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NHS Nottingham City Clinical Commissioning Group

Nottingham City Council

NOTTINGHAM CITY HEALTH AND WELLBEING BOARD

Date: Wednesday, 25 July 2018

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:

a) Caroline Shaw has replaced Tracy Taylor as the Nottingham University Hospitals NHS Trust representative on the Health and Wellbeing Board; and

b) Jane Todd has replaced Louise Craig as a representative of the Third Sector on the Health and Wellbeing Board.

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTERESTS

4 MINUTES 5 - 10

To confirm the minutes of the meeting held on 30 May 2018

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6 HEALTH AND WELLBEING STRATEGY 2016-2020 OUTCOME PROGRESS HIGHLIGHT REPORT. OUTCOME 1: HEALTHY LIFESTYLES 15 - 40

7 UPDATE ON SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND INTEGRATED CARE SYSTEM

Verbal update

8 ANNUAL UPDATE ON TEENAGE PREGNANCY TO THE HEALTH AND WELLBEING BOARD 41 - 48

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10	**FORWARD PLAN**	53 - 56
11	**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**	No written update
b	**Healthwatch Nottingham**	No written update
c	**NHS Greater Nottingham Clinical Commissioning Partnership**	No written update
d	**Nottingham City Council Corporate Director for Children and Adults and Director for Adult Social Care**	No written update
e	**Nottingham City Council Director for Public Health**	No written update
12	**NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - ASYLUM SEEKER, REFUGEE AND MIGRANT HEALTH**	57 - 62
13	**NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - DEMOGRAPHY**	63 - 64
14	**NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - DOMESTIC AND SEXUAL VIOLENCE AND ABUSE**	65 - 70
15	**QUESTIONS FROM THE PUBLIC** Opportunity for members of the public to ask questions relating to matters within the Health and Wellbeing Board's remit. The maximum amount of time allocated to questions and responses is 30 minutes.	
16	**EXCLUSION OF PUBLIC** To consider excluding 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 outweighs the public interest in disclosing the information.	
17	**HEALTH AND WELLBEING STRATEGY 2016-2020 OUTCOME PROGRESS HIGHLIGHT REPORT. OUTCOME 1: HEALTHY LIFESTYLES EXEMPT APPENDIX**	71 - 72

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 Sam Webster (Chair)	City Council Portfolio Holder with a remit covering health
Dr Hugh Porter (Vice Chair)	NHS Nottingham City Clinical Commissioning Group representative
Councillor Cheryl Barnard	City Councillor
Councillor Carole McCulloch	City Councillor
Councillor David Mellen	City Council Portfolio Holder with a remit covering children's services
Dr Marcus Bicknell	NHS Nottingham City Clinical Commissioning Group representative
Sam Walters	Greater Nottingham City Clinical Commissioning Groups Accountable Officer
Gary Thompson	Greater Nottingham Clinical Commissioning Groups
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
Caroline Shaw	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
Jane Todd	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 Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 May 2018 from 2.05 pm - 3.07 pm

Membership

Voting members

Present	Absent
Councillor Sam Webster (Chair)	Martin Gawith
Hugh Porter (Vice Chair)	Helen Jones
Councillor Cheryl Barnard	Councillor Carole McCulloch
Dr Marcus Bicknell	Gary Thompson (sent substitute)
Hazel Buchanan (as substitute)	Samantha Travis
Alison Challenger	
Councillor David Mellen	
Alison Michalska	

Non Voting Members

Present	Absent
Tim Brown	Supd Ted Antill
Karen Frankland (as substitute)	Lyn Bacon (sent substitute)
Leslie McDonald	Wayne Bowcock
Gill Moy	Louise Craig
Andy Winter	Chris Packham
	Tracy Taylor
	Sam Walters

Colleagues, partners and others in attendance:

Shade Agboola	-	Consultant Director of Public Health
Kartheka Bojan	-	Director, Cerebrum Matter
Eddie Curry	-	Head of Parks, Open Spaces and Investment Funding
Jane Garrard	-	Constitutional Services
Matt Gregory	-	Growth Point Planning and Planning Policy Manager
Trevor Illsley	-	Bayer
Jennie Maybury	-	Principal Transport Planner
Christine Oliver	-	Nottingham Crime and Drugs Partnership
Alison Rowell	-	Project Manager, Nottingham City CCG
Richard Taylor	-	Community Protection, Environmental Health
Zena West	-	Governance Officer
Lucy Whitehall	-	Nottinghamshire Local Medical Committee
Stephen Willott	-	Windmill Practice

1 MEMBERSHIP CHANGE

RESOLVED to note that:

(1) Councillor Sam Webster has been appointed as the Nottingham City Council Portfolio Holder for Adult Social Care and Health and has

therefore replaced Councillor Nick McDonald as Chair of the Health and Wellbeing Board;

(2) Councillor Carole McCulloch has replaced Councillor Marcia Watson as a Nottingham City Council representative on the Board.

2 APOLOGIES FOR ABSENCE

Lyn Bacon (Karen Frankland attending as substitute)
Helen Jones
Councillor Carole McCulloch
Tracy Taylor
Gary Thompson (Hazel Buchanan attending as substitute)
Samantha Travis

3 DECLARATIONS OF INTERESTS

None.

4 APPOINTMENT OF VICE CHAIR

RESOLVED to appoint Hugh Porter as the Vice Chair for the 2018/19 municipal year.

Hugh Porter thanked the outgoing Vice Chair, Marcus Bicknell, for his efforts as Vice Chair.

5 MINUTES

The minutes were confirmed as a correct record and signed by the Chair.

6 ACTION LOG

The Action Log was noted.

7 HEALTH AND WELLBEING STRATEGY OUTCOME 4 HEALTHY ENVIRONMENT

Shade Agboola, Consultant Director of Public Health, gave a presentation to the Board on Priority Outcome 4 – Healthy Environment, where various organisations work together to ensure Nottingham's environment is healthy. The presentation is attached to the first circulation of the minutes, and details the five areas covered and the recommendations for improvement, along with the key recommendations for a healthy environment. The Board had some questions and comments, and some additional information was provided:

(a) some of the data in the presentation is a few years old, so recent improvement works (such as increasing energy efficiency and insulation in Nottingham City Homes properties) will not be reflected. The data is from the Public Health outcomes framework, so that it can easily be benchmarked against other organisations. It is expected that recent improvements will filter through soon;

(b) substantial money has been received over the last three years for Park Lives events, which is due to end soon. Around 15,000 to 20,000 people per year were engaged in healthy activity as a result of this funding, and the Nottingham Open Spaces Forum can help groups apply for funding in an attempt to continue with this engagement and set up sustainable friends groups;

(c) a health audit of major planning applications, to include accommodation and office blocks, is planned for later this year;

(d) the data shows a worrying trend for excess mortality / winter deaths and childhood obesity, whilst air quality is not improving as quickly as hoped. There is a need to remain focused on improving these issues;

(e) real-time air quality monitoring will be available in the city centre on Clean Air Day (21 June), when citizens are encouraged to pledge an action which involves making better transport choices, such as walking, cycling or using public transport;

(f) the Hospital to Home project has been very successful. It aims to avoid hospital admissions, speed up hospital discharges, and reduce hospital re-admissions. Evaluation reports show that a spend of £135,000 on the project has resulted in saving of approximately £2,400,000 for the NHS, adult social care, and housing. There has also been a positive impact on carers, with great feedback received;

(g) some members of the Board felt that the availability of suitable social housing should be listed as an identified risk to housing. For every home sold through right to buy, only some of the receipt can be obtained, so three houses must be sold in order to build one new house. Houses are sold through right to buy at an approximate rate of one per day, and there are around 6,500 people waiting on the housing register for suitable accommodation.

RESOLVED to:

(1) note the contents of the report;

(2) in relation to the Housing theme:

- **(a) identify named contacts from Adult Social Care, Nottingham University Hospitals Trust and Nottingham City Clinical Commissioning Group to help coordinate and drive input into the new Homelessness Prevention Strategy;**
- **(b) nominate officers to support the pilot of the 'duty to refer' software within the health and social care sectors;**
- **(c) consider how health, housing and adult social care can develop and deliver joint preventative initiatives that reduce the risk of homelessness, positively impact on health and wellbeing and reduce the costs to the health and adult social care system;**
- **(d) support the selective licensing scheme;**

(e) recognise the role housing plays in improving health outcomes for citizens and the role housing workers can play as part of the wider workforce addressing health inequalities;
(f) support the Hospital to Home (H2H) project beyond March 2019;
(g) enable referrals to the H2H project to maximise early intervention / prevention opportunities;
(h) enable referrals for Assistive Technology services which are part of the early intervention / prevention initiative;
(i) report any properties of concern that agencies come across;

(3) in relation to the Built Environment theme, participate in the Public Examination in order to ensure the views of the Health and Wellbeing Board are considered by the Inspector. Local specific evidence presented by experts will be critical in substantiating the Health and Wellbeing Strategy's approach;

(4) in relation to the Transport theme:
(a) continue to lead by example by taking part in the Workplace Travel Service business support programme to become early adopters of ultra-low emission fleets and sustainable commuter and business travel practices, with business case and monitoring supported by SDU Health Outcomes Travel Tool;
(b) nominate an air quality travel and infrastructure change champion within organisations as lead contact for Workplace Travel Service and joint working on sustainable procurement good practice;
(c) agree clear and consistent messages to use with employees and citizens to raise public awareness regarding health impacts of air quality and actions that can be taken to support cleaner air in Nottingham;
(d) participate in the ULEV and LEVEL good practice networks and business events to share expertise with local partners and cascade through supply chains;

(5) in relation to the Parks and Green Spaces theme:
(a) support the principle of provision of a free healthy lifestyle programme, where mass participation activities take place regularly across the City's parks;
(b) consider ways in which more support for local communities can help maintain improvement to the parks and continue to deliver healthy lifestyle activities within the parks;

(6) in relation to the Air Quality theme:
(a) be committed to contributing to improving air quality;
(b) identify named persons within Nottinghamshire Police, Nottingham City Homes and the local Universities responsible for sponsoring air quality improvement and emission reductions and share current plans with the Air Quality Partnership;
(c) establish commitment to implement Health Outcomes Travel Tool (HOTT) across Health and Wellbeing Board member organisations and identify persons responsible for implementation.

8 IMPACT OF COMMISSIONING REVIEWS 2017-18 AND COMMISSIONING PLANS 2018-19

Christine Oliver, Head of Commissioning, presented the Impact of Commissioning Reviews 2017-18 and the Commissioning Plans 2018-19 reports together, highlighting the following points:

(a) a huge amount of commissioning activity took place in 2017/18, most of which has now successfully been awarded and moved to the implementation stage, including a new homelessness provision which involves assessing the suitability and sustainability of emergency accommodation. Of 67 bed and breakfast places used, 35 are currently being used by families with children;

(b) the 2018/19 plans are detailed in the Commissioning Plans report. The priorities are being approached within a difficult funding environment. There will be a reduction in spend on drug and alcohol services, which could place pressure on other areas. The drug and alcohol spend will still be substantial, and will commission a whole system rather than a single service;

(c) domestic violence services were commissioned two years ago, and are being re-tendered. There is very little proposed reduction in funding to these services.

