

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 27 September 2017

Time: 2.00 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Contact: Jane Garrard **Direct Dial:** 0115 8764315

1 MEMBERSHIP CHANGE

To note that Michelle Simpson is no longer the Department for Work and Pensions representative on the Health and Wellbeing Board and a replacement is being sought.

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTERESTS

4 MINUTES

To confirm the minutes of the meeting held on 26 July 2017

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5 ACTION LOG

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6 HEALTH AND WELLBEING STRATEGY 2016-2020. OUTCOME 1: HEALTHY LIFESTYLES. INTERIM REPORT

(NB: approximately 40 minutes)

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7 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT

(NB: approximately 15 minutes)

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8 A HEALTH NEEDS ASSESSMENT OF BLACK AND MINORITY ETHNIC GROUPS IN NOTTINGHAM

(NB: approximately 20 minutes)

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9 HEALTH AND WELLBEING BOARD FORWARD PLAN

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10 BOARD MEMBER UPDATES

Updates on issues of relevance to the Health and Wellbeing Board and/or delivery of the Joint Health and Wellbeing Strategy

a Third Sector

- b Healthwatch Nottingham**
- c NHS Nottingham City Clinical Commissioning Group**
- d Nottingham City Council Corporate Director for Children and Adults** 81 - 82
- e Nottingham City Council Director for Adult Social Care**
- f Nottingham City Council Director for Public Health**
- 11 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 26 JULY 2017** 83 - 84
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- 13 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - SAFEGUARDING CHILDREN** 87 - 94
For information only
- 14 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - FEMALE GENITAL MUTILATION** 95 - 98
For information only
- 15 HEALTH AND WELLBEING BOARD WEBSITE**
To note that a new Health and Wellbeing Board website has been developed (to be shown at the meeting)

The Nottingham City Health and Wellbeing Board is a partnership body which brings together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities.

Members:

Voting members

Councillor Nick McDonald (Chair)	City Council Portfolio Holder with a remit covering health
Dr Marcus Bicknell (Vice Chair)	NHS Nottingham City Clinical Commissioning Group representative
Councillor Steve Battlemuch	City Councillor
Councillor Marcia Watson	City Councillor
Councillor David Mellen	City Council Portfolio Holder with a remit covering children's services

Dr Hugh Porter	NHS Nottingham City Clinical Commissioning Group representative
vacancy	NHS Nottingham City Clinical Commissioning Group representative
Dawn Smith	NHS Nottingham City Clinical Commissioning Group Chief Officer
Alison Michalska	City Council Corporate Director for Children and Adults
Helen Jones	City Council Director of Adult Social Care
Alison Challenger	City Council Director of Public Health
Martin Gawith	Healthwatch Nottingham representative
Samantha Travis	NHS England representative

Non-voting members

Lyn Bacon	Nottingham CityCare Partnership representative
Peter Homa	Nottingham University Hospitals NHS Trust representative
Chris Packham	Nottinghamshire Healthcare NHS Foundation Trust representative
Gill Moy	Nottingham City Homes representative
Ted Antil	Nottinghamshire Police representative
vacancy	Department for Work and Pensions representative
Leslie McDonald	Representing interests of the Third Sector
Maria Ward	Representing interests of the Third Sector
Wayne Bowcock	Nottinghamshire Fire and Rescue Service representative
Andy Winter	Nottingham Universities representative

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

QUESTIONS FROM THE PUBLIC: WHILE IT IS NOT NECESSARY TO DO SO, SUBMITTING A QUESTION IN ADVANCE WILL ENABLE THE BOARD TO PROVIDE AS FULL A RESPONSE AS POSSIBLE. QUESTIONS SHOULD BE SUBMITTED TO CONSTITUTIONAL.SERVICES@NOTTINGHAMCITY.GOV.UK THE ACCEPTANCE OF QUESTIONS AT THE MEETING IS AT THE DISCRETION OF THE CHAIR AND ANY

INAPPROPRIATE QUESTIONS, FOR EXAMPLE THOSE THAT ARE OUTSIDE THE REMIT OF THE BOARD OR VEXATIOUS WILL NOT BE CONSIDERED.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of the meeting held at NHS Nottingham City Clinical Commissioning Group, 1 Standard Court, Park Row, Nottingham, NG1 6GN on 26 July 2017 from 2.04 pm - 3.43 pm

Membership

Voting Members

Councillor Nick McDonald (Chair)
Dr Marcus Bicknell (Vice Chair)
Councillor Steve Battlemuch
Alison Challenger
Martin Gawith
Helen Jones
Councillor David Mellen (minutes 1 – 10 inclusive)
Dr Hugh Porter
Dawn Smith
Councillor Marcia Watson

Absent

Alison Michalska
Samantha Travis

Non-Voting Members

Ted Antill
Bryn Coleman (as substitute for Wayne Bowcock)
Leslie McDonald
Gill Moy
Tracy Tyrell (as substitute for Lyn Bacon)
Maria Ward

Absent

Chris Packham
Michelle Simpson
Peter Homa

Colleagues, partners and others in attendance:

Katy Ball - Director of Commissioning and Procurement - NCC
James Blount - Communications - NCC
Marie Cann-Livingstone - Teenage Pregnancy Specialist – NCC
Helene Deness - Public Health Consultant - NCC
Jane Garrard - Senior Governance Officer – NCC
Ruth Hawley - Nottingham City Libraries - NCC
Jane Laughton - CCG
Jennie Maybury - Principle Transport Planner – NCC
Kate Morris - Governance Officer – NCC
Christine Oliver - Head of Commissioning – NCC
Helen Ross - Insight Specialist, Public Health – NCC
Richard Taylor - Environmental Health and Safer Places Manager - NCC
Steve Thorne - CCG

1 MEMBERSHIP CHANGE

RESOLVED to note

- (1) Councillors Nick McDonald and Marcia Watson had replaced Councillors Alex Norris and Neghat Khan as Nottingham City Council representatives; and**
- (2) Samantha Travis had replaced Jonathan Rycroft as the NHS England Representative.**

2 APOLOGIES FOR ABSENCE

Samantha Travis
Chris Packham
Alison Michalska
Peter Homa
Andy Winter

3 DECLARATIONS OF INTEREST

Dr Hugh Porter, NHS Nottingham City Clinical Commissioning Group representative declared an interest in item 7, Reducing unplanned teenage pregnancy in Nottingham – an annual report, as practitioner in a prominent provider of sexual health services. This did not preclude him speaking on the matter.

4 MINUTES

The minutes of the meeting held on 29 March 2017 were agreed as a true record and signed by the Chair.

5 APPOINTMENT OF VICE CHAIR

RESOLVED to appoint Dr Marcus Bicknall, NHS Nottingham City Clinical Commissioning Group Representative as Vice-Chair for the municipal year 2017/18.

6 HEALTH AND WELLBEING STRATEGY 2016-2010 OUTCOME 4: HEALTH AND ENVIRONMENT INTERIM REPORT

Alison Challenger, City Council Director of Public Health, introduced the report updating the Committee on the Health and Wellbeing Strategy 2016-2020 Outcome 4: Health and Environment interim report to the Board. She highlighted the following points:

- (a) There are 4 main themes within this Outcome:
 - Transport & Air Quality
 - Parks, Green Spaces
 - Housing
 - Built Environment

- (b) Nottingham has been successful in attracting a number of transport and air quality grants to the city with a combined total of £7.8million. These include Go Ultra Low, DEFRA Air Quality grant and DfT Access Fund;
- (c) to date Nottingham has been awarded Go Ultra Low status and is working towards becoming a Clean Air Zone;
- (d) National Clean Air Day took place on 15 June 2017 which aimed to highlight what citizens can do to improve the quality of the air and this will be repeated next year with more focus on publicity;
- (e) green spaces were recently mapped against health within the City. Whilst facilities vary from area to area there are some areas with high health need and low use of green space. Work will be taking place with the Council's Leisure Team to develop facilities and use in areas of high need;
- (f) there is an environment themed steering group which is currently recruiting new members;
- (g) the Hospital to Home project has been successful in generating savings for the NHS, Social Care and Housing as well as benefits for citizens including reduced waiting times for housing and increased social connections;
- (h) the housing workforce has dedicated workers who focus on health issues for residents. They address physical health as well as mental health and offer specialist advice around health linked to indebtedness;
- (i) Nottingham City Homes has done much work on increasing energy efficiency of their properties;
- (j) there is a current focus on the number of hot food outlets around secondary schools and how this is affecting health of children and young people. Work is underway to look at how the number of these outlets can be limited or reduced in and around the area close to schools;
- (k) Board Members were encouraged to nominate a member of their organisation to join one of the steering groups associated with this Outcome theme.

Following discussion and questions from Board members the following information was highlighted:

- (l) Air quality is more often than not measured in high traffic areas, such as city centres and on ring roads. It was suggested that a study of air quality in the areas where schools experience a high level of idling engines may produce results that would encourage citizens to change habits;
- (m) colleagues within Nottingham City Council are engaged with colleagues from Nottinghamshire County Council and working together to encourage behaviour change;

- (n) better publicity is needed for the smaller groups who provide activities within green spaces in Nottingham City. There are activities available for all abilities and ages but it is important that they are advertised so that people can take advantage of them;
- (o) the City has a high number of green flag parks and had ensured that, despite budget cuts, green space is retained for public use. Increasingly these green spaces are supported by groups of volunteers;
- (p) there are many people within Nottingham who rent substandard properties through private landlords. Collecting data around evictions for this group will be difficult as they very often go on to further private rented accommodation rather than being rehoused through Nottingham City Homes;
- (q) a British Research Establishment report looking at privately rented accommodation showed that 19% of privately rented properties had hazards that were harmful to health. Environmental Health are working with landlords to intervene/take over management of property when standards are not raised;
- (r) homelessness has gone up dramatically over the last few years. There are now over 600 households in temporary accommodation in Nottingham. The wider roll out of Universal Credit will increase the number of people struggling to cover all of their costs of living;
- (s) it was suggested that if the number of hot food outlets cannot be reduced then they should have a requirement to provide a certain percentage of healthy, nutritious meals in order to help reduce obesity/encourage a healthier lifestyle;
- (t) there has historically been a focus on filling vacant shops and there has not always been a focus on the types of tenants within the properties, for example hot food takeaway outlets.

RESOLVED to

- (1) note the content of the report, and;**
- (2) request a future report come to the Board bringing together data on people at risk of losing their accommodation and the link to health and wellbeing.**

7 REDUCING UNPLANNED TEENAGE PREGNANCY IN NOTTINGHAM - AN ANNUAL REPORT

Helene Denness, Public Health Consultant, introduced to the Board the annual report on reducing unplanned teenage pregnancy in Nottingham. She outlined known risk factors and highlighted the following information:

- (a) Outcomes for infants of teenage mothers are less favourable than those who are not. Children of teenage mothers are more likely to die in infancy, more likely to live in poverty, be hospitalised due to gastroenteritis or accidental

- injury, and be behind developmentally in terms of spatial, verbal and non-verbal ability;
- (b) outcomes for teenage mothers are also less favourable. They are more likely to be living in poverty at age 30, smoke throughout pregnancy, experience postnatal depression and experience relationship breakdown. They are also less likely to breastfeed or be in training, education or employment;
- (c) Nottingham City has reduced the rate of teenage pregnancy significantly although it is still higher than the national average and higher than the average for other Core Cities;
- (d) there are a number of prevention services, including the Sex and Relationship Education (SRE) Charter which is tailored to a school's needs, school nurses, young person friendly sexual health services, and C-Card Scheme and intensive support services for teenage mothers to prevent a second teenage pregnancy. Work is also being done on raising aspirations of communities, although this is slower work and takes time to become embedded and show results;
- (e) there are a number of challenges:
- Each school makes its own decision about delivery of SRE and they are not obliged to sign up to the SRE charter and so not all pupils have the same quality or quantity of SRE;
 - The city is becoming more diverse and has new and emerging populations. There is significantly less data on these populations and how sexual health services can be adapted to allow equal access
 - Under 16 pregnancy rate is not falling as fast as the under 18 pregnancy rate
 - There is an increasing number of young people presenting for termination of pregnancy who are choosing not to take up long term reversible contraception
- (f) there is a new task force that will be focusing on those schools who choose not to take up the SRE offer within the city and what can be done to encourage further engagement.

Following questions from Board members and discussion the following information was highlighted:

- (g) Smaller, voluntary sector organisations are also able to administer the C-Card scheme and have the potential to reach more young people;
- (h) the available statistics are currently 18 months old and at present there is no information on whether or not there has been a rise in the number of sexually transmitted infections as a result of the increased use of long term reversible contraception;
- (i) SRE is being made statutory although this requirement is not as comprehensive as it could have been. There has been some good work in

recent months with the Catholic Schools and the Diocese are offering their support on the introduction of tailored SRE;

- (j) statistics show that there is still a significant gap between the national average and Nottingham City teenage pregnancy rates, although historically this has been reduced, the gap remains significant and further analysis needs to be done to determine what additional steps can be taken to reduce the gap further.

RESOLVED to:

- (1) note the content of the report; and**
- (2) invite a Public Health colleague back to the January 2018 meeting with a review of how teenage pregnancy rates will be reduced further.**

8 IMPACT OF THE COMMISSIONING REVIEWS 2016-17

Katy Ball, Director of Commissioning and Procurement, Nottingham City Council, introduced the report on the Impact of Commissioning Reviews 2016-17 to the Board. She advised the Board that the information contained within appendices circulated with the agenda was headline information designed to give an overview and went on to highlight the following information:

- (a) The majority of the commissioning work is taken to the Health and Wellbeing Commissioning Executive Group, a subgroup of this Committee;
- (b) joint commissioning includes Nottingham City Council, Nottingham City Clinical Commissioning Group, Crime and Drugs Partnership and Public Health and works with key stakeholders to assess change in need, outcomes, budgets, and changes in policy to commission services for citizens;
- (c) when reviewing commissioning the workgroup looks at systems rather than individual services to assess integration and outcomes for citizens.

During discussion and following questions the following points were made:

- (d) An overview of the work will be brought to the Board and will focus on the priorities set by the Board.
- (e) there are significant financial pressures on key stakeholders and as such it is necessary to focus on integration and streamlining systems rather than focus in on each individual service. The aim is to reduce cost but retain service provision;
- (f) a particular focus on performance and contract management is needed to ensure value for money is delivered on every service commissioned.

RESOLVED to note the impact of the Commissioning Reviews 2016-17 in terms of improved outcomes for citizens, improved service delivery and system change.

9 COMMISSIONING INTENTIONS 2017-18

Katy Ball, Director of Commissioning and Procurement, Nottingham City Council introduced the report on Commissioning Intentions 2017-18 to the Board. She advised the Board that the document circulated with the agenda outlined commissioning activity to be undertaken in the upcoming year, some of which has already been started. Following questions and discussion with the Board the following information was highlighted:

- (a) Early discussions with this Board would be beneficial on issues that may be controversial as would bringing attention to any major recommissioning work being undertaken where strategic partners are unable to bid and where impact on the private sector is expected;
- (b) there is significant pressures on all stakeholders' budgets and this has the potential to impact on services which in turn will impact on citizens.

RESOLVED to note the main areas of activity identified within the Nottingham City Council Commissioning Priorities Plan and the Nottingham City Council and NHS Nottingham City Clinical Commissioning Group Joint Commissioning Plan.

10 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

Dawn Smith, Nottingham City Clinical Commissioning Group introduced the report presenting the Feedback Report on the Sustainability and Transformation Plan (STP).

Jane Laughton gave a presentation on the STP feedback report detailing public feedback following a number of consultation events across the City. She highlighted the following points:

- (a) Almost 400 people attended consultation events across Nottingham representing the public, voluntary organisations and community groups;
- (b) feedback captured at the event that took place at Nottingham Forest Football Ground showed that the public wanted to engage with the processes, that they understood the funding issues and wanted to be involved in taking the plan forward;
- (c) the feedback from this public event generally endorsed the STP and felt that it was going in the right direction;
- (d) key gaps that were identified during public consultation were mental health, including dementia care, children's health and young carers;
- (e) people at the consultation events agreed that more should be done to encourage people to look after their own health;

- (f) a number of concerns were raised:
- Workforce – the right people being trained in the right way for the right roles.
 - Technology – concern that this would replace face to face appointments with medical professionals and carers.
 - Communication – why the STP had not been communicated to the public earlier. Also the language of the STP was not the easiest to understand.
- (g) an easier to understand version of the plan had been produced using plainer English. It is still a complex document and conveys an enormous amount of complex information;
- (h) not all groups in the community were reached during these consultations so there will be focused work to reach different communities in order to receive their feedback and comments on the plan;
- (i) an Annual Report will be produced towards the end of this year which will describe the changes made and the impact that this is already having.

