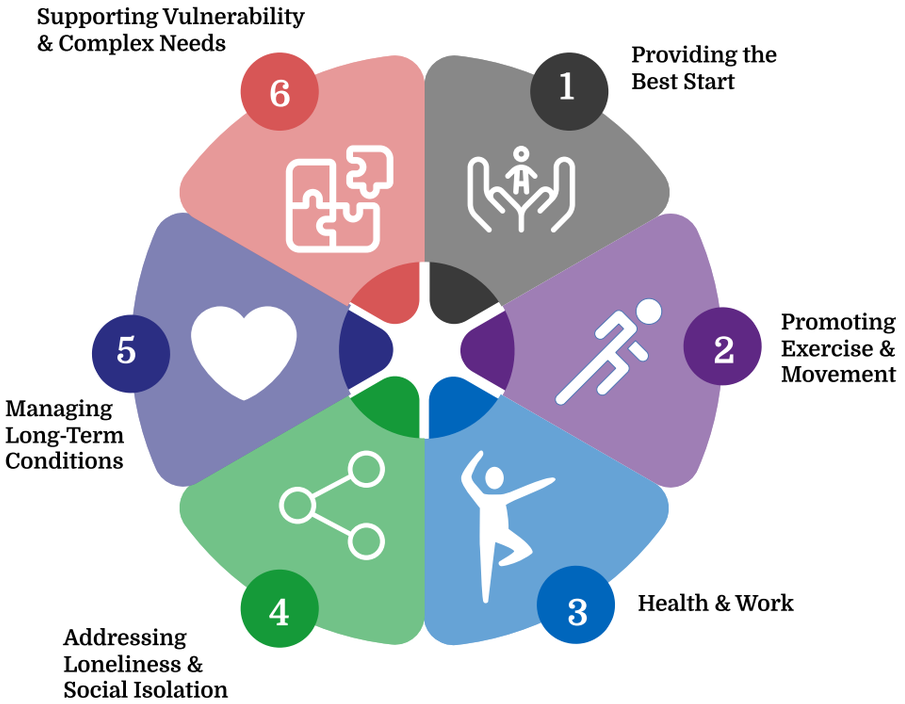


# Part 3 - Weakening the Building Blocks of Health: The Risks of ICB BPBP VCSE Provider Disinvestment

Through consultation with key partners delivering health solutions through the BPBP, a risk assessment has been undertaken. This assessment has involved understanding the impact of service disinvestment and/or withdrawal, either directly from ICB funds or as a result of disinvestment having a wider impact on the building blocks of health across Bassetlaw.

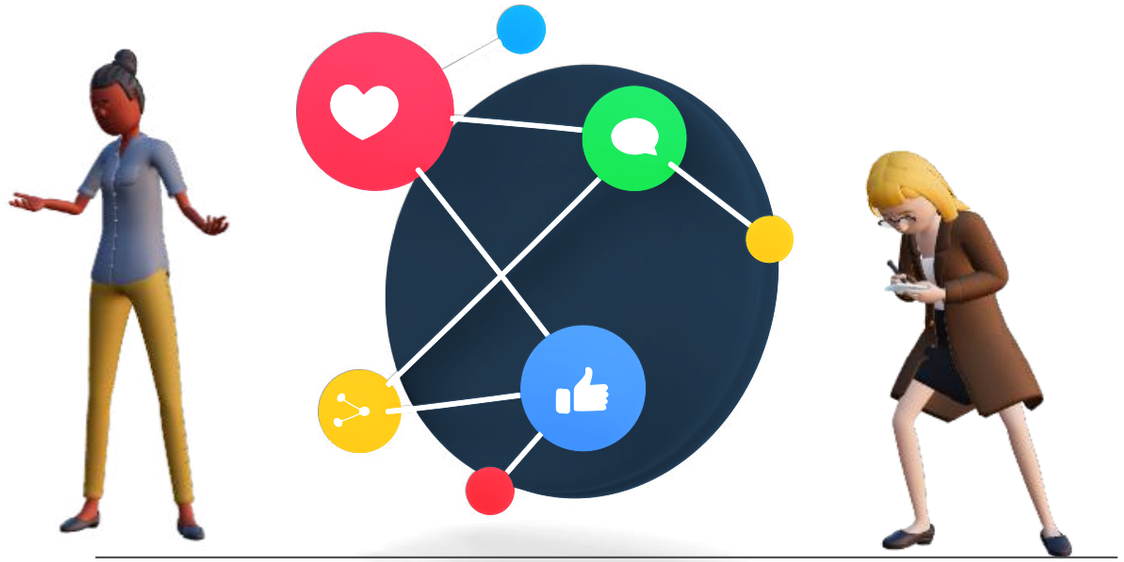
Part 4 of the impact report introduces a series of key ripple effect pathways, a summary form of presenting how services integrate across key themes, demonstrating how activities and outcomes integrate by working well together.