RESOLVED to note the contents of the Impact of Commissioning Reviews 2017-18 report and the Commissioning Plans 2018-19 report.

9 FUTURE MEETING DATES

RESOLVED to meet on the following Wednesdays at 2pm:

- **25 July 2018**
- **26 September 2018**
- **28 November 2018**
- **30 January 2019**
- **27 March 2019**

10 FORWARD PLAN

The forward plan was noted.

11 BOARD MEMBER UPDATES

The Board member updates were noted.

12 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 28 MARCH 2018 (DRAFT)

The draft minutes of the Health and Wellbeing Board Commissioning Sub Committee meeting held 28 March were noted.

13 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - DEMENTIA

Board members commented that the chapter seemed brief, and did not give a detailed idea on issues in the city, however it was then noted that the report attached to the agenda was an executive summary, with the full chapter available on the Nottingham Insight website. Nottingham has high diagnosis and prevalence rates for dementia, which has not been detailed within the report. The Memory Assessment service has not yet been accredited.

The Joint Strategic Needs Assessment Chapter on Dementia was noted.

14 NEW JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER - SUICIDE

The Board noted that the chapter was very thorough.

The Joint Strategic Needs Assessment Chapter on Suicide was noted.

15 QUESTIONS FROM THE PUBLIC

There were no questions from the public.

Health and Wellbeing Board Action Log

Outstanding actions:

Ref.	Meeting	Action	Lead	Progress update	Date for completion
170927/07	27 September 2017	Board member organisations to sign the Tobacco Control Declaration and develop action plans to demonstrate their contribution to the achievement of the City's tobacco control priority objectives	All Board members Shade Agboola Kate Smith	Action plans have been submitted by Nottinghamshire Healthcare Trust, Nottingham City Clinical Commissioning Group, Nottingham University Hospitals and Nottingham City Council. Other Board member organisations haven't submitted an action plan yet. Support and information is available to organisations in relation to both the Declaration and the development of an action plan.	Update on Healthy Lifestyles Outcome to Board in July 2018
170927/08 170927/11	27 September 2017	BME Community of Practice Group to: • share learning on improving the reporting of Protected Characteristics • Develop recommendations of the BME Health Needs Assessment into actions	Helene Denness Jen Burton	These actions are being progressed by the BME Community of Practice Group.	To be determined by CoP group
171129/08	29 November 2017	Schedule a Development Session on safeguarding issues	Chair/ Alison Challenger	To be held during 2018/19	During 2018/19 Development Session period
171129/09	29 November 2017	Board members (or the organisations they represent) to sign the Physical Activity and Nutrition Declaration and develop action plans as outlined in the Declaration's commitments	All Board members David Johns	Underway. Progress to be reported to Board meeting in November 2018	November 2018 (for signing of Declaration)
180131/01	31 January 2018	Align metrics of indicators (based on those in NHS and Public Health Outcome Frameworks and MH%YFV) across both the Mental Health and	Mental Health Delivery Group	The Mental Health Strategy is currently being refreshed. A long list of indicators has been established from which the main ones will be identified	Next update on Mental Health Outcome to Board in

Ref.	Meeting	Action	Lead	Progress update	Date for completion
		Health and Wellbeing Strategies from 2018 onwards		following engagement with partners.	September 2018
180131/02	31 January 2018	Board members support the Practice Development Unit through actively promoting the opportunities across their organisations and with their staff in order to encourage wider statutory agency representation	All Board members Mental Health Delivery Group	Opportunity Nottingham has indicated that the situation has not changed and that the most recent PDU session was on the whole attended by Third Sector colleagues. Opportunity Nottingham intend to raise this with the Commissioning Executive Group.	Next update on Mental Health Outcome to Board in September 2018
180131/04	31 January 2018	Explore in more detail the local reasons for the excess mortality rate in adults with serious mental illness;; and model when a reduction in excess mortality is likely to be seen.	Mental Health Delivery Group	Work has begun to investigate whether this is doable locally and whether Public Health has access to the relevant data. Public Health have consulted analysts in City Council who confirm this would be a complex piece of work requiring partners involvement and a number of assumptions being built into any modelling work. The Local Authority/Public Health do not have access to the Mental Health Minimum Dataset which would be essential to undertake this work. If this specific piece of work is deemed to be a priority i.e. there is indication that Nottingham may differ to the national picture of what contributes towards excess mortality amongst those with SMI then a joint piece of work would need to be planned with Nottinghamshire Healthcare NHS Trust.	Next update on Mental Health Outcome to Board in September 2018
180328/01	28 March 2018	Range of actions agreed to support delivery of the Healthy Culture outcome of the Joint Health and Wellbeing Strategy	All Board members	Progress to be reported to Board meeting in November 2018 Email sent to Board members on 1 May 2018	Next update on Healthy Culture Outcome to Board in November 2018

Ref.	Meeting	Action	Lead	Progress update	Date for completion
180328/05	28 March 2018	Hold an additional Board meeting specifically to look at the Greater Nottingham Integrated Care System	Chair		Autumn 2018
180328/06	28 March 2018	Report to the Board on how things can/ will be done differently to mitigate risks associated with Nottingham City Council's savings to its targeted intervention services	City Council Portfolio Holder for Adults and Health/ Alison Challenger	Report scheduled for Board meeting in November 2018	November 2018
180530/02	30 May 2018	Range of actions agreed to support delivery of the Healthy Environment outcome of the Joint Health and Wellbeing Strategy	All Board Member	Progress to be reported to Board meeting in January 2019	Next update on Healthy Environment Outcome to Board in January 2019

Completed actions (within the last six months):

Ref.	Meeting	Action	Lead	Progress update and any comments	Date completed
170927/09	27 September 2017	Establish a BME Health Needs Community of Interest, which includes citizen involvement	Helene Denness Jen Burton	Group has been established. First meeting had to be rescheduled and is being rearranged for April 2018	March 2018
170927/10	27 September 2017	Share the findings and recommendations of the BME Health Needs Assessment with: a) STP Leadership Team b) Key stakeholders	Helene Denness Jen Burton	Progress reported to Board on 28 March – at that time, sharing findings with STP Leadership Team was outstanding but intended to take place during March 2018 and first meeting of CoP Group was scheduled to take place in May	March 2018
180131/03	31 January 2018	Hugh Porter to discuss with the Mental Health Delivery Group about ensuring that all General Practices have access to the Physical Health Risk Assessment Tool	Mental Health Delivery Group Hugh Porter	In progress - being led by the CCG's Clinical Lead for Mental Health working with Nottinghamshire Healthcare Trust. A meeting is scheduled for March about sharing gaps in patients' health data between the Trust and GP practices.	May 2018

Ref.	Meeting	Action	Lead	Progress update and any comments	Date completed
180530/01	30 May 2018	Circulate the Hospital to Home report	Gill Moy	Report circulated to Board Members by email on 19 June 2018	June 2018

HEALTH AND WELLBEING BOARD

25 JULY 2018

	Report for Resolution
Title:	Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report. Outcome 1: Healthy Lifestyles
Lead Board Member(s):	Helen Jones, Director of Adult Social Care, Nottingham City Council
Author and contact details for further information:	Caroline Keenan, Insight Specialist - Public Health, Nottingham City Council caroline.keenan@nottinghamcity.gov.uk Kate Smith, Smokefree Nottingham Lead, Nottingham City Council kate.smith2@nottinghamcity.gov.uk Uzmah Bhatti, Insight Specialist – Public Health, Nottingham City Council uzmah.bhatti@nottinghamcity.gov.uk Ian Bentley, Strategy and Commissioning Manager, Nottingham City Council Ian.Bentley@nottinghamcity.gov.uk David Johns, Speciality Registrar in Public Health, Nottingham City Council David.johns@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. An appendix to this report is exempt from publication under paragraphs 1 and 2 of Schedule 12A of the Local Government Act 1972 because it contains information about individual citizens and their health and having regard to all the circumstances the public interest in maintaining the exemption outweighs the public interest in disclosing the information. It is not in the public interest to disclose the information because it may enable individual citizens to be identified and personal information about their health circumstances and medical treatment to become known.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) request that all Board members sign the Nottingham City Health and Wellbeing Board's Physical Activity and Nutrition Declaration and identify an organisational lead to update on its implementation at the November 2018 Board;

b) support the development of a system approach to eating and moving for health and wellbeing;

c) discuss the extent to which member organisations have implemented the recommendations of the Tobacco Control Declaration;

d) consider recognising physical activity as a standalone priority and the impact this would have within member organisations; and

e) sustain the current level of sexual health service provision targeting high-risk groups as a minimum due to the proportion of young people and BME citizens who are at higher risk of poor sexual health.

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 engage in harmful lifestyle behaviours compared with the general population. Where there is evidence that these and other inequalities exist, work programmes will ensure that measures are put in place to reduce inequity in access and outcomes for at-risk populations.

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

Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

Completed by:	Caroline Keenan, Kate Smith, Uzmah Bhatti, David Johns and Ian Bentley	**Reporting period:**	**From:**	September 2017	**To:**	July 2018
Board meeting:	25 July 2018	**Next meeting at which this outcome will be discussed:**		March 2019		

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

Priority Actions:

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

Key progress for the Board's attention:	
Highlight update on indicators in this reporting period:	**Priority actions 1, 2 and 3 – physical activity, obesity, diet and nutrition** The measurement for the proportion of adults that meet the recommended '5-a-day' on a 'usual day' 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 results of Active Lives have been used to reconfigure the baseline, annual targets and progress against these targets. As a result, Nottingham's position is just short of target (52.6% compared to a target of 53%) and there has been a slight improvement compared to the previous year (52.6% compared with 52.0%). A statistically significant increase has been observed in 10-11 years olds with excess weight (from 37% to 39.7%). The percentage of 4-5 year olds and adults with excess weight has remained comparatively static (25.5% to 26% and 61.4% to 61.6%, respectively). All three of these measures are not on track to achieve target. Excess weight in adults is also measured by Sport England's Active Lives Survey and the baseline and targets have been recalculated to align with this new dataset. No new data is available on physical activity and inactivity because the latest Active Lives Survey had a sample size which was too small to report on the measure targeted, which monitors physical activity including gardening.

Priority action 4 – smokefree
The most recent data pertaining to adult smoking prevalence indicates 21.5% of adults in Nottingham City continue to 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 higher than the national average at 17.2%. This is however a statistically significant improvement on the previous year. The annual Smoking at Time of Delivery (SATOD) data will be released in July and it is anticipated to show that the local rate of smoking in pregnant women has been maintained.

