

Title of paper:	CYPP: Healthy Living Priority		
Report to:	Children's Partnership Board		
Date:	19 th December 2012		
Relevant Director:	Ian Curryer	Wards affected: All	
Contact Officer(s) and contact details:	Dr Caroline Hird, Consultant in Public Health, Public Health Nottingham City.		
Other officers who have provided input:	Sarah Diggle, Public Health Development Manager, Public Health Nottingham City Teresa Flower, Aspiration Strategy Manager, NCC Lisa Hoole, Public Health Development Manager, Public Health Nottingham City		
Relevant Children and Young People's Plan (CYPP) objectives(s):			
Stronger safeguarding – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.			
Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight.		X	
Reducing substance misuse – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.			
Raising attainment – Raising the attainment levels and increasing engagement in employment, education and training.			
Improving attendance – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.			
Summary of issues (including benefits to customers/service users):			
Progress is being made in reducing teenage conceptions in Nottingham although rates remain significantly higher than the England average.			
Recommendations:			
1	Board Members to note the contents of this report		
2	Board Members to note the progress made in reducing teenage conception rates in Nottingham City and provide ongoing support to this agenda		

1. BACKGROUND

This report summarises overall performance for the Healthy Living priority in the Children and Young People's Plan, with a focus on promoting healthy living and reducing teenage conceptions. Tackling these issues require partnership approaches and are supported by evidence based strategies and plans.

Childhood obesity

Childhood obesity is measured in reception and year six through the National Child Measurement Programme. 91% of Nottingham children in these year groups were measured through this programme in 2010/11. Latest figures show that 10.9% of reception aged children and 22.2% of year six children in Nottingham are obese.

Obesity levels in year six students have increased both nationally and locally since the Child Measurement Programme began. In Nottingham whilst the obesity levels remain significantly higher than the national average, the rise in obesity in year six appears to be levelling off.

Smoking rates

Information on smoking in Nottingham's under 16 population is currently available from the D-Vibe survey. The latest data indicates that only 11% of respondents had tried smoking. This low rate may be explained by the age profile of respondents as smoking increases with age in under 18's. Almost half of respondents to the D-Vibe survey were aged 8-11 and only 15% were aged 15 or over.

Fifty-two percent of respondents reported that other people smoke around them at home 'sometimes' or 'all the time'. There are approximately 10,000 homes within Nottingham City in which dependent children are living with smokers and potentially exposed to second-hand smoke.

Teenage Conceptions

The most recent quarterly teenage conception rates at 50.4 (per 1000) are the lowest since 1998, and represent a 33% decrease from the baseline. The number of conceptions in under 18's has also fallen dramatically, numbering 239 in the 12 months to September 2011, compared to 380 conceptions in 1998.

The proportion of under-18 conceptions in Nottingham that lead to abortion have increased from 28.4% in 1998 to 46.1% in 2010. This remains lower than the England average of 50.3%. However, repeat abortions to women under 19 are lower in Nottingham than in England (8% and 11% respectively).

Despite the progress made, Nottingham still has significantly higher teenage conception rates than the England average. Reductions in under 16's conception rates have been more modest and although numbers of conceptions are lower in this group, this is an area of concern.

Action to reduce teenage pregnancy continues to be driven by the high level Teenage Pregnancy Taskforce, chaired by MP Graham Allen, which oversees the Nottingham City Teenage Pregnancy Plan. This plan is delivered through a strong partnership commitment and is underpinned by commitments in the Nottingham Plan to 2020, Council Plan as well as the Children and Young People's Plan.

Work in schools to equip young people to make positive life choices continues through the Healthy Schools Team. Contraception and Sexual Health outreach for young people provide services in a range of community settings that are accessible to young people including health centres, colleges of further education and other venues. C card provides an opportunity to engage young people early and support them in making positive decisions about sexual health, contraception and relationships. A range of services provide support to teenage parents including Family Nurse Partnership, Teenage Pregnancy Midwives, young parents' groups, educational support services, Family Community Teams and voluntary sector partners.

2. RISKS

Achieving healthy and positive young people has been identified as a strategic priority in the Children and Young Peoples Plan. Failing to address these issues will have an impact on health and wellbeing throughout life.

