

Title of paper:	An update on children and young people's health and wellbeing in the context of Nottingham City's Children and Young People Plan 2016-20	
Report to:	Nottingham Children's Partnership Board	
Date:	22/11/2019	
Relevant Director:	Alison Challenger (Director of Public Health)	Wards affected: All
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Relevant Children and Young People's Plan (CYPP) priority:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		<input type="checkbox"/>
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		<input checked="" type="checkbox"/>
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		<input type="checkbox"/>
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		<input type="checkbox"/>
Summary of issues (including benefits to customers/service users):		
<p>This report highlights partnership activity that promotes the health of babies, children and young people. Whilst all outcomes in Nottingham Children and Young People's Plan will be referenced this report specifically focuses on efforts to reduce the:</p> <p>Proportion of women smoking in pregnancy. Proportion of year 6 children who are obese. Percentage of mothers who breastfeed their babies at 6-8 weeks</p> <p>In 2018/19, 15.9% of mothers in Nottingham City were smokers at delivery, which is significantly</p>		

higher than the England average of 10.6% and the fourth highest rate of our statistical neighbours. Whilst this is a welcome reduction from 17.2% in 2017/18, this reduction is not statistically significant reduction and Nottingham's position compared to statistical neighbours has worsened from the fifth highest rate in 2017/18 to the fourth highest rate in 2018/19.

Changes in service provision have led to the development of new ways of working to support women to stop smoking in pregnancy. In addition, our social marketing campaign 'Love Bump', launched in March 2019, continues to develop in response to feedback from citizens.

In 2018/19, 23.8% of reception age children in Nottingham City were obese or overweight. This percentage increases to 38.7% by Year 6 that is significantly higher than the England average and the third highest of our statistical neighbours. Work is underway to better integrate public health nutrition across the commissioned 0-19 children's public health services and review referral pathways for the children's weight management service. In addition, the whole system approach approved by Nottingham Children's Partnership Board is being advanced.

Recommendations:

1	Nottingham Children's Partnership Board is requested to note the contents of this report and progress on health and wellbeing outcomes in the Nottingham City Children and Young People's Plan.
2	Nottingham Children's Partnership Board partners continue to support activity to improve health and wellbeing of children and young people in Nottingham.
3	Nottingham Children's Partnership Board partners are asked to continue to prioritise health outcomes for children and young people in their strategic priorities and commissioning plans.

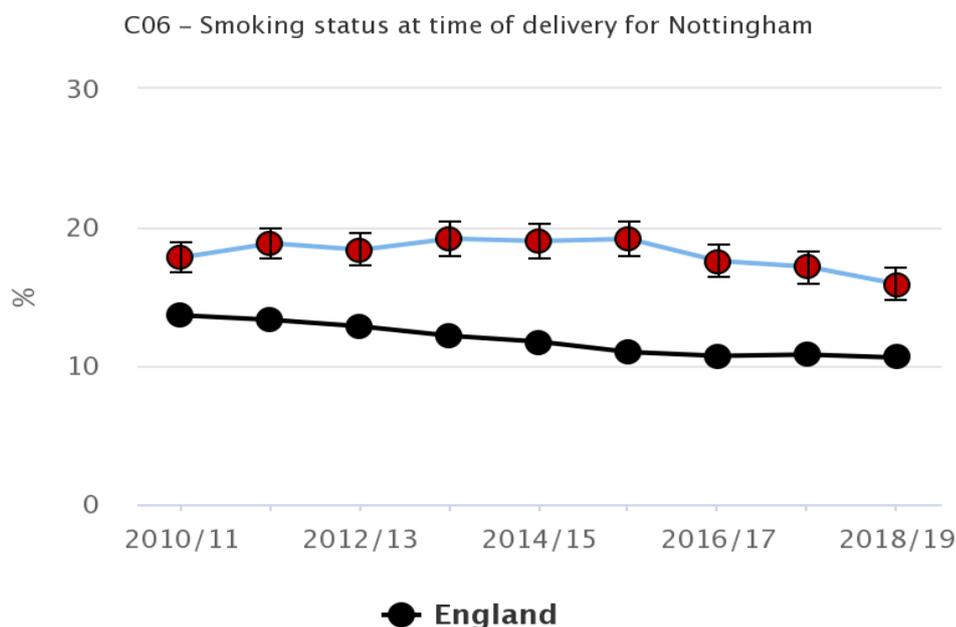
1 BACKGROUND AND PROPOSALS

Good maternal health and healthy babies: Smoking in pregnancy

The proportion of women smoking in pregnancy is recorded by the number of women smoking at the time of delivery (SATOD). Whilst this is the agreed national measure, it doesn't capture those women who are smoking at their 'booking appointment' with their midwife and quit before birth. Local intelligence suggests that the proportion of women smoking at their first midwifery appointment is considerably higher than SATOD. Nottingham's Maternal Public Health Steering Group, a sub group of the City/County Local Maternity Transformation System group, are leading work to reduce smoking in pregnancy and improve data collection and collation.

As figure 1 shows, in 2018/19, 15.9% of mothers in Nottingham City were smokers at delivery which is significantly higher than the England average of 10.6% and the fourth highest rate of our statistical neighbours. Whilst this is a welcome reduction from 17.2% in 2017/18, this reduction is not statistically significant reduction and Nottingham's position compared to statistical neighbours has worsened from the fifth highest rate in 2017/18 to the fourth highest rate in 2018/19.

Figure 1: Smoking status at the time of delivery in Nottingham and England



Source: Public Health Outcomes Framework.

Women who smoke in pregnancy are more likely to have a stillbirth, have a baby born at a low birth weight and/or a baby born with a cleft palate. Babies living in a household with smokers are more likely to die from Sudden Infant Death Syndrome (SIDS).

Through the publication of Better Births, the national maternity transformation plan, there is a renewed focus on reducing the proportion of pregnant women smoking through the Local Maternity and Neonatal System (LMNS). Historically, in Nottingham, we have had 'opt-out' referral to stop smoking services for pregnant women and we are working across the LMNS to re-establish this process.

In Nottingham, services are provided through, 'Stublt', a smoking cessation service launched in May 2019. Whilst midwives can make direct referrals online the service is not receiving the volume of referrals expected. Feedback from NUH is that having different services and referral processes for women living in the city and county causes confusion and presents a barrier for midwives and obstetricians.

To address this issue, the Maternal Public Health steering group has approached the LMNS to fund an administrative post to act as a single point of referral for smoking cessation and weight management. For smoking cessation, the intention would be to streamline and accelerate the process of referral for up to 20% of women who are smoking at booking; an estimated 2,166 women per year at NUH. In addition, a single point of access will enable hospital and community based staff to re-refer women at any stage of pregnancy if she is motivated to attempt to quit any time after her booking appointment. This post would be employed by NUH and based at the NUH Queens Medical site.

Nottingham City Council has worked with CCG partners and Nottingham CityCare to create a new, fixed term smoking in pregnancy post within the Nottingham University Hospital SmokeFree team. This post is working within the NUH maternity division and across the LMNS continuity of carer pilot sites in Bulwell and Leen Valley. The post is:

- Supporting the training needs of staff within the midwifery division regarding smoking in pregnancy;
- Exploring ways to engage pregnant women about smoking throughout their pregnancy and provide advice to stop smoking;
- And will help establish effective referral pathways between midwives and the stop smoking service.

The Maternal Public Health Steering Group are working in partnership with Small Steps Big Changes (SSBC) to explore new pilot projects within the SSBC wards, with the aim of reducing smoking in pregnancy. Proposed initiatives include a maternity support worker model and a peer mentoring programme.