During discussion the following points were made:

- (j) Long term sustainability has to be underpinned by short term sustainability of the transition. It is essential to have unified management of the plan and a unified budget along with national support to ensure that as an early adopter area Nottingham City succeeds in launching the STP;
- (k) HealthWatch groups across the country have reacted differently to the STPs. In Nottingham HealthWatch has chosen to be involved in the process from the start. The honesty and professionalism of colleagues working on the STP and their willingness to innovate is encouraging, but it will be important not to underestimate the amount of work required;
- (l) the attendance at the consultation events was not demographically representative of Nottingham City.
- (m) urgent clarity is required around the shortfall in finance for the STP and where this leaves the integration process.
- (n) Voluntary sector organisations are overwhelmingly supportive of the work being done, however concerns have been raised around the intention and idea that they will be able to deliver services to the community as a whole. More clarity is needed about what is expected of the voluntary sector and how it will be funded;
- (o) updates with details of challenges would be useful to allow the Board and its members a full picture of the progress of the STP.

RESOLVED to note the content of the report and presentation.

11 HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED to note the Health and Wellbeing Board Forward Plan.

12 PHARMACEUTICAL NEEDS ASSESSMENT

RESOLVED to note that preparations to publish a revised Nottingham City Pharmaceutical Needs Assessment by 1 April 2018 are underway.

13 BOARD MEMBER UPDATES

In addition to the written updates circulated as part of the agenda pack, further information was provided by Members:

- (a) Dawn Smith from NHS Nottingham City Clinical Commissioning Group informed members that the 4 regional clinical commissioning groups are coming together under a joint committee arrangements. They do not currently plan on merging until 2019 at the earliest. There will be a single management team and a single accountable officer.

RESOLVED to note the Board Member Updates.

14 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - DEMOGRAPHY

RESOLVED to note that a new Joint Strategic Needs Assessment Chapter on Demography had been published.

15 DATES FOR FUTURE MEETINGS

RESOLVED to meet on the following Wednesdays at 2pm:

- **27 September 2017**
- **29 November 2017**
- **31 January 2018**
- **28 March 2018**

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Health and Wellbeing Board Action Log

Outstanding actions:

	Meeting	Action	Lead	Progress update	Date for completion
1.	26 July 2017	Report to the Board bringing together data on people at risk of losing their accommodation and the link to health and wellbeing	Alison Challenger Gill Moy	Report scheduled for 29 November 2017	November 2017
2.	26 July 2017	Board members to provide a representative for a partnership group that will plan for the Nottingham Clean Air Zone	Helen Ross	It is being decided whether the existing Air Quality Group can take on this role. Board members have asked to nominate representatives to sit on the group (email sent 13 September).	
3.	26 July 2017	Report to the Board in January to identify what additional action is required to further reduce teenage pregnancy rates	Marie Cann-Livingstone Helene Denness	Report scheduled for 31 January 2018	January 2018

Completed actions:

	Meeting	Action	Lead	Progress update	Date for completion

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HEALTH AND WELLBEING BOARD

27 SEPTEMBER 2017

	Report for Resolution
Title:	Health and Wellbeing Strategy 2016-2020. Outcome 1: Healthy Lifestyles. Interim Report
Lead Board Member(s):	Helen Jones, Director for Adult Social Care, Nottingham City Council
Author and contact details for further information:	Shade Agboola, Public Health Consultant, Nottingham City Council shade.agboola@nottinghamcity.gov.uk Caroline Keenan, Insight Specialist - Public Health, Nottingham City Council caroline.keenan@nottinghamcity.gov.uk
Brief summary:	This report provides the Board with information on strategic developments in relation to the Healthy Lifestyles Outcome of the Health and Wellbeing Strategy 2016-2020.

Recommendations to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) review the draft Nottingham City Physical Activity, Obesity and Diet Declaration (Enclosure 3) and take a decision to:
 1. support the draft; or
 2. recommend amendments to the draft.
- b) ensure that all Board member organisations sign the Tobacco Control Declaration and then develop action plans which demonstrate their contribution to the achievement of the City's tobacco control priority objectives.
- c) review the workplace smoking/ smokefree policies of Board membership organisations and consider emerging evidence on the use of e-cigarettes and the distinction between smoking and vaping.
- d) ensure the staff of Board membership organisations are trained in very brief advice and referral to healthy lifestyles services by engaging with the rollout of making every contact count and promoting independence tools and training across all Sustainability and Transformation Partnership partners including the voluntary sector.
- e) join Adult Social Care in promoting physical activity to citizens and colleagues in order to maximise the benefits for all.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	This report provides the Board with information on strategic developments in relation Outcome 1 of the Health and Wellbeing Strategy 2016-2020.
Aim: To reduce inequalities in health by	

targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
People with mental health problems are more likely to smoke and drink alcohol at harmful levels than the general population. Where there is evidence that these and other inequalities exist, the programmes planned for this outcome of the strategy will ensure that measures are put in place to reduce inequity in access to support to address these risk factors.

Background papers: <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i>	None
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Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

Completed by:	Caroline Keenan, Kate Smith, Uzma Bhatti and Ian Bentley	Reporting period:	From:	November 2016	To:	September 2017
Board meeting:	27 th September 2017	Next meeting at which this Priority Outcome will be discussed:		May 2018		

Priority Outcome: Children and adults in Nottingham adopt and maintain healthy lifestyles

Priority Actions:

1. Young people and adults will choose to have safer sex reducing the risk of unwanted pregnancies and sexually transmitted infections
2. People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them
3. Nottingham and its citizens will be smoke free
4. People will have a healthy and nutritious diet
5. People will be physically active to a level which benefits their health
6. People will be able to maintain a healthy weight

For information

Key progress for the Board's attention:

Highlight update on indicators in this reporting period:

Priority action 1 – safer sex

The latest quarterly data indicates that the conception rate for girls aged 15-17 is very close to target trajectory (an actual rate of 31.2 per 1,000 compared to a target rate of 31.1 per 1,000). The conception rate is significantly higher in Nottingham compared to England.

There has been an improvement in reducing HIV late diagnosis and current performance meets the target trajectory of 40.8%. Nottingham City's performance on this metric is no longer significantly higher than England.

Priority action 2 – alcohol consumption

Alcohol related hospital admissions has not been reported because of a temporary technical issue. This issue will be resolved for the next reporting period.

The ability to report alcohol related crime and antisocial behaviour remains problematic and highly subjective. Various caveats have to be applied when reporting on alcohol related crimes and incidents. Being able to measure the volume of alcohol related antisocial behaviour is reliant on those who report the incident using specific alcohol related words in their report, such as 'drunk' or 'intoxicated'. Furthermore, there may be multiple reports of a single incident.

With effect from April 2017, Home Office Counting Rules for Recorded Crime specify that a qualifier or flag must be used to identify alcohol-related crime. Whilst this is a new national standard, its application is currently varied. Nottinghamshire Police's

	<p>Data Quality Working Group is working to improve the consistency of application locally.</p> <p>Priority action 3 – smokefree The most recent data pertaining to adult smoking prevalence indicates 21.5% of adults in Nottingham City smoke. This performance surpasses the current target trajectory to reduce adult smoking prevalence to 21% by 2019/20. Smoking prevalence among adults in routine and manual groups has improved statistically significantly in the latest data release to 31.3%. Whilst a considerable improvement, this performance falls short of achieving the target trajectory. The percentage of women who smoke during pregnancy remains at 18.7% however, recently released statistics yet to be updated in the Public Health Outcomes Framework show a statistically significant improvement to 17.2%.</p> <p>Priority actions 4, 5 and 6 – physical activity, obesity, diet and nutrition The measurement for the proportion of adults who are active and inactive has changed. Sport England’s Active People Survey, which was the source for Public Health England’s Public Health Outcomes Framework since its inception ten years ago, has been replaced by the Active Lives Survey. Sport England’s Active Lives Survey was developed in response to the Government (2015) and Sport England (2016) strategies. The survey sample size for Nottingham City is approximately 2,000 which gives it a similar level of generalisability to the locally commissioned Citizens’ Survey and Respect Survey. The first and latest set of results for the year to mid-November 2016 was released in January 2017 and further results will be published every six months thereafter. The latest release has been used to reconfigure the activity and inactivity baseline and annual targets and progress against these targets will be evaluated when the next set of results are published in September 2017.</p> <p>The remaining five metrics associated with priority action 4, 5 and 6 have not changed statistically significantly during this report period. Two of these metrics are not on track: reduce the percentage of adults with excess weight and reduce the percentage of children aged 4-5 years with excess weight.</p> <p>For progress on all indicators please see Performance Report and Action Plan (Enclosure 2).</p>
<p>Key progress on delivery of action plans themes in this reporting period</p>	<p>Priority action 1 – safer sex The City is now in its second year of delivery of a range of sexual health services including integrated sexual health (contraception and genitourinary medicine) services, online chlamydia screening, online HIV home sampling and sexual health testing and contraception services provided via GPs and pharmacies. The aim of the integration is to increase choice and timely access to services.</p> <p>Fifty-five schools (of a target of 85 schools) are signed up to the sex and relationship education (SRE) charter with 14 providing effective SRE at level 3, which is the highest level. Figures continue to rise slowly as there has been positive engagement with many more schools that are working towards being signed up. Recent Government decisions to make SRE compulsory from September 2019 will provide a lever to encourage the remaining schools to sign up.</p> <p>Priority action 2 – alcohol consumption Alcohol identification and brief advice (IBA) is provided consistently in a number of settings and this is a key component of the action plan. Nottingham University Hospitals NHS Trust’s Emergency Department (0NUHED) and primary care are key settings for the delivery of alcohol IBA. NUHED has made good progress in this area, including ensuring that templates used by clinical staff include an alcohol screening question. Information about alcohol is also included on discharge letters to primary care. The sector is working to attract funding to secure alcohol nurses within NUHED</p>

to ensure that there is a robust approach to alcohol interventions within this setting and links to the alcohol care team who are based on the wards.

Partners are looking to work with the Urgent Care Centre (UCC) to divert alcohol presentations at NUHED. Meetings have been set up between UCC practitioners, the Public Health Clinical Advisor and Public Health to understand how this work can be taken forward. If successful, the project should reduce alcohol hospital admissions and high volume service user presentations at NUHED.

The voluntary and community sector (VCS) is developing a model for brief intervention training, starting with alcohol brief intervention, through the Children and Young People's Providers Network and the Vulnerable Adults' Providers Network. The local authority is looking into ways in which all contacts with children and young people can be harnessed as opportunities for providing substance misuse advice, as is recommended in the Drug Strategy (HM Government, 2017).

The alcohol Diversion Scheme has been re-launched to tackle the problem of drunk and disorderly behaviour, usually amongst students who are pre-loading before going out. The scheme has an average of 20 attendees every six weeks.

Priority action 3 – smokefree

Children

NHS England has awarded Nottingham City Clinical Commissioning Group (CCG) £75 thousand to tackle smoking in pregnancy. The City and County Smoking in Pregnancy Task and Finish Group continues to meet to establish a smoking in pregnancy pathway for community and secondary care midwives. This links to the Local Maternity Services Board.

As part of Smokefree Summer, four major family events across the City have been or will be smokefree. This includes the children's areas at Splendour and Riverside as well as the September Triathlon event. Nottinghamshire County Council and all district and borough councils across the County have engaged with the initiative and are promoting family events as smokefree. Further plans will be developed for 2018.

Motivate every smoker to quit

Nottingham CityCare's New Leaf has been commissioned to provide a stop smoking service for the City for the next three years. New Leaf is an e-cigarette friendly service.

Kate Smith (Smokefree Nottingham Coordinator, Nottingham City Council) and Mandy Hancock (Smokefree Lead, Nottinghamshire Healthcare NHS Foundation Trust) have been seconded to Nottingham University Hospitals NHS Trust (NUH) to lead on the implementation of NICE guidance PH 48 (Smoking: Acute, maternity and mental health). A steering group has been established and an implementation plan drafted. Dr Keith Girling (Medical Director, NUH) has agreed to undertake the role of 'smokefree champion' at NUH Board level. Additionally, Nottingham City CCG is funding two New Leaf specialist stop smoking advisers to be based at NUH for 12 months.

Leadership, innovation and development

The majority of Health and Wellbeing Board members have now signed the Nottinghamshire County and Nottingham City Declaration on Tobacco Control. Nottingham City Council, NUH, Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City CCG have, or are in the process of, drawing up tobacco control action plans in line with the Declaration recommendations.

Priority actions 4, 5 and 6 – physical activity, obesity, diet and nutrition

Strategic planning

Nottingham City has a fully established partnership for physical activity, obesity, diet and nutrition. The City's Physical Activity, Obesity and Diet Strategy 2017-2020 has been finalised following consultation with the Health and Wellbeing Board in January 2017. The Strategic Group, chaired by Outcome Sponsor Helen Jones (Director for Adult Social Care, Nottingham City Council), and the Working Group are making progress towards achieving the ambitions set out in the Strategy and associated action plan. The membership of both groups has been broadened slightly in order to extend the reach of the activity directed by members.

Children

A bespoke training package has been developed to enable children centre staff to identify the basics of breastfeeding and contribute to continued breastfeeding and signposting to local services. Plans are currently being made to pilot this training package before it is delivered across all Children's Centres across the City. In February 2017, CityCare produced a Standard Operating Procedure for the provision for new and expectant mothers working within the organisation which highlights the facilities which should be made available to breastfeeding employees returning to work. All Children's Centre Hubs are now engaging with and using the Healthy Children's Centre Standard.

The specification of a new 0-5 service, due to commence in April 2018, will include a requirement to increase the proportion of children being breastfed and the proportion of children taking Healthy Start vitamins. The promotion of physical activity is integral to the Healthy Child Programme and will also be included in the specification of the 0-5 service.

A pilot public health nutrition intervention is currently underway to identify infants and children with excess weight early (at 1 and 2.5 year review) and offer them a healthy weight scheme provided by the public health nutrition team. The results of this pilot are yet to be released, however by providing healthy weight support early and intervening early, it is envisaged that healthy weight will continue into primary schools where the National Child Measurement programme is implemented.

Adults

A new Local Plan for Nottingham City is currently in development. This will comprise both the Aligned Core Strategy adopted in 2014 and the Nottingham City Land and Planning Policies Document. The latter states that developments affecting the Open Space Network will be refused unless it is surplus to requirements and would not have a detrimental effect, will enhance the Open Space Network or is for other types of recreational activity which outweighs the loss. Furthermore, planning for hot food takeaway use will only be granted if it is located within an existing Centre, is at least 400 metres from a secondary school or it can be clearly demonstrated that the proposal will not have a negative impact on health and wellbeing.

A draft Nottingham City Physical Activity, Obesity and Diet Declaration has been produced as a mechanism for tackling inactivity and improving the quality of diet of the Nottingham City population. The declaration is introduced and set out in Enclosure 3.

A new adult weight management service jointly commissioned by the local authority and Nottingham City Clinical Commissioning Group commenced in April 2017. The service provides signposting to relevant interventions provided by partners as well as targeted and specialist weight management support to eligible citizens.

An additional clause has been added to the April 2017 contract variation of local authority care home establishments stating that nutritional and physical activity guidelines must be met.