3. FINANCIAL IMPLICATIONS

There are significant financial implications in not achieving these objectives. Adverse trends will have an increasing impact on adaptations, social care and management of health related morbidity as well as achievement, attainment, employment and crime.

4. LEGAL IMPLICATIONS

None

5. CLIENT GROUP

Universal

6. IMPACT ON EQUALITIES ISSUES

The strategies and plans that support this priority identify those most at risk and individual interventions where appropriate ensure equity of uptake, seeking views of users and monitoring uptake. Equality impact assessments are undertaken when required.

7. OUTCOMES AND PRIORITIES AFFECTED

This affects all priorities with a particular focus on health and positive young people

8. CONTACT DETAILS

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Healthy and positive children and young people

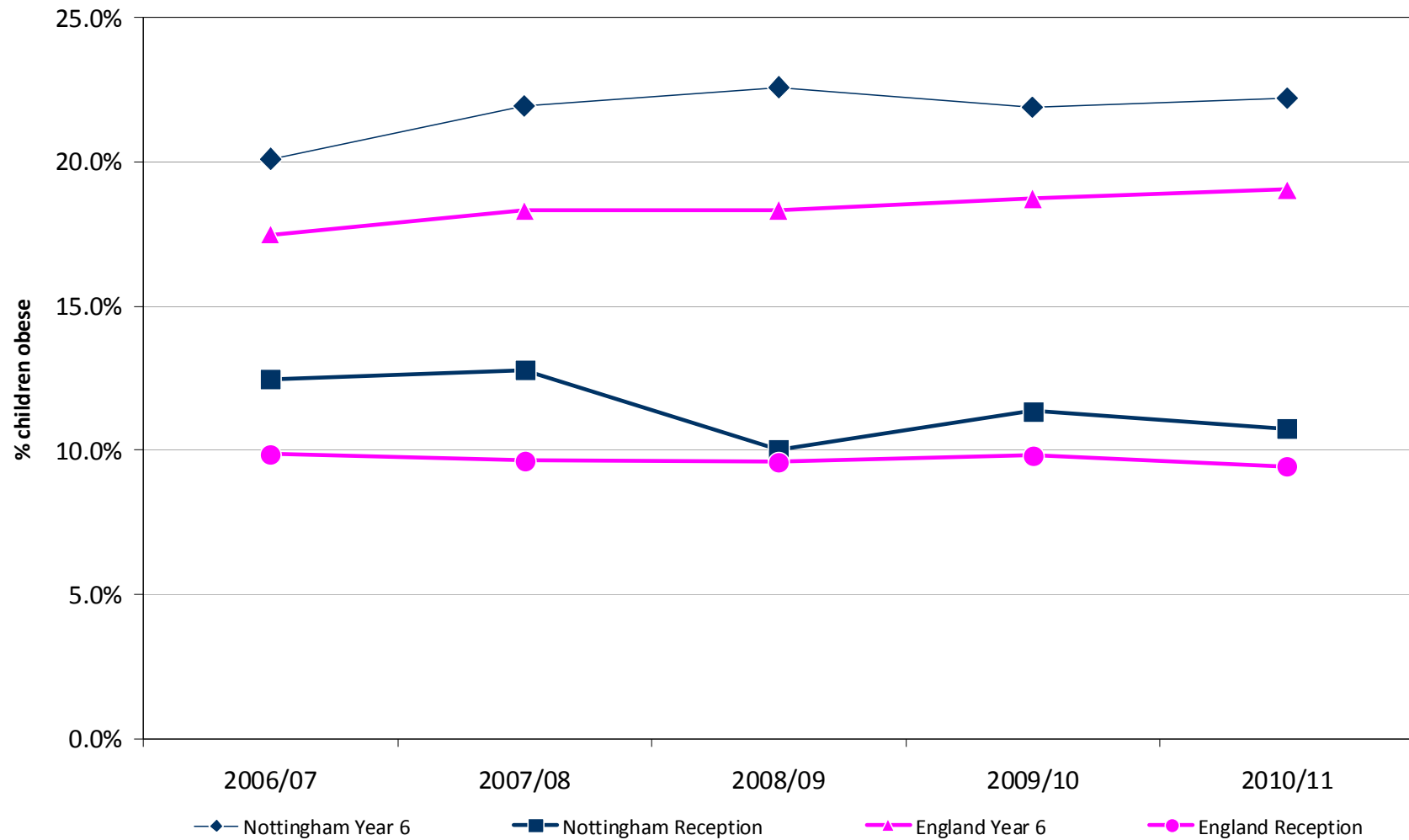
19th December 2012

Dr Caroline Hird

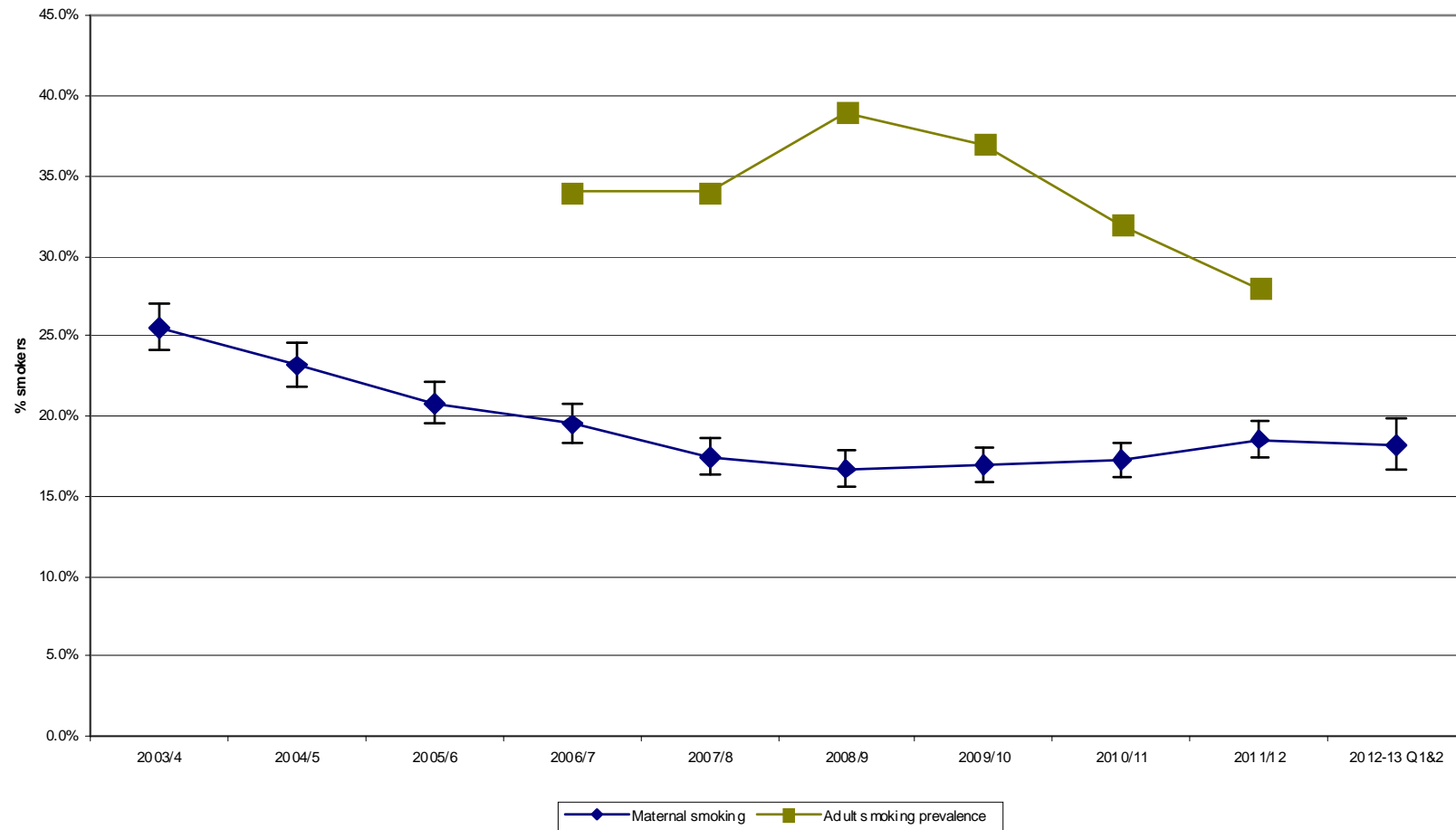
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Public Health Nottingham City



