

WEST AREA COMMITTEE - 11 November 2015

Title of paper:	Public Health Commissioned Services		
Director(s)/ Corporate Director(s):	Alison Challenger, Director of Public Health (Interim)	Wards affected:	
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Date of consultation with Portfolio Holder(s) (if relevant)			
Relevant Council Plan Strategic Priority:			
Cutting unemployment by a quarter			<input type="checkbox"/>
Cut crime and anti-social behaviour			<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City			<input type="checkbox"/>
Your neighbourhood as clean as the City Centre			<input type="checkbox"/>
Help keep your energy bills down			<input type="checkbox"/>
Good access to public transport			<input type="checkbox"/>
Nottingham has a good mix of housing			<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs			<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events			<input type="checkbox"/>
Support early intervention activities			<input type="checkbox"/>
Deliver effective, value for money services to our citizens			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
Update the Area Committee on a selection of Public Health commissioned services for the citizens of Nottingham. Key performance indicators will be discussed along with future service planning.			
Recommendation(s):			
1	The Committee note and comment on the update.		

1. REASONS FOR RECOMMENDATIONS

- The examples of current services; their performance and future plans detailed within this paper specifically focus on reducing inequalities. They illustrate that actions need to be executed in partnership with all agencies involved, service users and the wider population of Nottingham City. This requires a high level strategic understanding and commitment from everyone to secure a coordinated approach.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- Nottingham City faces significant health inequalities. The Public Health team, within Nottingham City Council, are continually working with colleagues and partners via a community wide approach to improve the health outcomes of residents.

Diverse factors can impact on health inequality including age, gender, ethnicity, where individuals live and work and family and community relationships. Existing physical and mental health conditions can also influence health inequality. For example people with diabetes are two to three times more likely to have depression than the general population. Health inequalities are responsible for considerable levels of reduced length and quality of life in the United Kingdom. Children are amongst the most vulnerable sections of society. As such, they are greatly affected by the outcomes of any social and economic deterioration surrounding them. These inequalities mean poorer health, reduced quality of life and an overall shorter life expectancy for many.

Children are susceptible throughout their life course; from before birth and all the way through their crucial developmental, preschool and school years.

Good public health services are essential to tackle health inequalities and reduce the burden of chronic disease. The government has stated its commitment to realising the NHS Five Year Forward View, which pins the sustainability of the NHS and the economic prosperity of the country on a “radical upgrade in prevention and public health”.

Public health functions were moved to local government to enable local priorities to be better reflected in funding decisions. Area Committees are a pragmatic way to engage with local communities and elected members to ensure. This short report will highlight 4 services currently commissioned by Public Health:

- New Leaf Stop Smoking Service
- Slimming World on Referral
- School Nursing Service
- Dental Health Promotion.

1. New Leaf Stop Smoking Service Funding: 2015/16 - £756,450, Contract in place until 31st March 2016

The New Leaf Stop Smoking Service aims to improve people's health now and in the future by supporting smokers who want to give up smoking. As well as improving the health and wellbeing of individuals it reduces the risk of future hospital admissions and critical illnesses. The service is open to any smoker aged over 12 years who either lives or works within Nottingham City Council boundaries or is registered with a Nottingham City GP.

People can access New Leaf by self-referral (via a free telephone line/free text messaging service/venue appointment/attendance at a drop-in session) or by direct referral from healthcare professionals and social care staff, including midwives, health

