

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 41 - Loxley House, Station Street, Nottingham, NG2 3NG on 24 September 2015 from 13.35 - 15.25

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Anne Peach (Vice Chair)
Councillor Ilyas Aziz
Councillor Corall Jenkins
Councillor Dave Liversidge
Councillor Jim Armstrong

Absent

Councillor Neghat Nawaz Khan
Councillor Chris Tansley
Councillor Merlita Bryan

Colleagues, partners and others in attendance:

Nancy Barnard - Governance Manager
Helene Denness - Public Health
Catherine Kirk - Sex and Relationships Education Consultant
Lynn McNiven - Public Health
Clare Routledge - Senior Governance Officer

25 APOLOGIES FOR ABSENCE

Councillor Merlita Bryan (Other Council Business)
Councillor Neghat Kahn (Personal)
Cllr Chris Tansley (Non Council Business)
Martin Gawith of Healthwatch

26 DECLARATIONS OF INTEREST

None

27 MINUTES

The Committee confirmed the minutes of the meeting held on 23 July 2015 as a correct record and they were signed by the Chair.

28 STRATEGIC RESPONSE TO REDUCING HEALTH INEQUALITIES IN THE CITY

Helene Denness and Lynn McNiven, Consultants in Public Health, presented a report outlining the current level of health inequalities in the city and the measures being taken within the city to reduce them. The following points were highlighted:

- a) There is a wide gap in life expectancy between the most affluent ward and deprived wards in Nottingham city with females in Bridge ward having a life

expectancy of 10.2 fewer years than females in Wollaton West ward, and males in Arboretum having a life expectancy of 11.8 years fewer than males in Wollaton West.

- b) Reducing health inequalities is a cross cutting theme throughout the Joint Strategic Needs Assessment (JSNA) which guides the commissioning and targeting of services in the city. This enables resources to be targeted where the need is higher.
- c) Nottingham is taking a Life Course approach to reducing health inequalities recognising that many stages throughout an individual's life have an impact on their health from before they are born, through early years and the importance of supporting people into and in work.
- d) As well as physical health, mental health problems are another factor in health inequalities as they disproportionately affect some communities.

During discussions the following issues were raised:

- e) Health inequalities continue to be a major problem for the city but the challenge lies in the need to change cultures and cycles of deprivation. Changes that are made now, for example, on reducing the number of smokers, won't impact upon health inequality figures for around 20 years.
- f) Nottingham is a cigarette manufacturing city which contributes to the ingrained culture of smoking. Concern was expressed about smoking outside of hospitals and the increase in the use of shisha bars. The New Leaf stop smoking service had been in operation for a long time and rates of smoking have reduced. It was felt that smoking rates would be much higher if the service were withdrawn. Improvements had also been made around smoke-free homes where individuals still smoked but did so outside and therefore did not expose others living in the home to smoke to the same degree as smoking inside would. The health impact of e-cigarettes was also discussed with current evidence suggesting they are not as harmful as tobacco but that they can contain particulates which are harmful to health.
- g) Housing has a significant impact on health throughout people's lives and colleagues are working with private landlords to improve standards in privately rented homes. Health colleagues are keen to work closely with Housing colleagues on the links between housing and health and a report was recently taken to the Health and Wellbeing Board addressing these issues.
- h) Links have also been made with Neighbourhood Development Officers to do targeted work at ward level.
- i) All services are assessed and scrutinised for their effectiveness, and 'deep dive' reviews are conducted to ensure services are delivering results and making a return on investment.