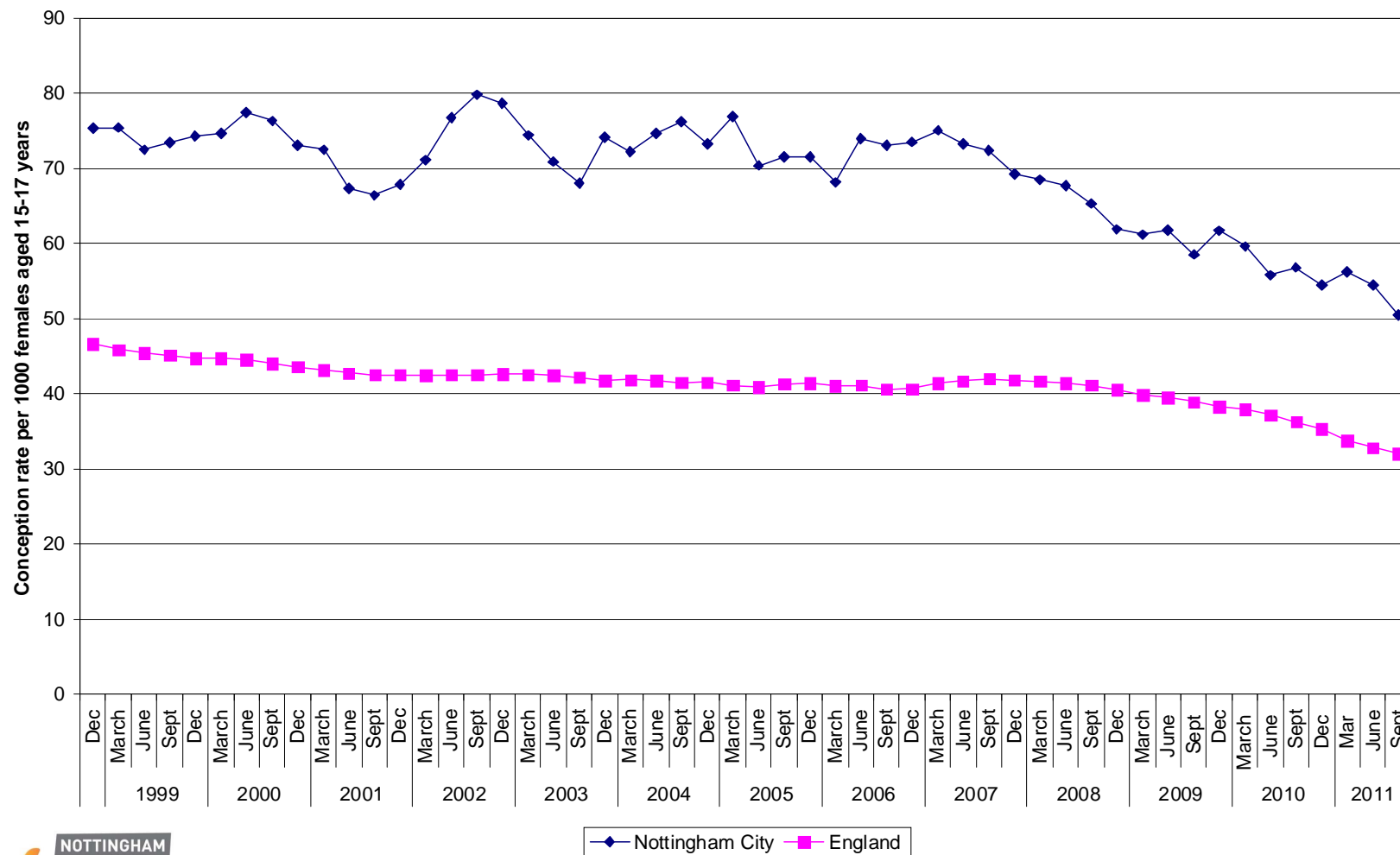
Obesity prevalence in reception and year six children, Nottingham City and England, 2006/07-2010/11