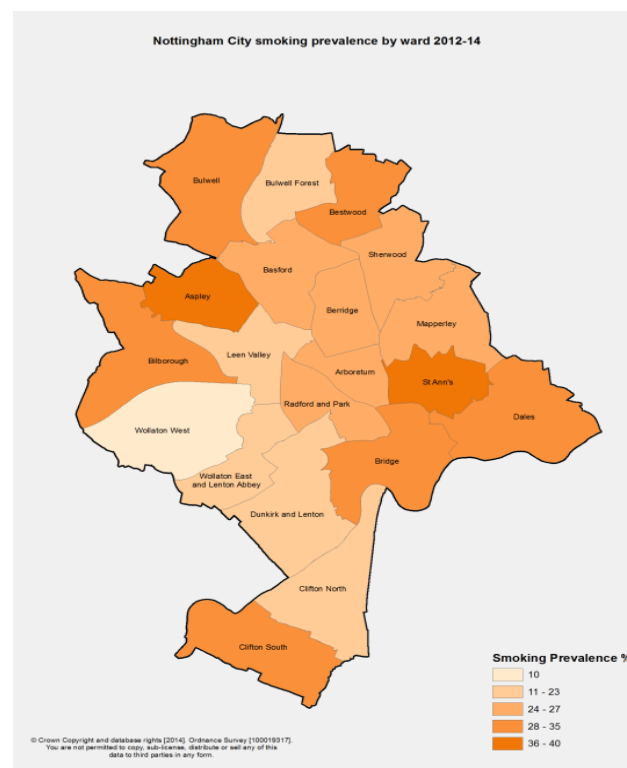
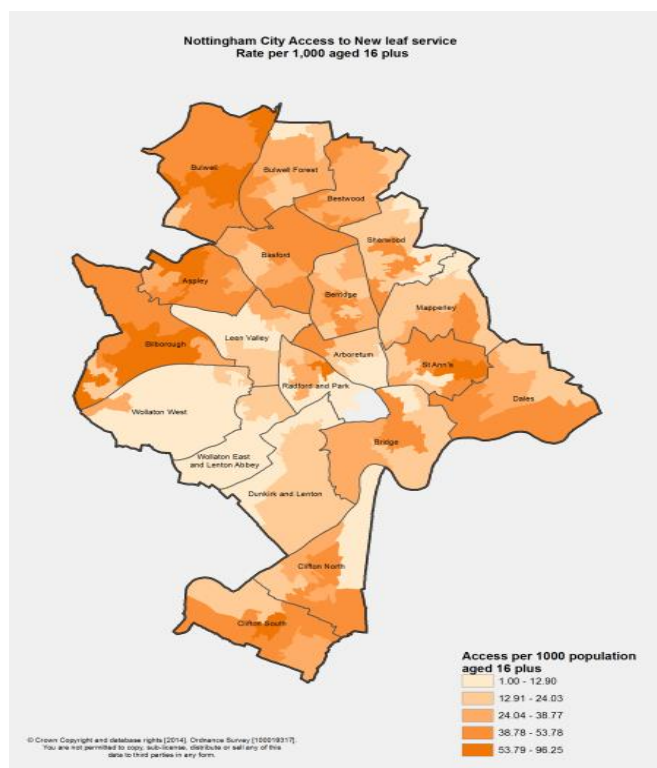
visitors and school nurses or other frontline staff trained in brief intervention. Referrals are also made to the service through the Healthy Change project, via the NHS national helpline or website and via the local New Leaf website www.newleafstopsmoking.co.uk.

New Leaf is promoted through a variety of means. This includes, through national stop smoking campaigns [e.g. New Year, no smoking day in March and Stoptober, media opportunities e.g. Nottingham Post, BBC Radio Nottingham, and also advertise their service through regular bus advertisements. The New Leaf service offers sessions across the city in different locations at different times of the day.

A Health Equity Audit of 2013-2015 New Leaf data is being completed. Initial results indicate that in terms of geographical access to the service the service is doing well, relative to need. However, the data does suggest that 16-24 year olds, people aged over 65 may and some BME groups do not appear to be accessing the service in the numbers we would expect.

Access to New Leaf has decreased over the last 3 years; this reduction is in line with national trends and is thought to be linked to the use of e-cigarettes.

