

Title of paper:	An update on children and young people's health and wellbeing in the context of Nottingham City's Children and Young People Plan 2016-20	
Report to:	Nottingham Children's Partnership Board	
Date:	05/03/2018	
Relevant Director:	Alison Challenger (Director of Public Health)	Wards affected: All
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Relevant Children and Young People's Plan (CYPP) priority:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
<p>This report highlights partnership activity that promotes the health of babies, children and young people. Whilst all outcomes in Nottingham Children and Young People's Plan will be referenced this report specifically focuses on efforts to reduce the:</p> <ul style="list-style-type: none"> • Proportion of women smoking in pregnancy. • Number of babies that die in the first year of life. • Percentage of children aged 5 years with tooth decay. • Proportion of year 6 children who are obese. • <p>In 2016/17, 17.6% of mothers in Nottingham City were smokers at the time of delivery, which is significantly higher than the England average of 10.7% and the third highest rate of our statistical neighbours. However, the majority of women engaging with stop smoking services during pregnancy are likely to quit. Due to unprecedented budget pressures, local stop smoking services (New Leaf), funded by Nottingham City Council, have been decommissioned. New, innovative ways of supporting women to stop smoking during pregnancy are being discussed with maternity colleagues.</p> <p>Children in Nottingham City have a significantly higher average number of teeth affected by dental decay than East Midlands and England for both 3 and 5 year olds. On average, Nottingham City children have 3.05 teeth and 3.4 teeth affected respectively for 3 and 5 year olds (children have 20 'baby' teeth). Dental surveys don't take place every year and no new data has</p>		

been released since the last update. Data collection on the oral health of 5-year olds has been completed and is due to be reported later this year. A survey of adult oral health is currently underway.

26% of reception age children in Nottingham City are **obese or overweight**. This is lower than the statistical neighbour average. The percentage overweight or obese increases to 39.7% in Year 6 which is slightly lower than the statistical neighbour average but significantly higher than the England average. The proportion of children overweight and obese in Nottingham City has plateaued.

Infant mortality (deaths in children under 1 year) is higher in Nottingham (5.9 deaths per 1000 live births) than England (3.9 deaths per 1000 live births) and the third highest of our statistical neighbours. There has been so statistically significant reduction in the rate of deaths between 2010-12 and 2014-16. As the number of deaths in children under 1 year is small, any variation in the rate of deaths should be interpreted with caution as the variation may be due to random fluctuation

In 2016/17, 26% of reception age children in Nottingham City were **obese or overweight**. This percentage increases to 39.7% by Year 6 which is slightly lower than our statistical neighbours' average but significantly higher than the England average.

An update on children and young people's mental health is reported separately.

Recommendations:

1	Nottingham Children's Partnership Board is requested to note the contents of this report and progress on health and wellbeing outcomes in the Nottingham City Children and Young People's Plan.
2	Nottingham Children's Partnership Board partners continue to support activity to improve health and wellbeing of children and young people in Nottingham.

1 BACKGROUND AND PROPOSALS

1a. Good maternal health and healthy babies

i) Smoking in pregnancy: Percentage of women smoking at the time of delivery

The proportion of women smoking in pregnancy is recorded by smoking at the time of delivery (SATOD). Whilst this is the agreed national measure, it doesn't capture those women who are smoking at their 'booking appointment' with their midwife and quit before birth. Local intelligence suggests that the proportion of women smoking at their first midwifery appointment is considerably higher than SATOD. Nottingham's Smoking In Pregnancy Strategy Group, a sub-group of the City/County Local Maternity Transformation System group, are leading work to improve data collection and collation.

As figure 1 shows, in 2016/17, 17.6% of mothers in Nottingham City were smokers at delivery which is significantly higher than the England average of 10.7% and the third highest rate of our statistical neighbours. Whilst this is a reduction on the previous rolling quarter, this reduction is not statistically significant.