Feedback from the consultation exercise across the BPBP has identified a series of risks from disinvestment. Overleaf is a summary risk analysis of how service disruption through potential disinvestment impacts on the key prevention initiatives grouped by the ICS, as part of its 2025/26 strategic focus.



| ICS Prevention Theme | Risk | Summary |
|---|---|---|
| **Providing the Best Start** | Local support unavailable for children and young people and their families. | Children, young people and their families, particularly vulnerable families, do not have access to accessible local specialist services. |
| **Promoting Exercise & Movement** | Loss of local opportunities for engaging in supportive exercise and movement. | Exercise and movement opportunities, including walking and engaging in nature, are not available to those who require support to engage for improved physical and mental health. |
| **Health & Work** | Loss of local opportunities to access advice and support services to get into and sustain in work. | Access to advice and services that help people with long-term health conditions to get into and sustain in work no longer available, with consequent impact on socio-economic wellbeing. |
| **Addressing Loneliness & Social Isolation** | Increased risk of significant health impact of loneliness, | Without referral and support services in place to address social isolation, this will result in increased demand for and pressures on primary and secondary care. |
| **Managing Long-Term Conditions** | Removal of crucial local ‘lifeline’ for those with long-term health conditions. | Without access to specialist local support services and networks, this will result in increased demand for and pressures on primary and secondary care. |
| **Supporting Vulnerability & Complex Needs** | Loss of services which enable vulnerable individuals to be safe in Bassetlaw. | Without access to specialist local support services, this will result in increased demand for and pressures on primary and secondary care. |

# Part 4 - The Wider Impacts of BPBP VCSE Provider Delivery



# The Wider Impacts of the BPBP VCSE Provider Delivery

A system-wide analysis on the impact of BPBP VCSE Providers health related activities, clearly demonstrates the manner in which services and outputs impact on each other. Using a Ripple Effect methodology it has been possible to baseline a broader set of impacts and outcomes from the delivery across the system, looking at both the intended and unintended ripple effects.

A key part of the ICS strategic focus is one of integration of effective service delivery, which underpins both a preventative care system and helps to bring greater equity of outcomes for key communities and disadvantaged groups. The mapping exercise performed as part of this report has been able to capture and sort this integrated approach across Bassetlaw, and then group these as a series of **key impact themes** in line with the ICS ambition for 2025/26.