The NHS Long Term plan published earlier this year commits to offering a stop smoking service to all pregnant women AND their partners. However, how this commitment will look in practice or be funded is less clear at this stage and will require collaborative working between the local authority and clinical commissioning groups.

In addition, 2019 has seen the expansion of the 'Love Bump' campaign to promote the dangers of smoking in pregnancy and the benefits to mother, partner, unborn baby and other family members of giving up smoking <https://lovebump.org.uk/>. In addition to the social marketing campaign, the Love Bump campaign includes additional resources for midwives, namely new conversation packs to use in their daily conversations with pregnant women.

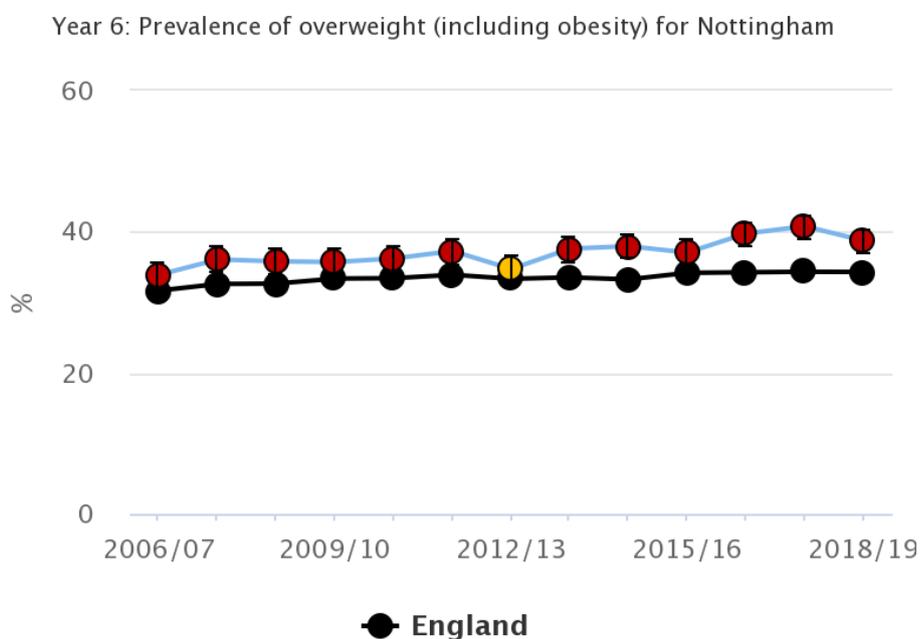
Children and young people adopt healthy lifestyles: Childhood Obesity

How big an issue is Childhood Obesity for Nottingham?

In Nottingham, more than 1 in 4 children (23.8%) were overweight or obese when they started primary school in 2018/19. Upon leaving school, 2 in 5 children (38.7%) were considered obese or overweight. This figure has been heading in the wrong direction for several years and significantly worse than the national average. The prevalence of excess weight in Nottingham, as in the UK, is inequitable and variation is seen by geography, deprivation and ethnicity.

The prevalence of obesity in Year 6 children between 2006/07 and 2018/19 are shown in Figure 2 and suggest an upward trend following a period of relative consistency. There is however, a slight reduction from (40.8%) in 2017/18 to (38.7%) in 2018/19, whilst this is a welcome reduction; this reduction is not statistically significant. It is interesting to note a statistically significant reduction in the prevalence of obesity in reception aged children, from (26.7%) in 2017/18 to (23.8%) in 2018/19.

Figure 2: Prevalence of Year 6 children who are classified as overweight in Nottingham and England (2006 – 2019)



Source: Public Health Outcomes Framework.

What are the health risks?

Children with obesity are known to have a higher likelihood of suffering obesity as adults. However, the health consequences of obesity also impact children i.e. glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

What are the causes of overweight or obesity?

Public and media conversations are dominated by a persistent idea that the problem is driven by individual level choices that balance between energy intake (food) and energy expenditure (Physical activity). This misplaced focus on individuals, increases stigma and ignores the context in which decisions are made. People in the UK today do not have less will power and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. However, the way we live, work, travel, play, shop and eat has been transformed greatly in recent decades. There are believed to be over 100 driving factors in domains such as behaviour; biology; socio-economic and commercial determinants; and the environment we live our day-to-day lives. The 300+ interactions between these factors lead to a complex and dynamic system.

What work is underway?

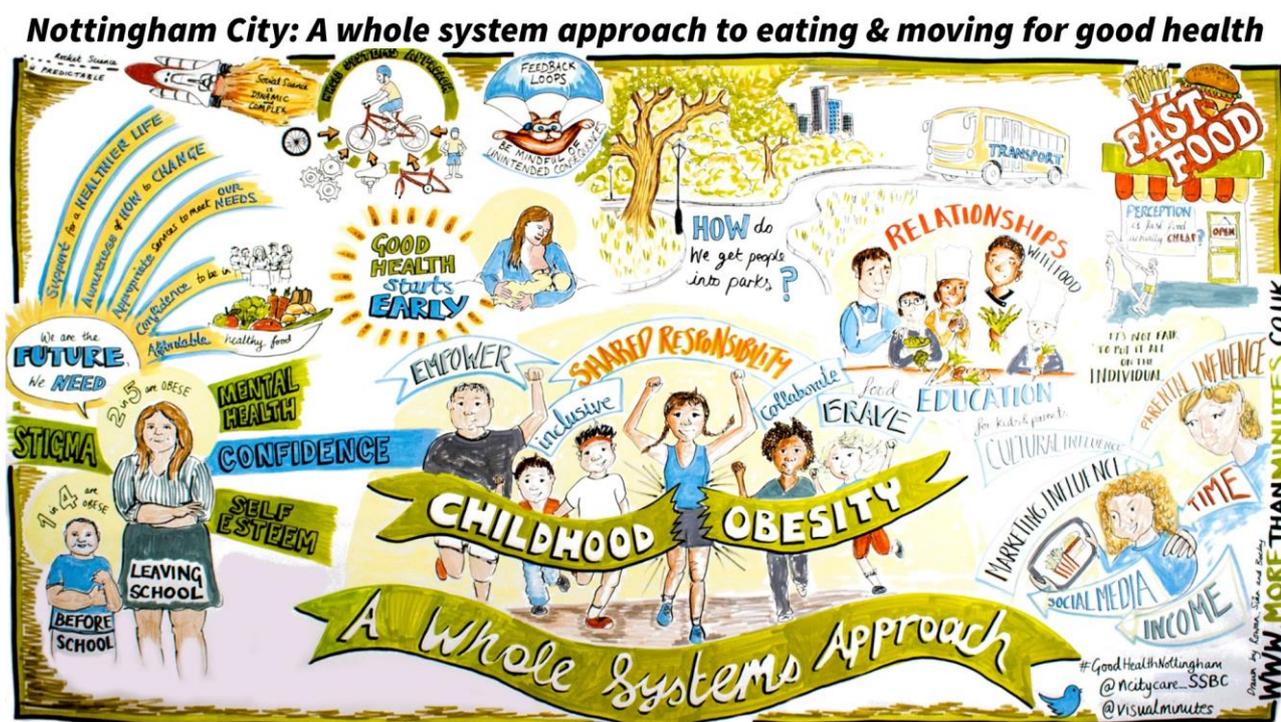
Nottingham City commissions a Public Health Nutrition/Weight Management function within the 0-19 contract delivered by CityCare. This team work with families in their own homes to find practical ways to prompt changes in diet and improve child health. The National Childhood Measurement Programme is commissioned by Public Health and conducted annually. It provides intelligence on those suffering with overweight/obesity down to school catchment area. Nottingham is committed to supporting children and young people to move and eat for good health, by pledging to support citizen to help them become physically active and improve their health, and to reducing child obesity by 10%. See appendix 1 for services related to childhood nutrition and obesity in Nottingham, table 4 for targeted interventions for those most at risk of overweight and obesity.