	<p>The Vulnerable Adult's Providers Network (VAPN) and Children and Young Peoples' Providers Network (CYPPN) met in May 2017 to discuss healthy lifestyles. It was acknowledged that a wealth of direct and indirect healthy lifestyles related interventions are in place across the networks; from walking groups through the Open Door Project and workshops with nutritionists through the Seniors Support Group in the VAPN to healthy eating sessions through Think Children in the CYPPN. The VAPN reported a lack of clarity around awareness of and access to services. Remedial action has been taken through including the Nottingham Community Voluntary Service in the newly established Physical Activity, Obesity and Diet Virtual Network. Alongside LiON, this virtual network will serve as a conduit for promoting national and local campaigns as well as changes to service provision.</p> <p><u>Vulnerable groups</u> Healthy lifestyles training, aligned to the Making Every Contact Count approach, will take place in October 2017. This training is open to the local authority children and adults workforce with the aim of increasing the delivery of brief interventions to vulnerable citizens.</p>
<p>Examples of how health inequalities are being considered in this reporting period</p>	<p>Priority action 1 – safer sex The health promotion element of integrated sexual health services is aimed at targeting those at increased risk, such as young people, men who have sex with men, black and minority ethnic groups and sex workers. The HIV support service is aimed at promoting HIV awareness and testing to higher risk groups as well offering social support to those diagnosed with HIV and their families and or partners. The Sexual Health and Needle Exchange Service aims to provide sexual health services to drug users who are at increased risk of sexually transmitted infections. A health equity audit is being conducted to understand the extent to which health inequalities influence access to services and what mitigating actions can be put in place to minimise those identified.</p> <p>Priority action 2 – alcohol consumption Public Health is undertaking work to determine variability in provision of alcohol IBA in primary care, specifically in the General Practice setting. Whilst not yet complete, work to date has identified a degree of variation as well as a number of barriers and enablers associated with provision. A fresh approach to this is being considered. In 2016/17, 1,266 IBA interventions were delivered across Nottingham City GP practices that are involved in the process.</p> <p>Priority action 3 – smokefree Nottingham City recently completed a smoking in pregnancy health equity audit which makes a number of recommendations for reducing inequalities. The Nottingham City Strategic Tobacco Control Group continues to address smoking related harm including its impact on health inequalities.</p> <p>The implementation of NICE guidance PH 48 (Smoking: Acute, maternity and mental health) in NUH will contribute to improving outcomes for pregnant women and their unborn babies.</p> <p>Priority actions 4, 5 and 6 – physical activity, obesity, diet and nutrition There continue to be physical activity related health inequalities demonstrated according to disability both national and locally (Nottingham City Council, 2016). The Disability Sport Insight and Participation Project has now been successfully launched. A disability sport network has been formed consisting of service users and service providers from a range of voluntary sector groups working with, and for, disabled people and people with health issues. A quarterly meeting is held to discuss issues that the network would like to raise with regards to disability and the project. Twenty groups have engaged with the three meetings held so far.</p>

Since forming the disability sport network and offering three months free leisure centre access to service users, 98 have signed up with 60 attending at least one session, 49 of which have attended more than once. Fitness suite, health suite and swimming have been identified as being the most popular activities amongst the service users.

Successfully launched in December 2016, The Get Out Get Active project has seen a total of 1,271 attendances across a total of 126 sessions delivered. Successful sessions have included Cycle for All from Harvey Hadden which saw 216 participants during quarter one, swim Inclusive sessions which engaged 356 participants as well as a variety of other sessions including Yoga, Table Tennis and Amputee Football.

Amendments to the action plan

Priority actions 4, 5 and 6 – physical activity, obesity, diet and nutrition

At a Strategic Group and Working Group level of governance, the relevant actions from the overarching Healthy Lifestyles Action Plan have been amalgamated with the three more detailed Physical Activity, Obesity and Diet and Nutrition Action Plans produced by the City's Working Group to produce a single all-encompassing action plan. This amalgamated plan is utilised by the Strategic Group and the Working Group to direct and assess activity in detail.

Citizens' voice

Priority action 2 – alcohol consumption

The Alcohol Panel is attended by current and former clients of alcohol services in Nottingham City and facilitated by Glen Jarvis (Crime & Drugs Partnership Service User Involvement Officer, Nottingham City Council). The Panel meets monthly to consult and provide feedback on a range of matters affecting members. At the July 2017 meeting, the Panel discussed the British Liver Trust's national Love Your Liver roadshow and its visit to Nottingham City. The Panel felt that the visit was a great success and that its popularity demonstrated a high level of demand. The online screening tool used for the roadshow was considered an effective intervention for overcoming barriers to seeking advice from primary care including denial, fear and lack of anonymity.

Priority action 3 – smokefree

Service users of New Leaf, The City's smoking cessation provider, have provided the following comments regarding their experience of the service:

- "I didn't have to wait long for an appointment"
- "Good treatment - very approachable and friendly staff. [I] found myself able to talk to the advisor about my concerns"
- "The advisors are doing everything they can in supporting people who are stopping smoking, although the service should consider extending the course to twelve weeks due to the invaluable face to face support of 1 to 1 meetings"
- "[New Leaf] texted me as an individual and was able to support me by telephone when I was housebound after surgery on my back"
- "The support has been excellent. The advisor has been brilliant. I have been to New Leaf before but have not been successful until now. Many thanks"

Priority actions 4, 5 and 6 – physical activity, obesity, diet and nutrition

An East Midlands healthy weight and physical activity focus group was recently held by the British Youth Council in collaboration with Public Health England. When asked about barriers to being more active and eating more healthily time, motivation, cost and lack of knowledge were all cited.

For consideration/discussion

Key risks and issues

- Due to the nature of the population level outcomes the Health and Wellbeing Strategy and

Key risks and issues

associated Physical Activity, Obesity and Diet Strategy aim to deliver, there is a limit to our ability to quantify how the progress on achievement of the action plans has contributed to the strategies' outcomes.

- The assessment of alcohol related crime and antisocial behaviour remains problematic.
- Insufficient financial resources are allocated to prevention to achieve the strategy outcomes.
- There is currently insufficient coordination and prioritisation across the strategy in relation to what we want the workforce to deliver on in terms of brief intervention and support for clients.

Other points for the attention of the Board

Priority action 2 – alcohol consumption

Providing alcohol IBA consistently and systematically across the partnership is likely to be challenging. Work is ongoing to develop this in key settings including NUHED and primary care, but work is also needed in other settings to ensure a systematic approach. Oversight of this initiative in both individual organisations and across the partnership is needed. It is recommended that all member organisations consider both how they will address this issue individually and how progress across the partnership will be monitored.

Priority action 3 – smokefree

Board organisations can demonstrate their support of the smokefree agenda by signing the Tobacco Control Declaration and developing an action plan to demonstrate their organisation's contribution to reducing tobacco related harm in Nottingham City. Whilst the majority of organisations have signed the declaration, it is not clear which of those organisations have agreed action plans.

Priority actions 4, 5 and 6 – physical activity, obesity, diet and nutrition

The One Nottingham Partnership has been successful in the initial stage of bidding for Nottingham City to become one of Sport England's local delivery pilots. Successful applications will receive funding of up to £150 million for over four years to test insight led new approaches to tackling inactivity and reducing inequalities.

Adult Social Care (ASC) is focusing on physical activity in order to improve the health and wellbeing of citizens and colleagues. Colleagues are being encouraged to discuss with citizens and carers the importance of physical activity in reducing social isolation, making connections with the community in which people live and as a mechanism for improving physical and mental health. Colleagues and citizens in day and residential services have extended the range of physical activities available for people using these services and are already supporting basic gym sessions, football sessions, walking groups, chair based exercise and are exploring Zumba and boot camp style sessions.

Colleagues across ASC have initiated a range of activities for colleagues to participate in after work with a number of these happening on a weekly basis. These include: weekly boot camp sessions on the Forest recreation ground facilitated by a qualified personal trainer who works as an HSCO at Nottingham Health and Care Point, weekly lunch time walking groups and weekly informal dance sessions. Zumba and team tournaments including activities such as rounders are also being explored. Some spontaneous activities have also taken place with impromptu dancing led by a Senior Practitioner and colleagues at the recent AGM. Teams of citizens and colleagues also participated in the Beat the Street campaign in the summer.

Physical activity is being included in internal colleague newsletters with relevant resources being shared across the department for colleagues and citizens to use including details of accessible sports sessions for people with a range of disabilities and frailty in addition to other activities such as Park Lives, This Girl Can swim sessions and dementia friendly swim sessions.

ASC colleagues are working in partnership with colleagues in Sport and Leisure and local Community Sports organisations on this initiative and colleagues in each site will be working to capture the progress of this initiative and any impact it has on colleagues' health and wellbeing and general resilience. It is

Other points for the attention of the Board

recommended that other partners and departments join ASC in promoting physical activity to their colleagues in order to maximise the benefits for all.

Through the Sustainable Development Strategy refresh, we are developing Nottingham as a Sustainable Food City (SFC) in order to lead efforts to create the social and environmental conditions that help citizens at home, at work and in the community to eat healthy, sustainable food. The SFC initiative involves the development of a cross-sector partnership of local public agencies, businesses, academics and community organisations. The aim of the SFC approach is to help encourage healthy lifestyles, educate the population on the importance of healthy sustainable food, and that it can be affordable. A major goal of SFC is to make healthy nutritious food available to the most vulnerable population in our society.

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Healthy Lifestyles Outcome

2017/18 Performance Report and Action Plan

Priority Outcome: Children and adults in Nottingham adopt and maintain **Healthy Lifestyles**

Priority Actions:

- Young people and adults will choose to have safer sex reducing the risk of unwanted pregnancies and sexually transmitted infections
- People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them
- Nottingham and its citizens will be smoke free
- People will have a healthy and nutritious diet
- People will be physically active to a level which benefits their health
- People will be able to maintain a healthy weight

Metric/ KPI <i>Please note: reporting timeframes relate to the year in which data was released. In many cases, the source data relates to an earlier timeframe. E.g. Under 18 conception rate released in 2016/17 is 2015 actual data.</i>		Baseline	Target and Actual Performance				Direction of travel	Commentary	
			16/17	17/18	18/19	19/20			
Under 18 conception rate (per 100,000) (PHOF indicator 2.04)*	Target	32.8	31.1	27.9	24.8	21.7	Not on track	Improvement on the previous year (not statistically significant).	
	Actual	32.8	31.2						
All new STI diagnosis (excluding Chlamydia age <25) (per 100,000) (Sexual Health and Reproductive Health Profile)*	Target	1040	989	938	888	837	On track	Improvement on the previous year (not statistically significant).	
	Actual	1040	1066	833					
HIV late diagnosis (PHOF indicator 3.04) (newly diagnosed CD4 count <350 cells per mm ³)*	Target	52.2%	40.8%	39.7%	38.5%	37.4%	On track	Improvement on the previous year and achieving target trajectory.	
	Actual	52.2%	40.8%						
A reduction in hospital admissions for alcohol related causes (as measured by the PHOF narrow measure) to be in-line with the Core Cities average	Target	927.5	850.9	812.6	774.3	736.0	No additional data	Statistics currently unavailable due to an inputting anomaly.	
	Actual	927.5							
A reduction in the number of reported incidents of alcohol related ASB and violent crime in the night time economy, specifically: <ul style="list-style-type: none"> • Alcohol related crime • Alcohol related violence • Alcohol related ASB incidents • Alcohol related offences in the night-time economy 							No additional data	There are a number of methodological issues with reporting alcohol related crime and incident statistics (see Enclosure 1). The increase in alcohol related violence is due to a data integrity audit.	
	Actual	998	1446						Not on track
	Actual	3286	2778						On track
									No additional data
Reduce the percentage of adults who smoke to the top 4 Core Cities 2014 average (PHOF 2.14)*	Target	25.0%	24.0%	23.0%	22.0%	21.0%	On track	Improvement on previous year (statistically significant)	
	Actual	25.0%	24.0%	21.5%					
Reduce the percentage of adults in routine and manual groups who smoke to the top 3 Core Cities 2014 average (PHOF 2.14)*	Target	30.5%	30.1%	29.0%	27.9%	26.8%	Not on track	Improvement on previous year (statistically significant)	
	Actual	30.5%	33.4%	31.3%					

* Source data is calendar year.

Metric/ KPI <i>Please note: reporting timeframes relate to the year in which data was released. In many cases, the source data relates to an earlier timeframe. E.g. Under 18 conception rate released in 2016/17 is 2015 actual data.</i>		Baseline	Target and Actual Performance				Direction of travel	Commentary
			16/17	17/18	18/19	19/20		
Reduce the percentage of pregnant women who smoke to the top 4 Core Cities 2014 average (PHOF 2.03)	Target	18.1%	15.8%	14.7%	13.5%	12.4%	Not on track	Deterioration on previous year (not statistically significant) however recent release yet to be updated in PHOF shows statistically significant improvement to 17.2% (2016/17 data)
	Actual	18.1%	18.7%					
Increase the proportion of adults that meet the recommended 5-a-day to the top 4 Core Cities Average (PHOF 2.11i)*	Target	43.6%	44.4%	46.7%	48.9%	53.4%	On track	Currently on course to achieving target. An improvement on the previous year (not statistically significant)
	Actual	43.6%	44.4%					
Increase breastfeeding prevalence at 6-8 weeks after birth to the top 3 Core Cities Average (PHOF 2.02ii)	Target	47.7%	48.7%	49.8%	50.9%	52.1%	No additional data	
	Actual	47.7%						
Increase the percentage of active adults to the top 4 Core Cities average (150+ mins per week) (Sport England Active Lives Survey)	Target	63.1%	64.4%	65.6%	66.9%	68.1%	No additional data	Previous target was based on Active People Survey which has been replaced by Active Lives Survey. Target reset accordingly. New data due to be released in Sep 2017
	Actual	63.1%						
Decrease the percentage of inactive adults to the top 4 Core Cities average (<30 mins per week) (Sport England Active Lives Survey)	Target	24.8%	23.9%	23.0%	22.1%	21.2%	No additional data	Target reset accordingly. New data due to be released in Sep 2017
	Actual	24.8%						
Reduce the percentage of adults with excess weight to the top 3 Core Cities average (PHOF 2.12)*	Target	62.3%	61.6%	60.8%	60.1%	59.3%	Not on track	Deterioration on the previous year (not statistically significant)
	Actual	62.3%	62.4%					
Reduce the percentage of children aged 4-5 years with excess weight to the top 4 Core Cities average (PHOF 2.06i)**	Target	26.7%	24.8%	23.9%	22.9%	22.0%	Not on track	Improvement on the previous year (not statistically significant)
	Actual	26.7%	25.5%					
Reduce the percentage of children aged 10-11 years with excess weight to the top 4 Core Cities average (PHOF 2.06ii)**	Target	37.9%	37.5%	37.3%	37.1%	36.9%	On track	Improvement on the previous year (not statistically significant)
	Actual	37.9%	37.0%					
KEY	On track	Target is being met	Not on track	Data is improving but target not being met	Not on track	Target is not being met	No additional data	There has be no published data in the reporting period

* Source data is calendar year. ** Source data is academic year.