## -Key Impact Themes-

PROVIDING THE BEST START

PROMOTING EXERCISE & MOVEMENT

HEALTH & WORK

ADDRESSING LONELINESS & SOCIAL ISOLATION

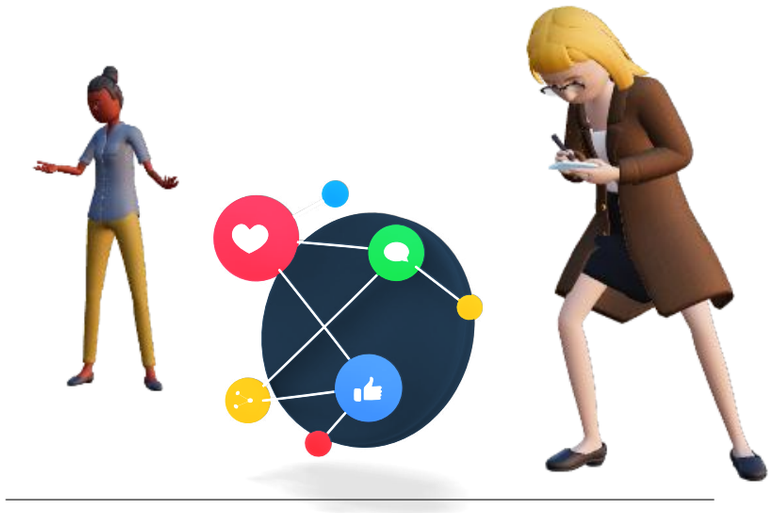
MANAGING LONG-TERM CONDITIONS

## Demonstrating Impact

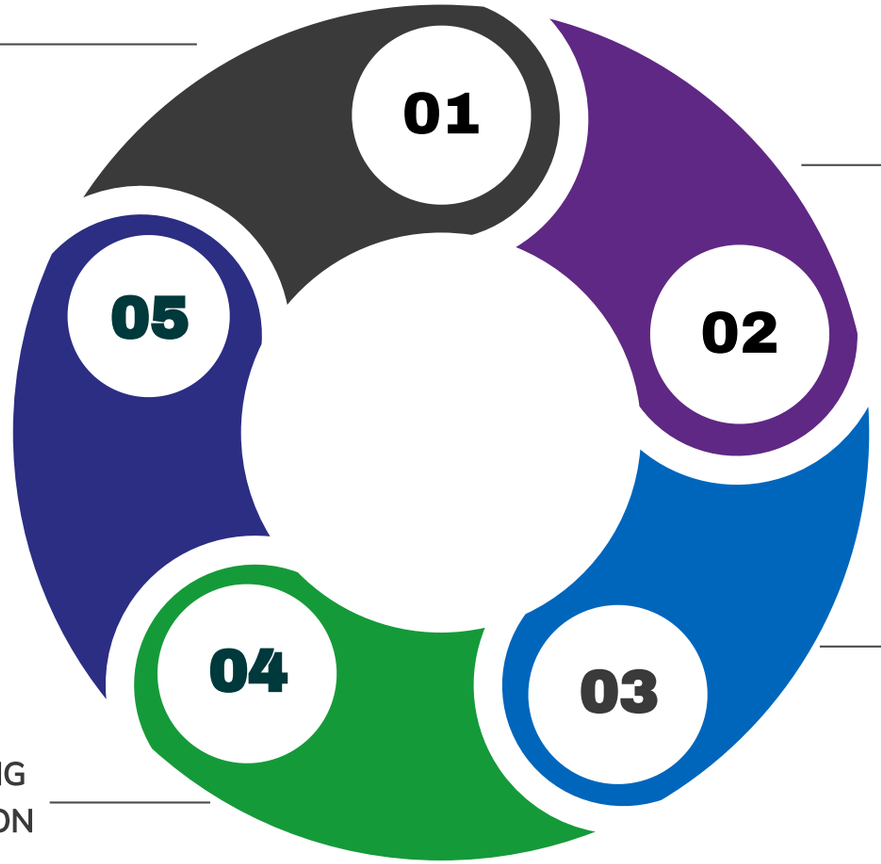
The impact themes demonstrate how the building blocks of health across Bassetlaw are effectively supported through an integrated approach. Part 1 and 2 of this report aimed to highlight elements where integration is a key part of delivering outcomes of ICB grant funded projects. Through summarising the impact themes, it reinforces the scale of connectedness developed through the solutions created by BPBP VCSE Providers. This adds significant social value overall – a health-related outcome from a social prescribing perspective also ripples through to outcomes linked to sustaining a job, reducing presentation within primary and secondary care and so on, creating a multiplier effect of social value against the initial investment made.

There is a similar multiplier effect across the range of service delivery supporting the building blocks. **Crucially, however, the support provided to the building blocks of health become fragile once key services are disinvested to such an extent that they are no longer viable.** For example, BCVS, Aurora Wellbeing and Bassetlaw Action Centre all converge to provide early engagement with patients of Bassetlaw Hospital. These services cover pre discharge support pathways and demonstrate effectively how long-term conditions that have a higher risk of readmission, can be proactively managed through a preventative framework. They interlink and integrate at key points and provide a fundamental pillar of support to the ICS strategic ambition.

The final part of this impact report is summarises the key impact themes and aims to correlate with the ICS strategic ambitions for 2025/26, demonstrating the interconnection of activities and outcomes across the healthcare system for Bassetlaw.



