

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:	19/02/2019		
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. • Proportion of year 6 children who are obese. <p>In 2017/18, 17.2% of mothers in Nottingham City were smokers at the time of delivery, which is significantly higher than the England average of 10.8%. Whilst there has been no statistically significant reduction in the rate from 2016/17 to 2017/18 Nottingham's position compared to statistical neighbours has improved from the third highest rate in 2016/17 to fifth highest rate in 2017/18.</p> <p>Changes in service provision have led to the development of new ways of working to support women to stop smoking in pregnancy. In addition, a new social marketing campaign 'LoveBUmp'</p>			

will be launched in March 2019.

In 2017/18, 26.7% of reception age children in Nottingham City were obese or overweight. This percentage increases to 40.8% by Year 6 that is significantly higher than the England average and the third highest of our statistical neighbours. Work is underway to better integrate public health nutrition across the commissioned 0-19 children's public health services and review referral pathways for the children's weight management service. In addition, the whole system approach approved by Nottingham Children's Partnership Board is being advanced.

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

Good maternal health and healthy babies: Smoking in pregnancy

The proportion of women smoking in pregnancy is recorded by the number of women 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 2017/18, 17.2% of mothers in Nottingham City were smokers at delivery which is significantly higher than the England average of 10.8% and the fifth highest rate of our statistical neighbours. Whilst there has been no statistically significant reduction in the rate from 2016/17 to 2017/18, Nottingham's position compared to statistical neighbours has improved from the third highest rate in 2016/17 to fifth highest rate in 2017/18. There has been no statistically significant reduction since 2010/11, the first year the data was published in this form.