RESOLVED to:

- (1) thank Helene Denness and Lynn McNiven for their report;**
- (2) request a further report to the Committee in March, making use of the ‘deep dive’ data and for Committee members to forward their suggestions for specific areas to be covered in the report.**

29 SEX AND RELATIONSHIPS EDUCATION IN SCHOOLS

Catherine Kirk, Sex and Relationships Education (SRE) Consultant presented a report to the Committee, updating Councillors on current legislation, good practice and evidence base around SRE in Nottingham. The following points were highlighted:

- a) SRE should be delivered in a progressive, age appropriate manner throughout primary and secondary school and should cover matters including positive and healthy relationships, puberty, reproduction, sexual health, staying safe and different families. The science curriculum also covers the biological aspects of human reproduction.
- b) SRE should be delivered in an inclusive way in partnership with parents and carers. Parents have the right to withdraw their children from SRE lessons and a small minority exercise this right but experience has shown that if parents are involved and informed of the content of SRE lessons they are far less likely to withdraw their children.
- c) Government guidance requires maintained schools to have an SRE policy and strongly recommends that academies also maintain an up to date policy.
- d) Evidence suggests that those young people who have had good SRE tend to wait longer before having sex and, when they do have sex, they are more likely to have protected sex.
- e) Ofsted have found that nationally, SRE requires improvement in over a third of schools. They found that primary schools were effective at teaching about friendships but less effective at preparing children for puberty. Some children start puberty at age 7 and therefore information needs to be shared with children early.
- f) In Nottingham, provision is mixed, with some excellent practice and some that is less good, for example, where everything is delivered in one day. Specific issues include a lack of training in delivering SRE for teachers, meaning they do not feel confident in answering children’s questions or managing parents’ concerns. There is also very little coverage around issues such as pornography, forced marriage or female genital mutilation (FGM).
- g) Catherine currently spends three days per week supporting schools with SRE. A Nottingham SRE Charter is soon to be introduced which will include free resources for schools and a system for auditing the quality of lessons. There will also be an opportunity for teachers to become accredited SRE providers.

During discussions the following points were made:

- h) The training and support for schools and academies is provided free of charge and therefore it is unlikely that schools are working with alternative providers.
- i) The teenage pregnancy rate in Nottingham was decreasing but has flatlined for the last two years at 37.5 pregnancies per 1000 teenager girls. Across the country it has continued to decrease and the average rate is 24.5 per 1000. The city does face particular issues related to deprivation and communities where women having children at a young age is the cultural norm.
- j) There is no specific ringfenced budget for SRE but it does form part of the ringfenced budget for public health.
- k) FGM is not usually known about until a woman becomes pregnant. It is rare for it to take place in this country but girls are often taken abroad to be cut. Primary schools have been less engaged in the issue but primary aged girls are at risk and schools need to be aware of warning signs. Training in awareness of FGM was top of the list of requests for support from schools at a recent stakeholder event.

RESOLVED to

(1) thank Catherine for her informative presentation;

(2) request a further report to the Committee in June 2016.

30 END OF LIFE SERVICES/PALLIATIVE CARE STUDY GROUP

Clare Routledge, Senior Governance Officer, updated the Committee on the progress to date on the review of End of Life Services and Palliative Care. She highlighted the recent visit to Haywood House and informed the Committee that, following meetings with the Clinical Commissioning Group and a visit to Nottinghamshire Hospice, the final report would be brought to the Committee for approval in December.

RESOLVED to note the information in the update report.

31 CLEANLINESS OF NOTTINGHAM UNIVERSITY HOSPITALS

Clare Routledge, Senior Governance Officer updated the Committee on concerns raised over the summer about the cleanliness of Nottingham University Hospitals Trust sites. The report outlined the steps taken by the trust to ensure the cleanliness of their sites. She informed the Committee that she had received fortnightly updates on the issue throughout the summer and that a report on the issue was going to the Joint Health Scrutiny Committee in November.

RESOLVED to note the content of the report.

32 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

Clare Routledge, Senior Governance Officer presented a report on the work programme for the Health Scrutiny Committee for 2015/16. The following points were raised during discussion of the item:

- a) a report on FGM was scheduled to come to the committee in December;
- b) a visit was being arranged to the Citicare clinics located in the Victoria Centre.

RESOLVED to note the work programme for the Health Scrutiny Committee for 2015/16.