# 5 KEY IMPACT THEMES




THEME 1 - PROVIDING THE BEST START

THEME 2 - PROMOTING EXERCISE AND MOVEMENT

THEME 3 - HEALTH AND WORK

THEME 4 - ADDRESSING LONELINESS & SOCIAL ISOLATION

THEME 5 - MANAGING LONG-TERM CONDITIONS

# Theme 1 - Providing the Best Start

BPBP VCSE Providers in Bassetlaw play a vital role in delivering services that support the key theme of Providing the Best Start, ensuring children, young people, and families have access to resources that promote health, development, education, and preparation for adulthood. Their integrated approach focuses on preventative support, counselling, and family-based interventions to address challenges and vulnerabilities.

## Key Services and Contributions

**Access to Benefits Advice** - Citizens Advice North Notts (CANNS) provides case-managed engagement on welfare and benefits support, enabling families to access eligible financial assistance. This helps reduce financial stress and supports a stable environment for children.

**Counselling and Emotional Support** - The Children's Bereavement Centre offers 1-2-1 and family-based counselling for children affected by bereavement or terminal illness. This service empowers children to manage their emotions, reducing risks of poor mental health, social isolation, and substance misuse. Centre Place LGBT+ Service provides counselling and group-based support for young people struggling with identity, loneliness, or mental health challenges. This reduces risks of self-harm and suicide while improving emotional well-being and social inclusion.

**Whole Family Support** - Aurora Wellbeing supports families affected by cancer, focusing on emotional resilience and mental health. This ensures children and families can navigate health challenges while maintaining stability and well-being.

**Preventative Support to Avoid Crisis** - Bassetlaw VCSE Providers work collaboratively to ensure effective referral pathways for responsive healthcare and social support. This includes school-based interventions and proactive engagement to prevent crises in vulnerable families.

# Theme 2 - Promoting Exercise and Movement

BPBP VCSE Providers in Bassetlaw deliver services that support the key theme of Promoting Exercise and Movement, focusing on improving physical and mental health, managing long-term conditions, and fostering social inclusion through tailored exercise programmes and nature-based activities. These initiatives help individuals of all ages engage in physical activity, reduce health risks, and enhance overall well-being.

## Key Services and Contributions

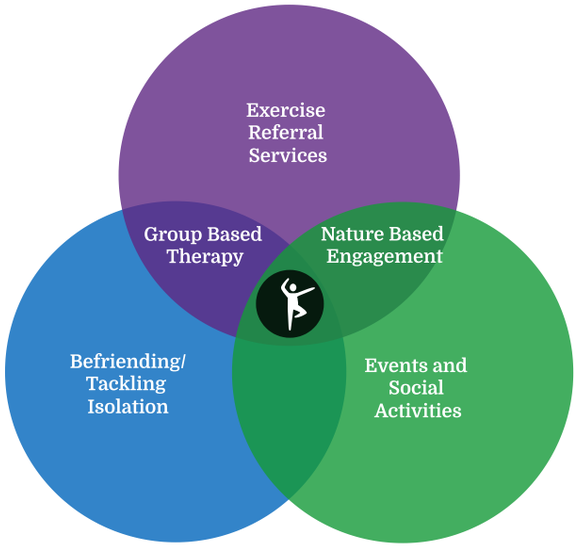
**Exercise Referral Services** - Barnsley Premier Leisure (BPL) offers a 12-week community health exercise program tailored to individuals with health-related conditions. Through personal assessments and ongoing support, participants improve physical health, manage conditions like diabetes and obesity, and reduce the risk of deterioration. BPL's aqua-based Good Boost program uses AI to deliver personalised exercise plans, helping individuals with mobility challenges engage in safe and effective physical activity.

**Group-Based Therapy** - Muddy Fork provides nature-based engagement and wildlife gardening at Idle Valley Nature Reserve. This service combines physical activity with mental health support, offering peer-to-peer interaction and skill-building opportunities in a calming natural environment.

**Nature-Based Engagement** - Programmes like Muddy Fork and "In Sam's Name" walk-and-talk sessions encourage physical activity in outdoor settings, promoting both physical and mental well-being.