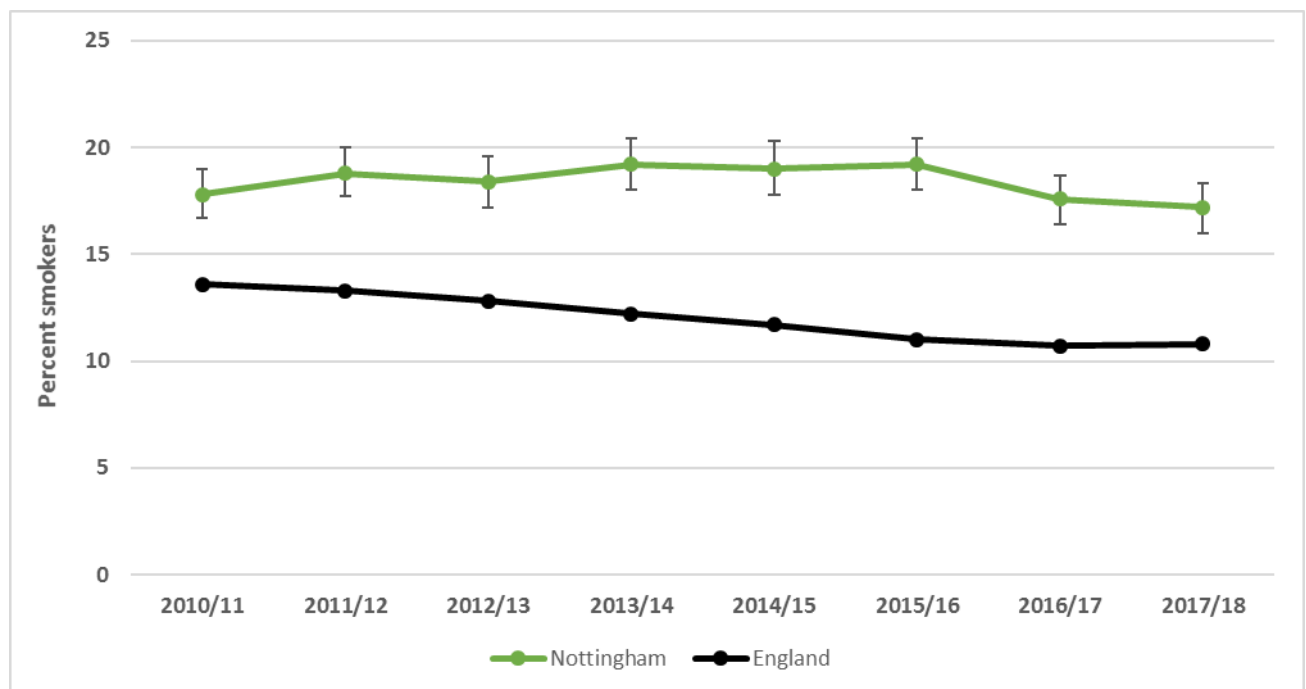


Figure 1: Smoking status at the time of delivery in Nottingham and England

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. Due to unprecedented budget pressures, local stop smoking services (New Leaf), funded by Nottingham City Council, were decommissioned in March 2018. Nottingham City Council has been working with the GP Alliance to establish a new stop smoking service, 'StubIt', for Nottingham City citizens. Nottingham City Council funding focuses on the support required by 'at risk' populations including pregnant women.

Nottingham City Council has worked with Nottingham City Care to create a new, fixed term smoking in pregnancy post within the Nottingham University Hospital SmokeFree team. This post will consider the training needs of staff within the midwifery division regards smoking in pregnancy; explore the best way to work with the midwifery service to engage pregnant women about smoking throughout their pregnancy and provide advice to stop smoking; and will help establish referrals links between the new community stop smoking service and midwives.

The NHS Long Term plan published earlier this year commits to offering a stop smoking service to all pregnant women AND their partners. However, how this commitment will look in practice or be funded is less clear at this stage and will require collaborative working between the local authority and clinical commissioning groups.

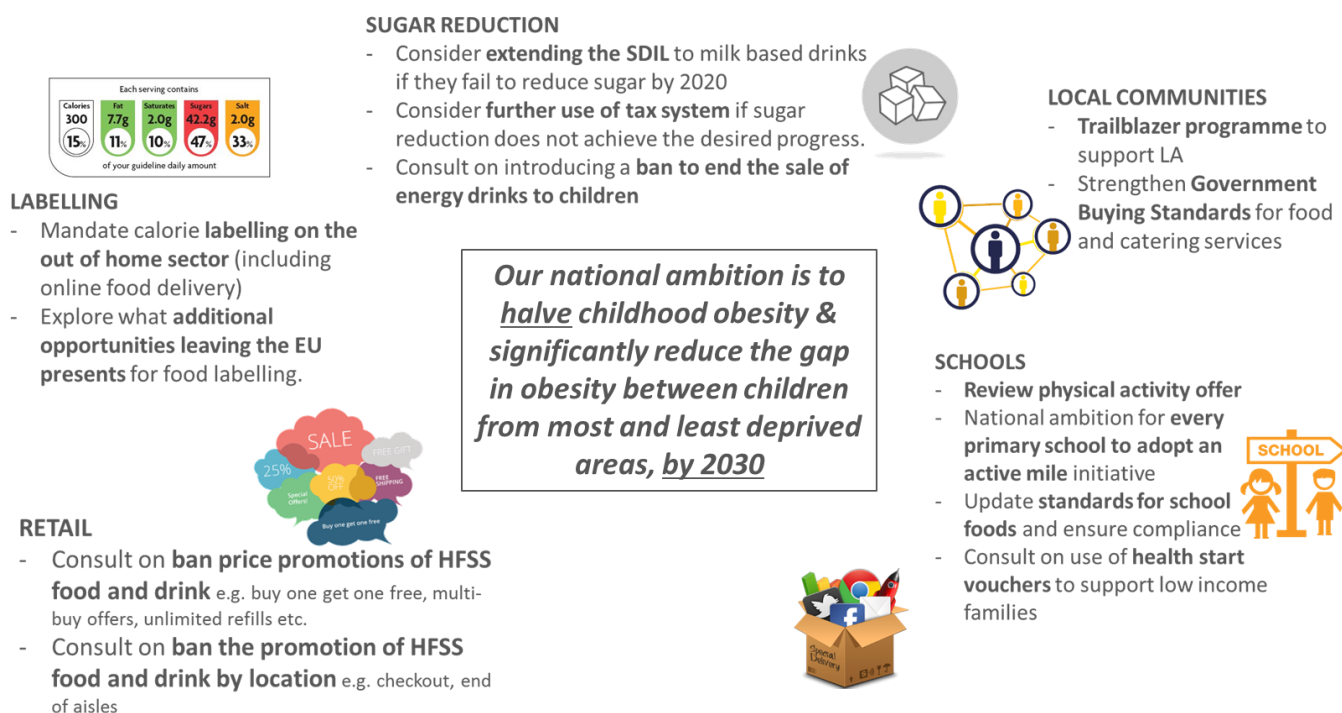
In addition to the new post described and new stop smoking service, March 2019 will see the launch of the 'Love Bump' campaign to promote the dangers of smoking in pregnancy and the benefits to mother/partner, unborn baby and other family members of giving up smoking (<https://lovebump.org.uk/>). In addition to a social marketing campaign, the LoveBump campaign will include additional resources for midwives, namely new conversation packs to use in their daily conversations with pregnant women.

