

Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

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| Completed by: | John Wilcox | Reporting period: | From: | September 2016 | To: | November 2016 |
| Board meeting: | November 30 th 2016 | Next meeting at which this Priority Outcome will be discussed: | | July-September 2017 | | |

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

Priority Actions:

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

For information

Key Progress to bring to the Board's attention:

Highlight Update on indicators in this reporting period:

For progress on all indicators see Performance Report and Action Plan in Enc 2.

1. Sexual Health

- Under 18 conception rate - The latest quarterly data indicates that the conception rate, for girls aged 15-17 in Nottingham, is 30.9 per 1000. This is in line with the current trajectory of reducing under 18 conception rates.
- HIV late diagnosis – This indicator has changed on the Public Health England Public Health Outcomes Framework (PHOF) and the target has been set because of this. There has been an improvement in reducing HIV late diagnosis and Nottingham is no longer significantly higher than England.

2. Alcohol Misuse

- There is no additional data on alcohol related hospital admissions and the ability to report alcohol related crime and antisocial behaviour is being reviewed.

3. Smokefree

- The national survey which the smoking prevalence is collected from has changed from the Integrated Household Survey to the Annual Population Survey. This has resulted in changes to the historical and current smoking prevalence data used as an indicator on the PHOF (August 2016 PHOF update). The strategy targets have been recalculated to reflect this change in measurement.

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| | <ul style="list-style-type: none"> The percentage of women who <u>smoke during pregnancy</u> has increased from 18.1% in 2013/14 to 18.7% in 2015/16 (August 2016 PHOF update). This change is not statistically significant but is not in line with the downward direction of travel required to meet the strategy target. <p>4. Physical Activity, Obesity & Diet</p> <ul style="list-style-type: none"> PHE have changed the methodology for calculating breastfeeding prevalence at 6-8 weeks after birth resulting in new baseline data on the PHOF. The strategy target has been amended accordingly. There has been a <u>decrease in the proportion of adults meeting the recommended 150 minutes a day of physical activity</u> from health from 56.5% in 2014/15 to 55.0% in 2015/16 (PHOF November 2016 update). This change is not statistically significant but is not in line with the downward direction of travel required to meet the strategy target. There has been an <u>increase in the proportion of adults who are inactive (<30 mins of physical activity a week)</u> from 29.1% in 2014/15 to 33.3% in 2015/16 (PHOF November 2016 update). This change is not statistically significant but is not in line with the upward direction of travel required to meet the strategy target. The proportion of <u>adults with excess weight has increased by 0.1%</u> (62.3% in 2014/15 to 62.4% in 2015/16 (PHOF November 2016 update). This change is not statistically significant but is not in line with the downward direction of travel required to meet the strategy target. The proportion of children with <u>excess weight has decreased in both age groups</u>. This decrease is in line with the strategy target for Year 6 children but not Reception children. |
| <p>Key progress on delivery of action plans themes in this reporting period</p> | <p>1. Sexual Health</p> <ul style="list-style-type: none"> A range of sexual health services have been commissioned including integrated sexual health (contraception and GUM) services, Online Chlamydia Screening, Online HIV Home Sampling and SH testing and contraception services provided via GPs and pharmacies to increase choice and timely access to services. In addition, 44 schools are signed up to the sex and relationship education (SRE) charter (16/17 target is 85 schools). <p>2. Alcohol misuse</p> <ul style="list-style-type: none"> Providing alcohol Identification and Brief Advice (IBA) consistently in a number of settings is a key component of the action plan. The Emergency Department (ED) and primary care are key settings for delivery of alcohol IBA. The ED of Nottingham University Hospitals NHS Trust has made good progress in this area, including ensuring that templates used by clinical staff include an alcohol screening question. Information about alcohol is also included on discharge letters to primary care. Public Health are undertaking some work to determine variability in provision of alcohol IBA in primary care, specifically in the General Practice setting. This is not complete, but work to date has identified a degree of variation as well as a number of barriers and enablers associated with provision. The voluntary and community sector (VCS) is developing a model for the brief intervention training starting with alcohol brief intervention, through the Children and Young People's Providers Network (CYPPN) and the Vulnerable Adults' Providers Network (VAPN). |

3. Smokefree

Protect children from the harmful effects of smoking

- A City/County Smoking in Pregnancy task and finish group has been established – linked to the Better Births Board.
- Smokefree Summer – 7 major family events across the City were smokefree for the first time this year including the children’s areas at Splendour and Riverside. Plans for 2017 being developed. Citizen consultation undertaken over the summer shows on-going support for extending smokefree outdoor spaces where children are present.
- Smokefree bus and tram stops - There are discussions currently taking place on the introduction of smokefree bus and tram stops. Further citizen consultation on this is needed.

Motivating smokers to quit

- Following a review of commissioned services for adults to improve lifestyle risk factors, an opportunity to provide a new smoking cessation service has been advertised, commissioned by the Nottingham City Council.
- Organisations including Nottinghamshire NHS Healthcare Trust, NUH, and the City Council, have or are considering amending their workplace policies in relation to differentiate between smoking and vaping.

Leadership, Innovation and Development in Tobacco Control

- The majority of Health and Wellbeing Board members have signed the Nottinghamshire County and Nottingham City declaration on Tobacco Control.
- Nottingham CVS is to sign the Declaration on Tobacco Control on behalf of the sector.