Smokers are more likely to quit if they access a “NHS Stop Smoking Service” like New Leaf. Organisations across the city can help by training in smoking cessation brief intervention and signposting smokers who are thinking about quitting to New Leaf. This includes people who are using e-cigarettes to cut down their smoking or quit.



New Leaf: Nottingham CityCare Partnership

Performance Indicators	Outcome 2014/15
Number of New Leaf 4 week quitters	1,755
No. of CO-verified quitters	952
Number of clients accessing smoking cessation programme	3,670
Number and percentage of clients accessing smoking cessation programme who have set a quit date	2,590
Number and percentage of clients accessing smoking cessation programme, completing after 8-12 weeks with a ' <i>known outcome</i> '	2,221
Number of clients referred to service	3,008
No. of frontline health, public and third sector staff completing training in relation to smoking cessation/ tobacco control	441

West Area figures: In total 623 citizens accessed the service; this is 17% of the citywide total (3,670). An encouraging 48% (297) of citizens accessing the service successfully reported they had continued to stop smoking at 4 weeks, which is exactly in line with the citywide percentage.

2. Slimming World on Referral

- Funding: 2015/16 - **£100,000**
- Contract in place until 31st March 2016

The Slimming World on Referral Scheme enables health professionals to refer eligible patients to local Slimming World Groups for up to 12 weeks to support them to lose weight where it will benefit their health. In Nottingham there are 3 main referral routes:

- Adults:** Motivated obese adults aged 18 years and over are referred to the service by the local “Healthy Change” Lifestyle Referral Hub
- Pregnant Women:** Obese pregnant women can be referred to the 12 week programme by their community midwife.
- 14-17year olds:** Children and young people aged 14-17 years are able to be referred by their GP or school nurse.

The service aims to support clients to be a healthy weight through setting and achieve realistic weight loss goals through changes in both dietary and physical activity behaviour.

The success of the service is measured through the proportion of adults that achieve at least a 5% weight loss as this is the minimum weight loss generally associated with measurable reduction in risk of long term conditions in adults.

The scheme supports pregnant women to eat more healthily, be physically active and limit their excess weight gain, rather than set specific weight loss goals. The service is not advertised as it has reached capacity. Approximately 90% of the service adult attendees are women whereas the number of obese men in the city is similar to the number of obese women: therefore, improving referrals for men is a priority.

Slimming World on Referral: Slimming World

Performance Indicators	Outcome 2014/15
Number of patients accessing Slimming World	2459
Number of patients to have attended for at least 10 sessions	1524
Number of patients that have achieved a 5% weight loss after 12 weeks	829
Number of patients accessing Slimming World (male)	283
Number of patients that have achieved a 5% weight loss after 12 weeks (male)	120
Number of patients accessing Slimming World (BME service users)	354
Number of patients that have achieved a 5% weight loss after the 1st 12 weeks (BME service users)	107
Number of patients accessing Slimming World from priority groups and areas	1929
Number of patients from priority groups and areas that have achieved a 5% weight loss after 12 weeks	618

3. Public Health Nursing Service (Schools 5 to 19 years):

- Funding: 2015/16 - **£1,444,419**
- Contract in place until 31st March 2016

School nurses are specialist public health nurses who deliver evidence based public health interventions to school-aged children and young people. Together with their team, they lead and deliver the Healthy Child Programme, taking over from health visitors who provide services covering pregnancy and the first five years of life. As such, the service plays a crucial role in ensuring that children, young people and families get good, joined-up support and access to available services at the earliest point. School nursing is the only independent access to health and social services for children and young people. Public Health Nursing (5-19) is a universal service, which intensifies its delivery offer for children and young people who have more complex and longer term needs. For children and young people with multiple needs, Public Health Nursing teams are instrumental in co-ordinating services.