Children and young people adopt healthy lifestyles: 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.

The issues of excess weight in children is complex with many drivers ranging from environment and individual behaviour to genetics. The latter, genetics, not acting alone and relying heavily on interactions with environmental factors that often favour weight gain.

Nationally, the government has outlined its plan to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas, by 2030. Many of the policies outlined below are currently under consultation with several additional consultations taking place this year.



In 2017/18, 26.7% of reception age children in Nottingham City were obese or overweight. This percentage increases to 40.8% by Year 6 that is significantly higher than the England average.

The prevalence of obesity in Year 6 children between 2011 and 2018 are shown in Figure 3 and suggest an upward trend following a period of relative consistency.

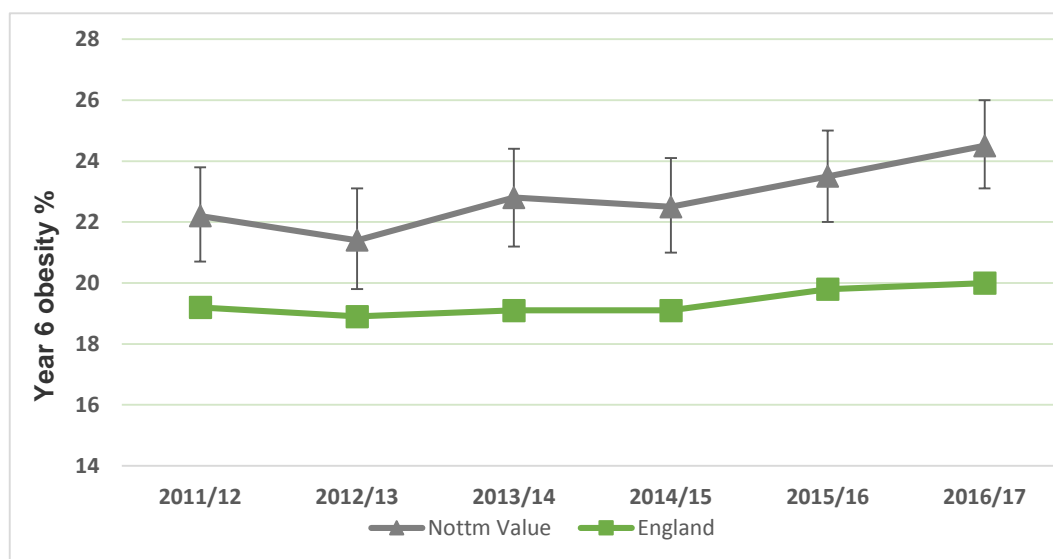


Figure 3: Percentage of Year 6 children who are classified as obese in Nottingham and England

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. Despite reductions in the resource allocation for 0-19 children's services, a Public Health Nutrition/Weight Management function has been maintained and is delivered by CityCare (Appendix 1).

Services for adults and those transitioning into adult services have been impacted by the unprecedented financial challenge. However, referral for 'at risk' groups to a commercial weight management provider is currently available and a new universal digital weight management offer is to be rolled out in 2019.

A review of referral pathways is currently underway to capitalise on having an integrated 0-19 services and incorporate public health nutrition pathways across a range of children's services. In addition, this work will ensure appropriate referral pathways with related services commissioned by the CCG.