**Befriending and Tackling Isolation** - Community transport services and befriending programmes help individuals, particularly the elderly, access exercise opportunities and social activities, reducing isolation and improving mental health.

**Events and Social Activities** - VCSE Providers organise group-based exercise and social events to foster community engagement and encourage sustained physical activity.



# Theme 3 - Health and Work

BPBP VCSE Providers in Bassetlaw deliver services that support the key theme of Health and Work, focusing on helping individuals sustain employment, access training and education, and overcome barriers caused by health-related challenges. Their integrated approach addresses physical, mental, and socio-economic factors to promote stability and productivity in the workforce.

## Key Services and Contributions

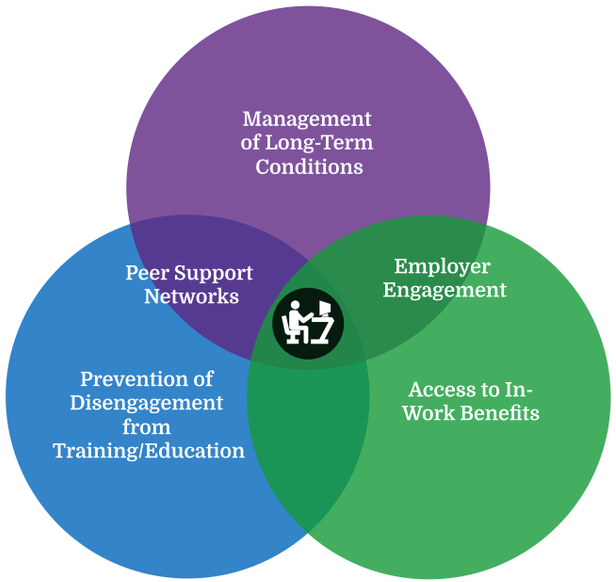
**Employer Engagement** - Aurora Wellbeing collaborates with local employers to support individuals affected by cancer or long-term health conditions, helping them stay in work and manage their health effectively.

**Prevention of Disengagement from Training/Education** - Centre Place LGBT+ Service and the School Bereavement Service work with schools and colleges to provide counselling and support for young people, ensuring they remain engaged with education and training despite mental health challenges or social exclusion. Their support further extends to whole school team support to provide the skills for teachers and support staff to be responsive to a range of needs within school life.

**Access to In-Work Benefits** - Citizens Advice North Notts (CANNS) provides proactive guidance on welfare benefits, helping individuals access financial support to sustain employment and manage health-related issues.

**Peer Support Networks** - Services like "In Sam's Name" offer peer support for men experiencing mental health challenges, helping them maintain stability in their personal and professional lives.

**Management of Long-Term Conditions** - Programmes like BPL's tailored exercise services and Muddy Fork's nature-based engagement help individuals manage health conditions, enabling them to remain active and productive in the workforce.



# Theme 4 - Addressing Loneliness and Social Isolation

BPBP VCSE Providers in Bassetlaw deliver services that support the key theme of Addressing Loneliness and Social Isolation, focusing on reducing the health risks associated with social disconnection and fostering community engagement. Their initiatives provide opportunities for social interaction, peer support, and access to essential services, helping individuals build meaningful connections and improve their overall well-being.

## Key Services and Contributions

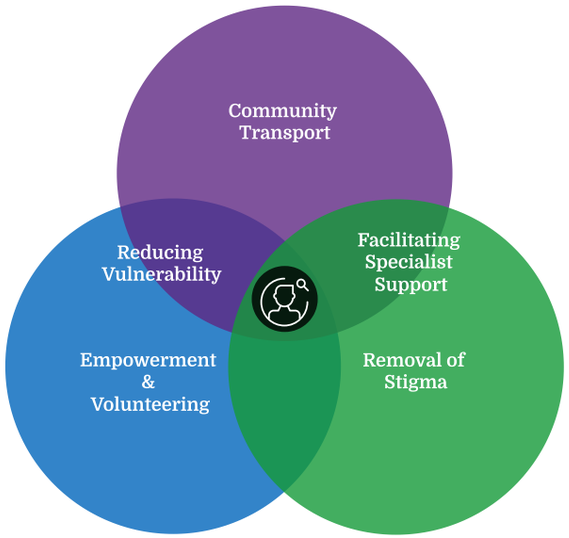
**Community Transport** - Bassetlaw Action Centre's Community Transport service enables individuals, particularly the elderly, to access social activities, healthcare appointments, and community events, reducing isolation and promoting independence.