Priority action 5 – alcohol consumption
The alcohol-related hospital admissions measure for 2016/17 has not been released because of a technical reporting issue. This issue has been rectified for the 2017/18 data release which will be published in July 2018.

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. A figure for violence in the night-time economy has been submitted on the pretext that most, if not all of this crime type will be influenced by alcohol. Either on the part of the perpetrator or the victim.

Priority action 6 – safer sex
The latest data for 2016 indicates that Nottingham's under-18 conception rate decreased by 14.3% year-on-year, from 31.4 per 1000 girls aged 15-17 in 2015 to 26.9 in 2016. Nottingham now has the 20th highest pregnancy rate in England as compared with the 17th highest in 2015. Nottingham has the second highest rate of the eight Core Cities, with Bristol having the lowest rate and Leeds the highest. In 2016, there were 127 under-18 conceptions in Nottingham compared to 152 in 2015, representing a 16.4% decrease in numbers over the 12-month period. Although progress is good and we have met the 2017/18 target of 27.9, achieving the 2018/19 target of 24.8 will be a challenge.

Data for 2016 shows that new STI diagnosis (excluding chlamydia <25 years) has increased to 1,016 per 100,000 in 2017 compared to 981 in 2016, the increase is not statistically significant due to small numbers. Nevertheless, the Nottingham rate is significantly higher than the England rate (794/100,000) and significantly the highest in the region and only lower than two of its statistical neighbours[1] (Southampton and Salford).

The recent reduction in HIV late diagnosis has been maintained, the pooled proportion for 2013-15 and 2014-16 remains at around 36%. This is lower than the England (40%) and lower than all statistical neighbours for Nottingham[1].

[1] Statistical/Chartered Institute of Public Finance and Accountancy (CIPFA) Neighbours - developed to aid local authorities in comparative and benchmarking exercises, the models provide a wide range of SSA based, socio-economic indicators upon which the specific family group is calculated.

Key progress on delivery of action plans themes in this reporting period	**Priority actions 1, 2 and 3 – physical activity, obesity, diet and nutrition** Strategic planning The Nottingham City Health and Wellbeing Board endorsed its Physical Activity and Nutrition Declaration in November 2017, which has since been published on the Board's website. Nottingham City Clinical Commissioning Group and Nottingham City Council have signed the declaration. The next steps are for the remaining Health and Wellbeing Board member organisations to sign the declaration and allocate an organisational lead. Health and Wellbeing Board member organisations will be asked to report on progress against the declaration at the November 2018 Board meeting. The ambitions set out in the Strategy and action plan are progressed through the work of a strategic group and a wider partnership network. The strategic group has noted reduced attendance in recent meetings and is refocusing its agenda to address this. The network has been reinvigorated with the support of Andrea Kemp, Chief Executive Officer of Community Sports Trust. Andrea facilitated an exploratory session in April, which considered the challenges representatives were facing in their respective organisations. The session gave rise to an agreed and shared group purpose: 'to enable people to move more and make healthier food choices'. Attendance and engagement at the network has improved as a result of the exploratory session. The network is collaborating to produce a consistent and persistent system-wide approach to media messages using Public Health England's One You campaign resources. This aligns closely with the Strategy's ambitions and Public Health England's recommendation that healthier weight messages must be consistent and evidence-based throughout the life-course in order to be effective. The strategic group is in support of recognising physical activity as a standalone priority of the Nottingham City Health and Wellbeing Board. A comprehensive evidence summary undertaken by Knowledge Resources identified a clear association between physical inactivity and mortality of similar proportions to that of smoking. Regular physical activity and reduced sitting times have been shown to have broad health and economic benefits. The strategic group recommended that the Board takes action to introduce best practice in the event that it accepts recognising physical activity as a standalone priority. This might include signing up to Nottingham City Health and Wellbeing Board's Physical Activity and Nutrition Declaration and prioritising completion of the physical activity section of the National Workplace Wellbeing Charter. The Charter includes, for example, commitments to actively promote physical activity opportunities to staff, support staff to engage in activity and implement a travel plan that promotes physically active ways of getting to and from work and travelling between meetings. In response to a recent Health Select Committee enquiry and amidst some criticism of the 2016 Childhood Obesity Plan, the Government published Chapter 2 of the Childhood Obesity Plan in June 2018. Chapter 2 sets a national ambition to halve childhood obesity between children from the most and least deprived areas by 2030. The Soft Drinks Levy, one of the main actions within the plan, came into effect in April 2018. This tax on soft drinks, commonly referred to as the 'Sugar Tax', will go towards increasing the Primary Sports Premium, the creation of a Healthy Pupils Capital Fund and improving access to PE equipment. Sugary milk drinks will be included in the Soft Drinks Levy from 2030. Other key actions include consultation on the introduction of mandated calorie labelling for restaurants and takeaways, control on advertising and promotion of high fat, sugar and salt products, support to local authorities and an update of the School Foods Standards. Children Childhood obesity remains a key challenge for Nottingham City with a higher proportion of children classified as overweight and obese than the national average. Furthermore, this is not seen equally across the city with the most deprived areas having the greatest prevalence. Nottingham City's services primarily focus on

supporting families, particularly those in our poorest communities. Services such as the breastfeeding peer support service have an important role to play in early years development.

The factors that prevent children and families eating and moving for good health and wellbeing are numerous ranging from individual behaviour, the environment we live our day-to-day lives in, culture and, to some degree, genetics. As such, improving 'eating and moving for health and wellbeing' is everyone's business and not just that of public health. This type of whole system approach offers a more collaborative approach that draws on the range of expertise available within the system to create a dynamic 'portfolio' of actions that align together with one joint focus. These actions do not have to be grand but cumulatively can influence the environment residents live, work, learn and play in.

Nottingham City Council public health team has begun to look at the feasibility of creating opportunities for change with other divisions within Nottingham City Council (e.g. town planning) and will challenge the Children and Young People's Partnership Board to think differently about ways we, as a system, can make the small differences that lead to big shifts in culture.

Since September 2017, 25 schools have signed up to The Sheriff's Challenge and 17 of these are regularly taking part, equating to 3,000 children. The original target, for schools to cumulatively run around the world, has been almost quadrupled and the project is still going. A bespoke app is used to record laps and schools can use a leader board to review their position.

A new Local Plan for Nottingham City was submitted to Government in April and is currently undergoing public examination. The plan includes focus on the control of hot food takeaways and their proximity to secondary schools. A decision on whether to agree the Plan will be taken in late 2018 or early 2019. When Gedling Council submitted a Plan with similar controls for hot food takeaways the inspector recommended the deletion of this policy. The Nottingham City Director of Public Health challenged the recommendation; however the Inspector's report confirms its deletion. As part of the delivery of its Strategy, Nottingham City Health and Wellbeing Board has supported the control of hot food takeaways near schools. This is part of a joint approach to improving health and wellbeing, which includes the alignment of Local Plan policies across Greater Nottingham. Controlling the locations of hot food takeaways is one of a range of joint interventions to reduce excess weight in Nottingham City and enable the achievement of our commitment to reducing the percentage of children with excess weight to the top four core cities average by 2020.

<u>Adults</u>
Weight management services in England have been assigned to a tier, from 1 to 4, relating to the type of service and the classification of obesity targeted within an obesity prevention and treatment pathway:

- Tier 1 involves primary prevention and reinforcement of healthy eating and physical activity messages;
- Tier 2 involves non-specialist community-based lifestyle weight management;
- Tier 3 involves interventions for people with severe and complex obesity; and
- Tier 4 involves surgical intervention.

Tier 1 and tier 2 interventions have primarily been the responsibility of local authorities, although the commissioning of weight management provision by local authorities is discretionary. Clinical Commissioning Groups are the primary commissioners of tier 3 and tier 4 services.

Following the decommissioning of the Nottingham City adult weight management service in January 2018, a proposal to remove the budget and not recommission a

replacement service was accepted. Since this decision was taken, it has been possible to identify a small amount of budget. Options for targeted tier 2 provision are currently being developed.

Steps to signpost citizens to alternative physical activity and weight management provision have been taken. Nottingham City Council provided referrers to the adult weight management service with information about the physical activity opportunities available in Nottingham City, some of which are free of charge.

Nottingham City Council public health team is working with Surrey University to implement and evaluate a 12-week digital behaviour change programme. The results of this trial are expected in the new year and these will be used to inform future decision-making on the commissioning of adult weight management services in Nottingham City.

Priority action 4 – smokefree

Children

NHS England has awarded Nottingham £75,000 to tackle smoking in pregnancy. Following negotiations between Nottingham University Hospitals NHS Trust (NUH) maternity and public health colleagues, it has been agreed to recruit a specialist stop smoking in pregnancy adviser. The remit of the post will be to build capacity within the maternity service by training key staff, establishing robust referral pathways and providing stop smoking support to pregnant women and their families. The Nottingham Stop Smoking Service advisers based within NUH provide stop smoking support to women who need support in hospital.

Smokefree Summer will again see major family events across the City promoted as smokefree and the initiative extends into the County with an increasing number of events participating.

Consultation will be undertaken to determine citizen‘s views on the introduction of smokefree bus and tram stops across the City. Previous surveys have shown that around 75% of citizens would support people being asked to refrain from smoking in bus and tram stops.

The smokefree team is exploring options in relation to encouraging children and young people’s sport and leisure clubs to be smokefree.

Motivate every smoker to quit

The New Leaf stop smoking service ended on 30 April 2018. Smokers living in the City who want to quit currently have to contact their GP or access the national smokefree website for support. Collaborative discussions with partners and stakeholders are currently ongoing to determine how reduced funding is used to maximum effect. The model is still being finalised but is likely to include the following elements:

- Delivery within primary care
- A model that is match funded (including in kind)
- Focus on priority groups including pregnant women
- Linked in with secondary care (whole system approach)

The Smokefree Nottingham Coordinator continues to work with NUH on the implementation of NICE Public Health Guidance 48, Smoking: acute, maternity and mental health services. There has been significant progress over the last twelve months and the CCG continues to fund two smoking cessation advisers (Nottingham Stop Smoking Service) to support patients who want to stop smoking. With agreement from the CCG and CityCare, the advisers now provide telephone support to patients post discharge.