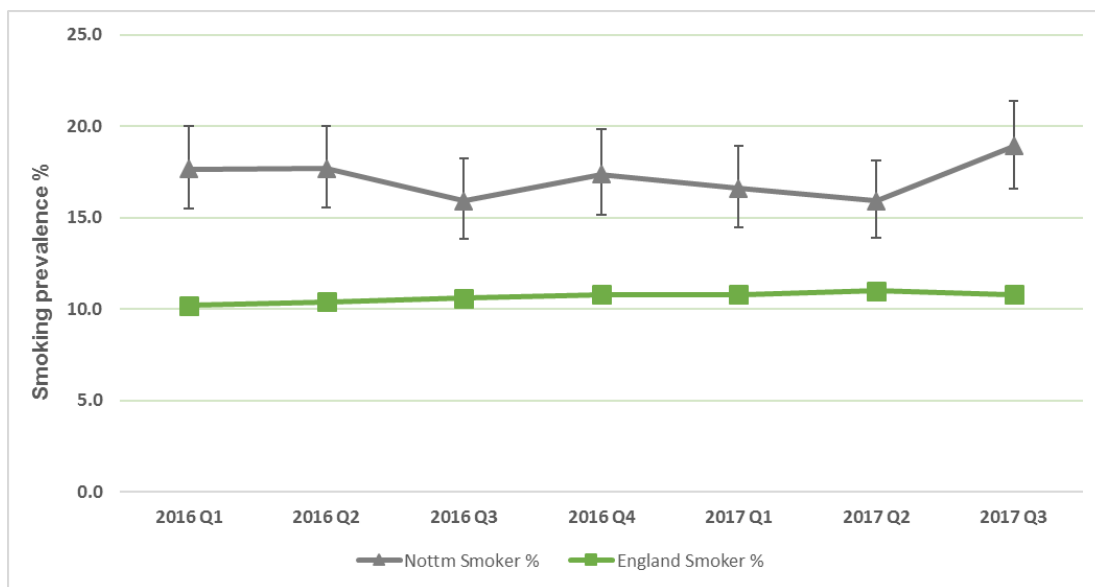


Figure 1: Smoking status at the time of delivery in Nottingham and England

Women who smoke in pregnancy are more likely to have a stillbirth, have a baby born at a low birth weight and/or a baby born with a cleft palate. Babies living in a household with smokers are more likely to die from Sudden Infant Death Syndrome (SIDS).

Through the publication of Better Births, the national maternity transformation plan, there is a renewed focus on reducing the proportion of pregnant women smoking. Historically, in Nottingham, we have had 'opt-out' referral to a community stop smoking service for pregnant women. Data from our stop smoking service tells us that if we can engage women, the majority are able to stop smoking in 4 weeks (70%).

Due to unprecedented budget pressures, local stop smoking services (New Leaf), funded by Nottingham City Council, have been decommissioned. New, innovative ways of supporting women to stop smoking during pregnancy are being discussed with maternity colleagues. Furthermore, this year we have created resources to help midwives initiate healthy conversations about smoking and will be running a campaign in 2018 to promote the benefits of stopping smoking for both mother and child based on the *Love Your Bump* campaign by Erewash CCG <https://lovebump.org.uk/>.

ii) Improving mental health for new mums and mums-to-be

Work to improve the mental health of new mums and mum-to-be is driven by the perinatal mental health group, a sub-group of the Local Maternity System Transformation group. Current work is focused on developing more robust pathways for women with a range of mental health needs including those who enter pregnancy with existing mental health conditions, those who would benefit from talking therapies (IAPT)¹ and those who develop a serious mental health problem during pregnancy or after birth.

The current indicator in the CYP plan is a proxy for the number/proportion of women with low mood and/or a mental health problem that are identified in a timely way, and offered appropriate support. This indicator may be updated as a more robust national method of capturing new mums and mum-to-be mental health is developed.

iii) Breastfeeding: Percentage of mothers who breastfeed their babies at 6-8 weeks

Over 72% of mothers in Nottingham City breast-feed at birth, lower than the national average of 74%. However, breastfeeding rates at 6 weeks are better than the national average; 48.6%

¹ Increasing access to psychological therapies

in Nottingham compared to national average of 43.8%. Nottingham has the best initiation and 6 week breastfeeding rate of all its statistical neighbours.