Nottingham City Council is also working with Small Steps Big Changes to create the whole system approach to eating and moving for good health, approved by the Children and Young People's Partnership Board and Health and Wellbeing Board. In September 2019, around 100 people from local community groups; healthcare providers; clinicians and dietitians; commissioners; SSBC

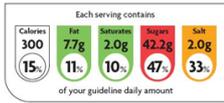
family mentors; and parents, attended a workshop exploring the factors that sit behind families' abilities to eat and move for good health. This workshop was well evaluated and sparked many useful conversations. The initial output from the workshop has been visually represented (Figure 3). A small steering group containing members of Nottingham City Public Health, Nottingham Trent University, Small Steps Big Changes and Active Notts, is synthesising the system maps produced by the workshop.

A second workshop is planned for February 2020 to explore, as a system, the actions we must consider and our next steps. Furthermore, discussions with Small Steps Big Changes and the Nottingham City Youth Council are underway to explore how best to engage children and young people in the conversation.

Figure 3: A visual depicting the complexity of childhood obesity in Nottingham City as described by those working and living in our communities. The system also describes the values it wishes to share towards the centre of the image.



Nationally, the government has outlined its plan to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas, by 2030. Many of the policies outlined below are currently under consultation with several additional consultations taking place this year.



LABELLING

- Mandate calorie labelling on the out of home sector (including online food delivery)
- Explore what additional opportunities leaving the EU presents for food labelling.



RETAIL

- Consult on ban price promotions of HFSS food and drink e.g. buy one get one free, multi-buy offers, unlimited refills etc.
- Consult on ban the promotion of HFSS food and drink by location e.g. checkout, end of aisles



SUGAR REDUCTION

- Consider extending the SDIL to milk based drinks if they fail to reduce sugar by 2020
- Consider further use of tax system if sugar reduction does not achieve the desired progress.
- Consult on introducing a ban to end the sale of energy drinks to children



Our national ambition is to halve childhood obesity & significantly reduce the gap in obesity between children from most and least deprived areas, by 2030

LOCAL COMMUNITIES

- Trailblazer programme to support LA
- Strengthen Government Buying Standards for food and catering services



SCHOOLS

- Review physical activity offer
- National ambition for every primary school to adopt an active mile initiative
- Update standards for school foods and ensure compliance
- Consult on use of health start vouchers to support low income families



1a. Good maternal health and healthy babies

i) Improving mental health for new mums and mums-to-be

Work to improve the mental health of new mums and mum-to-be is driven by the perinatal mental health steering group, a sub-group of the Local Maternity System Transformation group. Current work is focused on strengthening the pathway of care for women with mental health needs and improving early identification of mental health need in the perinatal period, with a particular focus on mild to moderate and emerging mental health needs, including those who:

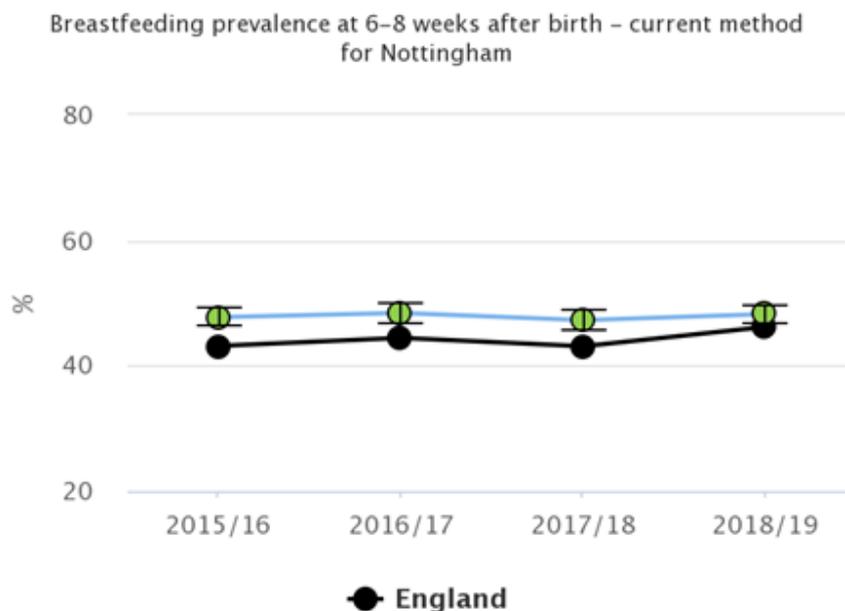
- Enter pregnancy with existing mental health conditions,
- Would benefit from talking therapies (IAPT)¹
- And those who develop a serious mental health problem during pregnancy or after birth.

The current indicator in the CYP plan is a proxy for the number/proportion of women with low mood and/or a mental health problem that are identified in a timely way, and offered appropriate support. This indicator may be updated as a more robust national method of capturing new mums and mums-to-be mental health is developed.

Breastfeeding: Percentage of mothers who breastfeed their babies at 6-8 weeks

As figure 4 shows, in Nottingham City, in 2018/19, 48.2% of women were breastfeeding at 6-8 weeks, significantly higher than the England average of 46.2%. Nottingham has the fifth highest breastfeeding rate at 6 8 weeks of our twelve statistical neighbours.

Figure 4: Breastfeeding at 6-8 weeks in Nottingham and England.



Source: Public Health Outcomes Framework.

¹ Increasing access to psychological therapies

Public Health have recently analysed breastfeeding rates across Nottingham City and found large inequalities in breastfeeding rates.

- **Location:** Breastfeeding at 6-8 weeks ranged from 31.8% in Bulwell, 35.9% in Aspley and 37.0% in Clifton East up to 69.7% in Sherwood, 74.3% in Radford, 83.3% in Castle.
- **Deprivation:** Women living in the 20% most deprived areas of Nottingham are significantly less likely to breastfeed at 6 weeks (47.6%) compared to those in the 20% least deprived areas (65.4%).

- **Age:** Women under the age of 25 years are significantly less likely to breastfeed. Rates of breastfeeding at 6-8 weeks ranged from 29.1% in 16-20 year olds, 42.9% in 21-25 year olds, 65.6% in 31-35 year olds and 64.2% in 36-40 year olds.
- **Ethnicity:** Babies of white ethnicity in Nottingham are significantly less likely to be breastfed at 6 weeks (42.1%) compared to babies of Asian or Asian British ethnicity (67.6%), Chinese and other (73.0%) or Black or Black British (82.6%).

Increasing breastfeeding rates is best achieved through joint efforts of all agencies, statutory and voluntary, working with pregnant women and new parents. The Nottingham City Council commissioned breastfeeding support service is being expanded through CityCare's Children's Public Health 0-19 Nursing service and includes provision of dedicated Nutrition Peer Support Workers across the City. CityCare is working with commissioners to increase the reach of breastfeeding support.