Priority Groups	<p>Sexual Health: Young people including care leavers and those with learning disabilities, young people living from deprived households, men who have sex with men (MSM), single homeless people, intravenous drug users and sex workers.</p> <p>Alcohol misuse: All adults whose drinking behaviour puts them at risk of alcohol related harm, including dependent drinkers. Adults living in the most deprived areas are disproportionately affected by alcohol related harm. Students and young people whose drinking behaviour puts them at risk of alcohol related harm.</p> <p>Smoke-Free: Those living in deprived areas, children and young people, pregnant women and their unborn babies, black and minority ethnic groups, those with mental health needs and those in routine and manual jobs.</p> <p>Diet and Nutrition: Children aged 18 years and under, young adults aged 19-24 years, smokers, citizens in lower socio-economic groups, BME groups, pregnant women and adults aged 65 years and older living in institutions.</p> <p>Physical Activity: Children and adults from deprived households, women (including pregnant women), older people and adults with a disability or long term limiting illness</p> <p>Healthy Weight: Low income groups, pregnant women, adults with learning disability, older people, black and minority ethnic groups.</p>
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Action	Milestone	Success measure	Year				Lead Officer
			16/17	17/18	18/19	19/20	
Theme: Create a culture to support good sexual health for all and reduce stigma, discrimination, prejudice and health inequalities							
Build knowledge and resilience in children & young people	2000 new C-card registrations annually	Improved promotion and up-take of condoms, incl. further development of C-Card scheme	✓	✓	✓	✓	Notts Healthcare Trust
	85 schools signed up to sex and relationships education (SRE) Charter	Improved provision of SRE in schools	✓				NCC, PSHE Advisory Team
Reduce sexual health inequalities in access to and outcomes of commissioned sexual health services	Conduct health equity audit based on baseline data, new service data and population need	Partners agree to delivery of actions based on recommendations in health equity audit	✓				Sexual Health Strategic Advisory Group
	Development of recommendations based on audit of population need and service provision, to improve health equity outcomes		✓				
Theme: Prioritise prevention to reduce the rates and onward transmission of HIV and sexually transmitted infections (STIs), including proactive promotion of good sexual health through outreach to the most vulnerable							
Promote good sexual health through health promotion and outreach	Programme of outreach and health promotion complete	15 workshops with vulnerable groups in 16/17 15 targeted events attended/partnership promotional activities in 16/17 10 SH awareness courses/group presentations in 16/17	✓				NUH
Reduce the rate of sexually transmitted infections (STIs) and HIV	Online HIV and chlamydia testing services mobilised	Increased uptake of online HIV and chlamydia testing	✓	✓	✓	✓	NCC, Public Health
	Simplify chlamydia testing and treatment pathway	Successful treatment of positive tests	✓				NCC, Public Health

Theme: Increase access to, and uptake of, HIV and STI testing to tackle late diagnosis of HIV, ensure early treatment of STIs, enable contact tracing and reduce transmission

Increase the detection of STIs	Newly commissioned sexual health (SH) services mobilised	Increased STI detection (excluding chlamydia age <25)	✓			✓	NCC, Public Health
Increase the early detection of HIV		Increased early detection of HIV					
Increase chlamydia testing and detection rates in young people (aged 15-24yrs)		Increase in chlamydia testing and detection in young people aged 15-25 years from x to 31%					

Theme: Ensure women are able to exercise choice about when to become pregnant, and reduce unplanned pregnancies

Reduce the number of pregnancies under the age of 18 and 16 years	Nottingham pupils attend schools that are committed to excellent sex and relationships education (SRE).	85 schools signed up to the SRE Charter.	✓				NCC, PSHE Advisory Team
	Direct work with young girls in the local community to increase knowledge and reduce unplanned pregnancies	30 CYPPN members receive training to help them work with young people in community settings. Delivery of one to one advice and support to young girls about sexual health	✓	✓			NCVS and CYPPN
	The wider teenage pregnancy workforce is able to access and attend high quality training on teenage pregnancy and sexual health promotion.	NUH / Nottingham CityCare Partnership teenage pregnancy and sexual health training programme delivered to 250 members of the workforce.	✓				School Health Improvement Team
	Teenage parents in Nottingham are empowered to make informed decisions on subsequent pregnancies.	Teenage parents accessing the Family Nurse Partnership had fewer subsequent pregnancies than teenage parents who did not have a Family Nurse.	✓	✓	✓	✓	NCC, Strategic Commissioning

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Theme: More people will have a responsible attitude to alcohol consumption and there will be a reduction in the number of people misusing alcohol							
To reduce the number of adults drinking at higher risk levels and to reduce the number of adults binge drinking by introducing systematic and consistent alcohol identification and brief advice (IBA) and by targeting students with effective health promotion messages.	Agree strategic approach to introducing alcohol IBA consistently in health and non-health settings.	Partners agree an approach that ensures consistent and systematic delivery of alcohol IBA	✓				NCC, Public Health All Board member organisations
	Identify and secure additional resource required to ensure consistent delivery, including in key settings such as Emergency Department and Primary Care.	Resources requirements agreed and identified.	✓				
	Ensure that all relevant client facing staff groups are trained in delivery of alcohol IBA.	All staff are trained and ready to deliver alcohol IBA.	✓	✓			
	Ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner.	Alcohol IBA being delivered systematically and consistently		✓	✓	✓	
	Agree strategic approach to communicating messages around alcohol harm and misuse to students.	Methods of communicating messages are agreed with key partners.	✓				
	Ensure the agreed approach is delivered systematically by key partners.	Messages are delivered systematically and consistently.		✓	✓	✓	

Theme: More people will recover from alcohol misuse							
To increase the number of people who are drinking at higher risk levels accessing and successfully completing alcohol treatment.	As described in Theme 1, ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner.	Alcohol IBA being delivered systematically and consistently		✓	✓	✓	NCC, Public Health All Board members
	Ensure that high volume service users with alcohol misuse issues are identified and supported into appropriate treatment.	Sustainable funding is identified to support a post in the ED setting.	✓	✓			
	Ensure access to high quality drug and alcohol services.	Aligned drug and alcohol service is fully mobilised with partners aware of referral routes into the service.	✓				CDP, NCC, Public Health
Theme: Less people will be a victim of crime or antisocial behaviour linked to alcohol misuse.							
Reduce levels of alcohol related violence and crime both in the city centre and neighbourhoods.	Ensure use of local insight and expertise to inform preventative approaches and delivery of a number of key activities	Activities continue to be supported and to be accessible for citizens.	✓	✓	✓	✓	CDP, NCC, Public Health Nottinghamshire Police Community Protection Police and Crime Commissioner Nottinghamshire Healthcare NHS Foundation Trust
	Agree strategic approach to the role of alcohol licensing in minimising harms from alcohol.	Strategic approach agreed with key partners.	✓				CDP, NCC, Public Health Community Protection Nottinghamshire Police

	Ensure that agreed approach is taken forward and role of licensing in minimising harm is maximised.	Approach taken forward and embedded.		✓	✓	✓	Police and Crime Commissioner
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Theme: Protect children from the harmful effects of smoking

Further develop specialist support for all pregnant smokers and their families	Smoking in pregnancy pathway that extends into early years established and routinely implemented.	Reduction in numbers of pregnant smokers Reduction in numbers of women smoking at six weeks post delivery	✓	✓	✓	✓	NCC, Environmental Health, Public Health, NUH, maternity, CityCare, New Leaf
Deliver a rolling programme of extending outdoor public spaces where citizens support them	Implementation plan for extending smokefree outdoor public spaces and events agreed	Increase in citizen support for extending smokefree outdoor spaces	✓	✓	✓		NCC, Environmental Health, Sports Culture and Parks
	Ensure on-going citizen consultation to demonstrate citizen support for extending smokefree outdoor public spaces	Children and family events routinely promoted as smokefree	✓	✓	✓		Communications

Theme: Motivate and assist every smoker to quit

Ensure health and social care and frontline colleagues employed by Health and Wellbeing Board member organisations are routinely referring patients and service users to the stop smoking service.	Very brief advice training for relevant frontline and health and social care staff	Health and social care and frontline colleagues, including those employed by Health and Wellbeing Board member organisations, routinely trained in very brief advice.	✓	✓	✓	✓	Board members
	Very brief advice training incorporated as part of induction for frontline and health and social care staff	Increase in referrals to stop smoking services	✓	✓	✓	✓	

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All Health and Wellbeing Board member organisations implement up to date and robust smokefree workplace policies	Policy promoted at all stages of recruitment and as part of colleague induction	Reduction in sickness absence and increased workplace productivity		✓	✓	✓	Board members
	Staff, service users, patients, visitors and contractors routinely made aware of smokefree Policy	High levels of compliance with smokefree workplace policies Increased awareness of smokefree workplace policies		✓	✓	✓	
Theme: Leadership, innovation and development in tobacco control							
Health and Wellbeing Board members to support a comprehensive partnership approach to the wider tobacco control agenda	All Health and Wellbeing Board members sign the Community Declaration on Tobacco Control	Partners demonstrate a shared understanding on effective measures to reduce tobacco related harm	✓	✓	✓	✓	Board members
Health and Wellbeing Board members support and embed Nottingham's tobacco control vision and strategic priorities within organisational strategies and plans	Actions mapped and linked to tobacco control strategy	Health and Wellbeing Board member organisations review and update tobacco control action plans which are shared with partners and communities	✓	✓	✓	✓	Board members
	Actions targeted at high risk smoking populations including routine and manual workers		✓	✓	✓	✓	
	Monitor progress of plans and commitments and share results		✓	✓	✓	✓	
Theme: Diet & Nutrition Strategic Planning							
Develop a broad partnership for diet and nutrition across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Diet and Nutrition working group formed	Diet and Nutrition Partnership Strategic Plan in place	✓				NCC, Public Health
	POD Strategic group formed	POD Strategy published	✓				NCC, Public Health

Theme: Diet & nutrition in children							
Develop local programmes to support mothers to breastfeed for as long as possible in line with the City and County Breastfeeding Framework	Partners engaged	Partners have explored development of breastfeeding policies for breastfeeding employees returning to work	✓	✓			Board members
	Action Plan developed		✓	✓			
Influence our early years settings such as schools, childcare and children's centres to use the 'School Food Standards', the 'Eat Better Do Better' tool, Healthy Children's Centre Standards or equivalent	Improvement in the number of children's centres using Healthy Children's Centre Standards	Children's centres are using Healthy Children's Centre Standards	✓	✓	✓	✓	NCC, Early Years
Support our children to get the best nutritional start in life	Review guidelines to inform commissioning and promotion of Healthy Start	All key Early Years professionals are aware of guidelines Uptake of Healthy Start and Healthy Start Vitamins has improved	✓	✓			NCC, Strategic Commissioning
	Findings of review implemented				✓	✓	
Create a positive breastfeeding culture	Training package developed and delivered	Training package for Early Years staff has been developed and delivered	✓	✓	✓	✓	CityCare
	Referrals to Breastfeeding Peer Support from staff who have received training have increased		✓	✓	✓	✓	CityCare
Theme: Diet & nutrition in adults							
Explore policy and other options for interventions to reduce the impact of fast food outlets on health	Options explored	Options to increase healthy options in fast food outlets have been explored ?and considered by...		✓			NCC
Reduce access to unhealthy food and increase access to healthy food in workplaces and public buildings	Lead identified across Health and Wellbeing Board members	Access to unhealthy food has been reduced	✓				NCC, Public Health
	Plans identified across Health and Wellbeing Board members	Plans agreed and implemented		✓			All Board members

Theme: Diet & nutrition in vulnerable groups							
Ensure all food provided and procured for citizens in our care helps create an environment which makes eating for health an easy option	Healthy eating (or eating for health) element written into contract variation for care establishments	Healthy eating (or eating for health) in care establishments has improved		✓			NCC, Strategy & Commissioning
Ensure our workforce is equipped to deliver brief interventions around diet and nutrition for specific vulnerable groups	Specific workforce identified Plans and resources identified Training implemented	Workforce is delivering brief interventions confidently	✓	✓	✓	✓	All Board members
Improve knowledge of diet and nutrition in minority ethnic groups	Complete and distribute findings of the BME Health Needs Assessment (HNA)	Options and need for intervention based on BME HNA findings has been explored	✓				NCC, Public Health, Strategic Insight
	Options for interventions have been considered			✓			
Theme: Physical Activity Strategic Planning							
Develop a broad partnership for physical activity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Physical Activity working group formed	Physical Activity Partnership Strategic Plan in place	✓	✓			NCC, Public Health
	POD Strategic group formed	POD Strategy published	✓	✓			NCC, Public Health
Theme: Physical activity in children							
Develop physical activity in commissioned children's services	Services which can include promoting physical activity are identified	Service specifications include promoting physical activity Physical activity is incorporated into the service model		✓	✓	✓	NCC, Strategic Commissioning
Develop physical activity in children's centres and schools	Physical activity is a part of the Healthy Children's Centre Standard	Children's centres signed up to Healthy Children's Centre Standard	✓	✓	✓	✓	NCC, Early Years
	Sherriff's Challenge and Daily Mile are launched within schools	Schools are delivering these initiatives	✓	✓			NCC, School Sports.

Theme: Physical activity in adults							
Develop physical activity in the workplace and public spaces	VCS organisations are aware of how they can improve the physical activity of their employees and others who use their premises	VCS organisations are aware of and implementing activities	✓	✓	✓	✓	NCVS (CYPPN and VAPN)
	Public Sector organisations are aware of how they can improve the health of their employees and others who use their premises	Public Sector organisations are aware of and implementing activities	✓	✓	✓	✓	Board members
Increase the number of adults (14+) undertaking 1x30 minutes of sport and physical activity a week	Increase in the baseline of 86,300 in 2015	1% increase year on year, recorded through Active Lives	✓	✓	✓	✓	NCC Sport & Leisure
Develop pathways into broader physical activity from commissioned weight management pathways	Service specification written	Function described in service specification	✓				NCC, Public Health, Strategic Insight
	Service commissioned	Function operating in commissioned service		✓	✓	✓	
Theme: Physical activity in vulnerable groups							
Ensure the workforce is equipped to deliver brief interventions around physical activity for specific vulnerable groups	Specific workforce identified	Workforce delivering brief interventions confidently	✓				NCC, Public Health, Strategic Insight
	Plans and resources identified			✓			
	Training implemented				✓	✓	
Develop physical activity in care settings	Physical activity included in contracts with care providers	Improved level of physical activity in care settings		✓	✓	✓	NCC, Strategy & Commissioning
Develop the use physical activity as part of a care pathways to improve care and treatment of long term conditions and prevent falls	Pathways identified	Increase in pathways with physical activity specified		✓	✓	✓	CityCare
	Physical modality identified	Increase in clients with physical activity included as part of their care		✓	✓	✓	CCG NCC, Public Health, Strategic Insight
	Physical activity included in pathways			✓	✓	✓	
Increase the availability of disability specific sport and physical activity	Successful launch of the Get Out Get Active (GOGA) programme and the Disability	Success against GOGA and Insight Project action plans and outcomes	✓	✓	✓		NCC Sport & Leisure

projects in the city	Sport Insight and Participation Project						
Work with the Community Voluntary Sector to ensure physical activity is promoted in community settings through community groups and organisations	CYPPN and VAPN members and their clients engaged in physical activity	Increased awareness raising of benefits of physical activity and events happening in 3 rd sector.	✓	✓	✓	✓	NCVS, CYPPN & VAPN, NCC Sport & Leisure
	Mechanism for engagement and delivery identified and developed		✓	✓	✓	✓	
Theme: Healthy Weight Strategic Planning							
Develop a broad partnership for physical activity, diet and obesity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy	Physical Activity, Diet and Obesity/pathways working group formed	Physical Activity Partnership Strategic Plan in place	✓	✓			NCC, Public Health
	POD Strategic group formed	POD Strategy published	✓	✓			NCC, Public Health
Theme: Healthy weight in children							
Improve skills and support given to children and families in early years settings.	Commissioning a health visitor service which includes brief intervention around healthy weight as part of service spec	Health visitors and early years practitioners able to signpost and deliver brief interventions around healthy weight	✓	✓			NCC, Strategic Commissioning
	All partners ensure their workforce that comes into contact with early years know and understand the routes into the childhood obesity pathway		✓	✓			Board members
Theme: Healthy weight in adults							
Commission an effective weight management service and pathway for adults	Pathway developed	Pathway accessed by appropriate citizens in need of support	✓	✓			CCG NCC, Public Health, Strategic Insight
	Service procured	Agreed weight management outcomes achieved	✓	✓			
	Services(s) operational			✓			
	Partners referring to service			✓	✓		

Theme: Healthy weight in vulnerable groups							
Ensure our workforce is equipped to deliver brief intervention around healthy weight to specified groups	Specific workforce identified	Workforce delivering brief interventions confidently	✓				NCC, Public Health, Strategic Insight
	Plans and resources identified			✓			
	Training implemented				✓	✓	
Ensure groups at high risk of obesity can access the weight management pathway	Priority groups set in service specifications as identified in EIA	Pathway accessed by appropriate citizens in need of support	✓	✓			CCG NCC, Public Health, Strategic Insight
	Service working with partners to ensure accessibility from priority groups	Agreed weight management outcomes achieved	✓	✓			

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Nottingham City Physical Activity & Nutrition Declaration

Version: v1.4

Date: 23/08/2017

Author: Dr David Johns, Specialty Registrar in Public Health (Nottingham City Council)

Support provided by: Caroline Keenan, Insight Specialist - Public Health (Nottingham City Council), Louise Lester, Specialty Registrar in Public Health (Nottingham City Council), and the members of the Physical Activity, Obesity and Diet Strategic Group.

Version Control			
Version	Date	Change Details	Author
0.1	April 2017	Original report and declaration written by DJ and LL	DJ & LL
0.2	June 2017	Amendments following consultation with POD Steering Group	DJ
0.3	Sept 2017	Amendments following consultation with select members of the Health and Wellbeing Board	DJ & CK

PURPOSE OF REPORT:

This paper is intended to provide Nottingham City Health and Wellbeing Board (HWB) with a framework on which future strategic partnership aimed at tackling inactivity and improving the quality of the diet of Nottingham City population.

Members of the Health and Wellbeing Board are asked to endorse the paper and accompanying declaration and encourage partner organisations outside of its membership to sign the declaration.

RECOMMENDATIONS:

The Health and Wellbeing Board are asked to:

1. Note and support through signatory the Declaration on Physical Activity and Nutrition, and its contribution to the wider Physical activity, Obesity and Diet Strategic Plan.