Aim of the service: To promote and protect the health and well-being of all school-aged children and young people so that they can optimise their education and wider social opportunities. Promotion of the service has been prioritised this year. This has included:

- Production of a new leaflet 'A Guide to School Nursing in Nottingham City' which has been distributed to all parents/carers along with a 'Welcome to School Nursing' letter for parents/carers.
- 'Who's who in School Health' photo boards produced for each primary, secondary and special school along with individual photographs of each team member. A blank space has been provided in the secondary school display for details of the weekly drop-in times.
- Production of a poster to promote the service in secondary schools and the development of a new School Health website.
- School nursing packs developed and included in school welcome packs provided by schools to parents prior to their child starting school. School nurses are also attending assemblies to promote the service.
- Public Health, in partnership with Education Partnerships, Healthy Schools, School Nursing and other service providers have held a series of School Health Partnership events. The last event focused on 'safeguarding children and young people's relationships' in which 77 delegates attended. These events aim to improve communication and partnership working between health partners and schools around key public health priorities. There are issues in some schools around the availability of an appropriate, confidential room for the school nurse to use for weekly drop-ins; this restricts access to the service. The main challenge experienced by the service is the reluctance of some schools to allow drop-ins and in particular sexual health services within the school setting, resulting in inequitable provision for young people across the City.

Public Health Nursing – Core Service: Nottingham CityCare Partnership

Performance Indicators	Outcome 2014/15
Number of children in Reception receiving School Entrant Health Assessment (questionnaire or face to face)	2,025
Number of Year 6 aged children participating in National Child Measurement Programme	2,753
Number of School Groups with an identified Public Health Nursing Team	16
Number of Public Health Nursing Teams with lead Specialist PH Practitioner	5
Number of health needs questionnaires returned by Parent or Carer at School Entry into Reception.	1,430
Number of health needs questionnaires returned by Parent or Carer at Year 7	372
Number of Year 7 health assessments completed	527
Number of Reception Year aged children participating in NCMP	3,266

4. Dental Health Promotion

- Funding: 2014/15- **£80,000**; 2015/16 - **£79,800**
- Contract in place until 31st March 2017

The National Dental Epidemiology Programme for England, Oral Health Survey of Five year old Children completed in 2012 demonstrated that: in England 27.9% of 5 year old children surveyed had experienced dental decay, in Nottingham City 38.5% of those examined from the sample showed signs of decay. The average number of decayed, missing or filled teeth (DMFT) in the whole English sample was: 0.94. However, in Nottingham City the average DMFT was recorded as 1.0. Nottingham City has made some progress in reducing dental decay. Nevertheless, continued support is required to ensure continued improvements in child dental health, including regular tooth brushing using fluoride toothpaste, reducing the consumption of sugary snacks and fizzy drinks and supporting access to dental services.

The oral health promotion programmes aim to encourage identified individuals, groups and communities for example children and young people and vulnerable groups, to maintain and improve their oral health by:

- increased use of fluoride
- reducing the frequency of sugar consumption
- effective daily oral hygiene
- seeking regular dental care
- smoking cessation awareness campaigns
- oral cancer awareness campaigns

County Health Partnerships, Oral Health Promotion Service deliver the programme across Nottingham City. The main element of the service is to deliver a supervised tooth brushing scheme in 25 of the most deprived schools and early year's settings in Nottingham City. The aim of the service is to deliver an evidence based oral health promotion service based on the recommendations from the Public Health England document 'Local authorities improving oral health: commissioning better oral health for children and young people.

The service is promoted with direct work with the schools taking part in the supervised tooth brushing programme. Also all health visitors across the city are involved in distributing oral health messages to all children aged 1 at their 1 year review.

The new oral health promotion contract is new and commenced in June 2015 therefore there are no comparisons to be made from the previous year.

The supervised tooth brushing scheme is taking part in the following early years settings:

The new service is based on targeted work with schools and on universal health visitor support to all families within the city, it is anticipated that there will be no barriers to this service. Schools which have been targeted to deliver the tooth brushing programme are working well and ensuring their 3 and 4 year olds are brushing their teeth once a day.