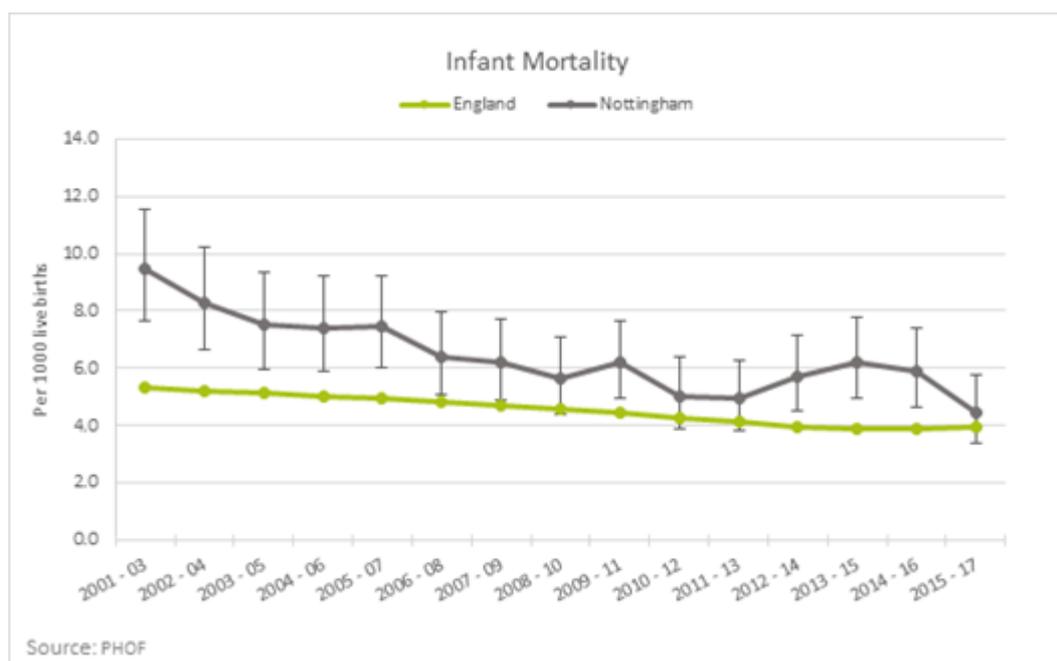
In addition, as part of the new Council Plan, a new Breastfeeding Friendly Nottingham Charter and campaign will be launched in March 2020. This will include:

- Raising awareness of the benefits of breastfeeding;
- Normalising breastfeeding in Nottingham so women feel confident to feed at home, in public and on return to work or education;
- Increasing awareness of the breastfeeding support and information available in Nottingham
- Encouraging businesses and educational establishments to go the extra mile to support breastfeeding, as a public space and employer, by signing up to the Nottingham Breastfeeding Friendly Charter

ii) Infant Mortality

Infant Mortality rate (IMR) is defined as the number of deaths of children under the age of one each year, per 1000 live births. During 2015-17, infant mortality deaths in Nottingham, 4.5 deaths per 1000 live births, is similar to the England average of 3.9 deaths per 1000 live births, and is the fifth lowest mortality when compared to its statistical neighbours (see figure 5). There has been no statistically significant reduction in infant deaths from 2010-12. As the number of deaths in children under 1 year is small, any variation in the rate of deaths should be interpreted with caution as the variation may be due to random fluctuation.

Figure 5: Infant mortality in Nottingham and England (2001-03 – 2015-17)



Source: Public Health Outcomes Framework

All child deaths in Nottingham are reviewed by multi-agency Child Death Overview Panels (CDOPs) as per *Working Together to Safeguard Children 2015* guidance. Learning from CDOP is fed back into the governance structures within NUH. The Child Death Review Team based at NUH manages a detailed database of all childhood deaths. All deaths are discussed with the local Coroner prior to completing death certification.

In Apr 18 - Mar 19, there were 24 deaths of children under 1 year of age. The majority of these deaths 50% (12) were classified as a perinatal/neonatal, which includes babies who are born extremely prematurely, and 33% (4) of these were born to mothers who smoked during pregnancy. 25% (6) had Chromosomal, genetic and congenital anomalies.

There were 2 deaths associated with unsafe sleeping in Apr 18 - Mar 19, which is the average over the last 10 years. These are potentially preventable deaths, and therefore the importance of safe sleeping continues to be highlighted to parents and a Safe Sleeping group is in place to mobilise action across health, social care and other partners. Local training sessions targeted at early years and social care have been developed and delivered across Nottingham City (next one planned for Fed). There is also a free online training package, which can be accessed via the Nottingham City Safeguarding website. There is also a free online training package, which can be accessed via the Nottingham City Safeguarding website. (The e-learning training package is only

in County but there is PowerPoint learning on the Nottingham City Safeguarding website, which is currently being updated.

IV) Perinatal mortality

In 2015, the Secretary of State announced a national ambition to halve rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2030, with a 20% reduction seen by 2020.

To help maternity services achieve this aspiration, Saving Babies' Lives care bundle was introduced and designed to tackle stillbirth and early neonatal death, and is a significant driver to deliver the ambition to reduce the number of stillbirths, bringing four elements of care together:

- I. Reducing smoking in pregnancy
- II. Risk assessment and surveillance for foetal growth restriction
- III. Raising awareness of reduced foetal movement
- IV. Effective foetal monitoring during labour

During 2016 and 2018 there were 55 stillbirths in Nottingham, a rate of 4.4 per 1000 births which is in line with the England average of 4.4 stillbirths per 1000 births. However, many of these stillbirths are preventable. Although the causes of stillbirths are often unclear, there are associated risk factors, these include, but are not limited to:

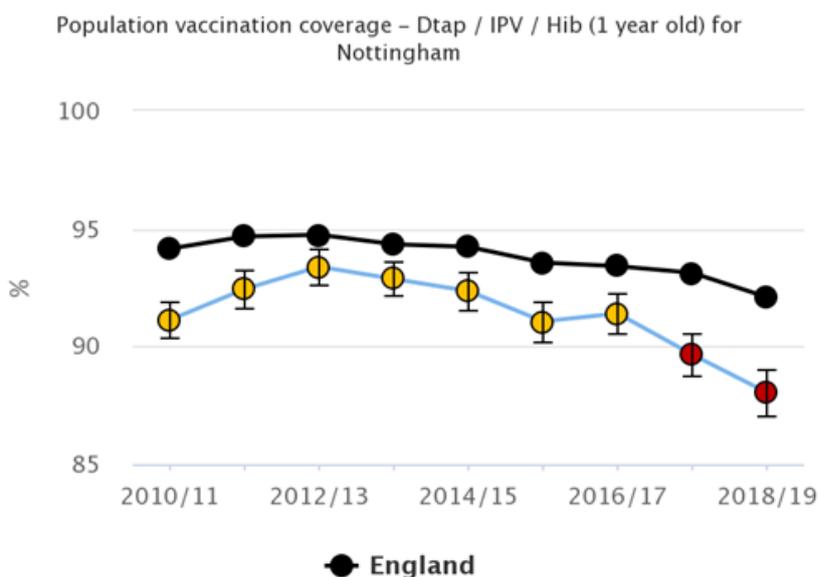
- Smoking in pregnancy
- Maternal age (stillbirth rates are highest for women aged under 20 or over 40)
- Maternal obesity
- living in deprivation
- Multiple births
- Influenza

Saving Babies' Lives care bundle supports the delivery of safer maternity care, as described by the National Maternity Review, in Better Births and is driven by the Safe and Effective group, a sub-group of the Nottinghamshire Local Maternity System Transformation group. In 2017, Nottingham City Public Health Team produced, with the support of Nottingham City CCG and NUH, a review of perinatal deaths, including stillbirths, to identify any unexpected themes. The patterns observed were similar to those seen nationally; however, higher levels of deprivation in the city mean risk factors, such as smoking in pregnancy, are often more prevalent. NUH has worked with partners, including Nottingham City Public Health team, to improve learning from stillbirths. This work is ongoing and links with the ambition of the Safe and Effective sub group to reduce the proportion of women smoking in pregnancy, which is the most important, preventable cause of stillbirth and neonatal deaths.