CONTACT OFFICERS:

David Johns

Specialty Registrar in Public Health

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1. INTRODUCTION

- 1.1. The Declaration is intended for the Nottingham City Health and Wellbeing Board, comprising of key local leaders from the City Council, NHS and the wider community as well as external organisations who impact the health of the population. It provides an agreed framework to work together to develop an insight and behaviour change approach to physical activity and nutrition across Nottingham City in order to impact on the health, social and economic outcomes for the city.
- 1.2. The framework will provide an approach which ties together the goals of the Health and Wellbeing Board with the strategic goals of Nottingham City Council Public Health and other organisations (e.g. Sport England). It places the people of Nottingham City first and central to all thinking and delivery whilst contributing to individual organisations' strategic priorities.
- 1.3. The origins of the strategic partnership arise from significant work by the Health and Wellbeing Board and Nottingham City Council to position the case for action on physical activity, obesity and diet in order to impact wider economic, health and social priorities.
- 1.4. At a national level the timing is opportune given new national policy around diet quality and physical activity.
 - 1.4.1. The National Childhood Obesity Plan includes plans for sugar reduction and the introduction of a soft drinks levy.
 - 1.4.2. The Committee of Advertising Practice has extended bans on the advertising of food or drink high in fat, salt or sugar (HFSS) across all non-broadcast media targeted at under-16s from July 2018.
 - 1.4.3. NHS England has launched a voluntary sales reduction scheme, asking suppliers on NHS premises to reduce the total volume of monthly sugar-sweetened beverage sales to 10% or less of their total volume of drinks sales.
 - 1.4.4. Sport England has released the 'Towards an active nation' strategy that, alongside the governments 'Sporting Future' strategy, shifts away from sport for sports sake with renewed focus on the individual, social, and economic outcomes as well as recognising the need to direct resources towards the least active in society.

- 1.5. The proposed declaration has been developed as a part of Happier Healthier Lives, the Nottingham City Joint Health and Wellbeing Strategy 2016-2020 and the associated Healthy Lifestyles Action Plan which includes an action to reduce access to unhealthy food and increase access to healthy food in workplaces and public buildings. The Nottinghamshire Sustainability and Transformation Plan 2016-21 and aligned Physical Activity, Obesity and Diet Strategy 2017-2020 also supports the intent of this declaration through a commitment to increasing physical activity within partner organisations and local businesses.
- 1.6. This work has included broad consultation with various stakeholders including the HWB to understand priorities and opportunities for changing population level health. It identified the need for a more radical approach that shifts population culture not just individual behaviours.
- 1.7. Two Health and Wellbeing Development sessions have been held 21st December 2016 and 30th August 2017, hosted by Nottingham City Council Public Health with senior representation from within the council and across a variety of organisations.

2. THE CASE FOR CHANGE

2.1. The evidence base for taking action on nutrition and physical activity is compelling.

2.2. Obesity

2.2.1. The National Child Measurement Programme (2015/16) shows that Nottingham's children have significantly higher levels of obesity compared to the England average at age 4 to 5 years (12% compared to 9%), and at age 10 to 11 years (24% compared to 20%)¹.

2.2.2. One in four of the City's adults are obese (24%) and the city has poorer rates of breast feeding initiation, child tooth decay and fruit and vegetable consumption, than the England average².

2.2.3. Excess weight and poor nutrition are not distributed evenly amongst the population. Nationally, children from the poorest income groups are more than twice as likely to be obese compared to their most well off counterparts¹. The deprivation gap as measured by the differences in obesity prevalence between the most and least deprived areas continues to increase over time³. These differences are also present amongst adults⁴.

2.2.4. Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture⁵. As such, strategies to improve population nutrition need to be diverse and act across the whole system.

2.3. Nutrition

2.3.1. Diet quality is estimated to contribute to 15.5% of the ill health burden in Nottingham City, second only to tobacco smoke (16.2%). In addition to the health burdens associated with excess weight (13.8%) and child and maternal malnutrition (1.5%) diet quality is an influential, modifiable factor in the burden of ill health on the Nottingham City population (Local analysis of Global Burden of Disease model⁶).

2.3.2. Malnutrition (or “undernutrition”) affects over 3 million people in the UK. It is estimated that 30-42% of patients admitted to care homes and 10-14% of people living in Sheltered housing are at risk of malnutrition⁵.

2.4. Physical Inactivity

2.4.1. Inactivity is defined as doing less than 30 minutes of moderate intensity activity per week⁷. It is one of the top ten causes of early mortality in England⁶.

2.4.2. Nottingham has a high level of inactive population (24.8% of the population v England average of 22.0%)², with an estimated cost to health services in Nottingham City of £2.02m per year (2013/14 prices) related to preventable diseases (heart disease, diabetes, CVD, cancer)⁸.

2.4.3. In addition, costs to the wider economy are also evident including social care and losses to business such as: health-related productivity losses often resulting in sickness absence, increased staff turnover, loss of skills base, downtime, recruitment and re-training.

2.5. Taking action

2.5.1. In 2016, the UK government released details of a Childhood Obesity Plan. This plan outlined a need for a comprehensive approach to preventing obesity with a range of proposed measures. These included but were not limited to: a new soft drinks levy; supporting reformulation of existing products to reduce sugar; making healthy options available in the public sector; and making schools healthier.

2.5.2. In 2015, Public Health England⁸ and Health Select Committee⁹ both released reports which discussed the evidence behind options for the Childhood obesity plan. In addition to the final plan these two documents discussed marketing and promotions highlighting the effect, particularly on children's preferences, purchase behaviour and consumption.

2.5.3. The Obesity Health Alliance, a collaboration of a variety of UK leading medical bodiesⁱ and charitiesⁱⁱ released a joint policy position on obesity in 2017¹⁰. They called on the government to make healthy choices easier (e.g. reformulation, retail environments and clear labelling); create healthy environments (e.g. Schools, Hospitals and give additional powers to LA); train the workforce and support individuals; and protect children (e.g. close existing loopholes to restrict children's exposure to junk food including additional rules to cover sponsorship of sports and family attractions).

2.5.4. The Sport England Strategy 2016-2021: Towards an Active Nation¹¹ set out the organisations plans to re-focus its resources on tackling inactivity; build positive attitudes on physical activity through investment in Children; support those already taking steps to increase their physical activity; encourage collaborative working; and innovative practice that keeps up with technological advancements and behaviour change theory.

3. THE OPPORTUNITIES

3.1. The declaration lays out a shared set of principles to guide both individual organisations and a way of working together to deliver change.

3.2. In particular, the declaration provides a unique opportunity to:

3.2.1. Embed the contribution good nutrition and physical activity can have into the structures and systems within the Health and Wellbeing Board and across its organisations.

3.2.2. Provide a framework which offers fundamentally different propositions that acknowledge not just the role individuals play but the contribution communities,

ⁱ e.g. British Medical Association, Academy of Medical Royal Colleges, Faculty of Public Health, British Dietetic Association and others

ⁱⁱ e.g. British Heart Foundation, DiabetesUK, World Cancer Research Fund and others

culture, and the built environment can make to the nutrition and physical activity behaviour of those people living and/or working in Nottingham City.

3.2.3. Demonstrate impact across the Health and Wellbeing Board Strategy and Sustainability and Transformation Plan and contribute in new ways to achieving the shared performance measures.

3.3. The members of the Health and Wellbeing Board have the opportunity to hold each other to account. Nottingham City Council Public Health can facilitate this by outlining a structure on which to report annual progress.

4. PRIORITIES FOR INITIAL EXPLORATION

4.1. Priority themes include:

4.1.1. **Work and Health** - encouraging organisations to take a lead through a focus on the physical activity and nutrition environment provided to employees using the national health and wellbeing charter as a guide to build upon.

4.1.2. **Advertising and Sponsorship** - encouraging responsible partnership and avoiding conflicts of interest through the sponsorship of events and schemes by sectors of the food industry whose primary products are not in-line with the interests of the health of the population, especially with respect to Children.

4.1.3. **Changing Culture** - working to ensure organisations consider the impacts of policies and actions on the nutrition and physical activity behaviours of those it comes in contact with. To also establish a social movement around good nutrition and physical activity where we strive to make the healthy option the easy/default option.

5. RECOMMENDATIONS

5.1. The Health and Wellbeing Board are asked to:

5.1.1. Note and support, through signatory, the Declaration on Physical Activity and Nutrition, and its contribution to the wider Physical activity, Obesity and Diet Strategic Plan.

Nottingham City
Health and Wellbeing Board
Physical Activity & Nutrition
Declaration

DRAFT

“This declaration encapsulates a vision to improve physical activity and nutrition in Nottingham City and in doing so secure the health and well-being of the local population.”

DRAFT

1. PARTIES TO THIS AGREEMENT

- 1.1. This declaration on physical activity and nutrition is a statement owned by the voting and non-voting members of the Nottingham City Health and Wellbeing Boardⁱⁱⁱ.
- 1.2. It is open to signatory from all local organisations who wish to demonstrate a commitment to improving nutrition and increasing physical activity (or decreasing physical inactivity) through promoting the health and wellbeing of staff and citizens.
- 1.3. A list of signatories will be hosted on the Health and Wellbeing website.

2. OPPORTUNITY

As local leaders in public health we welcome the:

- 2.1. Opportunity for local health and social care organisations to lead local action to prevent obesity, improve physical activity and nutrition, securing the health and wellbeing of our residents whilst considering available social, environmental and financial NHS and social care resources.
- 2.2. Opportunity to protect some of the most vulnerable in society by giving children the best start in life and enabling all children, young people and adults to maximise their capabilities and make informed choices.
- 2.3. Opportunity to solidify a set of common principles that can guide fundamentally different propositions. These can help local organisations contribute in new ways to the achievement of the Health and Wellbeing Board's Strategy and performance measures.

3. ACKNOWLEDGEMENT OF THE EVIDENCE BASE

As local leaders in evidenced based public health we acknowledge that:

- 3.1. Physical inactivity, poor nutrition and obesity are significant contributors to premature death and morbidity (e.g. cardiovascular disease, cancer and type 2 diabetes) in our communities.

ⁱⁱⁱ A list of voting and non-voting members can be found at <http://www.nottinghamcity.gov.uk/health-and-social-care/adult-social-care/looking-after-yourself-and-keeping-healthy/health-and-wellbeing-board/>

- 3.2. Levels of obesity, diet quality, and physical inactivity are inequitable and vary by income and ethnicity;
- 3.3. Reducing the prevalence of obesity, malnutrition and physical inactivity in our communities significantly reduces costs to public services;
- 3.4. Obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. It cannot be addressed through the actions of a single organisation and requires a 'whole system' approach;
- 3.5. Exposure to food and drink marketing can influence health and nutrition behaviour, particularly in Children. Advertising and marketing of energy-dense, processed foods and drinks increases their consumption.
- 3.6. Education, information and the increased availability of healthy alternatives help individuals to make healthy, informed food and drink choices;
- 3.7. The environment in which we live plays an important role in individuals' physical activity levels and has the power to encourage or discourage sedentary lifestyles.
- 3.8. The evidence base continues to evolve and innovation can be achieved through continued learning and engagement with research partners is required.

4. ROLES AND RESPONSIBILITIES

We, the signatories, commit from this date to the principles outlined below and towards protecting the health and wellbeing of those who live and work in our city through a culture where physical activity and healthy food choices are promoted.

4.1. LOCAL & NATIONAL VOICE

- 4.1.1. Use influence to encourage national government to take the most effective, evidence-based action to reduce physical inactivity and promote healthy food choices.
- 4.1.2. Increase the knowledge and understanding of the benefits of adequate nutrition, healthy food choices and physical activity amongst those living and working within Nottingham City.

4.2. HEALTHY WORKPLACES & SCHOOLS

- 4.2.1. Complete individual action plans and annual self-assessments of workplace activity. This should be guided by Sections 6 (Physical Activity) and 7 (Healthy Eating) of the National Workplace Wellbeing Charter or through the creation of a local charter to be agreed by the members of the Health and Wellbeing Board.
- 4.2.2. Review provision, procurement and placement of food products in all buildings, facilities and providers to make healthy foods and drinks more convenient and affordable and limit access to high-calorie, low-nutrient, processed foods and drinks.
- 4.2.3. Support the creation of workplace and community champions to advocate for and conduct brief intervention with regards physical activity and nutrition.

4.3. SPONSORSHIP/PARTNERSHIP WITH FOOD AND DRINK INDUSTRY^{iv}

- 4.3.1. Protect residents from the commercial pressures and vested interests of the food and drink industry supplying processed foods high in % saturated fat, salt and/or sugar.
- 4.3.2. Ensure that commercial partnerships promote positive communications around diet, physical activity, oral health and healthy weight to the local community.

4.4. CULTURE CHANGE

- 4.4.1. Support the health and well-being of all citizens and take action to create a culture and ethos where the healthy food and physical activity choice is the easy/default choice.
- 4.4.2. Consider health in all policies – use existing powers including strategies, licensing and infrastructures including town planning and/or individual organisations' new building plans, to create sustainable, active environments and promote a healthy food culture.

^{iv} Where contracts/partnerships already exist these should be reviewed to minimise their impact on children and families. Commitments in 4.3 should subsequently be enacted at a time of partnership/contract renewal or extension.

- 4.4.3. Ensure public events promote active travel first and that the food and drink provided includes healthy provisions, supporting food retailers to deliver this offer.

5. WORKING RELATIONSHIPS

5.1. SHARED APPROACH TO DELIVERING CHANGE

5.1.1. Work will be insight led, based on a deep understanding of individuals and communities.

5.1.2. Innovation and 'test beds' are welcomed, Nottingham City has a desire to do things differently and to make a difference. Those engaging in innovative practice should work with partners from the Health and Wellbeing Board to identify and agree on key performance measures and rigorous evaluation methodologies.

5.1.3. Health and Wellbeing Board members will be expected to adopt a high challenge yet supportive approach to this agenda.

5.2. INFORMATION SHARING AND FREEDOM OF INFORMATION

5.2.1. Organisations will be open and transparent regards the work being conducted to support their commitment to this declaration. Health and Wellbeing Board members will be expected to report annually and provide a written and/or verbal update on work and progress to support their on-going commitment to the declaration.

5.2.2. Signatories acknowledge that many Health and Wellbeing Board members are subject to the requirements of the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations and shall assist and co-operate with each other to enable compliance with its information disclosure obligations with regards the commitments under this declaration.

5.3. WIDER OPPORTUNITIES

5.3.1. This declaration is not intended to limit the scope for potential joint work and all parties may, within the spirit of Section 4.3, seek to explore any collaboration, locally, nationally or internationally, which might deliver against health and social care targets.

5.4. TIMESCALES FOR REVIEW

5.4.1. Health and Wellbeing Board members are expected to provide a written or verbal update of work and progress to support their on-going commitment to the declaration on an annual basis in keeping with 5.2.1.

5.4.2. All other signatories are encouraged to review progress on an annual basis and, if requested, provide written/verbal updates to the Health and Wellbeing Board within an appropriate timescale.

5.5. GENERAL

5.5.1. This declaration will come into force on the date of signature below and will remain in force unless terminated.

HEALTH AND WELLBEING BOARD

27 SEPTEMBER 2017

	Report for Resolution/ Report for Information
Title:	Joint Strategic Needs Assessment Annual Report
Lead Board Member(s):	Alison Challenger, Director of Public Health
Author and contact details for further information:	Shade Agboola, Consultant in Public Health shade.agboola@nottinghamcity.gov.uk Claire Novak, Insight Specialist Public Health claire.novak@nottinghamcity.gov.uk
Brief summary:	The report provides information on the progress and development of Nottingham City's Joint Strategic Needs Assessment (JSNA) for 2017/18. The JSNA evidence contributes towards improving health and wellbeing and reducing inequalities for Nottingham's citizens.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) note the 2017/18 Work Plan (Appendix 1); and
- b) note the progress and development of the Joint Strategic Needs Assessment.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities	The JSNA directly informs Health and Wellbeing Strategy formulation and commissioning. Its contribution cuts across the strategic aims and outcomes in the Health and Wellbeing Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health

All JSNA authors consider mental health impact alongside physical health. In addition, several chapters are focused only on mental health topics.

Background papers:

Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.

None

JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT

1.0 Background

- 1.1 Nottingham City's JSNA is an assessment of the current and future health and social care needs of its citizens. The JSNA should identify the needs of citizens as well as highlight inequalities and, in doing so inform priorities, targets and commissioning decisions.
- 1.2 This report provides Nottingham City's Health and Wellbeing Board with an annual update on the JSNA; including key achievements and the 2017/18 work plan.
- 1.3 The City's JSNA is produced in collaboration with public health, social care, the Nottingham City Clinical Commissioning Group and the Crime & Drugs Partnership. There are nearly 50 individual chapters covering clinical topics such as diabetes and mental health, behavioural topics such as smoking and alcohol, and vulnerable client group chapters such as children in care and homelessness.

