

Health and Wellbeing Strategy 2016-2020 Outcome Progress Highlight Report

Completed by:	Caroline Keenan, Kate Smith, Uzma 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was the source for Public Health England's Public Health Outcomes Framework since its inception ten years ago, has been replaced by the Active Lives Survey.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 neighbours¹ (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 Nottingham¹.

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.

Adults

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.

	<p><u>Leadership, innovation and development</u> 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Examples of how health inequalities are being considered in this reporting period</p>	<p>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.</p> <p>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</p>

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.