	Leadership, innovation and development All Health and Wellbeing Board members have signed the Nottinghamshire County and Nottingham City Declaration on Tobacco Control. Nottingham City Council, NUH, Notts Healthcare and the CCG have tobacco control action plans in place in line with the declaration recommendations. **Priority action 5 – alcohol consumption** Work has been done across the STP footprint to understand the local picture in terms of alcohol related harm and the burden this places on the NUH Emergency Department (NUH ED) and in relation to hospital admissions. This has also mapped out service provision and summarises the literature in relation to reducing harm. There is activity underway between public health in the city and Public Health England to develop a high-profile awareness campaign around the harms of alcohol in pregnancy. There is also action within some parts of the system, in places enabled by drivers including the Preventing Ill Health CQUIN, that includes the provision of alcohol intervention and brief advice (IBA) in the inpatient setting. This is being developed at NUH ED with input from the Nottinghamshire Alcohol Pathways Group and is an opportunity to both embed this in routine practice and to raise the profile of alcohol as a major risk factor to health and wellbeing. Again, through the alcohol pathways group, some work has also been done in NUH ED with alcohol screening questions forming part of routine patient contact. The capacity to then go on to offer brief advice and/or referral in this setting has been more difficult due to pressures within the service. Delivery of IBA in the primary care setting is key to reducing alcohol related harm. GPs in Nottingham City were until recently offered a financial incentive to complete IBA, this has though ceased due to budget pressures. The Nottinghamshire Alcohol Pathways Group will continue to work with partners to look for ways in which primary care can be supported to deliver this important function. Clean Slate, the criminal justice substance misuse service, still works pro-actively with alcohol-related offending in the custody suite. The alcohol diversion scheme has now been moved to the Wellbeing Hub and continues to be successful. **Priority action 6 – safer sex** The City is now in its third 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. However, this is becoming increasingly challenging due to budgetary savings and a number of services are affected. For example, the contract for the level 2 sexual health service at CRIPPS (a GP practice on the University of Nottingham campus) has not been renewed. Savings have also been made within the C-Card condom distribution scheme, these savings are not sustainable beyond 2018-19. The budget for the Integrated Needle Exchange and Sexual Health service has also been reduced. Discussions are underway between NUH and Nottingham City Council to identify how savings in the Integrated Sexual Health Service can be realised. Monies have had to be saved from online STI testing services.
Examples of how health inequalities are being considered in this reporting period	**Priority actions 1, 2 and 3 – physical activity, obesity, diet and nutrition** Successfully launched in December 2016, The Get Out Get Active project has seen a total of 1,433 individuals engaged to date with 9,766 attendances across a total of 598 sessions delivered. Successful sessions have included Cycle for All from Harvey Hadden, swim inclusive sessions as well as a variety of other activities including yoga, table tennis and amputee football. The CCG has expressed concern regarding the lack of provision of tier 1 and tier 2 adult weight management services in Nottingham City and the impact this is having on

	equity of access in the city, particularly compared to the County, which retains a specialist adult weight management service. This includes the implications for CQUIN indicator 3 of improving physical healthcare to reduce premature mortality in people with serious mental illness. **Priority action 5 – alcohol consumption** The financial incentive for GPs to complete IBA has now ceased due to budget pressures. The Nottinghamshire Alcohol Pathways Group will continue to work with partners to look for ways in which primary care can be supported to deliver this important function. However, it will no longer be possible to performance monitor these interventions. **Priority action 6 – safer sex** Equality impact assessments have been completed for each proposed reduction to ensure mitigating actions are in place to ensure equality of access as a priority. 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 aims to promote HIV awareness and testing to higher risk groups as well as offering social support to those diagnosed with HIV and their families and or partners. The Sexual Health and Needle Exchange Service provides sexual health services to drug users who are at increased risk of sexually transmitted infections. Meeting the needs of certain groups is becoming increasingly at risk due to reducing budgets. A health equity audit has been completed and the following findings have been noted: • Access to services for those aged 25 and over is lower than expected based on need. • Men, particularly heterosexual men and/or BME men have low equity of access. However, the data did not include GP practices and some coding issues were highlighted as data was collected whilst the service was in its first year and coding issues were not all recognised. It was recommended that the audit be repeated when quality has improved and more demographic data is available to supplement GP data.

For consideration/discussion

Key risks and issues
• Due to the nature of the population level outcomes the Joint Health and Wellbeing Strategy and 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. • 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 actions 1, 2 and 3 – physical activity, obesity, diet and nutrition The One Nottingham Partnership continues to work with Sport England to explore local delivery pilot options. Focus will be placed on strategic connectedness and improved learning from communities. **Priority action 4 – smokefree** Board members have demonstrated their support of the smokefree agenda and signed the Tobacco Control Declaration. The Declaration commits signatories to: • Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile

Other points for the attention of the Board
of the harm caused by smoking to our communities; • Develop individualised action plans to address the causes and impacts of tobacco use; • Share action plans and commitments with communities and partners; • Support action at a local level to help reduce smoking prevalence and health inequalities; • Recognise and where possible protect our tobacco control work from the commercial and vested interests of the tobacco industry; and • Regularly monitor the progress of plans and commitments and share results. Whilst all Board members have signed the declaration, it is unclear exactly what progress they have made in implementing the recommendations. **Priority action 5 – alcohol consumption** Whilst it must be applauded that a CQUIN has been introduced for alcohol IBA in the hospital setting, the financial incentive for GPs to deliver IBA has been discontinued. **Priority 6 – safer sex** Providing a comprehensive sexual health service targeting those most at risk is likely to become increasingly challenging in the face of significant budgets cuts. There is a risk that services may not be able to sustain contracts with reduced budgets which manifests in gaps in provision or even no provision in some cases. Whilst nationally there is innovative practice and creative approaches to manage the increasing demand and need, Nottingham is unable to explore new ways of working (such as digitalisation of STI testing and vending machines) due to shrinking funds.

Healthy Lifestyles Outcome

2018/19 Performance Report and Action Plan

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

Priority Actions:

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

Metric/ KPI ***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.***		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	On track	Improvement on the previous year and on track to achieve target
	Actual	32.8	31.4	26.9				
All new STI diagnosis (excluding Chlamydia age <25) (per 100,000) (Sexual Health and Reproductive Health Profile)*	Target	1040	989	938	888	837	Not on track	Increase on the previous year (not statistically significant)
	Actual	1040	1065	981	1016			
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	Achieving target trajectory
	Actual	52.2%	36.3%	35.9%				
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.
	Actual	927.5	-	-				
A reduction in the number of reported incidents of alcohol related ASB and violent crime in the night time economy, specifically: • Alcohol related crime • Alcohol related violence • Alcohol related ASB incidents • Alcohol related offences in the night-time economy	 Actual Actual Actual	 998 3286	 1446 2778 1446	 - - 1522			 No additional data No additional data No additional data Not on track	There are a number of methodological issues with reporting alcohol related crime and incident statistics (see Enclosure 1).
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 Cites 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 ***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.***		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 Cites 2014 average (PHOF 2.03)	Target	18.1%	15.8%	14.7%	13.5%	12.4%	Not on track	Statistically significant improvement on previous year. Data up to and including Q3 (2017/18) shows this improvement is likely to be maintained at near 17.2%.
	Actual	18.1%	18.7%	17.2%				
Increase the proportion of adults that meet the recommended 5-a-day to the top 4 Core Cities average (PHOF 2.11i)*	Target	52.0%	53.0%	54.0%	55.0%	56.0%	Not on track	An improvement on the previous year (not statistically significant)
	Actual	52.0%	52.6%	-				
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%	Not on track	Improvement on the previous year.
	Actual	47.7%	48.4%	-				
Increase the percentage of active (including gardening) adults to the top 4 Core Cities average (150+ mins per week) (Sport England Active Lives Survey)	Target	63.1%	64.4%	65.7%	66.9%	68.2%	No additional data	The 2016/17 survey had a sample size, which was too small to include the physical activity measure that includes gardening.
	Actual	63.1%	-					
Decrease the percentage of inactive (including gardening) adults to the top 4 Core Cities average (<30 mins per week) (Sport England Active Lives Survey)	Target	24.8%	24.2%	23.5%	22.9%	22.2%	No additional data	
	Actual	24.8%	-					
Reduce the percentage of adults with excess weight to the top 3 Core Cities average (PHOF 2.12)*	Target	61.4%	60.9%	60.5%	60.1%	59.7%	Not on track	Deterioration on the previous year (not statistically significant)
	Actual	61.4%	61.6%	-				
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	Deterioration on the previous year (not statistically significant)
	Actual	26.7%	25.5%	26.0%				
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%	Not on track	Statistically significant deterioration on the previous year
	Actual	37.9%	37.0%	39.7%				

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	**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. **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. **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. **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. **Physical Activity:** Children and adults from deprived households, women (including pregnant women), older people and adults with a disability or long term limiting illness **Healthy Weight:** Low income groups, pregnant women, adults with learning disability, older people, black and minority ethnic groups.

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 yearsfrom 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

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

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 Communications
	Ensure on-going citizen consultation to demonstrate citizen support for extending smokefree outdoor public spaces	Children and family events routinely promoted as smokefree	✓	✓	✓		
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	✓	✓	✓	✓	

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		✓			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) Board members
	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	✓	✓	✓	✓	
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 CCG NCC, Public Health, Strategic Insight
	Physical modality identified	Increase in clients with physical activity included as part of their care		✓	✓	✓	
	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 3rd 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 Agreed weight management outcomes achieved	✓	✓			CCG NCC, Public Health, Strategic Insight
	Service procured		✓	✓			
	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 Agreed weight management outcomes achieved	✓	✓			CCG NCC, Public Health, Strategic Insight
	Service working with partners to ensure accessibility from priority groups		✓	✓			

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HEALTH AND WELLBEING BOARD

25 JULY 2018

	Report for Information
Title:	Reducing unplanned teenage pregnancy in Nottingham – an annual report for the Nottingham City Health and Wellbeing Board
Lead Board Member(s):	Alison Challenger, Director of Public Health, Nottingham City Council
Author and contact details for further information:	Marie Cann-Livingstone, Teenage Pregnancy Specialist and Lead Commissioning Manager, Nottingham City Council Email: marie.cann-livingstone@nottinghamcity.gov.uk Helene Denness, Public Health Consultant, Nottingham City Council. Email: helene.denness@nottinghamcity.gov.uk
Brief summary:	This report provides an update of incremental progress toward achieving the Council Plan target of reducing teenage pregnancy rates by a further third by 2019.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) note the actions, progress and risks outlined in the update report on the teenage pregnancy priority of the Health and Wellbeing Strategy;

b) identify where the Board and/or Board members can support the achievement of the teenage pregnancy priorities within the Teenage Pregnancy Joint Strategic Needs Assessment (JSNA) chapter.

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 to the teenage pregnancy outcomes of the Nottingham Plan to 2019 and 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
Teenage mothers are three times more likely to experience post-natal depression and have higher rates of poor mental health for up to three years after the birth. A reduction in unplanned teenage pregnancy rate alongside effective support for teenage parents will improve the situation for this cohort of young people.

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

Reducing unplanned teenage pregnancy in Nottingham – an annual report for the Nottingham City Health and Wellbeing Board.