2.0 Governance

- 2.1 Following restructure as a result of the Health and Social Care Act 2012, including the transition of public health to local authorities, there was a lack of clarity regarding the local government arrangements, responsibility and resourcing of the City's JSNA. To address this, the JSNA Steering Group was refreshed in July 2015 to reflect organisational responsibility for the JSNA and the membership of the Health and Wellbeing Board. The Steering Group, which reports to the Commissioning Executive Group (CEG) and the Health and Wellbeing Board, oversees the maintenance and development of the JSNA.

3.0 Key Achievements

- 3.1 Since the last update to the Health and Wellbeing Board in September 2016, the JSNA Steering Group led project to re-establish responsibility and resourcing across organisations has worked well in respect of the JSNA. The project's outcome was the revision of the Nottingham City JSNA Policy and Process, and this is now embedded in policy and practice.

Evaluation

- 3.2. An evaluation of the JSNA's process and outcomes was conducted during 2016/17 in line with the revised policy and process. Initial results from the evaluation, regarding the use and impact of the JSNA are as follows:
 - i. Both owning groups and commissioning bodies use the JSNA to identify new service and pathway gaps and utilisation, inform local strategy and provide evidence to secure funding.
 - ii. JSNA recommendations inform negotiation and agreement of health and wellbeing overarching priorities and strategy content.
 - iii. Other partners including providers, the community and voluntary sector and Nottingham City Council colleagues consider the JSNA in their policy and processes.

4.0 The 2017/18 Work Plan

Chapter and Content Development

- 4.1 The JSNA Steering Group met in March 2017 to finalise the JSNA work plan for 2017/18. Six chapters that were due for update last financial year are yet to be completed and the majority of these are now at the stage of final amendments. As well as completion of the outstanding chapters, an additional seventeen chapters will be refreshed this financial year. New chapters include Female Genital Mutilation and BME Health Needs Assessment. The latter has been a significant piece of work and will be discussed elsewhere on the agenda. Further detail on the 2017/18 work plan is contained within Appendix 1.

Pharmaceutical Needs Assessment

- 4.2 Responsibility for pharmaceutical needs assessments (PNAs) was transferred to Health and Wellbeing Boards under the Health and Social Care Act 2012. The Nottingham City Health and Wellbeing Board published its first PNA on 1st April 2015 in line with regulations set out in the Act. A revised PNA must be published by 1st April 2018. (Department of Health, 2013)
- 4.3 Work is underway to publish a revised Nottingham City PNA. A joint City and County approach that was considered successful for the original PNA was agreed. Roles and responsibilities have been allocated and a steering group and working group are established. As part of this process, there is a statutory duty to consult stakeholders and the public on the draft PNA for a minimum period of 60 days.

Knowledge Resources

- 4.4 [Knowledge Resources](#) plays a key role in providing literature searching to inform JSNA, commissioning reviews and clinical practice. It also supplies library and information services to staff, volunteers and higher education students whose role includes health and social care with Nottingham city residents. The library loans books, teaching packs, models, kits and display boards and supplies a large number of public health leaflets and posters. These are accessible by visiting the Resource Centre or by ordering via the [online leaflet database](#).
- 4.5 The service has recently completed a commissioned literature search by the University of Nottingham for a scoping review of older people's knowledge and attitudes to smart health and wellbeing. Knowledge Resources has also been re-commissioned by Health Education – East Midlands (HEEM) to provide library and information services to their staff.

5.0 References

Department of Health. (2013). *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. London: Department of Health.

The Health and Social Care Act 2012. Available at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>. Accessed: 24/08/2017.

Department of Health (2013). *Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards*. Available online: <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>. Accessed 24/08/2017.

Joint Strategic Needs Assessment Annual Report

Appendix 1: JSNA Work Plan 2017/18

Chapter	Due	Owning Group	Progress
Adult Learning Disabilities	2016	Learning Disabilities Joint Commissioning Monitoring Group	Completed
Asylum Seeker, Refugee and Migrant Health	2018	Multi-agency Forum for Asylum Seekers and Refugees	Final amendments
Black and Minority Ethnic Health Needs Assessment	2017	JSNA Steering Group/Health and Wellbeing Board	Completed
Care Home Residents	2017	Care Homes Steering Group	Final amendments
Children in Care	2017	Nottingham City Council Parenting Board	In progress
CYP Dental	2017	Dental Public Health Board	Completed
Dementia	2018	Dementia Strategy Group	In progress
Demography	2018	JSNA Steering Group	Published
Domestic and Sexual Violence and Abuse	2018	Domestic and Sexual Violence Strategy Group	In progress
Emotional Health and Mental Health Needs of children and young people	2018	CAMHS Exec	In progress
Evidence Summary	2018	JSNA Steering Group	In progress
Excess Winter Deaths	2018	Health and Housing Partnership Group	In progress
Falls and Bone Health	2018	Long Term Conditions Strategy Group	In progress
Female Genital Mutilation	2016	FGM Board Steering Group	Published
Homelessness	2018	Nottingham Homelessness Prevention Strategy Implementation Group	In progress
Housing	2018	Health and Housing Partnership Group	In progress
Life Expectancy	2018	JSNA Steering Group	In progress
Long Term Neurological Conditions	2018	Long Term Conditions Strategy Group	In progress
Pregnancy	2018	Maternity Pathway Development Group	In progress
Pharmaceutical Needs Assessment	2018	Health and Wellbeing Board	In progress
Safeguarding Children	2016	Safeguarding Board	Published
Sexual Health and HIV	2018	Sexual Health Strategic Partnership Board	In progress
Smoking and Tobacco Control	2018	Strategic Tobacco Control Group	In progress
Suicide	2016	Mental Health Joint Commissioning Group	Final amendments
Viral Hepatitis	2018	Health Protection Strategy Group	Completed

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HEALTH AND WELLBEING BOARD

27 SEPTEMBER 2017

	Report for Resolution
Title:	A Health Needs Assessment of Black and Minority Ethnic groups in Nottingham
Lead Board Member(s):	Alison Challenger, Director of Public Health, Nottingham City Council.
Author and contact details for further information:	Jennifer Burton, Insight Specialist, Public Health, Nottingham City Council Email: jennifer.burton@nottinghamcity.gov.uk Helene Denness, Public Health Consultant, Nottingham City Council. Email: helene.denness@nottinghamcity.gov.uk
Brief summary:	<p>A health needs assessment (HNA) of black and minority ethnic (BME) groups in Nottingham City was undertaken at the request of Nottingham City Council and Nottingham City Clinical Commissioning Group to inform the commissioning and delivery of services. A multi-agency steering group provided advice and support including commenting on survey design and developing a robust community engagement plan.</p> <p>The HNA is underpinned by a comprehensive literature review and a robust engagement plan. The extensive engagement with BME communities has been a key success of this HNA and has highlighted the approaches and techniques to successfully engage local communities. The engagement has enabled understanding of how local citizens perceive health and experience healthcare and other services.</p>

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) consider the recommendations in the Black and Minority Ethnic Health Needs Assessment; and
- b) identify opportunities to work collaboratively to improve the health and wellbeing of Black and Minority Ethnic citizens in Nottingham.

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in	The BME HNA provides the Board with

Nottingham and make us one of the healthiest big cities	information on the health and wellbeing of BME communities in Nottingham. The report is structured in overarching themes which include health inequalities, mental health and the environment which reflect the outcomes of the Health and Wellbeing Strategy: 2016-2020 and the Nottingham Plan:2020
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well	
Outcome 4: Nottingham's environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing	

How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health
<p>The literature review that underpins the HNA suggests that BME individuals are more likely to experience mental health problems and more likely to experience difficulties in accessing health and other services.</p> <p>Local intelligence supports these findings and suggests that some BME communities find it difficult to engage with mental health services for 'cultural reasons' and/or because they believe the service will not meet their needs. Understating the needs of BME communities will help to provide culturally appropriate mental health services and therefore improve the health and wellbeing outcomes for this cohort of people.</p>

<p>Background papers: <i>Documents which disclose important facts or matters on which the decision has been based and have been relied on to a material extent in preparing the decision. This does not include any published works e.g. previous Board reports or any exempt documents.</i></p>	None
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Health Needs Assessment of BME Communities in Nottingham City: Executive Summary

DRAFT

Jennifer Burton
Dima Hadid
Helene Denness

Forward

Portfolio holder for health

Lucy Branson, CCG Equalities lead

Executive summary

Nottingham City's population is increasing and projected to continue to rise. International migration and natural change, the excess of births over deaths, are the main reasons for the population growth; the number of births has risen considerably in recent years.

Nottingham has a young population; the latest mid-year population estimates (2014) suggest that 28% of the City's population are aged 18 to 29 years. This is due largely, but not entirely, to the presence of two universities. Full-time university students account for approximately 1 in 8 of the population. The percentages in other age-groups are lower than the average for England, with the proportions of those between 65 and 74 being particularly low.

The City of Nottingham is the 8th most deprived local authority area in England (Index of Multiple Deprivation, 2007). Estimates suggest that one in four children and adults in Nottingham live in relative poverty. Deprivation and poor health at every age are linked, with poorer health outcomes in areas with higher deprivation.

Health and wellbeing in Nottingham is generally below average for most indicators, reflecting the close link between poor health and deprivation but also reflecting peoples own personal choices as well as the influence of services and opportunities. Health inequalities in Nottingham are stark, with life expectancy varying by up to ten years between neighbourhoods, reflecting the different life experiences of Nottingham's communities.

Nottingham City has a large Black and Minority Ethnic (BME) population which accounts for just over one third of the total population, having increased from just under a fifth in 2001. Given the changes in ethnic groups between the 2001 and 2011 census, and the younger age profile of BME groups in the City, the percentage of the population in BME groups is likely to continue to rise.

An increase in population can result in an increase in the proportion of citizens with ill-health. The contact that health services will have with BME communities is likely to increase in line with the increase in population, and this will test the ability of commissioners to deliver services that are appropriate, assessable and culturally sensitive and meet the needs of an expanding and changing population.

National and international evidence has evidenced inequalities in the health, and the healthcare experiences, of BME groups. The diverse experiences and needs of BME populations are often defined by other markers of identity such as age, faith, gender, sexuality, disability, marital status, education and socio-economic status. Often these issues play a critical role in relation to how people live and interact with the processes around them (Healthcare Commission, 2006).

Poorer health outcomes for BME communities are often compounded by poor access to services for reasons including language barriers, lack of awareness or information, social isolation, lack of culturally sensitive services and negative attitudes about communities, and differing expectations about how services can help them (DOH, 2014).

The particular needs of individuals from BME communities can only be addressed from within structures and systems that pay attention both to the diversity or differences between and within communities. Policy makers and practitioners must ensure the diversity of experience of BME groups are addressed, and due attention is given to how BME groups are engaged in order to identify support needs as evidence shows that people from BME groups tend to report poorer health than their white counterparts (DOH, 2014)

Health Needs Assessment Methodology

Nottingham City Council (NCC) and Nottingham Clinical Commissioning Group (CCG) requested an assessment of the health needs of Nottingham's BME to inform the commissioning and delivery of services. A multi-agency steering group was established to provide advice and support including commenting on survey design and developing a robust community engagement plan.

The HNA is underpinned by a comprehensive literature review and a robust engagement plan which optimised the spread and depth of views gathered. The extensive engagement with BME communities has been a key success of this HNA and has highlighted the approaches and techniques successfully engage local communities. The engagement has enabled understanding of how local citizens perceive health and experience healthcare and other services.

Data analysis was limited by gaps in the routine recording of ethnicity but nonetheless gives a useful snapshot of health service usage. Knowing the size and, at least to some extent, the overall composition of the BME populations in Nottingham is of relatively limited value without knowing how these communities are using health services and whether any are disproportionately affected by disease and/or health conditions. The lack of ethnic monitoring data by local services is especially limiting in attempting an assessment of the differences in health outcomes at a local level for different BME populations.

In some instances, it has only been possible to relate information gained through engagement activity with wider research evidence. This presents a significant challenge when attempting to assess health at a population level and requires a shift in strategic direction to make the collection of ethnic monitoring data a compulsory requirement for all services. This will help to improve the health and wellbeing of the BME populations as when routine ethnic monitoring data is combined with an established evidence base on the prevalence and variation in outcomes for different BME populations, informed decisions can be made about commissioning priorities and resource allocation to address the health needs of BME communities.

Key themes

The themes arising from the community engagement echo those in the published literature and locally commissioned research. This resonance between the fieldwork and the literature validates the findings. The following themes emerged from the responses:

- Many participants felt that **mental health** problems were common in their communities with problems exacerbated by cultural bias, experience of discrimination and stigma and challenges in accessing appropriate services.
- **The importance of the built environment** was a strong theme in the survey responses and focus groups including planning of fast food outlets, obesity, accessing open spaces, housing and homelessness, fuel poverty, sense of belonging and affordability.
- **Life style risk factors** were highlighted by the majority of participants including diet, smoking, exercise and the role of personal responsibility. Interestingly, participants were divided on whether traditional or western diets were more likely to contribute to obesity and whether smoking could be seen as a 'cultural' behaviour.
- **Cultural and social norms** were hotly debated including whether services should be tailored to meet the needs of BME communities, BME specific and/or whether all services should develop cultural competent. Support for communities around managing long-term conditions and lack of knowledge related to these conditions. Gender was also seen as a culturally determined predictor of health service use.
- **Education**, in the broadest sense, was seen as important, including accessible information, health messages and health promotion tailored to BME communities. Participants suggested that social media could be used more effectively and the role of schools in informing people about healthy lifestyles.

- Participants stressed the importance of **employment** for health including managing stress at work, unhealthy lifestyles choices being influenced by work, low paid jobs reducing the chance of leading a healthy life, language skills restricting work opportunities and isolation for those unable to work. In addition, some participants suggested that discrimination affected their employment choices and contributed to mental health problems.
- **Access to services** including GP appointment times, long waits for services, GPs not understanding cultural needs and reception staff acting as a barrier to access was described by many participants. Some participants requested culturally tailored services with some wanting to see a professional of the same ethnicity and others not due to fear of stigma from their own community. In addition, participants whose first language wasn't commented on issues in accessing interpreters.
- Cultural dimensions of **health seeking behaviour**. Many participants commented on how citizens from different ethnicities and cultures use health services differently. Gender was also seen as an important factor in service use with men seen as less likely to use services proactively.
- **Stigma and/or racism and discrimination**. Some participants felt that many statutory services discriminated against them including employment, mental health services, and 'general' health and wellbeing services.

The report conclusively demonstrates that BME communities are not homogenous in their health needs; different BME groups experience different health outcomes. Whereas the major health concerns may be similar between ethnic groups, belief systems, attitudes to health and life, lifestyle behaviours, access to, and experience of, health services vary widely.

A cross-sector, multidisciplinary approach is needed to improve the health of BME communities. As socio-economic and environmental factors have considerable impact on the health wellbeing of individuals and communities responses should be strategic and recognise the impact of discrimination and associated exclusion as a key public health issue.

Recommendations

The recommendations have been identified using a synthesis of the evidence base and quantitative and qualitative methodologies and have been thematically grouped.

Access to services

- National and international evidence suggests that ethnicity should be consistently considered when developing health services, specifically, to ensure services are culturally sensitive. The citizens consulted through this HNA suggest more could be done to improve the experiences of BME populations accessing local health services. This will be best achieved through continued dialogue with patients and their families, health professionals and the community and voluntary sector.
- Commissioners should consider how they can be assured that health services are delivered in a person-centred and culturally sensitive manner. For example, to what extent are local services aware of the diverse but specific barriers to access for people from BME communities?
- Local health service providers should consider delivering regular training for their staff on the needs of different BME communities.
- Intelligence gathered collected through this HNA suggests that some BME communities are not accessing health and social care services in accordance with their level of need. More work is needed to understand the mechanism underpinning this.

- Feedback from BME communities suggests that health and care needs, as can be expected, vary by age. A scoping exercise of the current provision of age appropriate activities for elders from BME communities could inform future commissioning.
- A number of participants suggested there is not enough youth provision across Nottingham City and felt there needed to be more youth centres. A review should be undertaken to explore this further.