Whilst increasing breastfeeding rates is best achieved by the joint efforts of all services working with pregnant women and new parents, local intelligence suggests that Nottingham's relatively high breast-feeding rates are due, in part, to our long-established breastfeeding peer support service which works with mothers under the age of 25 to support them to breastfeed as long as they can. This Nottingham City Council commissioned breastfeeding support service, financed through the public health grant, works alongside both the maternity and health visiting service to target all mothers to be under the age of 25 to support initiation and continuation of breastfeeding. Breastfeeding support has been incorporated into the 0-19 service provided by CityCare and will be mobilized from April 2018.

iv) Infant Mortality: Rate of infant mortality per 1000 live births

Perinatal mortality (stillbirths and deaths within 28 days of birth)

The Secretary of State announced a national ambition to halve rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2030, with a 20% reduction seen by 2020.

In 2017, Nottingham City Public Health Team produced, with the support of Nottingham City CCG and NUH, a review of perinatal deaths, including stillbirths, to identify any unexpected themes. The patterns observed were similar to those seen nationally; however, higher levels of deprivation in the city mean risk factors, such as smoking in pregnancy, are often more prevalent. NUH has worked with partners, including Nottingham City Public Health team, to improve learning from stillbirths. This work is ongoing and links to work to reduce the proportion of women smoking in pregnancy, which is the most important, preventable cause of stillbirth.

Infant mortality

Infant mortality (deaths in children under 1 year) is higher in Nottingham (5.9 deaths per 1000 live births) than England (3.9 deaths per 1000 live births) and the third highest of the statistical neighbour average. As the number of deaths in children under 1 year is small, any variation in the rate of deaths should be interpreted with caution as the variation may be due to random fluctuation.

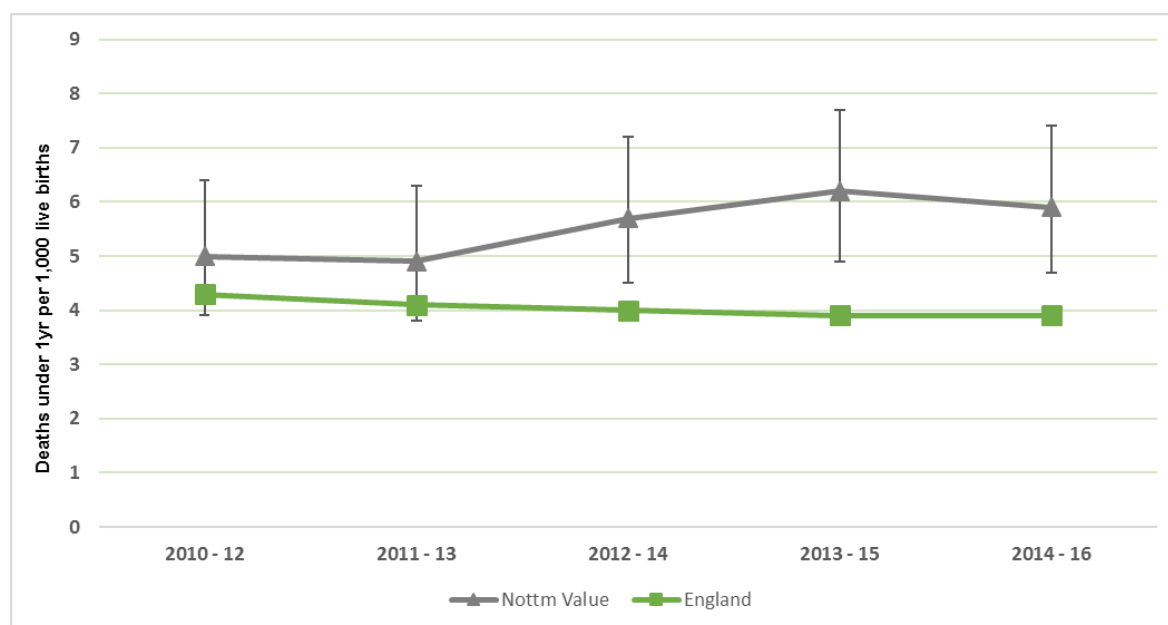


Figure 2

All child deaths in Nottingham are reviewed by multi agency Child Death Overview Panels (CDOPs) as per *Working Together to Safeguard Children 2015* guidance. Learning from CDOP is fed back into the governance structures within NUH. A detailed database of all childhood deaths is managed by the child death review team based at NUH. All deaths are discussed with the local Coroner prior to completing death certification.