25 July 2018

1 Introduction

Teenage conception statistics include under-18 conceptions that lead to a birth (live or still) or a legal termination of pregnancy. The statistics do not include miscarriages or illegal terminations. Teenage pregnancy is an issue of inequality as having children at a young age can negatively influence the health and wellbeing of young women, young men and their children, who are then more likely to become teenage parents themselves.

This report refers to two age groups, under-16s (13-15 year olds) and under-18s (15-17 year olds).

2 National and international evidence

National and international evidence suggests that the majority of girls who conceive aged under-16 and under-18 do not have specific risk factors. Therefore, it is important that we do not concentrate on high risk groups alone. However, some young people are at more risk of teenage pregnancy and will need greater support. These risk factors include:

- Eligibility for free school meals.
- Living in a 'deprived' area. Figure 1 shows the relationship between deprivation and teenage pregnancy in unitary local authority areas across England.
- Persistently absent from school in year 9.
- Making slower than expected progress between Key Stage 3 and Key Stage 4.
- Attending a lower performing school.
- Low aspirations of mothers for their daughters at age 10.
- Experiencing sexual abuse during childhood.
- Having had a previous pregnancy.

It is very important that these risk factors are not seen as causal as a range of confounding factors present may also have an impact on under-18 conception rates. However, communities in Nottingham are subjected to many of these risk factors and this *could* explain the higher than average teenage pregnancy rates in the City.

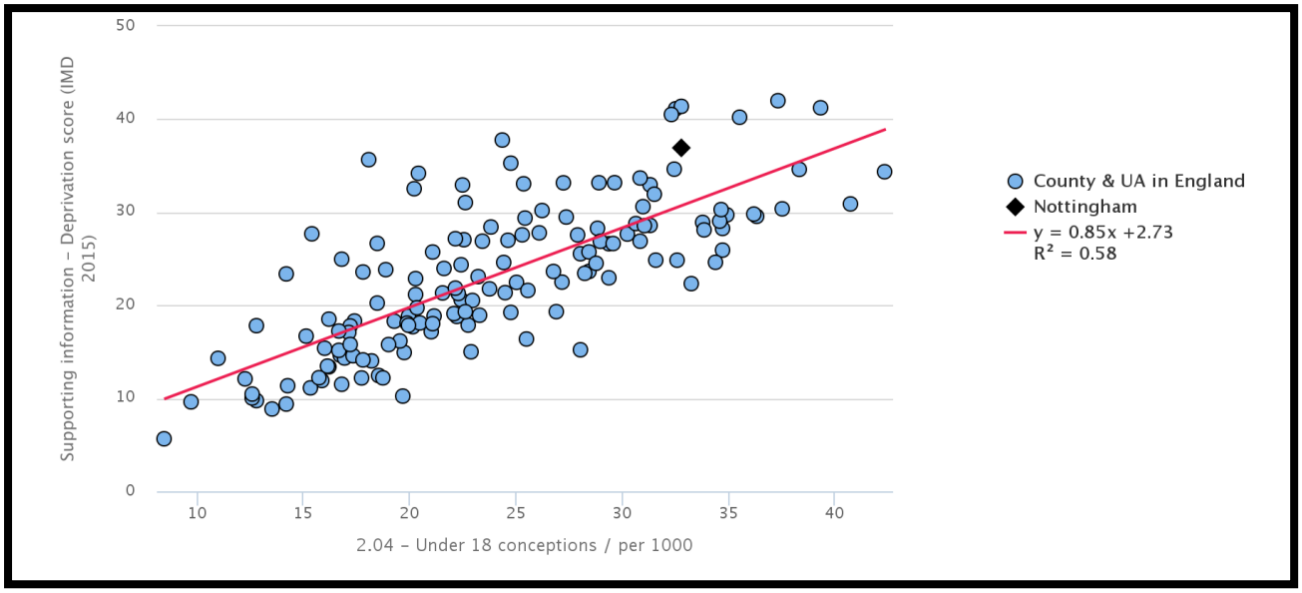
2.1 Impact on young people and their children

For teenage conceptions that end in a birth, the outcomes are often poorer for mother and child. These poorer outcomes include:

- Increased likelihood of smoking before, during and throughout the whole of their pregnancy.
- Decreased likelihood of initiating and continuing breast-feeding.
- Increased risk of infant death.
- Increased risk of Sudden Infant Death Syndrome (SIDS).
- Increased risk of being hospitalised for gastroenteritis or accidental injury.
- Increased likelihood, at age five, of being behind on spatial ability, non-verbal ability and verbal ability.
- Increased likelihood of postnatal depression and higher rates of poor mental health for up to three years after birth.
- Increased likelihood of relationship breakdown in pregnancy or in the three years after birth.

- Increased likelihood, for teenage mothers and their children, of living in poverty.
- Increased likelihood, at age 16-18, of not being in education, employment or training.

Figure 1: Relationship between Deprivation and Teenage Pregnancy Rate for County and Unitary Authorities in England

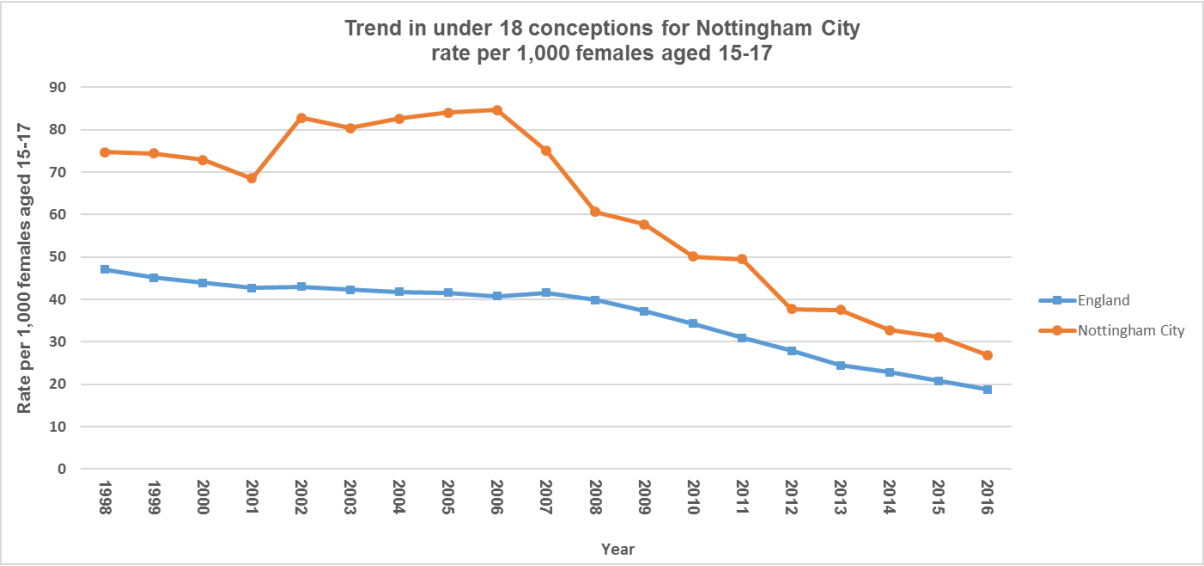


Source of data: Public Health Outcomes Framework, Teenage Conception Rate (2014), Public Health England

3 Teenage pregnancy in Nottingham

In Nottingham in 2016, the most recently available annual conception data, there was a 16.4% decrease in the number of under-18 conceptions (aged 15-17) from 152 in 2015 to 127 in 2016. During this 12-month time period the conception rate decreased from 31.4 per 1000 girls aged 15-17 to 26.9; a 14.3% decrease. It is important to be cautious with regard to the figures as numbers are small and are subject to fluctuation.

Figure 2: Nottingham and England teenage conception rate trend 1998-2016



Source: Office for National Statistics (2018) 2016 Conception Statistics England and Wales

The Nottingham under-18 conception rate has decreased by 64% since the baseline year of 1998 when the under-18 conception rate was 74.7 (Figure 2).

However, Nottingham's under-18 conception rate is still higher than the England average rate of 18.8 conceptions per 1000 girls aged 15-17 in 2016 and the Core Cities average of 24.0 per 1000.

The UK average under-18 birth rate in 2014 was higher than all other Western European countries with the UK's under-18 birth rate being over six times higher than that of Denmark. Across the whole European Union only Latvia, Hungary, Slovakia, Romania and Bulgaria had an under-18 birth rate higher than the UK.

Nationally, around 80% of teenage conceptions are to 16 and 17 year olds and approximately 20% are to 13-15 year olds. The percentages are very similar in Nottingham.

4 What we have done since the last meeting to reduce teenage pregnancy?

4.1 Mapped provision across wards

The Teenage Pregnancy Taskforce is working with sexual health services, the 0-19 public health service, GPs, schools and a Geographical Information Systems Analyst to map sexual health services across the City in relation to ward conception rates, schools and the uptake of service etc. The maps will be available at the meeting for viewing. They have proved to be very useful and have allowed the Taskforce to understand where gaps in data exist, for example with age specific data from GPs, sexual health and contraceptive services.

4.2 Recommissioned the termination of pregnancy provider

Termination rates are, and have always been, very low in Nottingham City compared to the rest of the country. Although there are a variety of potential reasons for this, we do not fully understand the reasons why. Nottingham City Council recently recommissioned the termination of pregnancy service with a number of enhancements that may improve the termination pathway and decrease the number of subsequent pregnancies through the provider supplying Long Acting Reversible Contraception (LARC) at the same time as a hormonal termination.

4.3 Improved equitable access to relationships and sex education

Councillor Webster and the Relationships and Sex Education (RSE) Consultant, Catherine Kirk have been promoting the RSE Charter amongst Nottingham schools; 74% of schools are now signed up to the Charter ensuring greater consistency and improved standards of RSE across the City.

Nottingham's first ever Relationships and Sex Education (RSE) Day was held on 28 June. With RSE in Nottingham recently praised in Parliament and highlighted as good practice nationally, RSE Day gave everyone the opportunity to celebrate their work and promote healthy relationships and positive sexual health for all citizens. An RSE exhibition, a drop-in contraceptive advice session, a history of contraception talk and a workshop on talking to children about relationships and growing up took place at Loxley House. Schools and partner organisations took part across the City with many tweeting using the hashtag #RSEday on social media.

4.4 Targeted resources toward reducing conceptions in the under-16 age group and within high-rate wards

The Teenage Pregnancy Taskforce organised and hosted an event to consider how to tackle the high rates of teenage pregnancy in the under-16 (aged 13-15) age group across the city and the within

the wards where under-18 (aged 15-17) rates are the highest. Alison Hadley, Director of the Teenage Pregnancy Knowledge Exchange and Teenage Pregnancy Lead for Public Health England was the keynote speaker. Alison inspired delegates to take an extra step toward reducing unplanned teenage pregnancy in Nottingham; these pledges are being followed up and will be reported to Health Scrutiny.