Mental health

- Local intelligence suggests that some BME communities find it difficult to engage with mental health services for 'cultural reasons' and/or because they believe the service will not meet their needs.
- Local services could consider targeted work with BME communities to encourage access to mainstream mental health services
- Participants suggested that greater investment is needed to increase access to responsive, culturally appropriate mental health services in Nottingham that have the capacity and resources to prevent as well as treat mental health problems.

Data collection

- The lack of robust monitoring of ethnicity by local, and national, health services means there is a significant gap in understanding the needs of BME communities. Service providers need to work with staff to stress the importance of collecting ethnic monitoring data and put robust measures in place to support routine data collection such as removing the 'not known' category in ethnic monitoring. This will enable the appropriate planning and commissioning of services and ensure equity of access.

- The HNA did not have a specific focus on inherited blood disorders which disproportionately affect African and Caribbean communities. The Local Authority need to consider whether a JSNA chapter on sickle cell and thalassaemia is needed.

Community engagement

- Citizens and stakeholders suggested that, in Nottingham, we have a tendency to keep consulting, sometimes duplicating previous consultations, without always demonstrating how we have responded to consultations. A city wide consultation strategy with shared objectives and pooled resources could help reduce duplication and address the issue of limited funding for large-scale consultations.
- Participants suggested that services should improve their routine engagement with BME communities to provide more opportunities for citizens to inform the planning and commissioning of health services. This will help to ensure services are accessible and meet the needs of Nottingham's diverse communities.
- Eastern European communities were not sufficiently represented in the engagement activity. Further work is needed to understand how best to engage with Eastern European communities.

Communication and resources

- Participants suggested that there is a lack of printed materials on health in a variety of languages in local services such as general practice. The availability of interpreters is also 'patchy'. A review of translation and interpreting services in Nottingham is warranted.
- Commissioners and providers should work together to ensure that health promotion materials are available in the most commonly spoken languages. In addition, services

should ensure that self-help materials are available in a wide range of formats, including computerised resources, books and leaflets, audiotapes and further resources for those with literacy difficulties.

- Participants suggested that they are not always aware of the range of local services. Communication platforms, such as on-line directories, should be accessible to diverse communities so citizens are aware of local services and how to access them.

Partnership working

- Local partners and community members stressed the importance of the community and voluntary sector in influencing the health and wellbeing of BME communities in Nottingham. However, the capacity of the sector has diminished significantly. Participants suggested that further work is needed to rebuild this sector and work with organisations, faith groups and community leaders to promote the health and well-being of Nottingham's BME communities.
- Schools were identified as a powerful communication channel for sharing health messages and influencing health behaviours. Further work is needed to explore the role of schools in delivering health and wellbeing initiatives directed at BME communities.
- Commissioners and providers of health services in Nottingham need to look outside traditional structures in order to meet the diverse needs of BME communities. Partnership working with the private sector and other public services and community groups is essential in achieving a positive impact on the mental and physical health of the whole community. For example, participants suggested more could be done to engage communities through churches, mosques and other places of worship.

Discrimination

- Many participants identified discrimination as a barrier to living a healthy and happy life with some stating that discrimination would be minimised if the workforce was more reflective of the BME communities in Nottingham. Measures should be put in place to ensure organisations recruit, develop and retain a workforce that reflects the city and is able to deliver high quality services that are fair, accessible, reflective and responsive to the needs of different groups and communities.

Lifestyle risk factors

- Participants identified a range of factors that reduced the opportunity for physical activity. While some of these barriers were described as cultural or religious, e.g. Muslim women only able to attend female only sports sessions, others were related to access to facilities. Initiatives that encourage participation of BME communities should be identified.
- Education and information for BME communities regarding healthier diets and food preparation are provided through programmes such as *Cook and Eat* sessions but the financial support for these sessions has reduced. Work should be undertaken to explore potential funding of these sessions including through local businesses and supermarkets as part of their social responsibility commitment.
- A review of campaigns designed to address attitudes for members of BME communities is needed. Approaches that are more culturally aligned with the perceptions and lifestyles of BME communities may prove more successful, as might be a social marketing approach engaged around what works for these communities.
- Some national campaigns, such as *Change for Life*, participants suggested, appear targeted at White communities as they are not culturally aligned with the perceptions and lifestyles of BME communities. Conversely, *Be Clear on Cancer* was

seen to reflect the needs of BME communities. Local social marketing campaigns should be developed using similar approaches

DRAFT

Health and Wellbeing Board Forward Plan 2017/18

Submissions for the Forward Plan should be made at the earliest opportunity through Jane Garrard, Nottingham City Council Constitutional Services Team

jane.garrard@nottinghamcity.gov.uk

Date of meeting	Report title	Purpose <i>JHWS themed section/ for resolution/ for information</i>	Lead report author and contact details
Page 77	Financial pressures		Alison Challenger alison.challenger@nottinghamcity.gov.uk
	Sustainability and Transformation Plan update	For information	David Pearson/ Dawn Smith Jane Laughton jane.laughton@nottscc.gov.uk
	Better Care Fund Plan 2017-2019	For approval	Ciara Stuart Ciara.stuart@nhs.net
	Winter pressures across the health and social care system		Joint paper
	Nottingham City Safeguarding Adults Board Annual Report 2016/17		Louisa Butt louisa.butt@nottinghamcity.gov.uk
	Nottingham City Safeguarding Children Board Annual Report 2016/17		John Matravers john.matravers@nottinghamcity.gov.uk
	Data on people at risk of losing their accommodation and the link to health and wellbeing (tbc)		Alison Challenger Gill Moy Rachel Harding
	Health and Wellbeing Board Commissioning Sub Committee Terms of Reference (tbc)	For approval	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	For information	-
31 January 2018	JHWS Mental health and wellbeing outcome – progress report	JHWS themed outcome section	
	Reducing unplanned teenage pregnancy – next steps		Marie Cann-Livingstone Marie.cann-livingstone@nottinghamcity.gov.uk Helene Denness

Date of meeting	Report title	Purpose <i>JHWS themed section/ for resolution/ for information</i>	Lead report author and contact details
			helene.denness@nottinghamcity.gov.uk
	Sustainability and Transformation Plan update	For information	David Pearson/ Dawn Smith Jane Laughton jane.laughton@nottscc.gov.uk
	Engagement with military health and wellbeing issues (tbc)		Alison Challenger Alison.challenger@nottinghamcity.gov.uk
	Board member updates	For information	-
	Health and Wellbeing Board Commissioning Sub Committee 13 December draft minutes	For information	-
28 March 2018	JHWS Healthy culture outcome – progress report	JHWS themed outcome section	Uzmah Bhatti uzmah.bhatti@nottinghamcity.gov.uk
	Annual review of Joint Health and Wellbeing Strategy performance metrics	For approval	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk
	Teenage Pregnancy Annual Report 2017-18		Marie Cann-Livingstone Marie.cann-livingstone@nottinghamcity.gov.uk
	Pharmaceutical Needs Assessment	For approval	Claire Novak claire.novak@nottinghamcity.gov.uk
	Sustainability and Transformation Plan update	For information	David Pearson/ Dawn Smith Jane Laughton jane.laughton@nottscc.gov.uk
	Board member updates	For information	-
	Health and Wellbeing Board Commissioning Sub Committee 14 March draft minutes	For information	-

NB: New Joint Strategic Needs Assessment chapters to be included on next available agenda 'for information'

Items to be scheduled:

- Memorandum of Understanding CCG and Public Health
- Director of Public Health Annual Report [Alison Challenger]

- Workplace health [Alison Challenger/ Helene Denness]
- Review of progress and outcomes of Board members signing up to the tobacco declaration
- Review of progress and outcomes of Board members signing up to the alcohol declaration
- Nottingham City Clinical Commissioning Group Operational Plan

Items for 2018/19

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Corporate Director of Children's Services**September 2017****Recognition of achievement and positive press coverage following our Ofsted Pilot Inspection**

I am proud to share with you some of the positive comments and congratulations we have received regarding the outcome of our Pilot Ofsted Inspection for Children's Services, which took place earlier this year. The outcome of the inspection was discussed at Exec Panel on 20th July, whereby the Leader thanked everyone in Children's Services for their continued hard work. He expressed his confidence in our services and was delighted that we are now recognised by Ofsted as Good.

The congratulations continued at the Labour Group meeting on 24th July, when Councillor Mellen presented the work across our service and inspection findings. The Chair commented that he is very reassured by the improvement in our services, and Councillors recognised that it was "a brave decision" to co-operate with a pilot approach and new methodology for inspection, acknowledging that we can then influence its development. The investment in MST and MST CAN was seen as being very good; ensuring that we make a lifelong difference for children and their families, whilst also making good financial sense and protecting more services for children too. There was a recognition that levels of need for all our services continues to grow, given the changes in welfare payments and austerity, and there was support of our work to maintain early help services locally. Labour Councillors wanted to thank the workforce for their hard work and drive to improve services for the city's children.

We have also recently received some positive press coverage, with an article featured in Community Care regarding our journey to good, and an article in Children and Young People Now which focusses on the changes to the Ofsted framework and the findings of the inspection team during their visit.

You can read these articles by following the links below:

<http://www.communitycare.co.uk/2017/07/19/new-system-recruiting-social-workers-councils-journey-good/>

<http://www.cypnow.co.uk/cyp/news/2003950/ofsted-rates-council-good-in-trial-of-new-inspection-framework>

Budget Position for Children and Adults Services

Up and down the country, Children's and Adults' Services are facing unprecedented demand. This, at the same time as significant reductions in the level of resources available to Local Authorities, is creating budget challenges beyond anything previously experienced.

In light of these ongoing budget challenges, we are looking at opportunities for us to review how and why we work in certain ways to enable us to try and identify savings.

GCSE and A-Level Results Days

There have been changes to the way GCSE grades are issued this year – with pupils receiving a score of 9 to 1 rather than the traditional A* to G in English and Maths. Under the new system, a 4 is roughly equivalent to the old C grade. This has made direct comparisons a little more difficult but early indications would appear to suggest that, overall, Nottingham has performed similarly to previous years – some schools have done better than in 2016 and others have struggled.

We will continue to work with schools and academies in the city to help them improve, and further support the Education Improvement Board with its 10-year plan for Nottingham.

Introduction of 30 Hours Free Childcare from September 2017

In an increase to the existing 15 hours universal entitlement of free childcare for all 3 and 4 year olds, September sees the introduction of the 30 hours of free childcare for eligible working families. The Department for Education estimates that there are approximately 2,080 eligible children in the city, and the Early Years Team have been working with local provision to prepare for the introduction of this new local authority statutory duty.

Information for parents on the 30 hours can be found at www.asklion.co.uk/30hours, and parents can check their eligibility via the Childcare Choices website: <https://www.childcarechoices.gov.uk/>. We would ask all staff working with parents to encourage them to check their availability, to encourage as much take-up as possible. Your support in reaching further families to inform them of this entitlement would be hugely appreciated.

Association of Directors of Childrens Services (ADCS) Blogs

In my role as President of ADCS, I regularly have to write blogs on a variety of issues – I thought that you might like to read my most recent one:

Youth services: our last line of defence - <http://adcs.org.uk/blog/article/youth-services-our-last-line-of-defence>

ADCS Annual Conference - <http://adcs.org.uk/blog/article/adcs-annual-conference>

Alison Michalska
Corporate Director for Children and Adults
(September 2017)

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Standard Court, Park Row, Nottingham, NG1 6GN on 26 July 2017 from 3.50 pm - 4.10 pm

Membership

Voting Members

Present

Absent

Katy Ball

Dr Marcus Bicknell

Councillor Nick McDonald

Maria Principe (Chair)

Non Voting Members

Present

Absent

Alison Challenger

Lucy Anderson

Christine Oliver

Martin Gawith

Colin Monckton

Colleagues, partners and others in attendance:

- Clare Gilbert - Commissioning Lead – Adults, Nottingham City Council
- Jane Garrard - Senior Governance Officer

99 APOLOGIES FOR ABSENCE

None

100 DECLARATIONS OF INTERESTS

None

101 MINUTES

The minutes of the meeting held on 8 March 2017 were agreed as an accurate record and signed by the Chair.

102 HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE TERMS OF REFERENCE

Jane Garrard, Senior Governance Officer, informed the Sub Committee that this change related to taking on the oversight role in relation to the Section 75 Agreement for the Tier 2 Child and Adolescent Mental Health Services, and that the Terms of Reference for the Health and Wellbeing Board Commissioning Sub Committee were

being fully refreshed and proposals would be bought back for consideration in due course.

RESOLVED to note the revised Terms of Reference for the Health and Wellbeing Board Commissioning Sub Committee.

103 BETTER CARE FUND QUARTERLY PERFORMANCE REPORT

Maria Principe, Director of Contracting and Transformation, introduced the report outlining the Better Care Fund performance metrics for quarter 3 of 2016/17. She highlighted that as at quarter 3 all of the national conditions were being met but some of the metrics, for example 'reduction in non-elective admissions, were off target.

RESOLVED to

- (1) note the performance in relation to the Better Care Fund metrics for quarter 3 of 2016/17; and**
- (2) note the quarterly return which was submitted to NHS England on 08/03/17 and was authorised virtually by the then Health and Wellbeing Board Chair Councillor Alex Norris and Vice Chair Dr Marcus Bicknell.**

104 FUTURE MEETING DATES

RESOLVED to review scheduling of future meetings, in line with the current refresh of the Sub Committee's Terms of Reference.

105 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

106 BETTER CARE FUND UPDATE

RESOLVED to agree the recommendation as set out in the report.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at Loxley House, Station Street, Nottingham NG2 3NG on 13 September 2017 from 3.04 pm - 3.12 pm

Membership

Voting Members

Present

Katy Ball (Chair)
Dr Marcus Bicknell
Maria Principe

Absent

Councillor Nick McDonald

Non Voting Members

Present

Christine Oliver

Absent

Lucy Anderson
Alison Challenger
Martin Gawith
Colin Monckton

Colleagues, partners and others in attendance:

- Ciara Stuart - Assistant Director Out of Hospital Care, Nottingham City
Clinical Commissioning Group
Jane Garrard - Senior Governance Officer

107 APOLOGIES FOR ABSENCE

Alison Challenger

108 DECLARATIONS OF INTERESTS

None

109 MINUTES

The minutes of the meeting held on 26 July 2017 were agreed as an accurate record and signed by the Chair.

110 BETTER CARE FUND QUARTERLY PERFORMANCE REPORT

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, introduced the report. She highlighted that it provided information in relation to the Better Care Fund performance metrics for quarter 4 2016/17 that had been submitted to NHS England in June 2017.

RESOLVED to

- (1) note the performance in relation to the Better Care Fund performance metrics for Quarter 4 2016/17; and**
- (2) note the quarterly return which was submitted to NHS England on 20 June 2017.**

111 BETTER CARE FUND 2016/17 PRE AUDIT OUTTURN

This item was withdrawn.

112 IMPROVED BETTER CARE FUND 2 - 2017/18 QUARTER 1 RETURN

This item was withdrawn.

113 BETTER CARE FUND 2017-2019 PLAN

Ciara Stuart, Assistant Director of Out of Hospital Care Nottingham City Clinical Commissioning Group, gave a verbal update on the Better Care Fund Plan 2017-2019. She reported that:

- a) The deadline for submission of the Better Care Fund (BCF) 2017-2019 Plan was 11 September 2017.
- b) It had been particularly challenging to get sign off to submit the Plan due to wider financial challenges and the need to save £1.5million from the BCF. It was decided that this needed resolving prior to submission of the Plan.
- c) A covering letter had been sent to NHS England explaining the situation and a refreshed Plan was now due to be submitted by the end of September 2017. Conversations were on-going and colleagues were confident that this could be achieved.
- d) The level of delayed transfers of care (DTC) had become an issue because NHS England had requested a lower target and for delivery to be brought forward from December to November 2017. While recognising that this was ambitious the Clinical Commissioning Group was willing to amend the trajectory, but the local authority (based on informal guidance from the Local Government Association about not signing up to unachievable DTC targets) did not feel able to sign up to it. It was understood that this was the position of many local authorities. The position had been communicated to NHS England and feedback was awaited.

RESOLVED to note the current position in relation to the Better Care Fund 2017-2019 Plan.