Nottingham City was unsuccessful in its bid for trailblazer funding for childhood obesity (see Appendix 2) but was commended for its proposed engagement of local stakeholders and project plan. Work on a whole system approach to Obesity, as presented to the Children and Young People's Partnership Board in October 2018, will continue. A network analysis is currently exploring who in Nottingham City works on helping children 'eat better and move more for good health' in the city with the intention of inviting them to a workshop to identify the key local drivers that are amenable to change by the system.

1a. Good maternal health and healthy babies

i) 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 strengthening the pathway of care for women with mental health needs and improving early identification of mental health need in the perinatal period, with a particular focus on mild to moderate and emerging mental health needs, including those who:

- Enter pregnancy with existing mental health conditions,
- 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 mums-to-be mental health is developed.

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

In 2017/18, 72.4% of mothers in Nottingham City breast-fed at birth, lower than the national average of 74.5%. However, breastfeeding rates at 6 weeks are better than the national average; 47.3% in Nottingham compared to national average of 42.7%. Nottingham has the fourth highest 6-week breastfeeding rate of its statistical neighbours.

¹ Increasing access to psychological therapies

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, within the 0-19 years' service specification, 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. CityCare is working with Commissioners to increase the reach of breastfeeding support.

iii) Infant Mortality

Infant Mortality rate (IMR) is defined as the number of deaths of children under the age of one each year, per 1000 live births. During 2015-17, infant mortality deaths in Nottingham, 4.5 deaths per 1000 live births, is similar to the England average of 3.9 deaths per 1000 live births, and is the fifth lowest mortality when compared to its statistical neighbours. There has been no statistically significant reduction in infant deaths from 2010-12. 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.

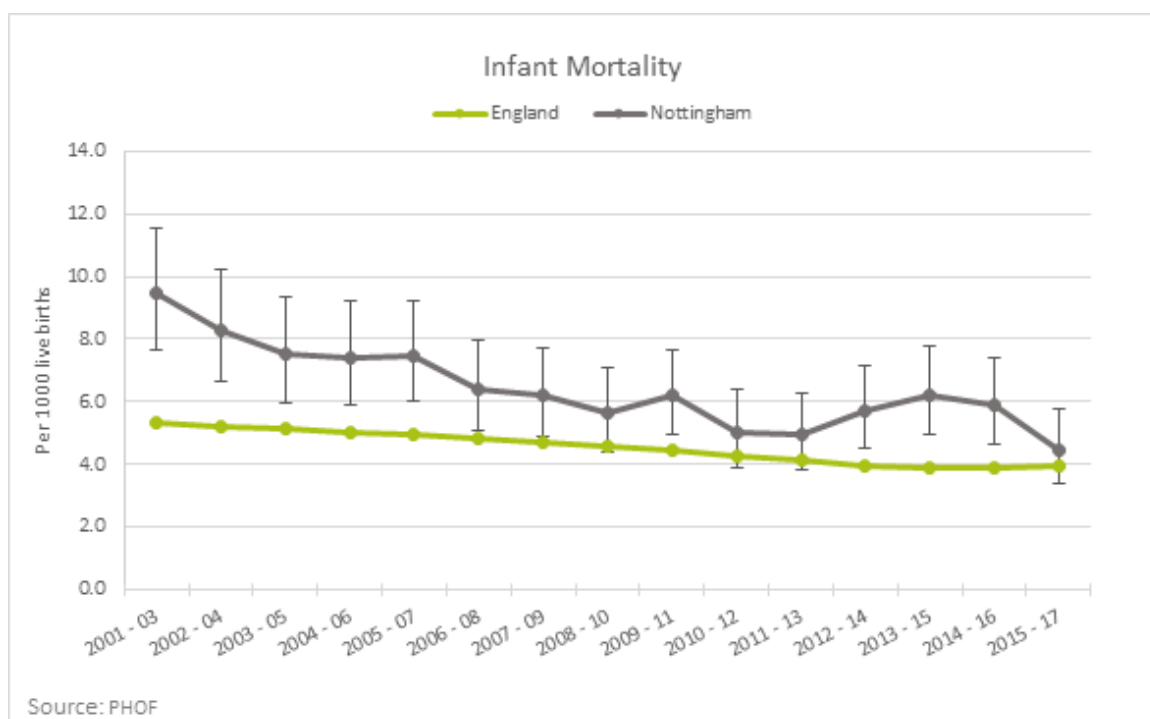


Figure 2: Infant mortality in Nottingham and England 2001-13 – 2015-17

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, a considerable proportion of whose others smoked during pregnancy.