In 2017, there were 17 deaths of children under 1 year of age. The majority of these deaths were classified as a perinatal/neonatal event; a category which includes babies who are born extremely prematurely.

Other infant deaths in 2017, as in previous years, are associated with unsafe sleeping. The importance of safe sleeping continues to be highlighted to parents and a Safe Sleeping group is in place to mobilise an action plan across health, social care and other partners. A local training session has been developed.

v) Immunisations: Percentage of eligible children who have received 3 doses of Dtap/IPV/Hib vaccine by their first birthday

The percentage of eligible children who received three doses of Dtap/IPV/Hib vaccine by their first birthday in Nottingham in 2016-17 was 91.4%, lower than England at 93.4% and the lowest of our statistical neighbours. The national target is 95%. The proportion who receive three doses remained low at 94.2% at age 2 years is 94.2% compare to an England average of 95.1%.

Vaccination services are commissioned by NHS England with the Dtap/IPV/Hib vaccine being administered in General Practice. Promotion of Immunisations and Vaccinations is integrated 0-19 years' service specification as part of *Making Every Contact Count* as well as a consistent approach to information provided to families. This service will be mobilised from April 2018. Some development work with primary care requires action to implement a 'Call and Recall Programme' so that parents are aware of when children are required to have their vaccination. This work will be implemented in partnership with NHS England and Public Health England. Work to explore the opportunity to increase vaccination cover through opportunistic contact with primary care will be implemented in partnership with NHS England and Public Health England.

1b) Children and young people adopt healthy lifestyles

i) Childhood Obesity

There is national concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Childhood Obesity: a brief update offers succinct information on the core population-level issues within this topic area with a focus on Nottingham City.



Childhood Obesity:
A brief update

Nottingham City Council commissions a range of services that support families and children to eat healthily and maintain a healthy weight, details of which can be found in the appendices.

Through the public health grant, Nottingham City Council commissions a small Public Health Nutrition service within the 0-19 Children by CityCare delivered band a highly successful level 2 weight management intervention.

Outcome measures

In 2016/17, 26% of reception age children in Nottingham City were obese or overweight. This percentage increases to 39.7% by Year 6 that is slightly lower than our statistical neighbours' average but significantly higher than the England average.

The prevalence of obesity in Year 6 children between 2011 and 2017 are shown in Figure 3 and suggest an upward trend following a period of relative consistency.