V) Immunisations: Percentage of eligible children who have received 3 doses of Dtap/IPV/Hib vaccine by their first birthday

Locally, the NHSE/PHE screening and immunisation team continues with its MMR:increasing uptake group which meets quarterly. An audit to look at call & recall processes for the childhood immunisation programme will start in the New Year. It is hoped that the audit will identify gaps in practice that can be filled. As figure 6 shows, DTaP/IPV/Hib vaccination uptake for 1 year olds in Nottingham City, in 2018/19 was 88.0% which is a statistically significant reduction from 89.7% in 2017/18. Whilst the England average of 92.1%, is the lowest since 2008-09, Nottingham has the lowest rate of its statistical neighbours. In addition, DTaP/IPV/Hib coverage has declined for all ages.

Figure 6: Population vaccine coverage - DTaP/IPV/Hib (1 year old) for Nottingham



Source: Public Health Outcomes Framework

Nationally, considerable work is being developed to mitigate against the drop in uptake for vaccinations. A national immunisation strategy has been shared for comments. The strategy includes many different workstreams to help support the national immunisation programme and stakeholders to increase uptake. A national project by PHE to look at data issues for immunisations in GP systems has been running since September. The Screening and Immunisation Team has facilitated the sharing of data to be analysed by Nottingham practices. The findings will be made available in the New Year.

Vaccination services are commissioned by NHS England & NHS Improvement with the Dtap/IPV/Hib vaccine being administered in General Practice at 8, 12 and 16 weeks of age. Promotion of immunisations and vaccinations is integrated into the Best Start, 0-19 years' public health service specification as part of MECC (making every contact count) as well as a consistent approach to information provided to families. GP practices provide a 'call and recall programme' so that parents are aware of when children are required to have their vaccination. This work is implemented in partnership with NHS England and Public Health England. Work to explore the opportunity to increase vaccination cover through opportunistic contact with primary care will be implemented in partnership with NHS England and Public Health England

1b) Children and young people adopt healthy lifestyles

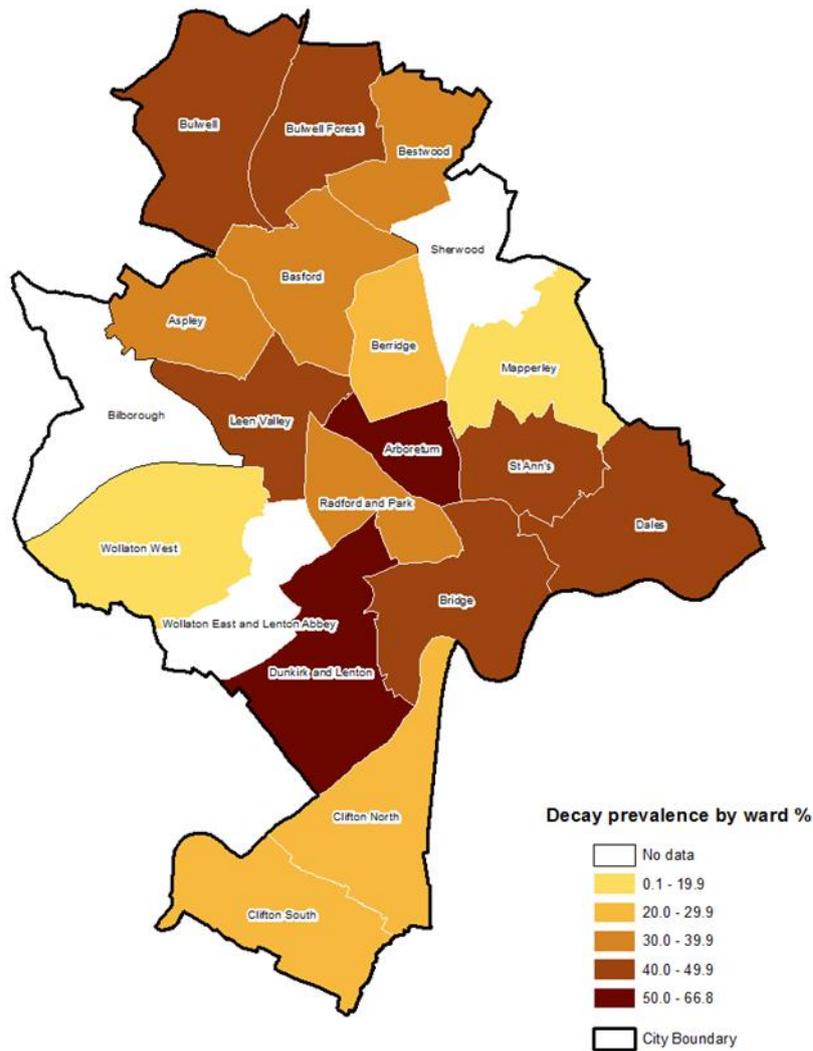
i) Oral Health: Percentage of children aged 5 with tooth decay

Poor oral health can affect children and young people's ability to sleep, eat, speak, play and socialise with other children. The impacts can be seen educationally with children missing school and in addition can affect parents/carers who would need to take time off work. Nationally, tooth decay remains the most common reason for hospital admissions in children aged five to nine years old (2014-2015). Furthermore, it is a sign of neglect. Significant dental decay, which, if it remains untreated, may be considered a safeguarding concern. Nottingham is committed to improving the dental health of children by pledging to campaign for the introduction of fluoride into Nottingham's water supply.

Nottingham has a similar proportion of five year old children free from dental decay (74.1%) to the England average (76.7%); an improvement, albeit not statistically significant, on 2014/15. The number of decayed, missing or filled teeth on average in five year olds in Nottingham in 2016/17 (1.22 teeth) remains similar to that seen in 2014/15 and higher than the England average (0.78 teeth).

The number of decayed missing or filled teeth is also linked to deprivation within the City. There is considerable variation in the prevalence of tooth decay at the area committee/ward levels in the City Local Area Committee 3 comprising Aspley, Bilborough and Leen Valley has the worse prevalence of tooth decay among 5-year olds in the City (Figure 7).

Figure 7: Percentage of 5-Year-Olds Free from Tooth Decay in Nottingham by wards



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Source: PHE 2016/17

Since the oral health promotion service was decommissioned in March 2018, Small Steps Big Changes now commissions Nottinghamshire Healthcare Trust, *Tooth Fairies* to provide school oral health engagement programme in several of its wards. At present, health visitors continue to offer advice and resources to new parents. Public Health England Start4Life resources and 'Dental check by One' messages continue to be cascaded. In addition, the Nottinghamshire Oral Health Steering Group have put forward a proposal to obtain NHSE funding. The funding will help to deliver additional activities to expand the offer of oral health promotion and prevention, help improve access to dental care and align resources across the local system.

A Health Needs Assessment has been completed to explore the full range of data on the oral health of Nottingham City residents. The Nottinghamshire Oral Health Steering group are considering the next steps for taking forwards the recommendations from the oral health needs assessment.

ii) **Children and young people's mental health:**

Our vision is to provide children and young people with flexible support around emotional well-being, so no child or young person has to face emotional distress alone (see Appendix 3)

The most up to date data from the 2017 Children and Young People's Mental Health National Prevalence Study indicates that one in eight children and young people aged 5 -19 had a mental disorder in 2017.