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 action across health, social care and other partners. Local training sessions targeted at early years and social care have been developed and delivered across Nottingham City. There is also a free online training package, which can be accessed via the Nottingham City Safeguarding website.

Perinatal mortality

In 2015, 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.

To help maternity services achieve this aspiration, Saving Babies' Lives care bundle was introduced and designed to tackle stillbirth and early neonatal death, and is a significant driver to deliver the ambition to reduce the number of stillbirths, bringing four elements of care together:

- I. Reducing smoking in pregnancy
- II. Risk assessment and surveillance for foetal growth restriction
- III. Raising awareness of reduced foetal movement
- IV. Effective foetal monitoring during labour

During 2016 and 2017 there were 41 stillbirths in Nottingham, a rate of 4.8 per 1000 births which is significantly higher than the England average of 4.4 stillbirths per 1000 births. Many of these stillbirths are preventable. Although the causes of stillbirths are often unclear, there are associated risk factors, these include, but are not limited to:

- Smoking in pregnancy
- Maternal age (stillbirth rates are highest for women aged under 20 or over 40)
- Maternal obesity
- living in deprivation
- Multiple births
- Influenza

Saving Babies' Lives care bundle supports the delivery of safer maternity care, as described by the National Maternity Review, in Better Births and is driven by the Safe and Effective group, a sub-group of the Nottinghamshire Local Maternity System Transformation group. 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 with the ambition of the Safe and Effective sub group to reduce the proportion of women smoking in pregnancy, which is the most important, preventable cause of stillbirth and neonatal deaths.

iv) 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 2017-18 was 89.7%, lower than the England average of 93.1%, the second lowest of our statistical neighbours and the third lowest in England outside of London. The national target is 95%. The proportion who receive three doses remained low at 93.9% at age 2 years compared 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 into the 0-19 years' public health service specification as part of MECC (making every contact count) as well as a consistent approach to information provided to families. 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) 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. Significant dental decay, which, if it remains untreated, may be considered a safeguarding concern.

Nottingham has a similar proportion of five-year-old children free from dental decay (74.1%) to the England average (76.7%); an improvement, albeit not statistically significant, on 2014/15. The number of decayed, missing or filled teeth on average in five year olds in Nottingham in 2016/17 (1.22 teeth) remains similar to that seen in 2014/15 and higher than the England average (0.78 teeth). The number of decayed missing or filled teeth is also linked to deprivation within the City. There is considerable variation in the prevalence of tooth decay at the area committee/ward levels in the City.

In March 2018 the oral health promotion service was not recommissioned. However, many schools continued supervised tooth brushing until September 2018. Small Steps Big Changes now commissions Nottinghamshire Healthcare Trust, *Tooth Fairies* to provide school oral health engagement programme in several of its wards. At present, health visitors continue to offer advice and resources to new parents. Public Health England Start4Life resources and 'Dental check by One' messages continue to be cascaded.

A Health Needs Assessment is currently being completed to explore the full range of data on the oral health of Nottingham City residents and work is ongoing to explore other opportunities to improve the oral health of Nottingham City's children and reduce inequalities.

ii) Children and young people's mental health:

Our vision is to provide children and young people with flexible support around emotional well-being, so no child or young person has to face emotional distress alone (see Appendix 3)

The most up to date data from the 2017 Children and Young People's Mental Health National Prevalence Study indicates that one in eight children and young people aged 5 -19 had a mental disorder in 2017.

The *Green Paper on Transforming Children and Young People's Mental Health* (December 2017) and the recent *NHS 10 Year Plan* focused on schools as playing a key role around early intervention and prevention around children and young people's mental health. There is an ambition that all schools will have a 'Designated Mental Health Lead', who will be responsible for the whole school approach to addressing mental health.