Supervised Tooth Brushing Programme

The Oral Health Promotion Team provides a supervised tooth brushing programme within 25 nurseries and attached primary schools (reception and year 1), targeting the most deprived wards within Nottingham City. The programme will be based on evidence of good practice (Scotland and Bradford) and will work with nursery settings and primary schools to deliver a programme where children will be supervised to brush their teeth once a day. The aspiration is that everyone should brush twice a day, but for the purposes of supervised tooth brushing, schemes all focus on once a day in school but encouraging parents to help with brushing once a day at home.

Oral Health Promotion Team includes within the programme the provision of free toothpaste and tooth brushes to participating settings. It is anticipated that the programme will be rolled out in a phased approach;

- Year 1 - Establishing the programme in 25 nursery settings
- Year 2 - Extension of the programme into the 25 attached primary schools (Reception and Y1) and continuation of programme in the nurseries
- Year 3 - Consolidation and continuation of the programme in the 25 nurseries and attached primary schools, (Reception & Year1)

Targeting of the programme is important because supervised tooth brushing programmes are more effective in areas of high tooth decay rates and less effective when children are already brushing their teeth. The positive impact on inequalities depends on appropriate targeting of high risk populations, high sentient rates, compliance and retention. Successful implementation depends on engaging with parents, schools and early years settings. We ensure teacher supervision and will give on-going support in terms of training, cross-infection control and consent for participation. It is also essential that this programme is backed up with curriculum based support (for example an education pack) for pupils and parents. The 25 nursery settings and primary schools will be determined by the commissioners. The following local school/early years providers are part of the new service:

- Rosslyn Park
- Brocklewood
- Jubilee
- Djanogly Strelley Academy
- Bluecoat Academy Primary School
- Robert Shaw

Oral Health Training: The team delivers oral health training brief and intervention training for the wider health, social care and education workforce (min of 50 professionals per year), This will be based on a capacity building approach in order to support oral health improvement in their daily role. It is expected that a more strategic means of health education will be delivered ensuring that oral health messages are

appropriate and consistent across the board. Training is specific and tailored to the audience and the provider should be creative and accommodate the best possible venue for the training to ensure maximum attendance.