**Reducing Vulnerability** - Services like the Royal Voluntary Service's Home from Hospital programme provide practical and emotional support to individuals recovering from illness or surgery, helping them reconnect with their communities and avoid feelings of loneliness.

**Facilitating Specialist Support** - Social Prescribing Link Workers (SPLWs) coordinate referrals to befriending services, group activities, and counselling, ensuring individuals receive tailored support to combat isolation.

**Empowerment and Volunteering** - Bassetlaw Voices has played a key role in promoting the power of volunteering across Bassetlaw, crucially volunteering opportunities combine physical activity with social engagement, helping individuals build confidence and a sense of purpose.

**Removal of Stigma** - Centre Place's LGBT+ service provide important support to young adults and their families and initiatives like "In Sam's Name" provide safe spaces for men to discuss mental health challenges, fostering peer support and reducing the stigma around seeking help.



# Theme 5 - Managing Long-Term Conditions

BPBP VCSE Providers in Bassetlaw deliver services that support the key theme of Managing Long-Term Conditions, focusing on providing personalised, preventative, and community-based solutions to help individuals live healthier, independent lives. Their integrated approach addresses physical, emotional, and social needs, reducing reliance on healthcare services and improving overall quality of life.

## Key Services and Contributions

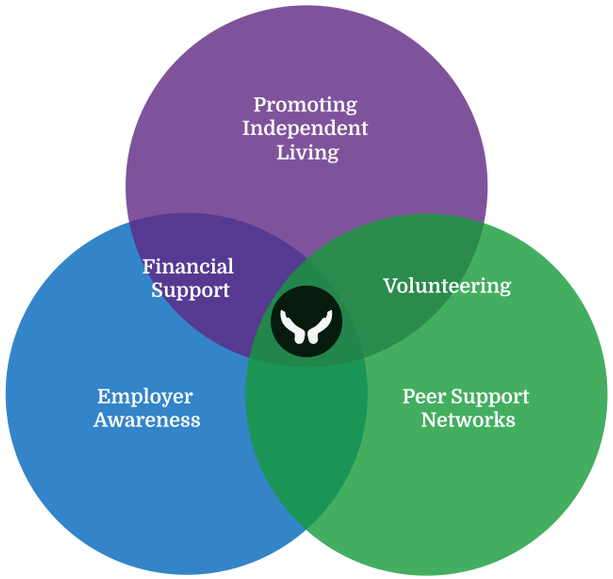
**Promoting Independent Living** - Bassetlaw Action Centre's Promoting Independence Service supports individuals post-hospital discharge, helping them access non-medical services to remain safe and well at home, reducing the risk of readmission.

**Financial Support** - Citizens Advice North Notts (CANNS) provides advice on welfare benefits, housing, and debt management, ensuring individuals with long-term conditions have the financial resilience to manage their health effectively.

**Volunteering** - BCVS Bassetlaw Voices facilitates a comprehensive volunteering awareness and engagement programme to promote health conversations. Muddy Fork offers nature-based volunteering opportunities, enabling individuals to improve their mental and physical well-being while engaging in meaningful activities.

**Employer Awareness** - Aurora Wellbeing works with employers to support individuals with long-term conditions, helping them stay in work and manage their health alongside their professional responsibilities.

**Peer Support Networks** - Programmes like the Staying Well course provide group-based learning and peer support, empowering individuals to proactively manage their health conditions.



# Aligning Impact Outcomes with ICS Strategic Intent

The outcomes delivered by Bassetlaw VCSE Providers across all themes align with the ICS Strategic Ambition for 2025/26 by focusing on prevention, equity, and integration. These services collectively improve health and wellbeing, reduce health inequalities, and foster whole population resilience, ensuring a healthier and more inclusive Bassetlaw.

**Theme 1: Providing the Best Start**

- Improved outcomes for children and young people through access to counselling, whole-family support, and benefits advice.
- Sustained engagement with education and reduced risks of disengagement from school, training, or work.
- Enhanced emotional and mental well-being for children and families, particularly in disadvantaged areas.
- Prevention of crisis situations through proactive and preventative support.