Across Nottingham City, engagement and collaboration with schools and colleges has increased to ensure they feel supported to support our children and young people. Schools have been participating in a number of initiatives as detailed below.

Zippy and Apple's Friends academic resilience programmes were piloted in 8 primary schools. The University of Belfast is currently working with the collected data and the final report is due to be published soon.

The Emotional Health and Resilience Charter was set up by a partnership of local services who work with schools on mental health and emotional wellbeing. This is a way for schools to demonstrate their commitment to support the mental health and emotional wellbeing and resilience of their pupils. Once the school has signed the charter they complete an audit to record their strengths and identify areas for development. An action plan is then created and support can be requested from the Emotional Health and Wellbeing Consultants and Partner Services who developed the charter. Schools will then be encouraged to share the outcomes of their development work as case studies which can be disseminated across the city.

The Emotional Health and Wellbeing Consultants also offer Youth Mental Health First Aid (MHFA) training to staff from city schools. Schools are able to access the full 2-day training to become a Youth Mental Health First Aider and/or a 1-day training to become a Youth MHFA Champion. So far this year, 38 staff have been trained in the 2-day Youth MHFA course and 13 teachers on the

1 day training. The staff have come from 37 different schools. 14 schools attended training sessions from the Character Curriculum Programme which was delivered by the Council's Personal, Social and Health Education Team and 17 schools received resources to support their curriculum.

Mental Health First Aid Youth training is also delivered to the wider children's workforce in Nottingham City. To date, 250 members of the children's workforce have become Youth Mental Health First Aiders. The Youth Mental Health First Aiders have the skills to recognise young people showing early signs of emotional distress to more complex mental health need to support them appropriately. This early intervention approach will help towards supporting the (approximately) 1 in 8 young people in the city who suffer with mental health problems. It will also help to build on the 'time to change agenda' highlighting the need for improved public awareness and understanding and aiding people to think differently about mental health issues for young people.

Targeted Children and Adolescent Mental Health Service (CAMHS) prevention and early intervention work, links schools and universal services to offer support and training to staff. A CAMHS practitioner links with schools in a number of ways to offer support, including by:

- Offering support directly to secondary school aged children;
- Piloting a project to support the early identification of mental health needs in primary school aged children;
- And monthly self-harm clinics delivered by the SHARP service in 18 City secondary schools, one in Nottingham College and one for the CAMHS Children Looked After service. Of these, approximately 80% of YP seen over a 2.5 year period have received support from Universal Services and not required input from Targeted/Specialist mental health services, clearly evidencing that early and targeted interventions can reduce self-harm and suicidal behaviours in secondary school students.

The Targeted CAMHS offer also includes parent/carers psychoeducation workshops that cover anxiety, depression, attachment, self-harm awareness and supporting transgender children.

The Targeted City's CAMHS 'Single Point of Access' model is quite unique nationally. It ensures referrals are processed quickly and effectively and children and young people can be navigated to the right support for them depending on their presentation and needs. This model has ensured that over the last 4 years 95% of cases remain at a Targeted CAMHS or universal level, only escalating to Specialist Community CAMHS when absolutely essential.

The service has led a working group to explore ways to further improve easier access into the behavioural, emotional and mental health (BEMH) pathway and/or Targeted and Community CAMHS. This work has led to the agreement from commissioners (CCP) for the redesign the BEMH website to make it young people friendly, and to develop ways for CYP and families to self-refer more easily. The single point of access (SPA) continues to closely monitor our wait times weekly, ensuring that referrals are screened within 5 working days and that CYP get seen within 6 weeks of their referral. Where there is any reach of breaching our agreed wait, this is escalated to senior managers, the Mental Health and Wellbeing Programme Lead, and commissioners.

Targeted CAMHS ensures it has staff trained in a range of evidenced based therapeutic models including a number of specialist staff such as a Cognitive Behavioural Therapy Specialist (for complex and enduring mental health needs). In addition other forms of more specialised work including a Domestic Abuse CAMHS practitioner, and animal assisted therapy with therapy dog, Freud.