The *Green Paper on Transforming Children and Young People's Mental Health* (December 2017) and the recent *NHS 10 Year Plan* focused on schools as playing a key role around early intervention and prevention around children and young people's mental health. There is an ambition that all schools will have a 'Designated Mental Health Lead', who will be responsible for the whole school approach to addressing mental health.

Across Nottingham City, engagement and collaboration with schools and colleges has increased to ensure they feel supported to support our children and young people. Schools have been participating in a number of initiatives as detailed below.

Zippy and Apple's Friends academic resilience programmes were piloted in 8 primary schools. The University of Belfast is currently working with the collected data and the final report is due to be published soon.

The Emotional Health and Resilience Charter was set up by a partnership of local services who work with schools on mental health and emotional wellbeing. This is a way for schools to demonstrate their commitment to support the mental health and emotional wellbeing and resilience of their pupils. Once the school has signed the charter they complete an audit to record their strengths and identify areas for development. An action plan is then created and support can be requested from the Emotional Health and Wellbeing Consultants and Partner Services who developed the charter. Schools will then be encouraged to share the outcomes of their development work as case studies which can be disseminated across the city.

The Emotional Health and Wellbeing Consultants also offer Youth Mental Health First Aid (MHFA) training to staff from city schools. Schools are able to access the full 2-day training to become a Youth Mental Health First Aider and/or a 1-day training to become a Youth MHFA Champion. So far this year, 38 staff have been trained in the 2-day Youth MHFA course and 13 teachers on the 1 day training. The staff have come from 37 different schools. 14 schools attended training sessions from the Character Curriculum Programme which was delivered by the Council's Personal, Social and Health Education Team and 17 schools received resources to support their curriculum.

Mental Health First Aid Youth training is also delivered to the wider children's workforce in Nottingham City. To date, 250 members of the children's workforce have become Youth Mental Health First Aiders. The Youth Mental Health First Aiders have the skills to recognise young people showing early signs of emotional distress to more complex mental health need to support them appropriately. This early intervention approach will help towards supporting the (approximately) 1 in 8 young people in the city who suffer with mental health problems. It will also help to build on the 'time to change agenda' highlighting the need for improved public awareness and understanding and aiding people to think differently about mental health issues for young people.

The behavioural and emotional health (BEH) team is a CCG commissioned service that aims to bridge the gap between universal and targeted CAMHS provision for children/young people who are registered with a City GP. The service is primarily receiving referrals for children/young people who have behaviour issues and/or where there are concerns that the child/young person may have autism or ADHD. The CCG has recently commissioned an educational psychologist and a clinical psychologist to ensure the diagnostic service meets NICE guidance. In 2017/2018, the BEH team received 2323 referrals. This high number of referrals each month evidences the level of need within the City, and the increasing number of referrals to the paediatric service in relation to Autism and/or ADHD.

Across Nottingham City young people continue to access Base 51 which offers face to face counselling services and access to wider health support such as sexual health. During 17/18, 223 young people from Nottingham City were referred to Base 51.

Kooth continues to offer open access support to young people across Nottingham City providing online counselling and face to face appointments, as well as a range of other online

emotional health support tools such as moderated forums and self-care tools. During 17/18, 376 young people accessed the Kooth face to face service offered within Nottingham City with 2038 appointments delivered, whilst 892 young people from Nottingham City registered for Kooth online services with 589 online counselling sessions offered. 87% of young people returned to Kooth more than once and 96% reported that they would recommend the service to a friend.

Nottingham City has participated in the MH:2K project. 30 local young people representing the diversity within Nottinghamshire and Nottingham City were trained as citizen researchers and delivered a number of engagement events and engaged over 500 of their peers and set priorities for improving young people's mental health. This project has now been extended until 2020, with a plan to recruit more citizen researchers and produce a short film tackling stigma around mental health

Targeted Children and Adolescent Mental Health Service (CAMHS) prevention and early intervention work, links schools and universal services to offer support and training to staff. A CAMHS practitioner links with schools in a number of ways to offer support, including by:

- Offering support directly to secondary school aged children;
- Piloting a project to support the early identification of mental health needs in primary school aged children;
- And monthly self-harm clinics delivered by the SHARP service in 18 City secondary schools, one in Nottingham College and one for the CAMHS Children Looked After service. Of these, approximately 80% of YP seen over a 2.5 year period have received support from Universal Services and not required input from Targeted/Specialist mental health services, clearly evidencing that early and targeted interventions can reduce self-harm and suicidal behaviours in secondary school students.

The Targeted CAMHS offer also includes parent/carer psychoeducation workshops that cover anxiety, depression, attachment, self-harm awareness and supporting transgender children. The Targeted City's CAMHS 'Single Point of Access' model is quite unique nationally. It ensures referrals are processed quickly and effectively and children and young people can be navigated to the right support for them depending on their presentation and needs. This model has ensured that over the last 4 years 95% of cases remain at a Targeted CAMHS or universal level, only escalating to Specialist Community CAMHS when absolutely essential. Our most recent data tells us that, in 2018/19 from the SPA referrals that require CAMHS input 92.5% remained within Targeted CAMHS who were able to support them within their local community (traditionally known

as Tier 2 services), with only 7.25% needing to be sent onto more specialist services. Of those accepted for treatment at Targeted CAMHS 91.3% were seen and discharged without any need to be stepped up to a supplementary specialist CAMH Service, with only 8.7% stepped up either following assessment or treatment, (2.1% following assessment and 6.6% following treatment). This means that children and young people only need to be escalated into more specialist and costly provisions when it is essential. This means that investments into child and young people's mental health provision not only promotes a model of early intervention/prevention but is also more cost effective.

The service has led a working group to explore ways to further improve easier access into the behavioural, emotional and mental health (BEMH) pathway and/or Targeted and Community CAMHS. This work has led to the agreement from commissioners (CCP) for the redesign the BEMH website to make it young people friendly, and to develop ways for CYP and families to self-refer more easily. The single point of access (SPA) continues to closely monitor our wait times weekly, ensuring that referrals are screened within 5 working days and that CYP get seen within 6 weeks of their referral. Where there is any reach of breaching our agreed wait, this is escalated to senior managers, the Mental Health and Wellbeing Programme Lead, and commissioners.

Targeted CAMHS ensures it has staff trained in a range of evidenced based therapeutic models including a number of specialist staff such as a Cognitive Behavioural Therapy Specialist (for complex and enduring mental health needs). In addition other forms of more specialised work including a Domestic Abuse CAMHS practitioner, and animal assisted therapy with therapy dog, Freud. Targeted CAMHS continue to work on it's Participation strategy 'Your Voice' and attends events in the last year have included Splendour Festival, Pride and Riverside Festival. The service have:

- Developed a participation working group and action plan in line with CAMHS participation aims: Feedback, Community Engagement, Co-design/Co-production. Members include GP, schools, voluntary BME group, invites to parents/YP have been extended
- 'Open Door' sessions for families to come and meet the team and learn more about CAMHS choice assessment and the journey through the service, gain feedback from this group
- Providing a parents/carers support and feedback group – 'Parents in Mind'
- Young people and parents/carers to be involved in recruitment process by engaging experts by experience in meaningful participation
- Support young people to have a voice in their work with CAMHS- 'Teens 4 Truth'

- Continued to embed meaningful participation with children, young people, parents and carers by engaging in community events with partners.
- Started to plan a young people's event for May 2020
- Leaflets for children, young people and families to raise awareness of CAMH services, the feedback loop and how to participate have been produced

The service continue to work alongside the MH2K project, Targeted Child and Adolescent Mental Health Services are developing a co-designed poster detailing available support, which will be on the back of all school toilet doors in order to improve access to support for those who need it. Targeted CAMHS also lead a multiagency working group on participation with the aim to improve co-production and participation in the service's development. Alongside a CAMHS newsletter that goes out twice a year updating on all services developments for BEMH pathway and CAMHS and aims to reduce stigma and promote positive mental wellbeing. Targeted CAMHS have been successful in a securing the funding to implement a NHS England Trailblazer to set up 2 mental health support teams for City schools.