JSNA Chapter – Safeguarding Children

Topic information	
Topic title	Safeguarding Children
Topic owner	Helen Blackman
Topic author(s)	Helene Denness, Sarah Quilty and Sophie Russell
Topic quality reviewed	August 2017
Topic endorsed by	NCSCB BMG
Topic approved by	NCSCB
Current version	June 2017
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Linked JSNA topics	FGM, Children in Care, Domestic Violence

Executive summary

Introduction

Safeguarding is everyone's responsibility. All partners have a duty to safeguard children and young people who are at risk of abuse, neglect and/or exploitation. Abuse can be physical, sexual and/or emotional. Neglect is the ongoing failure to meet a child's basic needs. Exploitation includes child sexual exploitation (CSE), trafficking and/or modern slavery.

There are two key principles which underpin the safeguarding of children:

- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- A child-centred approach; for services to be effective they should be based on a clear understanding of the needs, experiences and views of children and young people.

National and local policy, guidance and reports are summarised in appendix 1.

No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into

contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

In order that organisations and their staff collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for this collaboration.

In Nottingham, any professional, member of the public or employee with concerns about a child's welfare should make a referral to local authority Children's and Families Direct. Professionals should take responsibility to escalate their concerns through their line manager where they remain concerned about a child's welfare.

Nottingham's Family Support Strategy (2016-2017) has three principles:

1. Ensure the right children get the right help at the right time
2. Talking and listening to children, families and professionals
3. Help families to help themselves

For more information see [Nottingham City Council's Family Support Strategy and Pathway](#)

Nottingham City offers a wide range of support services enabling the needs of most children and young people to be met within universal services which can be accessed by all children and young people (i.e. there is no threshold). Where it is evident that a child's needs cannot be met within universal provision an early help and/or family assessment can be completed to decide what support is needed and to ensure that additional support is co-ordinated to meet the needs of the child or young person. Early help services and advice and guidance are available to all professionals and citizens through Children's Centres and Children & Families Direct Hub.

The Children and Families Direct Hub encourages contact for all concerns/support requirements for children, young people and families with additional needs to ensure that early help can be provided in a timely manner.

There is a clearly defined process and set of responsibilities to support and guide practitioners when children's needs move between different levels of support and the Social Care threshold for support as a Child in Need or as a child in need of protection. This is referred to as the Integrated Working and Case Transfer Procedure, see appendix 1, which ensures that workers are confident to work together as the support needs of the child/young person and family as their needs change.

Figure 1 identifies levels of support in Nottingham City:

Universal	Self help	Children and families are doing well and there are no significant concerns about health, development or achievement that cannot be met within universal services.	Routine Health and Educational Assessments
Additional	Early Help	Children and families are experiencing problems requiring universal services to work together with other support services to prevent problems increasing.	Child or Family Early Help Assessment
Extensive	Targeted Help	Children and families are experiencing a range of increasing problems that require extensive multi-agency support to meet the needs of the whole family and crisis is likely to be prevented.	Child or Family Early Help Assessment or Statutory Assessment may be required
Child in Need	Specialist Help	Children are 'in need' if they are disabled or unlikely to achieve a reasonable standard of health or development unless services are provided (Children Act 1989).	Statutory Assessment
Protection		Children who are suffering or likely to suffer significant harm.	

Figure 1: Levels of support in Nottingham City

Nottingham’s model for prevention, early intervention and specialist services, see figure 2, highlights the fact that children and young people may need differing levels of support at different times. We aim to work with families so that their needs can ultimately be met in local universal services wherever possible.

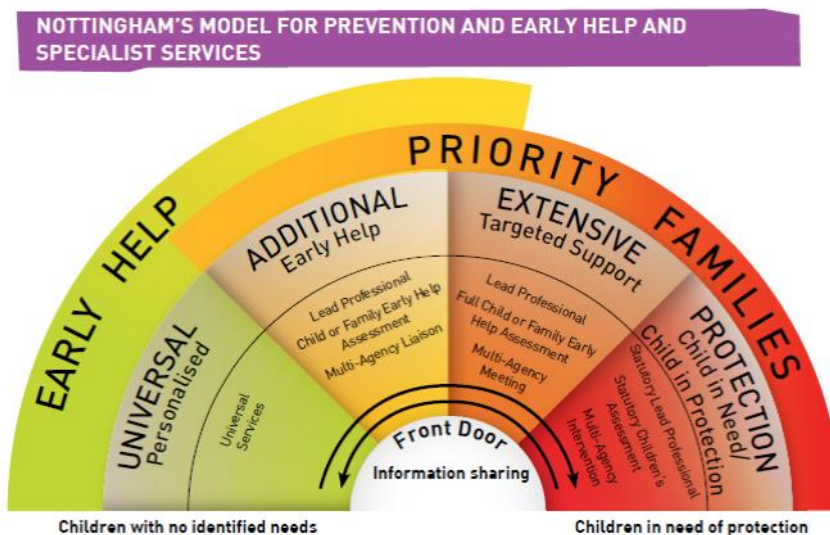


Figure 2: Nottingham’s Model for Prevention and Early Help and Specialist Services

The **Priority Families Approach** prioritises families with multiple problems through the appointment of a key worker/lead worker for each family who manages the family and their

problems and supports them to work towards agreed goals which are shared and jointly owned across local partners.

Nottingham City Council utilises **Signs of Safety** as its practice framework across all of its Children and Family Services. It is a strengths-based, safety-oriented approach designed to help all the key stakeholders involved with a child, the parents, extended family, community, and agencies to keep a clear focus on assessing and enhancing a child's needs and safety at all points in Family Support Pathway. The Signs of Safety framework is organised around a rigorous and balanced assessment and planning process that is developed in partnership with children, their families and their communities. This assessment process provides the focus for families, professionals and support networks to work together to develop and implement detailed plans that describe the day-to-day actions everyone will take to ensure and enhance children's safety, belonging and wellbeing.

Unmet needs and gaps

- The number of public health nurses (5-19) (formally known as school nurses) have been steadily in decline which has decreased the extent to which they can be involved in packages of care around safeguarding. It is currently unclear whether the integrated commissioning model will enable public health nurses to provide additional support to safeguarding packages of care for children and young people aged 5-19 years.
- The Nottingham City Council Early Help Service is working with families and children who have additional needs as well as delivering open access provision. This presents a challenge in providing sufficient capacity for open access services across the city and creates a tension between moving resources towards early intervention whilst still needing to provide more targeted support to stop needs escalating.
- The cost of specialist placements for children and young people is high, including those out of the city. In addition, specialist care sometimes means that children/young people are placed some distance away from their family and social networks.
- The number of children in care in Nottingham places a significant financial pressure on the local authority. Reducing the number of children in care could release savings for investment in other areas such as 'edge of care' and/or early help services.

- Local intelligence suggests that worklessness and/or poverty is increasing family stress which decreases the capacity to parent effectively. It is currently unclear whether this will lead to more children/young people requiring safeguarding.
- The number of CAFs has decreased as more priority family assessments are undertaken; local intelligence suggests all partners are not clear which assessment is needed when.
- More assessments of children/young people in Nottingham identify risks related to parental mental health problems than the statistical neighbour average but Learning Disability and Mental Health staff are less likely to refer to social care than other professionals.
- New and emerging communities in Nottingham City, including refugee and asylum seeking families with children and unaccompanied asylum seeking children, are less well understood than our settled communities. More insight is needed into their safeguarding needs.
- Whilst local intelligence suggests children and young people with SEND are over-represented in the population that need safeguarding, current data does not enable an accurate assessment of whether these children and young people are over represented in safeguarding in line with the national picture.
- The rate of children/young people who become subject to a child protection processes, e.g. becoming subject to a Child Protection Plan are higher than the statistical neighbour average. This is an issue which has been subject external scrutiny through inspection and peer review which found evidence of good practice locally. That said the mechanism underpinning these discrepancies merits further exploration

Recommendations for commissioners

1. Commissioners should ensure through integrated commissioning of 0-19 services, that there are sufficient health visitors and public health nurses 5-19s (formally school nurses) to support universal provision for children and young people in Nottingham City in order to identify early safeguarding concerns and participate in packages of care.
2. The Nottingham City Council Early Help Service is working with families and children who have additional needs as well as delivering open access provision. This presents a challenge in providing sufficient capacity for open access services across the city. Integration of universal and early help services across the 0-5 pathway should be commissioned in a way that enables early support whilst also providing more targeted support to stop needs escalating.
3. The cost of specialist placements for children and young people is high and can mean that children/young people are placed some distance away from home. Work should be undertaken to explore whether more local, specialist placements can be developed to ensure children/young people receive they need closer to home and to release cost-savings.
4. The number of Children in Care in Nottingham is financially challenging for the local authority. Whilst the edge of care interventions appear to be stabilising the numbers of children/young people coming into care these interventions need to be embedded and sustained in order to release funding to continue to invest in early intervention activities.
5. Local intelligence suggests that worklessness and/or poverty is increasing family stress which decreases the capacity to parent effectively and may lead to more children/young people requiring safeguarding. Investment in early intervention and support services, alongside services to reduce financial vulnerability, may mitigate some of this stress.
6. The number of CAFs has decreased as more priority family assessments are undertaken. Local intelligence suggests all partners are not clear which assessment is needed when thus more training/communication may be needed specifically around clarity in the family support pathway.
7. More assessments of children/young people in Nottingham identify risks related to parental mental health problems than the statistical neighbour average but Learning Disability and Mental Health staff are less likely to refer to social care than other

professionals. The mechanism underpinning this is unclear thus further exploration is warranted.

8. New and emerging communities in Nottingham City including refugee and asylum seeking families with children and unaccompanied asylum seeking children are less well understood than our settled communities; further insight is required into their safeguarding needs.
9. Current data does not enable an accurate assessment of whether children and young people with special educational needs and disabilities (SEND) are over represented in safeguarding in line with the national picture. Further exploration of this group, e.g. through a case note review, will contribute to a better understanding of the safeguarding needs of children/young people with SEND.
10. The rate of children/young people who become subject to a child protection processes, e.g. becoming subject to a Child Protection Plan are higher than the statistical neighbour average. This is an issue which has been subject external scrutiny through inspection and peer review which found evidence of good practice locally. That said, the mechanism underpinning these discrepancies merits further exploration e.g. through a peer review and/or quality assurance audit process.

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JSNA Chapter – Female Genital Mutilation

Topic information	
Topic title	Female Genital Mutilation
Topic owner	Helene Denness, Public Health Consultant
Topic author (s)	Grace Brough, Insight Specialist Public Health
Topic quality reviewed	July 2017
Topic endorsed by	FGM Board Steering Group
Current version	August 2017
Replaces version	NA
Linked JSNA topics	Safeguarding

Executive summary

Introduction

This chapter considers women and girls resident in Nottingham City who are at risk of or who have undergone Female Genital Mutilation (FGM), either in the UK or abroad. Female Genital mutilation can affect women of all ages; however FGM is mostly carried out on girls sometime between infancy and adolescence.

FGM is a form of child abuse and is illegal in the UK and is described by the [World Health Organisation](#) as:

‘all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non--medical reasons’.

This procedure has no health benefits for women and girls, can cause severe short and long term health problems and is recognised internationally as being a violation of the human rights of women and girls.

FGM is a worldwide issue with an estimated 200 million women living with FGM in the world (World Health Organisation (2), 2016). However, women and girls from some communities are at increased risk. In some African countries, such as Somalia, the estimated prevalence of FGM is as high as 98%.

In Britain, FGM is seen in ethnic groups that have migrated from Egypt, Eritrea, Ethiopia, Gambia, Iraq, Kenya, Kurdistan, Liberia, Mali, Nigeria, Northern Sudan, Sierra Leone and Somalia.

Dispersal of asylum seekers across the UK makes increasing numbers of all education professionals likely to come into contact with girls and women who have undergone and girls

who might be at greater risk (Nottingham City and Nottinghamshire County Safeguarding Boards, 2016).

It is estimated that within the UK there are 137,000 women aged 15+ living with the consequences of FGM (McFarlane, 2015). As FGM is a hidden issue, as such the figures we can get from the prevalence data are likely to be a huge under-representation of the true size of the issue, which often only comes to light when related health problems occur or the women is pregnant.

In Nottingham there were 80 cases of FGM recorded by healthcare staff in 2015-16.

Women and girls are at increased risk of FGM where there is a history of FGM in the family or if they are from a community or ethnic group where FGM is highly prevalent or part of the culture of that community (although this does not always mean FGM will take place).

There are various 'given reasons' to pressure women and girls to undergo FGM including economic reasons associated with marriageability and dowry, social and cultural reasons associated with honour and acceptance as well as perceived hygiene reasons.

Whatever the reasons advised for the practice, FGM is child abuse, it is illegal and it violates human rights, that women and children should be protected from cruelty and violence.

There is ongoing work locally and nationally to prevent and respond to FGM, more information on local and national response to FGM can be found in section 4 of this document.

Unmet need and gaps

1. The FGM board members are currently working with NHS England to establish if FGM examination should be included within the service specification for the East Midlands Paediatric Sexual Assault Referral Centre (SARC), intended to be commissioned in the near future. There is some debate and uncertainty at present about which service should undertake FGM examination. Currently there is no commissioned service to examine children and this is undertaken by the Designated Paediatrician which is outside of the commissioned role. Due to a lack of specialist knowledge in this area and examinations falling outside of commissioned health roles, it is uncertain who will complete these in the future.
2. Nottingham currently has an FGM clinic and an FGM specialist midwife, it is unclear as to the long term succession arrangements for the continuity of the service, which may result in a service gap for survivors of FGM. Due to a combination of funding and lack of specialist knowledge of FGM amongst the current workforce, two midwives have been seconded to the FGM clinic as succession of the previous specialist midwife, however it is not clear how the temporary nature of a secondment will affect the clinic in the longer term. This service could cease in the long term unless succession planning is implemented now. This is particularly important as acquiring FGM specialism involves much on the job training with specialists in the field, if this cannot happen before specialist knowledge exits the workforce in Nottingham, acquisition of specialist skills will be difficult for any long term successor.

3. The current FGM clinic is not intended to provide services to non-pregnant women as it is midwifery led, however historically women have been seen here outside of these commissioned arrangements. Going forward it is not clear where these women would receive a service. There is no clear pathway for non-pregnant women to receive service and support as well as no associated trauma-based psychological support available for them. It may be appropriate for a service to be provided jointly with midwifery and clinical gynaecology specialists due to the wide health impacts FGM can have. A clear pathway needs to be developed for non-pregnant women, so that all professionals are clear on their roles and responsibilities in relation to this group and survivors themselves can access the support they need. To not provide this service may be a missed opportunity to engage with both women requiring healthcare but also their families and children who may be at risk of FGM.
4. Local intelligence suggests there is concern around how effectively current mental health services are able to support FGM survivors. Local voluntary sector services report that due to a lack of understanding around FGM, the implications, the wider context and given reasons for FGM, this can make survivors feel that they are not understood and this can impair their experience of mental health support. Further to this, survivors have expressed that they sometimes feel judged when they have encountered mental health support, which has been a barrier to access and meant they ceased using services.
5. Local intelligence suggests there are concerns regarding healthcare professionals awareness of support available for survivors of FGM, such as the Mojatu survivors group, and as such women are not being signposted and are not getting access to support available.

Recommendations for consideration by commissioners

- Prioritisation should be given to finding a solution for effective longer term succession of the Nottingham FGM clinic and specialist midwife to ensure continuity of services for survivors. Multi-agency statutory guidance advises commissioners should ensure services are provided to meet the physical and mental needs of women and girls who have undergone FGM as appropriate.
- Focus should be given by commissioners to explore whether mental health support in the city is meeting the needs of survivors, if not the reasons for this, and consider whether further training is required or a specialist service.
- Prioritisation should be given by commissioners to work with the specialist midwife, police, NHSE and Nottingham CCG to ensure service continuity of examination of girls under 18 suspected of having undergone FGM whilst discussions are underway to decide where examination should sit, (potentially the paediatric sarc).

- Prioritisation should be given to creating a clear pathway for non-pregnant survivors of FGM, so that they receive a holistic service that meets their needs. CCG's, NUH and the FGM board should focus on finding a solution to this gap in provision.
- To undertake a training audit may be useful to identify any service areas where lack of understanding of FGM could discourage disclosure or create barriers to access of services for survivors of FGM. This would also be useful in identifying how many frontline workers would be able to effectively respond to FGM.
- Further insight to be undertaken into what community work is being conducted in Nottingham, as this was cited as one of the key mechanisms for preventing FGM and changing attitudes towards FGM.
- Promotion of specialist FGM services such as survivors groups and specialist midwife may increase women coming forward for help and support. However, if this is promoted, work may be necessary to establish if services could cope with increased demand.