4.5 Encouraged services to adapt to meet the needs of an increasingly diverse city

We have recently been invited by the Scottish Government to talk to them and other organisations about the work we have done in Nottingham to adapt and meet the needs of an increasingly diverse City.

5 The future

The Local Government Association and Public Health England recently released a publication entitled 'Good progress but more to do: Teenage pregnancy and young parents'. The document is an update on an earlier version aimed at Councillors and local authority officers describing the role of local authorities in reducing the number of teenage conceptions in local areas. This is, for example, through the commissioning of the 0-5 and the 5-19 services and describes how health visitors, early years' practitioners, social workers, sexual health services and school nurses should all work together to ensure a multi-disciplinary, whole systems approach. The publication gives a succinct summary of ten key factors that local authorities should have in place in order to reduce teenage conception rates further. The Teenage Pregnancy Taskforce will be using the checklist below to ensure that they are working holistically to continue the downward trend and meet the Nottingham Plan target of reducing teenage conceptions by a further third by 2019/20.

The checklist includes:

- Senior level leadership (through the Health and Wellbeing Board) and accountability across local authorities and health services.
- Work with schools to ensure high quality relationships and sex education in schools and colleges in preparation for statutory RSE in 2019. Ensure that RSE and personal, social, health and economic education (PSHE) is integrated with commissioning of school nursing, sexual health services, safeguarding and emotional wellbeing programmes.
- Ensure contraceptive and sexual health services are youth-friendly, easily accessible and well publicised in schools, colleges and other settings used by young people.
- Target additional prevention at those most at risk, including looked after children and care leavers, and link in with relevant early intervention programmes, such as Troubled Families.
- Use parenting programmes to ensure sexual health advice and communication support for parents to enable them to discuss relationships and sexual health with their children.
- Train both the health and non-health workforce in sexual health and teenage pregnancy, targeting front-line professionals who are in touch with vulnerable young people, such as foster carers, youth services, youth offending teams and supported housing workers.
- Provide advice and access to contraception and sexual health services in non-health settings used by young people.
- Ensure consistent messages on healthy relationships and delaying pregnancy are promoted to young people, parents and professionals.
- Use robust local data for commissioning and monitoring progress and local intelligence from surveys and consultation with young people.
- Provide dedicated support for teenage mothers and young fathers, using the LGA-PHE Framework to ensure all agencies contribute to a joined up care pathway.

6 Challenges and mitigations

The Council's extremely challenging budget situation has necessitated budget savings from sexual health services used by young people. These include a reduction in the Integrated Sexual Health Services budget delivered by NUH and the C-Card contract delivered by the Health Shop. Commissioners and providers are working together to mitigate the impact of these savings, for example, by ensuring that young people have equitable access to the Integrated Sexual Health Services and working with GPs to increase the proportion of young people that access sexual health services via their GP.

Free pregnancy testing in community pharmacies has ceased but as reliable pregnancy tests are available to purchase for £1 this is not perceived as a significant risk.

Marie Cann-Livingstone, Teenage Pregnancy Specialist, Nottingham City Council
Helene Denness, Public Health Consultant, Nottingham City Council
12 July 2018

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HEALTH AND WELLBEING BOARD

25 JULY 2018

	Report for Resolution
Title:	Nottingham City Health and Wellbeing Board Stakeholder Event
Lead Board Member(s):	Alison Challenger, Director of Public Health, Nottingham City Council
Author and contact details for further information:	Caroline Keenan, Insight Specialist - Public Health, Nottingham City Council caroline.keenan@nottinghamcity.gov.uk
Brief summary:	This report provides an overview of the Nottingham City Health and Wellbeing Board's Stakeholder Event. Its purpose is to outline the aims and outcomes of the Event, as well as to consider further action.

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

a) consider the ways in which the Board can continue to engage with the wider system in future.

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 an overview of the Nottingham City Health and Wellbeing Board Stakeholder Event. The aim of this Event was to improve connectedness with the community and voluntary sector through consultation on progress against the Joint 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
As one of the four Joint Health and Wellbeing Strategy's outcomes, mental wellbeing was a key focus of the event.

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

Nottingham City Health and Wellbeing Board Stakeholder Event

1. Introduction

This report provides an overview of the Nottingham City Health and Wellbeing Board's Stakeholder Event. Its purpose is to outline the aims and outcomes of the event, as well as to consider further action.

2. Background, aims and event overview

The Nottingham City Health and Wellbeing Board's Stakeholder Event was arranged in order to increase the level of involvement of Nottingham City organisations that are not already in regular contact with the Board. The aim was to improve connectedness with the community and voluntary sector through consultation on progress against Happier Healthier Lives, Nottingham City's Joint Health and Wellbeing Strategy 2016-2020 (hereinafter referred to as the Strategy).

A hundred people attended the event, including facilitators and Board members, which took place on the afternoon of Wednesday 6 June at the Council House. Approximately 50% of delegates were directly invited via email and others signed up after seeing the advertisement on the Health and Wellbeing Board's website or through other avenues including Healthwatch and the NCVS newsletter.

The programme comprised an opening address from the Chair followed by presentations from leads on each of the four outcomes of the Strategy. There was an opportunity for networking and visiting market stalls as well as attending two of four carousel table discussions, each focused on an outcome of the Strategy. A question and answer panel session provided attendees with the opportunity to ask questions directly to Board members.

3. Outcomes

As they left, delegates were invited to record their opinion on a continuum as to whether the event had been useful and virtually all delegates indicated that it had.

There were 23 responses to the follow-up online evaluation survey. The majority of respondents (78%) reported that the event improved their understanding of the Strategy and helped them to understand their role in supporting its implementation (55%). Most respondents (70%) asked to be involved in the Strategy in future. Over 90% of respondents agreed that the information received prior to the event and sign up was straightforward and 62% agreed the information received in advance had been clear. The majority agreed with the suitability of location and length of the Event. Over half (53%) of respondents found the carousel table discussions useful and 77% agreed the question and answer session gave the opportunity to address any matters.

Lessons were learned in terms of the design of the carousel table discussions. Some delegates felt they attempted to cover too much ground in the time allocated and there was an imbalance of information giving versus discussion.

4. Further action

The key outcomes of the event will be published on the Health and Wellbeing Board's website. Board members are asked to consider the ways in which the Board can continue to engage with the wider system in future.

Health and Wellbeing Board Forward Plan 2018/19

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	Lead report author and contact details
26 September 2018	**Joint Health and Wellbeing Strategy Mental Health Outcome - Progress**	Nick Romilly nick.romilly@nottinghamcity.gov.uk
	Adverse Childhood Events	Helene Denness helene.denness@nottinghamcity.gov.uk
	Autism Strategy	Helene Denness helene.denness@nottinghamcity.gov.uk
	Adult Social Care Strategy	Catherine Underwood catherine.underwood@nottinghamcity.gov.uk
	Healthwatch Nottingham and Nottinghamshire	Jane Laughton jane.laughton@hwnn.co.uk
	STP and ICS Update (tbc – depending on latest position)	David Pearson
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 25 July 2018	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk
	Public questions	-
28 November 2018	**Joint Health and Wellbeing Strategy Healthy Culture Outcome - Progress**	Uzmah Bhatti uzmah.bhatti@nottinghamcity.gov.uk
	Physical Activity and Nutrition Declaration - Progress	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk
	Nottingham City Safeguarding Children Board Annual Report 2017/18	John Matravers john.matravers@nottinghamcity.gov.uk
	Nottingham City Safeguarding Adults Board Annual Report 2017/18	Louisa Butt louisa.butt@nottinghamcity.gov.uk

Date of meeting	Report title	Lead report author and contact details
	Update on Nottingham City Councils fulfilment of public health responsibilities	Alison Challenger alison.challenger@nottinghamcity.gov.uk
	STP and ICS Update (tbc – depending on latest position)	**David Pearson**
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	-
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 26 September 2018	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk
	Public questions	-
30 January 2019	**Joint Health and Wellbeing Strategy Healthy Environment - Progress**	Nick Romilly nick.romilly@nottinghamcity.gov.uk
	STP and ICS Update (tbc – depending on latest position)	David Pearson
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 28 November 2018	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk
	Public questions	-
27 March 2019	**Joint Health and Wellbeing Strategy Healthy Lifestyles Outcome - Progress**	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk
	Annual review of Joint Health and Wellbeing Strategy performance metrics	Caroline Keenan caroline.keenan@nottinghamcity.gov.uk
	STP and ICS Update (tbc – depending on latest position)	David Pearson
	Forward Plan	Jane Garrard jane.garrard@nottinghamcity.gov.uk

Date of meeting	Report title	Lead report author and contact details
	Board member updates	Board members
	Draft minutes of the HWB Commissioning Sub Committee meeting held on 30 January 2019	-
	New JSNA Chapters	Claire Novak claire.novak@nottinghamcity.gov.uk
	Public questions	-

Items to be scheduled:

- 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
- Universal credit (suggested by Tim Brown) – need to discuss

Items for 2019/20

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JSNA Chapter – Asylum seeker, Refugee and Migrant Health

Topic information	
Topic title	Asylum seeker, Refugee and Migrant Health
Topic owner	Helene Denness – Consultant in Public Health
Topic author(s)	Asma'u Jacintha Yakubu, Jacqueline Muyundo, Grace Brough, Jennifer Burton
Topic quality reviewed	April 2018
Topic endorsed by	Multi Agency Forum for Asylum seekers and Refugees
Current version	May 2018
Replaces version	April 2015
Linked JSNA topics	Homelessness, BME Health Needs Assessment, Viral hepatitis, Pregnancy, Sexual health, Demography chapter

Executive summary

Introduction

Asylum seekers, refugees and migrants are distinct groups of people with distinct differences from each other, however, they have a common factor in that they have all migrated from their country of origin. Reasons for migrating from a country of origin are the main difference in whether these individuals are referred to as asylum seekers, refugees or migrants. It is important to examine the differences between those who are considered 'asylum seekers' and those who have been granted refugee status as this may have a clear effect on their health needs and access to health care. The differences between the groups can be better understood from the following definitions:

An asylum seeker "*is a person who has applied for protection through the legal process of claiming asylum, they have left their country of origin and are waiting for a decision as to whether or not they are a refugee. In other words, an asylum seeker is someone who has asked the Government for refugee status and is waiting to hear the outcome of their application.* (UNHCR, 2017)

A refugee is, "*someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries"* (UNHCR, 2017)

A migrant "*should be understood as covering all cases where the decision to migrate is taken freely by the individual concerned, for reasons of 'personal convenience' and without intervention of an external compelling factor"* (UNHCR, 2017)

This definition indicates that "migrant" does not refer to refugees or others who are forced to leave their homes. Migrants are people who make choices about when to leave and where to go, even though these choices can sometimes be very restrained.