The Mental Health Support Teams (MHST) approach was set out in Transforming Children and Young People's Mental Health Provision, the 'Green Paper' which builds on existing government commitments, set out in Future in Mind and The Five Year Forward View for Mental Health, to create integrated partnerships to keep children and young people at the heart of mental health care, and ensure that everyone is able to access the right help, in the right setting, when they need it. MHSTs are for children and young people in primary, secondary and further education (ages 5 to 18) and the education settings in which they learn.

MHSTs will form part of the mental health approach within education settings, providing timely, evidence-based support, care and interventions for children and young people who are experiencing mild to moderate mental health problems. They will also support children and young people who present with developing or emerging problems and may provide support for those who present with more complex needs, which will require joint working with and signposting to appropriate services such as into our CAMHS. The MHSTs will also work with senior leads to support wider approaches to mental health and wellbeing across the education setting, including advice, consultation, training and psychoeducation.

In 2018/19:

- 1839 referrals were received and processed by the CAMHS Single Point of Access; of them 1000 assessments in total were offered to CYP and their families, including 124 joint assessments with Community CAMHS.
- 102 consultations were offered to professionals
- CHI service satisfaction outcomes were 22/24 for CYP and 23/24 for parents and carers
- Over 70% of CYP self-reported improvements in anxiety and depression the same is true with over 70% improvement for SDQ (strength and difficulties) which measures emotional and behaviour difficulties overall following treatments.
- 94% of young people offered feedback on their assessment experience with Targeted CAMHS said they would recommend us to a friend, 6% said they didn't know, and 0% said they wouldn't.

SHARP (Self-harm Awareness & Resource Project)

SHARP was created five years ago as a response to the significant increase in young people presenting with self-harm and suicidality at Children's Emergency Department, the key element of the SHARP model is to identify self-harm behaviours early and offer immediate support and prevent escalation. SHARP is an established citywide service, we work with front-line professionals and services with an aim to raise awareness, build confidence and skills, and enable them to intervene and manage children and young people who present with self-harm and suicidal behaviours.

Data collected from over 9,000 children, young people, parents and professionals as part of the 2017 National Prevalence Survey indicated that 5.5% of 11-16 year olds had self-harmed at some time, with the proportion higher in girls than boys. This figure was higher for 17-19 year olds with 15.4% overall having reported to have self-harmed, again with higher incidence in girls than boys. SHARP is a preventive self-harm service model that have trained 3980 professionals since October 2015 through 411 training sessions. SHARP have delivered assemblies to 650 children/young people aged 11–16 years, raising awareness around healthy coping strategies and breaking down barriers to access to services. 7000 front-line professionals have been trained since SHARP was formed just over 5 years ago.

SHARP have delivered 6 'Exam Stress-LESS' workshops to children/young people over the last few months and have another 12 schools booked in for this academic year reaching out to

approximately 400 CYP. SHARP produced a training package called 'If Toys Could Talk' as an action from a Serious Case Review in 2017 which focusses on helping professional to recognise and support young children where self-harm is a concern. This training is available for all City primary schools.

SHARP oversee all self-harm follow-ups and joint protocols (a joint assessment within 48 hours with social care for high risk young people) which come through the City SPA, ensuring a timely and accurate risk assessment is completed and a robust safety plan is in place with clear recommendations of further support for the child/young person/family and offering the professional network consultation if required. SHARP is a community based service providing support for front-line professionals (health, education, social care, voluntary) through professional consultation and 11 various training workshops, also offering face to face support to CYP using evidence based therapeutic interventions and groups. SHARP also offer monthly educational self-harm clinics (in secondary and further education settings) ensuring that a self-harm/suicidal risk assessments are completed to identify appropriate support. This includes a robust risk assessment for CYP/family/professional network, distress tolerance techniques and distractions, useful contact information and therapeutic interventions, all indicators of risk have management oversight. 24 monthly clinics across the city, reaching up 72 CYP per month with aftercare support for professionals, children and their families.

SHARP also offer 9 'SHARP4Parents' workshops across the city annually encouraging all parents/carers to learn about self-harm and how to manage this behaviour in the home environment. SHARP also deliver workshops to young people in secondary schools (Exam Stress-LESS and Riding the Wave), SHARP ensure that the service has a visible presence throughout our schools and community raising awareness and distributing resources (mental health week, world suicide prevention day, trans visibility day, self-harm awareness week). SHARP have a rota set up to support City SPA (single point of access) to ensure that all self-harm follow-ups and Joint Protocols (CAMHS & Social Care) are completed in a timely manner ensuring a recommendation of further or the most appropriate care is determined quickly. This is unique nationally and is a robust multiagency approach to suicide prevention and early intervention.

SHARP training workshops;

- Under the Skin (self-harm awareness)
- Suicide Everybody's Business
- One Bad Choice (drugs and mental health)
- If Toys Could Talk (understanding harmful behaviours in primary children)

- MHFA (2 days and Lite)
- A to Z of Your Head
- Safe from Harm (Safety Planning)
- Understanding Teenage Girls Who Self-harm
- Breaking the Silence (males and suicide)
- I'm Trans – Get Used to It (gender variance awareness)

To be developed:

- LGBT+ Awareness
- Assessing the Risk

CYP workshops:

- Riding the Wave (Harm Reduction and Distress Tolerance)
- Exam Stress-Less

Parent/Carer workshops:

- Self-harm Awareness
- Transgender Child

SHARP offer per annum:

- Specialist Practitioner Sessions – 54 sessions per quarter (216 per annum)
- Parent support group sessions – 9 per annum
- Training Sessions – 45 per quarter (180 per annum)
- Professional Consultations – 40 per quarter (160 per annum)
- School Self-Harm Clinics – 16 school clinics offered over 9 months (144 per annum)
(This used to be 48 per quarter and 192 per annum.
However, this changed after the service review meeting in June 2018 as SHARP school clinics are only offered during school term, which is 9 months)