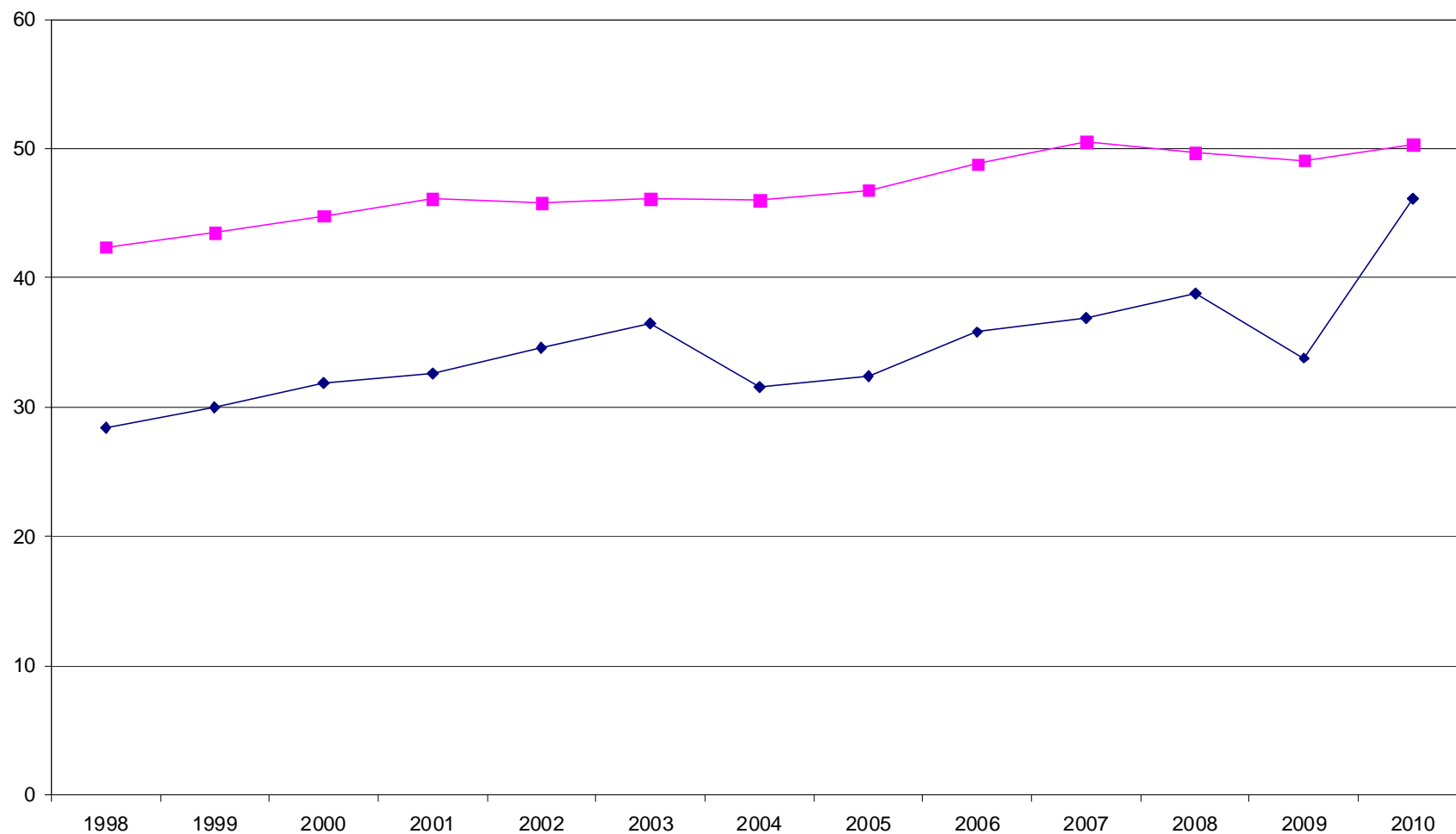
Smoking prevalence at time of delivery and in adults, Nottingham City, 2003/04-2012/13