It is evident from these definitions that there are distinct differences between these groups, and as such, each group has different needs. Research and evidence has been gathered from local, regional and national sources and analysed to understand the needs of asylum seekers, refugees and migrants in Nottingham. This JSNA chapter aims to recognise and understand the current health and wellbeing needs of these population groups, and contribute towards improving their health and wellbeing.

Unmet needs and gaps

- There is a lack of sufficient records on the number of asylum seekers, failed asylum seekers and number of deportees within Nottingham. This could be due to the lack of ethnicity recording among some services. This has shown to be particularly challenging in determining the needs of this population group and the commissioning of appropriate services.
- Some groups of migrants experience difficulties accessing healthcare services due to a number of barriers, including poor understanding of the role of the NHS, language and healthcare entitlements.
- There are challenges around GP registration and difficulties accessing primary and community healthcare services, this is primarily due to an inability to provide the necessary documentation, particularly in 'failed' asylum seekers. There is also often a misconception of what is required for GP registration
- There are difficulties in accessing dental services due to the associated costs, particularly for those with no recourse to public funds (NRPF)
- There is work undergoing to help improve access to interpreting provision at dental practices, however, local intelligence suggest that some dentist are not aware of the free translation services. In addition, there are challenges around accessing face to face translation services which can be a barrier when undertaking physical examinations.
- Mental Health provision is not tailored to meet the needs of asylum seekers, refugees and migrants and some people struggle to manoeuvre through the healthcare system.
- There is no commissioned Mental Health trauma service to respond to the needs of asylum seekers, migrant's and refugees who have experienced incidences such as torture, violence and trafficking.
- There is a lack of interpreting services to cover out of hour's services.
- Nationally, pregnant women with complex social factors are much less likely to access maternity services early in pregnancy and data suggests this is also the case

in Nottingham. Early access amongst these groups during 2014/15 ranged from 10% to 83% (all below the 90% target).

- Pregnant women who are recent migrants, asylum seekers or refugees, or those who have difficulty reading or speaking English are the least likely to access Maternity services within recommended timescales.
- Issues such as forced marriage & honour-based violence needs to be further explored, local intelligence suggests that there is lack of awareness of legal services that advocate against honour base violence in Nottingham.
- Migrants in Nottingham are being exploited by working long hours for low wages; this can have a detrimental effect on physical and mental health.
- There are concerns that Unaccompanied Asylum Seeking Children (UASC) are finding it difficult to access secondary school education at certain times in the year and at a specific age, also the numbers of exclusions from school are rising in children from refugee backgrounds as well as other emerging communities
- There is no access to ESOL classes for asylum seekers until after 6 months of being in the country, this is preventing people from learning to speak English and is therefore a barrier to accessing services.
- The Gypsy, Roma and Traveller (GRT) communities are less likely to access healthcare, ESOL and other public services due to a lack of knowledge about how to navigate through the UK systems and a lack of trust in authorities. There is a need for targeted interventions that foster community engagement within these communities.
- There are delays in accessing benefits and employment due to language barriers. This can lead to poverty and destitution, which can have adverse effect on physical and mental health.
- There is a lack of a standardised approach/pathway or protocol to assessing individuals for social support who have No Recourse to Public Funds.
- Discussing mental health difficulties within many asylum seeker, refugee and migrant communities is a cultural taboo and therefore identifying and supporting need is difficult as families are reluctant to access support. In addition, some medical terms do not exist in other languages, particularly learning disabilities and mental health problems, and this can cause difficulties and fear accessing support.

Recommendations for consideration by commissioners

This JSNA chapter identifies several factors that will affect the health and wellbeing of refugees. It is recommended that commissioners consider the following elements in relation to the needs of this population group when developing services:

Data

- Development of more sophisticated data gathering techniques to enable a better understanding of the demographics of asylum seekers, refugees and migrants in Nottingham. This data should be used to inform and plan policy and service developments.

- Schools do not routinely ask if children are asylum seekers, refugees or migrants and therefore data is not recorded and schools may not be aware of children's support needs. Schools must adapt a more robust data gathering system to help ensure the needs of the asylum seeker, refugee or migrant children are being met.
- The lack of robust monitoring of ethnicity by local authorities and national health services means there is a significant gap in understanding the needs of BME communities. Commissioners and service providers need ensure that robust measures are in place to support routine data collection, such as removing the "not known" category in ethnic monitoring and adding a Migrant, European Citizen or Commonwealth Citizen option. This will help to enable the appropriate planning and commissioning of services and ensure equity of access.

Partnership working

- Commissioners and providers of health services in Nottingham need to look outside traditional structures in order to meet the diverse needs of this cohort. 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 and wellbeing.
- The community and voluntary sector to work collaboratively to provide advocacy services aimed at new and emerging communities. This should include mapping which organisations currently deliver advocacy work and how this can be improved through greater joined up and partnership working.
- Continue the implementation of work funded through the Migration Impacts Fund which includes, commissioning a health outreach team to work with asylum seeker and refugee communities.
- Partnership working to Improve private housing conditions in the City & particularly in areas where there is a large migrant population.
- Assist migrants to exercise their housing rights to secure appropriate housing that is not overcrowded or in disrepair.

Access to services

- Commissioners to consider setting up a "one stop shop" for health with trained healthcare professionals who are able to respond to the cultural and diverse needs of this population group.
- Caseworkers assigned to Asylum seekers on arrival to aid with the process of applications leading to resettlement and to support with issues including housing, legal aid, the UK health system and entitlements.
- Cultural diversity training to healthcare professionals, frontline staff and staff working in public sector organizations such as The Home Office, Transport services and Job centres, this will help to create cultural awareness and improve access to mainstream services.
- Transportation funding for asylum seekers to enable them to get to their appointments with GPs, the Home Office, solicitors etc.
- Commissioners to undertake an assessment of the interpreting services to better understand why the service is not meeting the needs of this group.
- Standardise the approach for assessing and providing social support for individuals with No Recourse to Public Funds.

Mental health

- Consider targeted mental health work with the asylum seeker and refugee communities to encourage access to mainstream mental health services. There needs to be a particular focus on Unaccompanied Asylum seeking Children (UASC) and their specific needs.
- Clarity of the mental healthcare structures and pathways to care for migrant communities.
- Work with the Department of Health and other regulatory bodies to mitigate the impact of the new NHS charging regulations
- Interpreters when used sometimes may misinterpret or minimise information; offer their own interpretation of events rather than convey the citizen's words, or become emotional whilst discussing sensitive topics, especially if they share a similar background or lived experience. In addition, interpreters lack specific knowledge or training in mental health; therefore resulting in a lack of knowledge of specific terminology and a lack of empathy. Commissioners should consider undertaking a review of translation services to ensure services are culturally competent and are meeting the needs of asylum seekers and refugees.

Capacity building

- More specialist workers/support services for migrants who have been trafficked, sexually exploited including Forced Marriage & Honour Based Violence as part of the serious crime bill 2015.
- Training for professionals on their responsibilities in reporting FGM, HBV, sexual exploitation & FM as part of their professional responsibility and the Serious Crime Bill 2015.
- Undertake an assessment to understand access to education for young migrants and the reasons for an increase in the numbers of young migrants being excluded from school.
- All organisations who work with asylum seekers, refugees and migrants should be aware of the Health Access for Refugees Programme (HARP) directory website, which is beneficial in assisting GPs with translating prescriptions and frontline staff with appointment letters as well as signposting to relevant services.
- Provide training opportunities for key organisations in relation to the social and health needs of migrant communities and information on the support services available.
- Provide training for key organisations around providing support for survivors of modern slavery and trafficking.

Community engagement

- National evidence suggest that health care 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.

- The community and voluntary sector to work in partnership with NCC and wider stakeholders to capacity build community organisations to act as a mechanism to encourage greater voice and representation within new and emerging communities and develop pathways to which their voice can be heard, such as through area based forums

Education and communication

- Ensure that GPs and other health care workers understand what services are available for supporting asylum seekers, refugees and migrants in Nottingham.
- Targeted support and interventions tailored to the specific needs of new and emerging communities, for example there are high smoking rates amongst some Eastern European migrant groups compared to the general population, further work may be required to establish why this is and whether a targeted intervention for this group is required.
- There are high numbers of teenage pregnancies in Gypsy Roma and Traveller (GRT) communities. Further work may be required to establish why this is and whether a targeted intervention for this group is required.
- Work with third sector organisations and community organisations in order to disperse health information and target at risk groups. For example, dispersal of smoking cessation information through Polish groups.
- Promote antenatal & maternal services including access amongst migrant communities.(Obstetric & Screening)

JSNA Chapter – Demography (2018)

Topic information	
Topic title	Demography: the people of Nottingham
Topic owner	Shade Agboola, Public Health Consultant
Topic author(s)	Niki Kirk, Information and Research Officer, Nottingham City Council
Topic quality reviewed	July 2018
Topic endorsed by	JSNA Steering Group
Current version	June 2018
Replaces version	2017
Linked JSNA topics	Overarching topic which links to all JSNA chapters.

Executive summary

Part 1: Demographic Context

Introduction

This chapter considers Nottingham's population and how demographic factors impact on the health and wellbeing of its residents and influence the needs and demand for health and social care services. It also considers the impact of estimated population changes in the future. Where these factors relate to specific health and wellbeing issues, they are addressed within the relevant chapters in the body of the JSNA.

Summary

- The latest estimate of the City's resident population is 324,800, having risen by 5,800 since 2015.
- The population is projected to rise to 342,000 in 2026 and to 363,700 in 2041.
- International migration (recently from Eastern Europe) and natural change (the excess of births over deaths) are the main reasons for the population growth recently.
- 29% of the population are aged 18 to 29 – full-time university students comprise about 1 in 8 of the population.
- The number of births has remained static in the past few years, but is higher than the start of the 2000s.
- Compared to some other Local Authority areas, Nottingham is unlikely to show much ageing or population growth in the short term to 2026.
- The 2011 Census shows 35% of the population as being from BME groups; an increase from 19% in 2001.
- Despite its young age-structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability.

- White ethnic groups have higher rates of long term health problems or disability overall, although this varies with age, with some BME groups having higher rates in the older age-groups.
- The City gains young adults due to migration, both international and within Britain, whilst losing all other age groups - this includes losing families with children as they move to the surrounding districts.
- There is a high turnover of population – 21% of people changed address in the year before the 2011 Census.

Part 2: Social and Environmental Context

Introduction

This section outlines some of the factors affecting the social and environmental context within which the population of Nottingham City lives. It focuses on deprivation in the City; the MOSAIC geo-demographic classification of Nottingham; and issues around housing, employment and qualifications.

Some differences in health are unavoidable e.g. older people suffer more from ill-health than younger people, but many are reversible or preventable and the result of unfairness or inequality in circumstance, access to services including NHS provision, lifestyles and behaviours, themselves often determined by a range of social and environmental factors (wider determinants of health). These inequalities are considered in the second part of this section and individual chapters within the JSNA.