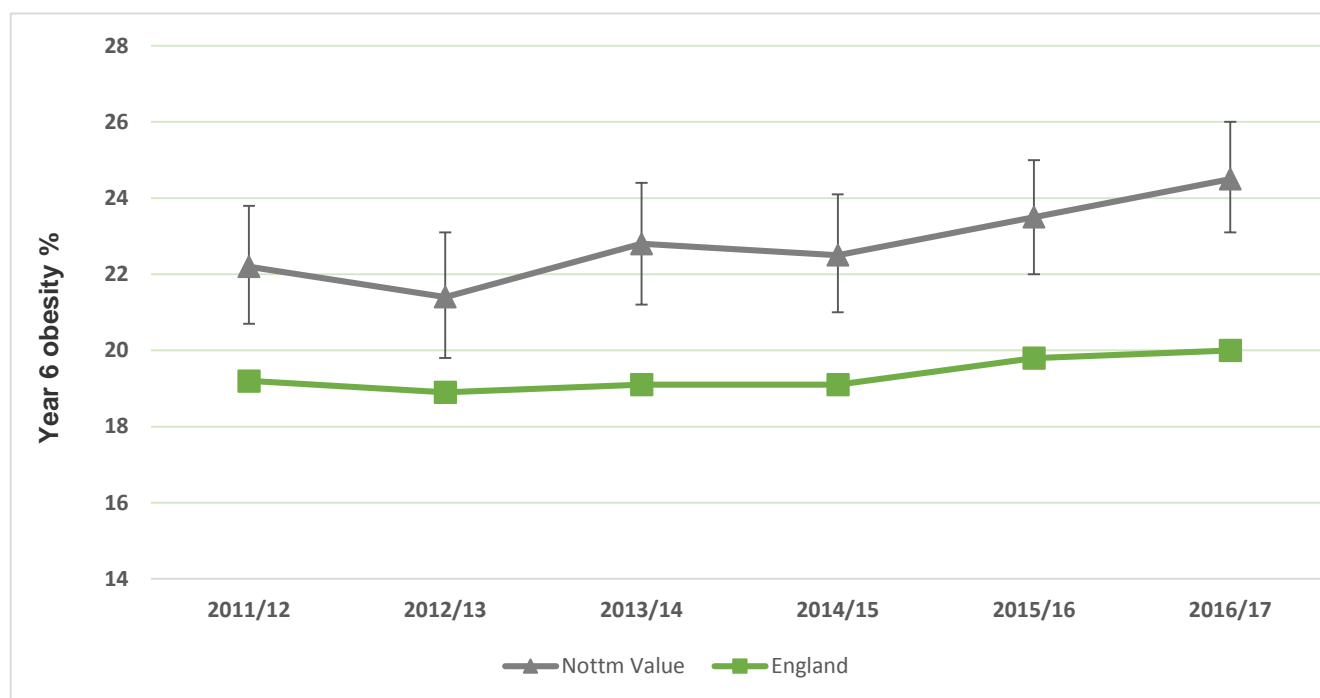


Figure 3: Percentage of Year 6 children who are classified as obese

What was the impact of the financial challenge?

In the 2018/19 Nottingham City Council Budget, there have been reductions in the resource allocation for 0-19 children's services; however, within this contract, the Public Health Nutrition element and weight management of the Public Health Nursing (5-19) service remain. The integrated Tier 2 & 3 weight management service for those aged over 16 years has been de-commissioned as part of the 2018/19 Nottingham City Council Budget planning. This has impacted on weight management support for pregnant women and those transitioning into adult services.

What happens next?

We will ensure pregnant women and teenagers transitioning into adult services are considered in any re-design of weight management pathways for adults.

Since the last update, the UK Government's Childhood Obesity Plan has been published with the aim of 'significantly reducing England's rate of childhood obesity within the next ten years'. However, the actions outlined are unlikely to be sufficient with action required across multiple areas of the lived environment at a local and national level (see [Childhood Obesity: a brief update](#)).

ii) Oral Health: Percentage of children aged 5 with tooth decay

Poor oral health can affect Children and Young People's ability to sleep, eat, speak, play and socialise with other children. The impacts can be seen educationally with children missing

school and in addition can affect parents/carers who would need to take time off work. Nationally, tooth decay remains the most common reason for hospital admissions in children aged five to nine years old (2014-2015). Furthermore, it is a sign of neglect and significant decay, which, if it remains untreated, may be considered a safeguarding concern for Children and Young People.

A re-cap of last year's update

The oral health supervised tooth brushing service was active in 25 schools (nurseries and reception classes) across Nottingham City. CYP Partnership were informed that the service was currently in place until March 2018.

Activity this year

The oral health promotion service has continued to work with 25 schools across Nottingham City. It has linked to national campaigns to promote oral health and provided resources for health visitors to give to new mums.

In addition, there has been local work on safeguarding pathways for schools in relation to oral health status and regional work on a new Dental Caries Risk Assessment Tool has begun to support Health Visitors.

Nottingham City Council has published a new Joint Strategic Needs Assessment chapter ([here](#)). Nottingham City Council is working with Public Health England (PHE) and NHS England to produce an Oral Health Needs Assessment.