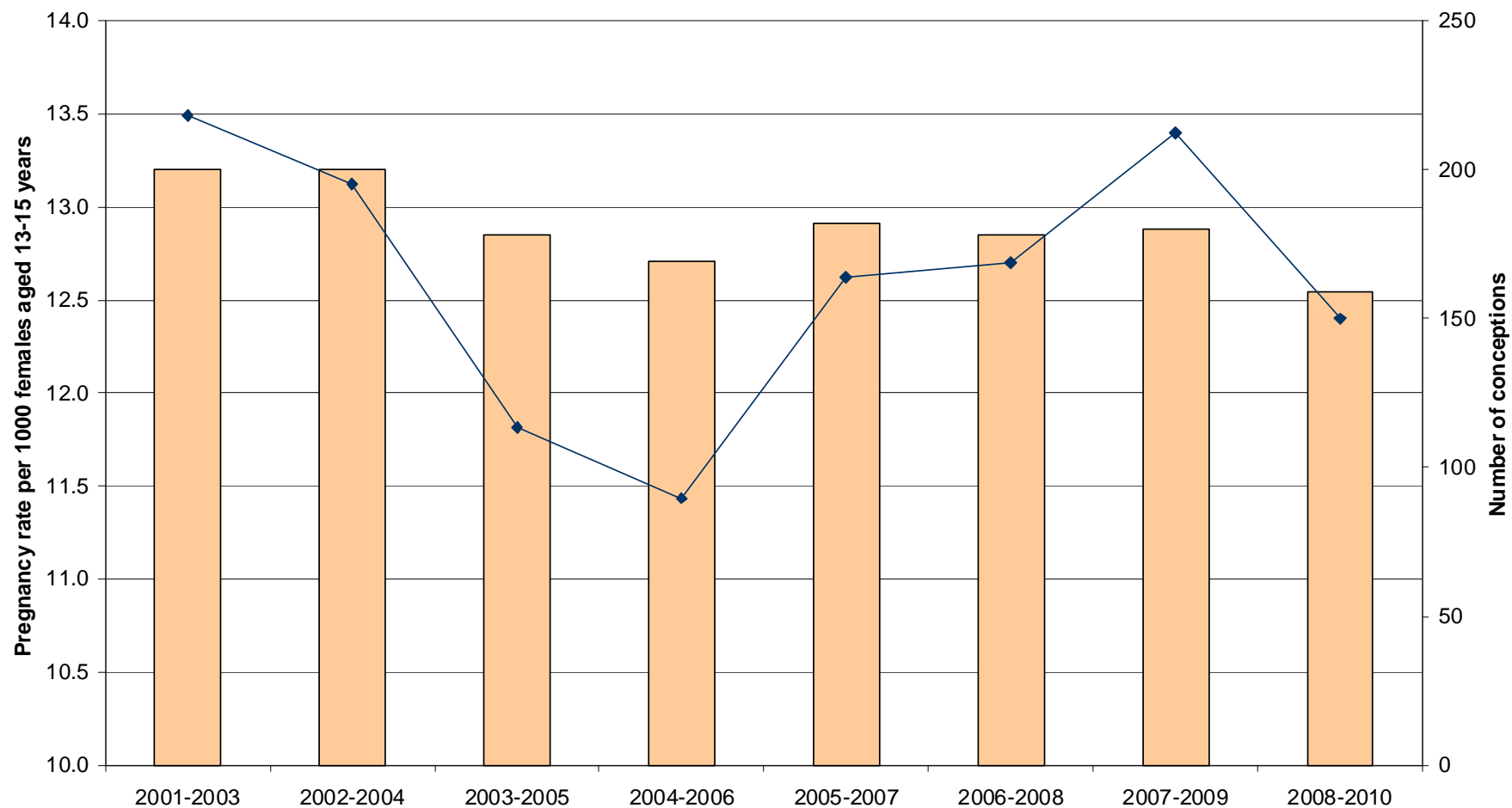
Under 18 conception rates, Nottingham City and England, quarterly rolling, 1998-2011



Percent under 18 conceptions leading to abortion, 1998-2010



Under 16 conceptions, Nottingham City, 2001-2010



What is going well - interventions

- School-based interventions: SRE and PSHE, Healthy Schools, School Nursing
- Provision of appropriate and targeted contraceptive and sexual health services: Outreach, 'You're Welcome'
- Working with teenage parents to help break the cycle of disadvantage: Family Nurse Partnership, Family Community Teams, Education Support Services

Nottingham Plan

By 2020 Nottingham will be a **City of Aspiration**. Children and adults will have high expectations of themselves and their future and the motivation and abilities to follow through their ambitions