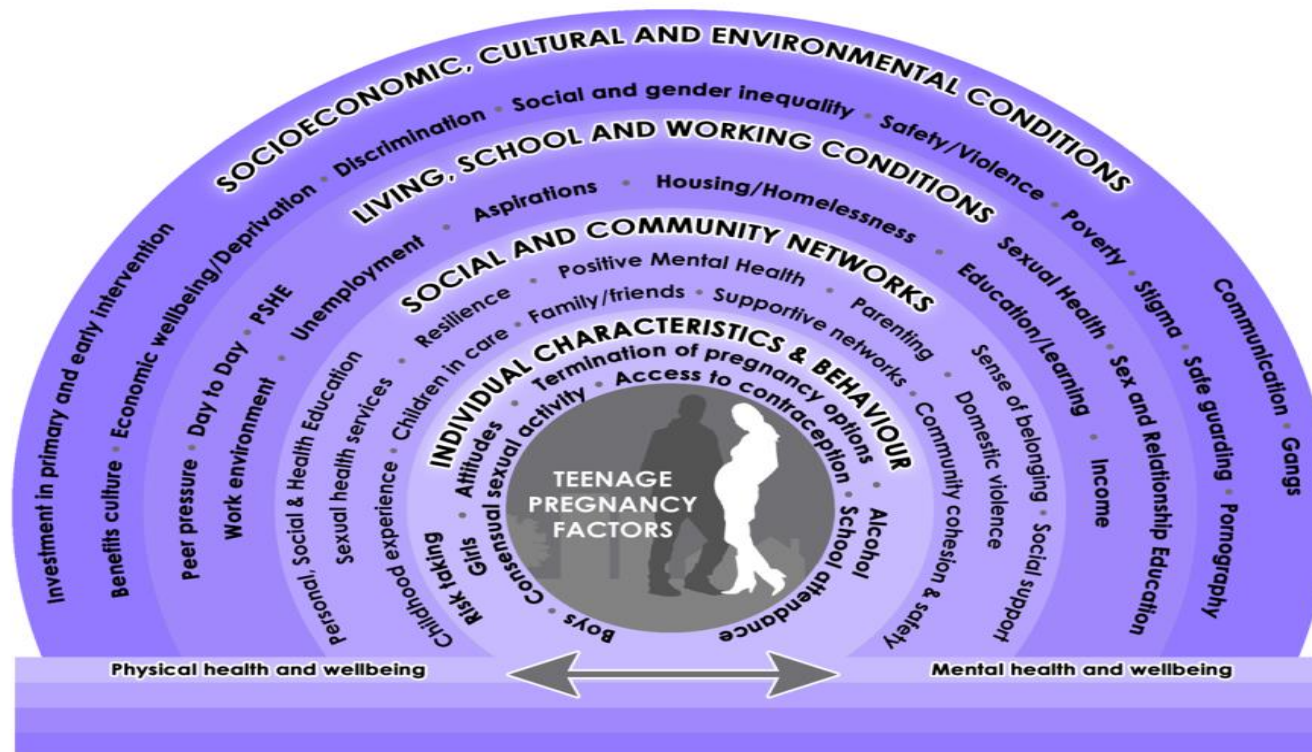
Distribution of Oral Health Resources: The team deliver a universal provision of toothbrushes and toothpaste at key child development checks undertaken by Health Visitors to encourage parents and / or carers to adopt good oral health practices and start tooth brushing as soon as first teeth erupt. They also work in partnership with stakeholders to ensure a joined up approach to the delivery of the Healthy Child Programme within Nottingham City: Healthy Schools, Health Visitors, School Nurses, School Health, Health Improvement, children's centres, etc. **Campaigns:** The team supports the local delivery in Nottingham for example: National Smile Month, Mouth Cancer Awareness Month and National No Smoking Day. The provider will also ensure appropriate and evidence-based oral health messages are promoted to all key stakeholders and Nottingham City citizens. The oral health service will also undertake other targeted oral health campaigns as decided by the commissioner through the contract period.

Oral Health Promotion: County Health Partnership

Performance Indicators	Outcome 2014/15
Number of women with registered pregnancies given brief advice by midwife	3,465
Number of two year olds receiving oral health brief advice.	2,019
Number of all school entrants in target areas given brief advice (will be reported Q3/4)	2,897
Number of frontline staff trained to deliver appropriate oral health brief	118
Number of children, from whom consent has been gained, receiving fluoride varnish application in schools	762

Teenage Pregnancy Update

Teenage pregnancy is a complex and serious social problem. Having children at a young age can influence young women's health and well-being, severely limit education and career prospects and result in negative health outcomes for their children, who are significantly more likely to become teenage parents themselves. There are also strong associations between high under-18 conception rates and; low educational attainment, low aspirations, poor attendance at school, being in public care, the daughter of a teenage mother, having mental health problems, having experienced sexual abuse and being involved in crime. Teenage pregnancy is, therefore, a key health inequality and social exclusion issue.



Adapted from Social Determinants of Health; Dahlgren and Whitehead 1991

There has been good progress made in reducing under-18 conception rates in Nottingham, the 1998 baseline year under 18 conception rate was 74.7 per 1000, this has more than halved over the years. The latest rolling, in year data for the 12 months to June 2014 (Quarter 2 2014) is: 35.8 per 1000, this indicates that Nottingham City has maintained its rate of teenage conceptions compared to the same period in 2013. In comparison, the England under-18 conception rate was 23.4 per 1000 as compared to 25.7 per 1000 for the previous year; demonstrating a continued downward trend.