Physical Activity, Obesity, and Diet & Nutrition

Physical Activity, Obesity and Diet Strategy

- The City’s former Healthy Weight strategy is currently being refreshed to match the ambition for physical activity, obesity and diet laid out in the Health and Wellbeing Strategy. A multiagency strategic group, involving Board organisations, has been established to provide leadership for this.
- Several multiagency workshops for each area in the refreshed strategy (“physical activity”, “diet and nutrition” and “treatment and pathways”) have been held to develop broad action plans for this issues which incorporate those in the Health and Wellbeing Strategy. These groups form the delivery arm of a strategic approach to addressing these issues for the city.
- Nottingham CVS is offering opportunities for sporting activities for staff teams within the sector funded by Sport England.

Healthy Children’s Centre Standard (HCCS)

- All 6 City Council Early Help Teams are engaged with undertaking the standard supported by the PSHE Advisory Service. Each team has undertaken the HCCS audit and are in the process of identifying actions and planning the outcomes.

Primary Schools Sheriff Challenge

- The scheme has now been launched by the City Council School Sports team funded by Opportunity Nottingham. This evidence based intervention encourages children to run/walk a one-mile course around their school playground at least week.

Commissioning of adult healthy weight/weight management service

- Following a review of commissioned services for adults to improve lifestyle risk factors, an opportunity to provide a service that will be central to the delivery of the city’s adult weight management pathway has been advertised, co-

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| | <p>commissioned by Nottingham City Council and Nottingham City Clinical Commissioning Group.</p> |
| <p>Examples of how health inequalities are being considered in this reporting period</p> | <p><u>Commissioning of sexual health services</u> The health promotion element of the Integrated sexual health services is aimed at targeting those at increased risk such as young people, men who have sex with men (MSM) and black and minority ethnic (BME) groups, as well as sex workers. The HIV support service is aimed at promoting HIV awareness and testing to higher risk groups as well offering social support to those diagnosed with HIV and their families/partners. The Sexual Health and Needle Exchange Service aims to provide sexual health services to drug users who are at increased risk of sexually transmitted infections.</p> <p><u>Commissioning of adult healthy lifestyle services</u> An equality impact assessment was conducted in relation to the commissioning intentions for these services. Groups most at risk of smoking/smoking related harm and obesity have been identified with the service specifications and the access and outcomes of these groups will be monitored through the service performance indicators. For smoking cessation this includes pregnant women, people with mental health and/or substance misuse problems and citizens with long term conditions, citizens living in the most deprived areas. For obesity this includes people with mental health problems, people with learn disabilities, pregnant women and people from certain black and minority ethnic groups.</p> <p><u>Tobacco Control Strategy</u> An equality impact assessment was conducted in relation to the development of the city tobacco control strategy 2015-2020. The strategy sets out the impact of smoking on health inequalities and places a particular emphasis on targeting interventions to groups and communities that have the highest smoking rates and need the most support. An example of this is the commissioning of stop smoking services described above. The city's tobacco control strategic group monitors the action plans to address smoking related harm including their impact on health inequalities.</p> <p><u>Physical Activity, Obesity and Diet Strategy</u> The development of the strategy is informed by recently refreshed JSNA chapters. Strategic actions within the strategy have been developed to target the priority groups as identified in the needs assessments.</p> |

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| <p>Amendments to the action plans (report appendices)</p> |
| <p><u>Additional actions</u> Nottingham City Council Sport and Leisure Service have provided the following additional actions which have been included in the physical activity action plan (Enc. 2)</p> <p><u>Physical Activity</u></p> <ul style="list-style-type: none"> • Nottingham City Council Sport and Leisure Service: Increase the number of adults (14+) undertaking 1x30 minutes of sport and physical activity a week • Nottingham City Council Sport and Leisure Service: Increase the availability of disability specific sport and physical activity projects in the city |

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| <p>For consideration/discussion</p> |
| <p>Key risks and issues</p> <ul style="list-style-type: none"> • There will be insufficient VCS infrastructure to support the delivery of the strategy if funding for the |

Key risks and issues

VAPPN and the CYPPN ends March 2017.

- There is currently no system for reporting the progress on the plans from the VCS.
- Due to the nature of the population level outcomes we are aiming to change, there is a limit to our ability to quantify how the progress on achievement of the action plans, will contribute to the strategy outcomes.
- Board members assuming that there is significant specialist resource to deliver on these outcomes and therefore do not drive the agendas forward within their organisations.
- Insufficient financial resources are allocated to prevention to achieve the strategy outcomes.
- Insufficient leadership and ownership within organisations and across the partnership of the physical activity, obesity and diet agenda to achieve strategy outcomes.
- Without an increased commitment to delivery, actions within the newly refreshed strategy physical activity, obesity and diet are, on their own, unlikely to be sufficient to reverse the trends of worsening levels across the city and meet the ambition within the HWS.
- 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.

1. Smokefree

Tobacco Control Declaration

Board organisations can demonstrate their support of the smokefree agenda by signing the Declaration and developing an action plan to demonstrate their organisations contribution to reducing tobacco related harm in the city. Whilst the majority of organisations have signed the declaration, it is not clear whether all have agreed and are working to action plans.

Workplace Policies

There is an opportunity for organisations to support the smokefree agenda by reviewing their smokefree policies in relation to how they differentiate between smoking and vaping.

2. Alcohol IBA

Providing alcohol IBA consistently and systematically across the partnership is likely to be challenging. Work is ongoing to develop this in key settings including ED and primary care, but work is also needed in other settings to ensure a systematic approach. Oversight of this initiative in both individual organisations and across the partnership is also needed. It is recommended that all member organisations consider both how they will address this issue individually and how progress across the partnership will be monitored.

3. Physical Activity, Obesity and Diet

Organisations can support the agenda by reviewing their policies in relation to the access to healthy food and supporting their workforce to be a healthy weight and be physically active.