Outcome measures

No new data has been released since the last update. Data collection on the oral health of 5-year olds has been completed and is due to be reported later this year. A survey of adult oral health is currently underway.

Children in Nottingham City have a significantly higher average number of teeth affected by dental decay than the East Midlands and England for both 3 and 5 year olds. On average, Nottingham City children have 3.05 teeth and 3.4 teeth affected respectively for 3 and 5 year olds (children have 20 'baby' teeth).

The data below shows the latest data on the oral health of 3 and 5 year old children (Table 1 & 2)

Table 1: Oral Health of Three Year Old Children 2012/13

	Nottingham City	Nottinghamshire County	East Midlands	England
Percentage with decay experience	16.6%	11.1%	15.3%	11.7%
Percentage with active decay	16.1%	9.5%	14.7%	11%
Percentage with Early Childhood Caries	4.2%	2%	3.7%	3.9%

Source: PHE, 2014

Table 2: Oral Health of Five Year Old Children 2014/15

	Nottingham City	Nottinghamshire County	East Midlands	England
Percentage with decay experience	35.6%	21%	27.5%	24.7%
Percentage with active decay	33.4%	18.6%	24.3%	21.5%
Percentage with one or more fillings	13.8%	11.3%	11.9%	12.0%

Source: PHE, 2016

There is considerable variation in the prevalence of tooth decay at the area committee/ward levels in the City (Figure 4). The number of decayed missing or filled teeth is also linked to deprivation within the City. Six out of the eight local area committees had decay prevalence higher than the England average. Local Area Committee 3 comprising Aspley, Bilborough and Leen Valley has the worse prevalence of tooth decay among 5-year olds in the City.

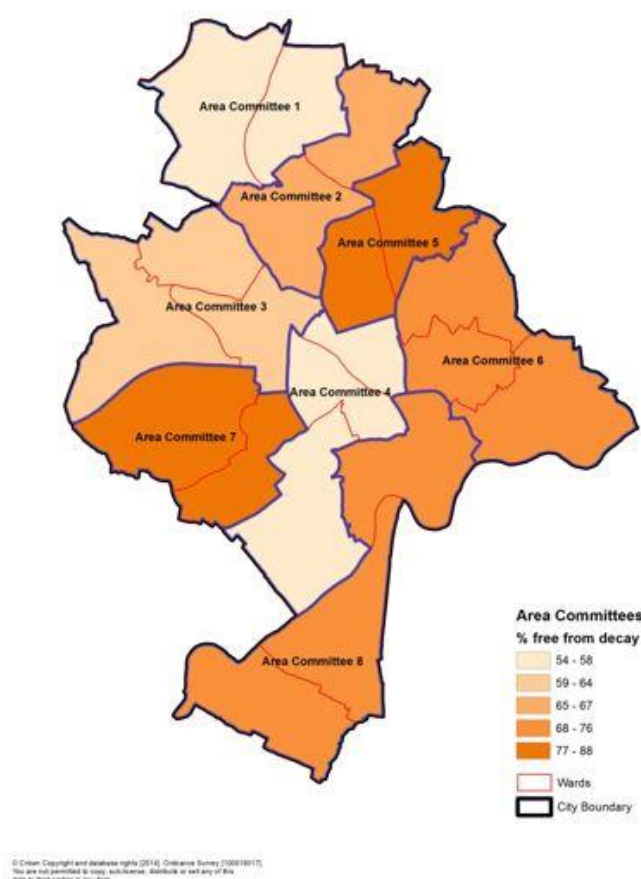


Figure 4: Percentage of 5-year olds free from tooth decay in Nottingham by Area Committees.

What was the impact of the financial challenge?

Due to unprecedented budget pressure, the oral health promotion services contract was not renewed and the service will end on 31st March 2018. An exit plan has been created to support schools who, before 31st March, want support in building a sustainable approach and schools

have been encouraged to engage local dental practices to establish their own oral health partnerships.

What happens next?

No resource is specifically assigned to Oral Health in the 2018/19 Nottingham City Council Budget; however, the commissioning of the 0-19y children's services will mean public health nursing and health visitors continue to play a key role in the delivery of oral health messages to children.