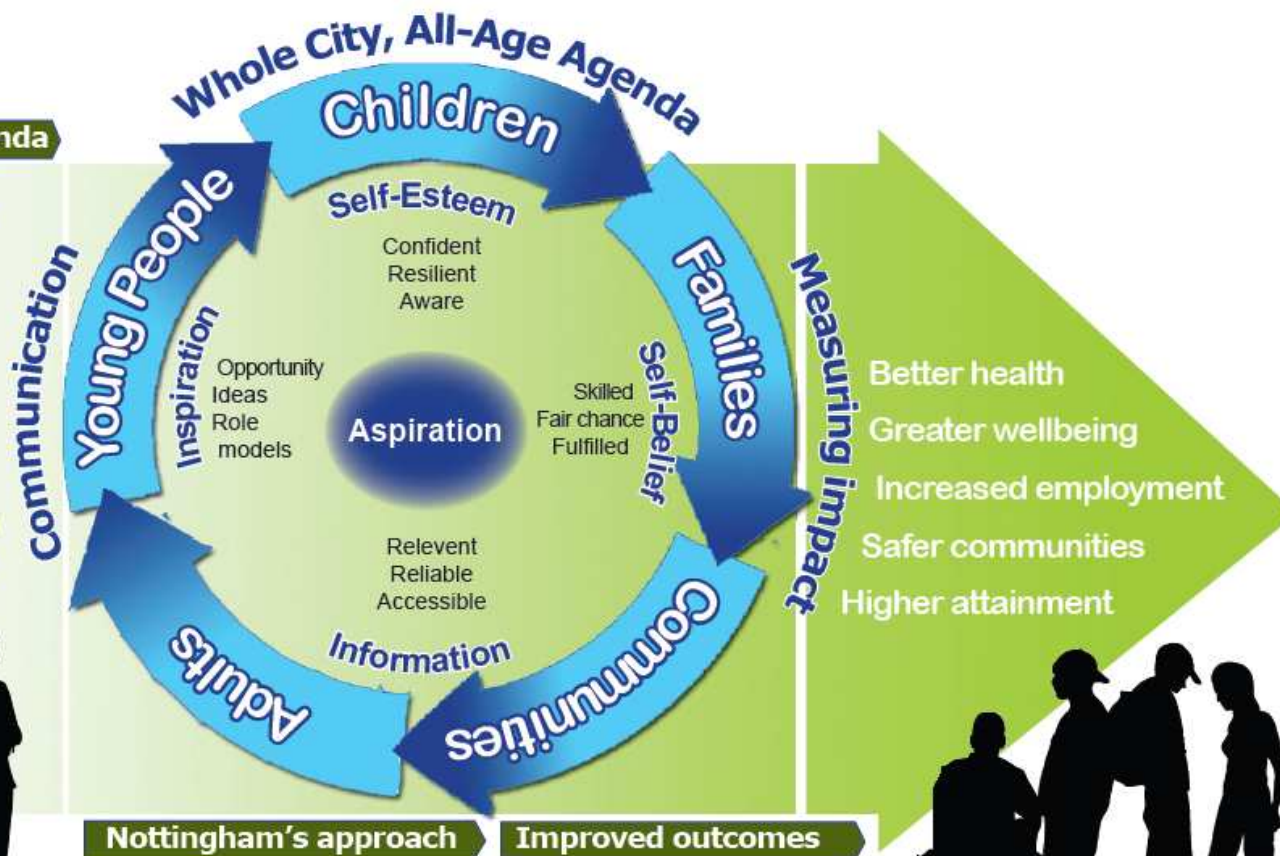
The Nottingham Plan 2020

Aspirations agenda

An inspiring, motivated workforce

Inspired communities connected to Nottingham's future

People with positive goals and the personal skills to achieve them



Our approach is to put what we have learnt about raising aspiration at the heart of existing services. Adapting ways of working so we can ensure that high aspiration drives better outcomes for all.

Challenges

- *No longer national priority*
- *Economic climate*
- *Maintaining SRE in schools*
- *Sexual Health Services transition*
- *Ensuring ongoing education*

Next Steps

- *Task and finish group of Task Force*
- *Develop new teenage pregnancy plan*
- *Maintain contraceptive and sexual health service provision*
- *Maintain as a local priority with continued partnership support*

Questions



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