Summary

- Nottingham is ranked 8th most deprived district in England in the 2015 Index of Multiple Deprivation (IMD), a relative decline on 20th in the 2010 IMD.
- About a third of super output areas in the City are in the worst 10% nationally (IMD 2015).
- 34% of children and 25% of people aged 60 and over live in areas affected by income deprivation.
- Health is the Indices of Deprivation domain on which Nottingham does worst, followed by Education, Skills & Training.
- The dominant Mosaic groups in Nottingham are Groups J, L, M, O and N.
- The employment rate is comparatively low (57.4% in 2017) – the number of university students only partially explains this.
- 7.7% of the population aged 16-64 were claiming Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance in November 2017, compared with 5.5% nationally.
- 3.4% were unemployed (claiming Job Seekers Allowance or Universal Credit claimants not in employment) in March 2018, compared with 2.1% nationally.
- More than half of jobs in the City are taken by people living elsewhere – people working in higher order occupations are more likely to live outside the City.
- The median gross annual income of full-time working City residents was £23,500 in 2017.
- There are high levels of child poverty in the City. In 2015/16, 42,100 children and young people lived in workless or low income households.
- 12.9% of people of aged 16 to 64 have no qualifications, compared with 7.6% nationally.
- Rates of car ownership are low, particularly amongst pensioners living alone and lone parents.

JSNA Chapter – Domestic and Sexual Violence and Abuse (DSVA)

Topic information	
Topic title	Domestic and Sexual Violence and Abuse
Topic owner	*DSVA Strategy Group*
Topic author(s)	*Grace Brough, Jane Lewis*
Topic quality reviewed	*2018*
Topic endorsed by	*DSVA Strategy Group*
Current version	*2018*
Replaces version	*2014*
Linked JSNA topics	*FGM, adult drug users, adult mental health, alcohol, mental wellbeing, homelessness, sexual health and HIV*

Executive summary

Introduction

Domestic and sexual violence and abuse (DSVA) is a worldwide public health issue, which whilst affects both sexes, disproportionately affects women and girls.

DSVA can lead to a variety of physical and mental health problems, including, but not limited to, fatal outcomes like homicide or suicide, physical injuries, unintended pregnancies, gynaecological problems, mental health problems including depression and posttraumatic stress. There are also wider social and economic consequences as a result of DSVA, such as isolation, restriction in ability to work and achieve financial independence.

DSVA also results in wider costs to society and can lead to higher levels of smoking, substance misuse and alcoholism amongst survivors. The consequences experienced for the survivor themselves can be severe and long lasting, as well as the consequences for their families and children.

An estimated 1.9 million adults aged 16-59 experienced domestic abuse in the UK in the last year, 1.2 million women and 713,000 men (ONS, 2017). This equates to around 5% of the adult population, or 1 in 20.

It is estimated 3.1% of women (510,000) and 0.8% of men (138,000) aged 16 to 59 experienced sexual assault in the last year, 1 in 25 adults. Most victims of sexual assault choose not to report it, the Crime Survey for England and Wales showed that around 5 in 6 victims (83%) did not report their experiences to the police.

This JSNA chapter covers both domestic and sexual violence and abuse. This chapter considers the needs of both men and women, however acknowledges that DSVA is a gendered crime and disproportionately affects women and girls. The needs of Trans survivors are also considered here.

'Honour' based violence, female genital mutilation (FGM) and forced marriage are not covered in this JSNA. Further information regarding FGM can be found in the FGM JSNA.

Unmet needs and gaps

- It appears demand for refuge may be at risk of outweighing supply, as the number of households moving out of refuge has decreased 58%, in turn increasing the time women and families are in refuge accommodation. Longer lengths of stay can delay the women's ability to rebuild their lives in the community.
- Local intelligence suggests not all schools provide healthy relationships education, as such prevention activity is not the same across the City.
- Local intelligence suggests survivors can find themselves in-between services when it comes to mental health support, with some being too high threshold for one service but too low for another.
- The Police and Crime Commissioner (PCC) have identified a lack of long term specialist therapeutic (for example re PTSD) and psychological support services relative to demand in relation to sexual violence and abuse.
- Local intelligence suggests there is a gap in mental health support for survivors of domestic abuse, with some reporting an unclear pathway as to where survivors can receive support and in what circumstances. There is considerable anecdotal evidence that mainstream mental health services are difficult to access and are not trauma informed. Both SV and DVA victims and survivors report that the services are too short even if they do manage to access them
- The PCC have also identified that although a specialist SV counselling service is commissioned the waiting list for this is very high and continues to grow. In addition, the service cannot meet all the mental health needs of victims and survivors
- There is a lack of common language and understanding about the clinical therapeutic needs of victims and survivors who have suffered trauma and how best to support them
- There is evidence that victims and survivors do not feel believed when disclosing to health and other professionals, this is a barrier to service provision
- Whilst sexual violence is a gendered crime which disproportionately affects women and girls, men are victims too and this presents challenges for commissioners and providers in ensuring that services are equitably publicised and accessible for all who need it.

Recommendations for consideration by commissioners

Domestic violence and abuse

Housing

- Commissioners and policy makers should explore possible ways of moving women and families through refuge in a more timely manner, potentially through housing policy or initiatives such as Housing First.
- It is also important to consider the potential effects of the Homelessness Reduction Act on provision and any potential changes to service provision or access criteria that may be required. Housing was cited by survivors as a barrier to leaving, as such ensuring adequate access to alternative housing is crucial to enabling women to leave abusive situations and not experience repeated domestic violence and abuse.
- A further piece of work may be required to publicise housing options to survivors in refuge, as local intelligence suggests many survivors and support workers believe that waiting for social housing is the best option to move out of refuge. However, as the social housing stock decreases this can lead to longer waiting times and in turn a silting up of refuge resulting in new survivors being less likely to be able to access refuge services.

Education

- Commissioners and policy makers should explore how consistent healthy relationship education provision is across City schools and ways to encourage more schools to engage specialist services to deliver this. Being young is a risk factor for domestic violence, as such it is imperative children and young people are educated about healthy relationships as part of early intervention work to prevent domestic violence occurring. Programmes in school also enable children and young people who are living with domestic abuse to get earlier help and support.
- As both domestic abuse calls to the helpline and reported domestic incidences are increasing, it is important to (as far as possible) to ensure provision can meet demand. The helpline (for all survivors, families and professionals) and IDVA support (for high risk survivors) were the services survivors felt made the most difference to them.

Health

- There is much evidence to support the importance of effective response to DV amongst health and social care staff, particularly, the importance of ensuring training for this group. Health and social care providers should ensure all staff are adequately trained to encourage disclosure and know how to effectively respond to disclosure of DV, as well as referral pathways being effectively communicated on a regular basis.
- Work may be required to ensure mental health support is linked to specialist services and that appropriate referral pathways are established and known, to enable survivors to receive the mental health support they may require following trauma.
- Ensure IAPT are equipped to deal with PTSD that may present in DV survivors and thresholds for service are clearly communicated to the sector.

- Work is required to develop a common understanding between all commissioners of the clinical therapeutic needs of domestic violence survivors and how best to meet needs. This should lead into work to review and develop clear pathways between specialist and mainstream mental health services.
- Pathways for support, particularly therapeutic and MH support should be made clear to agencies and the public to enable clearer knowledge and improved access to services.

Specialist support

- NICE recommends provision of specialist children's support, such as advocacy or therapy, as such it is recommended where possible provision of teen advocacy and therapy for children, such as Stronger Families, continues.
- Continue to provide perpetrator programmes delivered in the criminal justice system to address perpetrator behaviour with aligned survivor support services as per NICE guidelines and to explore non-criminal justice interventions.
- Continue to provide specialist support to survivors of DSVA. NICE recommend provision of specialist support, as well as specialist support being valued by survivors themselves.
- As per Safe Lives recommendations and the City's DSVA strategy aim to ensure victims are effectively protected against repeat victimisation and supported to recover from DV, it is important to ensure we continue effective MARAC's in the City and provision of the right number of IDVA's per head of population.
- Continuation of DART would help ensure provision across the spectrum of risk and increase early intervention.
- Providers should be encouraged to consider how they can help support survivors to develop 'Space for Action'.

Equalities

- As BME survivors are over-represented amongst domestic violence services, however under-reported in reports to the police, it may be worth further exploring how we can work with BME groups to encourage reporting of domestic abuse.
- Local intelligence suggests women in the UK on spousal visas/ with no recourse to public funds affected by DSVA may be prevented from reporting and being offered support. It is important we review and understand how we can enable access to support for these women.
- Support should be available to those experiencing familial domestic violence as well as intimate partner violence, 56% of all familial domestic violence and abuse was parent/child relationships. It is important we put in place and publicise pathways, practice guidance and support for these groups.
- It is important to ensure all DSVA services have given appropriate consideration to trans survivors to ensure access to services.
- It is important we ensure all DSVA services are LGBT friendly to ensure equity of access as well as encourage LGBT survivors to seek help. Part of this could be encouraging services to monitor equality characteristics more effectively so we can identify gaps in provision and barriers to access.

Sexual violence and abuse

- Being a student is a risk factor of sexual violence; it is important we work with, and continue to work with, our universities and student population to raise awareness of consent, promote respectful attitudes towards women and girls, ensure that universities can effectively respond to disclosure and that students know how to stay safe and respect each other's boundaries. Continuation of current work being undertaken in the universities around sexual violence would work towards achieving this.
- Consideration should be given to whether we should expand the work going on in universities to colleges and FE institutions.
- As there is a strong link between sexual violence and the NTE, with 40% of all recorded sexual violence offences recorded in the early hours, it is important we continue with the initiatives we have implemented to make the NTE safe and provide safe spaces, Drinkaware crew, street pastors and awareness campaigns.
- The younger cohort appear more at risk of sexual violence, suggesting the importance of working with these groups to prevent attitudes that may facilitate sexual violence and explore consent.
- Ensure sexual violence support services are appropriately linked in with mental health support, and that the support available is suitable for need. These services should be accessible in a timely fashion and meet demand. This should include trauma support for survivors of both current and historic sexual abuse.
- There is much evidence to support the importance of effective response to sexual violence amongst health and social care staff, particularly, the importance of ensuring training for this group. Health and social care providers should ensure all staff are adequately trained to encourage disclosure and know how to effectively respond to disclosure of sexual violence, as well as referral pathways being effectively communicated on a regular basis. Local research identified survivors stated they received a poor response when they had disclosed sexual violence.
- Work is required to develop a common understanding between all commissioners of the clinical therapeutic needs of sexual violence survivors and how best to meet needs. This should lead into work to review and develop clear pathways between specialist (SV counselling) and mainstream mental health services.

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