It is no secret that, as a result of the financial challenge faced by local councils, we are more reliant on the actions of a range of external stakeholders (e.g. PHE, NHSE, Local dental network, Schools) than ever before to help us make a difference to the oral health of the population.

We will continue to engage partners and work across the system to promote the benefits of prevention. Furthermore, we have begun exploration into what other opportunities there may be for Nottingham City Council to have an impact on the oral health of our citizens.

iii) Children and young people's mental health

The number of hospital admissions for self-harm in 10-24s

A report on children and young people's mental health is presented in a separate paper. This report references work to reduce the number of hospital admissions for self-harm and mental health conditions.

iv) Teenage Pregnancy

An update on teenage pregnancy will be provided at the next Children's Partnership Board when new conception data is available.

2 RISKS

Children and young people who do not receive the right support at the right time in childhood are more likely to experience health problems in adulthood. Budget pressures across the statutory and voluntary sectors could reduce the support available to children, young people and families.

3 FINANCIAL IMPLICATIONS

None

4 LEGAL IMPLICATIONS

None

5 CLIENT GROUP

All children and young people, and their parents/carers and families, especially those with physical and/or mental health problems

6 IMPACT ON EQUALITIES ISSUES

Children and young people who identify as LGBT are more likely to experience mental health problems than other young people.

7 OUTCOMES AND PRIORITIES AFFECTED

Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.

Appendix

Table 3: Services related to childhood nutrition and obesity in Nottingham

Age Group	Services in relation to need
Pregnant women	Currently no service available
2 - 4 years	Healthy Child Programme (Level 1) <ul style="list-style-type: none"> - Families of overweight children receive brief intervention and intensive support including signposting to local healthy living opportunities by Health Visitors, Family Nurse Practitioners, GPs and Practice Nurses. - There is capacity for all eligible families. - There is no specific intervention provided for level 2- 4 year olds who are identified as obese other than support offered through the Healthy Child Programme by health visiting.
5 - 16 years	Brief Intervention (Level 1) <ul style="list-style-type: none"> - Overweight children/families receive brief intervention and intensive support including signposting to local health living opportunities by school nurses, GPs and practice nurses. - There is capacity for all eligible families through the Public Health Nursing Service (Healthy Child Programme, 5-19 years).
5-16 years	Healthy Weight Support Programme <ul style="list-style-type: none"> - Nottingham's Healthy Weight Support Programme is an evidenced based targeted weight management service provided by Nottingham CityCare Public Health Nursing service which encourages children and families to establish and maintain healthy lifestyles by promoting skills and knowledge around nutrition, physical activity and behaviour change. The service consists of an individually tailored package of support including home visits/assessment and 3 follow up sessions with school nursing. This service launched in September 2014. - There is capacity for 80 children/families to have a 3-month package of support per year.

Table 4: Targeted Interventions for those most at risk of overweight and obesity

Healthy Child Programme embedded in the integrated 0-19 service provided by CityCare	The HCP seeks to reduce health inequalities and meet the needs of the most at-risk children, young people and families through a progressive universal model. Parents of overweight and obese children receive appropriate information and signposting to further sources of advice/support and referral to appropriate weight management services.
Breastfeeding peer support	CityCare Partnership has provided a breastfeeding peer support programme since September 2012. This service offers targeted one-to-one support for mothers aged under 25 years by paid peer supporters. Midwives, health visitors and peer supporters distribute breastfeeding materials to young mothers.
Healthy Start - Free vouchers for fruit and vegetables	Healthy Start is open to pregnant women and families with children under 4 years. Vouchers are provided to exchange for fresh fruit and vegetables as well as milk and infant formula milk.
Healthy Weaning Programme CityCare	Healthy weaning education targeting those living in deprived areas of the City.
Cook and Eat sessions – practical cooking skills CityCare	Practical cook and eat sessions for parents to increase cooking skills and promote healthy eating incorporating behaviour change techniques targeting those living in deprived areas of the City e.g. Eatwell for life