**Theme 2: Promoting Exercise and Movement**

- Increased physical and mental well-being through tailored exercise programmes and nature-based activities.
- Reduced health risks associated with long-term conditions, including obesity, diabetes, and osteoporosis.
- Improved mobility and independence, enabling individuals to stay active and engaged in their communities.
- Prevention of deterioration in health, reducing demand on NHS services.

**Theme 3: Health and Work**

- Sustained employment for individuals with long-term health conditions through tailored support and employer engagement.
- Prevention of worklessness by addressing health-related barriers to employment.
- Improved socio-economic well-being through access to in-work benefits and financial resilience planning.
- Reduced risks of disengagement from training and education, supporting career development.

**Theme 4: Addressing Loneliness and Social Isolation**

- Improved emotional and mental well-being through social interaction, peer support, and befriending services.
- Reduced feelings of loneliness and isolation, particularly for vulnerable groups such as the elderly.
- Increased access to community resources and activities, fostering a sense of belonging.
- Prevention of health risks associated with social isolation, reducing demand on primary and secondary care services.

**Theme 5: Managing Long-Term Conditions**

- Enhanced self-management of long-term conditions through education, peer support, and personalised care plans.
- Reduced reliance on primary and secondary care services through community-based interventions.
- Improved financial resilience and access to benefits, enabling individuals to manage their health effectively.
- Increased independence and quality of life, allowing individuals to remain active and engaged in their communities.

# Conclusion

**This Bassetlaw Place-Based Partnership VCSE Providers Health Impact Report 2025 underscores the critical role of Voluntary, Community, and Social Enterprises (VCSE) in delivering integrated, preventative, and person-cantered health and social care services across Bassetlaw.** These services address health inequalities, support vulnerable populations, and align with the strategic aims of the NHS Nottingham and Nottinghamshire Integrated Care System (ICS) for 2025/26. The report highlights the interconnected nature of VCSE services, their measurable impact on health outcomes, and the risks posed by disinvestment.

## Key Contributions of VCSE Providers

VCSE organisations in Bassetlaw provide essential services that directly benefit thousands of citizens across the area. Their work spans critical areas such as bereavement support, mental health counselling, exercise programmes and social prescribing. These services address the wider determinants of health, including housing, financial resilience, food security, education, and social connectedness. By focusing on prevention and early intervention in addition to being embedded in treatment pathways, VCSE providers reduce demand on primary and secondary care systems, improve health outcomes, and deliver significant social and economic value.

## Strategic Alignment and Impact

The report demonstrates how VCSE services align with the ICS priorities of improving outcomes, tackling inequalities, enhancing productivity, and supporting broader social and economic development. Programmes such as the Children's Bereavement Service, Centre Place LGBT+ Service, Aurora Wellbeing, and Citizens Advice North Notts provide tailored support to children, families, elderly individuals, and those with long-term health conditions.

These initiatives empower individuals to live healthier, independent lives, sustain employment, and engage with their communities. Performance metrics and case studies illustrate the tangible benefits of these services, including improved mental health, reduced isolation, and better management of chronic conditions.

## Risks of Disinvestment

The report highlights the significant risks posed by reduced funding for VCSE services, which has already decreased by 66% since 2022. Disinvestment threatens the stability of the building blocks of health in Bassetlaw, leading to increased demand on healthcare systems, worsening health inequalities, and reduced access to local support.

## Conclusion

This report concludes that BPBP VCSE providers are indispensable to the health and wellbeing of Bassetlaw's residents. The long-established integrated approach that these providers demonstrate addresses health inequalities, supports vulnerable populations and aligns with ICS strategic priorities. However, the risks of disinvestment threaten the sustainability of these services, potentially destabilising the healthcare system and worsening health outcomes.

Sustained funding and investment are essential to preserve the building blocks of health, ensure equity, and maintain the interconnected benefits of VCSE services. The report calls for continued support to safeguard the health and socio-economic well-being of the Bassetlaw population.

# Bassetlaw Place-Based Partnership VCSE Providers

## Health Impact Report 2025