The statistical neighbour group has changed since last year with Bristol, Coventry and Derby replacing Barking & Dagenham, Liverpool and Middlesbrough respectively. Nottingham is ranked third worse of 11 statistical neighbours and ranked thirteenth worse of all 146 English local authorities. Stoke-on-Trent is ranked worst in England with a rate of 45.3 per 1000 and Barnet the lowest rate in England with a rate of 11.0. per 1000

Successfully reducing teenage conception rates involves significant partnership working and strategic planning: Implementation of the Teenage Pregnancy Plan is key to this, in particular: developing age appropriate SRE within all Nottingham schools, raising awareness of Child Sexual Exploitation, targeting support to vulnerable groups such as looked after young people, working with emerging populations who may not access services such as refugee or migrant populations.

The City Council has recently recommissioned the Integrated Sexual Health Service for the city. This has given us the opportunity to examine, analyse and interpret the data to ensure we are offering services for young people in the most accessible venues for example we are in the process of ensuring services will be available at Melbourne Park.

Food for Life Partnership £150,000 non recurrent funding

Nottingham City Council Public Health has commissioned the Food for Life Partnership (FFLP) to deliver a project working with schools across the City to support a whole school approach to food, through cooking, growing, farm visits and supporting the school meals service. This project has been commissioned to help schools and their communities make changes around healthy, affordable and nutritious food. The project will do this by engaging schools through one to one support, bespoke training and helping them achieve Food for Life Partnership awards. In addition, the programme will support local school caterers and cooks to achieve the Food for Life Catering Mark. The evidence from this approach shows us that children involved with Food for Life perform better at school, concentration and behavioural levels improve (in both primary and secondary). Carshalton secondary school is a good example of how a school used this whole school approach to turn around its results; more information can be found here: www.foodforlife.org.uk

The City Council will support 40 schools through the Food for Life programme over 2 years (Jan 2015 to Jan 2017). The aim is to achieve the best outcomes possible for all pupils. At the end of the project period we will be encouraging schools to self-fund the future activity. We already have one school in the Nottingham: Greenfields Primary in the Meadows which successfully funds the Food for Life Partnership approach. We have used this school as the 'gold standard' which we plan to replicate across the city and will support all 40 city schools involved with this pilot to aspire to this model.

Conclusion

Reducing Health inequalities and improving health and social outcomes within Nottingham City is not easily achieved. The evidence clearly shows that any one agency on its own will not have sufficient impact to guarantee a reduction in the gap currently observed between populations. The examples of current services; their performance and future plans detailed within this paper specifically focus on reducing inequalities. They illustrate that actions need to be executed in partnership with all agencies involved, service users and the wider population of Nottingham City. This requires a high level strategic understanding and commitment from everyone to secure a coordinated approach. Public Health will continue to support services and strategies by persuading and influencing a wide range of partner agencies to make certain the reductions in health inequalities remains high on everyone's agenda.

'Improving health and social outcomes for the citizens of Nottingham City is everyone's business.'

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- N/A

4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- None

5. **LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)**

- None

6. **EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

- No

Yes – Equality Impact Assessment attached

☐

Due regard should be given to the equality implications identified in the EIA.

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

- Department of Health (2015) The Healthy Child Programme.
<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>
- Fair Society Health Lives: The Marmot Review (2010)
- Global Burden of Diseases, Injuries, and Risk Factors Study (2013). The Lancet
<http://www.thelancet.com/global-burden-of-disease>
- Nottingham City Joint Strategic Needs Assessment
<http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA.aspx>
- Public Health England (2014). From evidence into action: opportunities to protect and improve the nation's health.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf
- The King's Fund (2012) Long-term conditions and mental health: the cost of comorbidities
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf
- World Health Organisation (2015) Glossary of Terms
<http://www.who.int/hia/about/glos/en/index1.html>

- World Health Organisation (2004) Commission on the Social Determinants of Health http://www.who.int/social_determinants/resources/csdh_brochure.pdf

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

- None