Targeted CAMHS works closely with the 'Young Minds Amplified' project to co-design the service offer and embed parent/carers participation strategy/action plan and a parent/carer support group. Participation events in the last year have included Splendour Festival, Ruby Wax at the Play House, and expo parenting teens event. Working jointly with the MH2K project, Targeted Child and Adolescent Mental Health Services are developing a co-designed poster detailing available support, which will be on the back of all school toilet doors in order to improve access to support for those who need it. Targeted CAMHS also lead a multiagency working group on participation with the aim to improve co-production and participation in the service's development. Alongside a CAMHS newsletter that goes out twice a year updating on all services developments for BEMH pathway and CAMHS and aims to reduce stigma and promote positive mental wellbeing.

The behavioural and emotional health (BEH) team is a CCG commissioned service that aims to bridge the gap between universal and targeted CAMHS provision for children/young people who are registered with a City GP. The service is primarily receiving referrals for children/young people who have behaviour issues and/or where there are concerns that the child/young person may have autism or ADHD. The CCG has recently commissioned an educational psychologist and a clinical psychologist to ensure the diagnostic service meets NICE guidance. In 2017/2018, the BEH team received 2323 referrals. This high number of referrals each month evidences the level of need

within the City, and the increasing number of referrals to the paediatric service in relation to Autism and/or ADHD.

Across Nottingham City young people continue to access Base 51 which offers face to face counselling services and access to wider health support such as sexual health. During 17/18, 223 young people from Nottingham City were referred to Base 51.

Kooth continues to offer open access support to young people across Nottingham City providing online counselling and face to face appointments, as well as a range of other online emotional health support tools such as moderated forums and self-care tools. During 17/18, 376 young people accessed the Kooth face to face service offered within Nottingham City with 2038 appointments delivered, whilst 892 young people from Nottingham City registered for Kooth online services with 589 online counselling sessions offered. 87% of young people returned to Kooth more than once and 96% reported that they would recommend the service to a friend.

Nottingham City has participated in the MH:2K project. 30 local young people representing the diversity within Nottinghamshire and Nottingham City were trained as citizen researchers and delivered a number of engagement events and engaged over 500 of their peers and set priorities for improving young people's mental health. This project has now been extended until 2020, with a plan to recruit more citizen researchers and produce a short film tackling stigma around mental health.

Self-harm Prevention: SHARP Service (Self-harm awareness and Resource Project)

Data collected from over 9,000 children, young people, parents and professionals as part of the 2017 National Prevalence Survey indicated that 5.5% of 11-16 year olds had self-harmed at some time, with the proportion higher in girls than boys. This figure was higher for 17-19 year olds with 15.4% overall having reported to have self-harmed, again with higher incidence in girls than boys.

SHARP is a preventive self-harm service model that have trained 3980 professionals since October 2015 through 411 training sessions. SHARP have delivered assemblies to 650 children/young people aged 11–16 years, raising awareness around healthy coping strategies and breaking down barriers to access to services. 7000 front-line professionals have been trained since SHARP was formed just over 5 years ago.

SHARP have delivered 6 'Exam Stress-LESS' workshops to children/young people over the last few months and have another 6 schools booked in for this academic year reaching out to approximately 300 CYP. SHARP produced a training package called 'If Toys Could Talk' as an action from a Serious Case Review in 2017 which focusses on helping professional to recognise and support young children where self-harm is a concern. This training is available for all City primary schools.

SHARP oversee all self-harm follow-ups and joint protocols (a joint assessment within 48 hours with social care for high risk young people) which come through the City SPA, ensuring a timely and accurate risk assessment is completed and a robust safety plan is in place with clear recommendations of further support for the child/young person/family and offering the professional network consultation if required.

In 2017/2018:

- 1857 referrals were received and processed by the CAMHS Single Point of Access; of them 918 assessments were carried out with CYP and their families.
- 94% of young people offered feedback on their assessment experience with Targeted CAMHS said they would recommend us to a friend.

In 2016/17:

- There were 58 admissions for self harm amongst 10-14 year olds (349.9 per 100,000 population). This is significantly above the England average.
- There were 159 admissions for self harm amongst 15-19 year olds (626.6 per 100,000 population). This is similar to the England average.

iii) 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 1

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