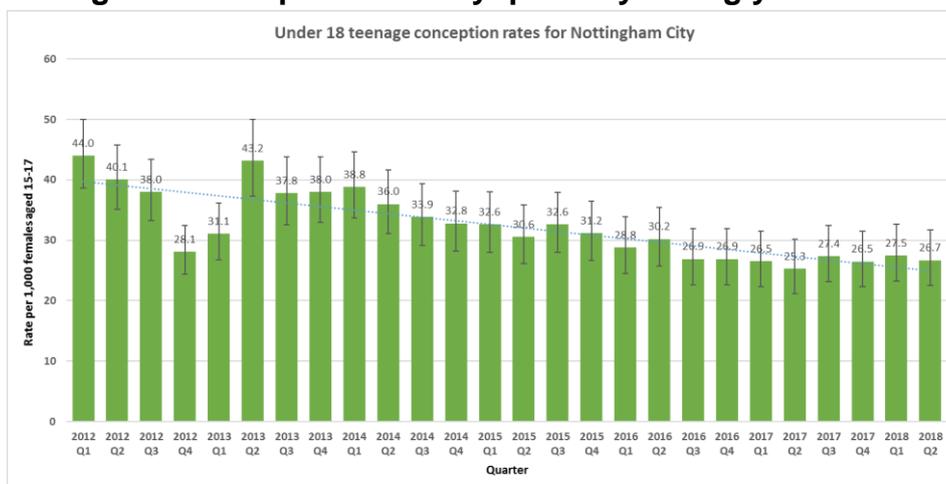
SHARP also offer CYP development workshops, school assemblies, conference presentations, safety planning with parents/carers, awareness day stall/resources, CYP and professional resources packs. SHARP have developed a Critical Response Guidance to Suicide which has been approved by the Local Preventing Suicide Strategy steering group. Quarterly data is submitted to Commissioning (CCP), evaluations and feedback is collated from all training, CYP workshops and professional consultations and ROM's are collected from any therapeutic face-to-face intervention

iii) Teenage Pregnancy

In Nottingham for the rolling year ending June 2018 (Quarter 2 2018), the most recently available *provisional* conception data, there was an increase in the number of under-18 conceptions from

120 to 126 in the rolling year to Q2 2018; a 4.8% increase. During the same 12-month time period the conception rate increased by 5.2% from 25.3 per 1000 girls aged 15-17 to 26.7 (Figure 8).

Figure 8: Nottingham conception rates by quarterly rolling years from 2012 to 2018

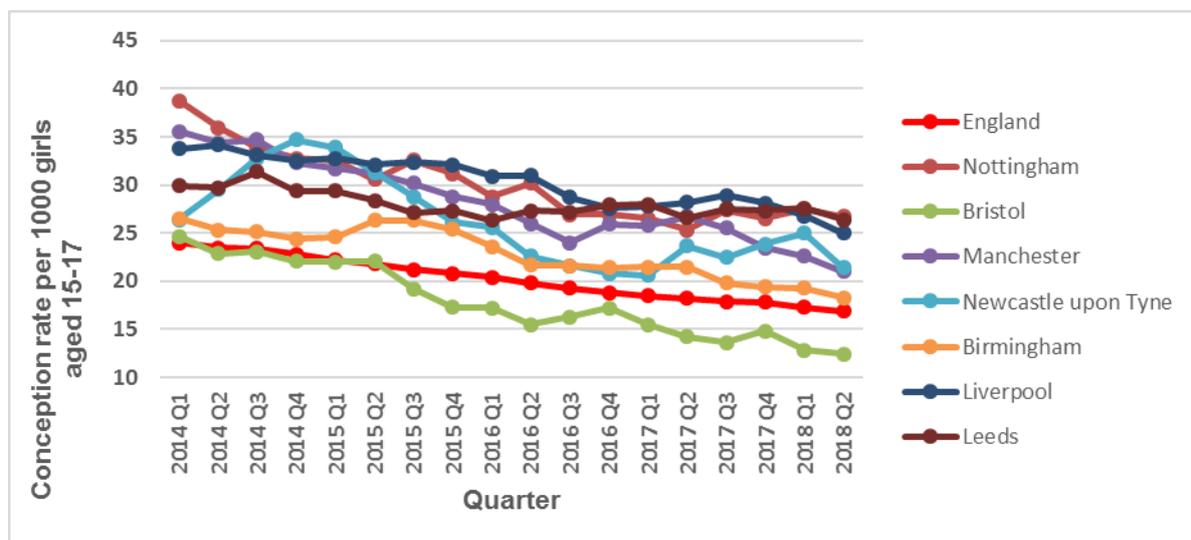


Source: Office for National Statistics (2019) Conception Statistics England and Wales

The Nottingham under-18 conception rate has decreased significantly, by 64.3%, since the baseline year of 1998 when the under-18 conception rate was 74.7.

However, Nottingham’s under-18 conception rate is still higher than the England average rate of 16.7 conceptions per 1000 girls aged 15-17 in the rolling year to the end of Q2 2018 and is higher than the Core Cities average rate of 21.6 per 1000 girls aged 15-17 (Figure 9). Nationally, and locally, around 80% of teenage conceptions are to 16 and 17 year olds and approximately 20% are to 13-15 year olds.

Figure 9: Under-18 conception rates for the Core Cities by quarterly rolling years from 2014 to 2018

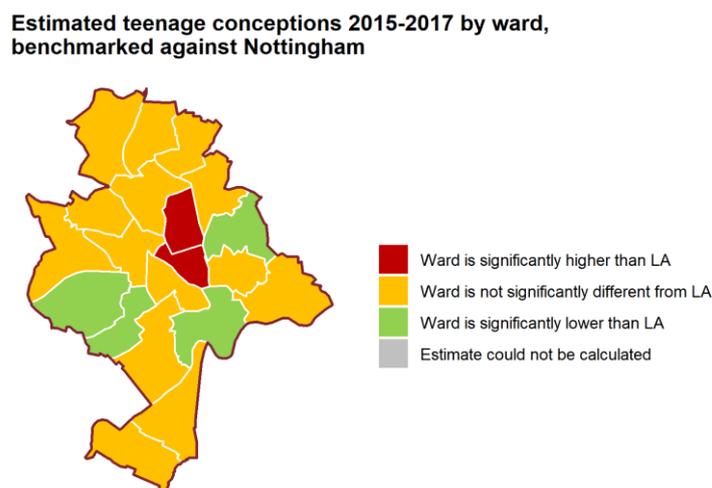


Source: Office for National Statistics (2019) Conception Statistics England and Wales

Figure 10 benchmarks teenage conception rates for individual wards against the Nottingham average. The aggregated data for the three years from 2015 to 2017 shows that the two wards of Berridge and Arboretum had rates that were significantly higher than the Nottingham average. This has changed from the last data reported for 2014 to 2016, when Berridge, Arboretum, Aspley and Bilborough all had rates significantly higher than the Nottingham average. Work to tackle unplanned teenage pregnancy in Nottingham is delivered through universal services for children, young people and families as well as through targeted support for those most at risk.

Over the past few years, we have directed some of our council commissioned services to work in Aspley due to the stubbornly high rates of teenage conceptions. Therefore, we cautiously hope that the targeting of services is having an impact as, for the first time in many years, Aspley does not have a rate significantly higher than the Nottingham average.

Figure 10: Teenage conceptions 2015 -2017 by ward benchmarked against Nottingham



Source: Public Health England (2019) Estimated ward conception rates for local authorities in England

Teenage pregnancy prevention and support services

Primary prevention services

- Nottingham City’s Integrated Sexual Health Services for young people deliver accessible and integrated sexual health services within the community offering advice and support whilst offering the full range of contraceptive services.
- The C-Card scheme provides free condoms to young people aged between 13 and 24 at 37 registration points and a further 50 pick-up points across the City.

- General Practitioners provide information and contraception, including Long Acting Reversible Contraception (LARC).
- Pharmacies across Nottingham provide a range of services including emergency contraception and pregnancy testing.
- The Public Health Nursing for school-age children and young people service (formerly known as the School Nursing Service) provides information and practical support through a suite of options including the delivery of 'clinic in a bag'.
- The delivery of effective Relationships and Sex Education (RSE) is encouraged in all schools as an evidence-based approach to reducing teenage pregnancy rates Nottingham City Council.
- Family and Community Teams have staff trained to deliver sexual health, contraceptive and positive relationships advice for young people aged 13-25.

Early intervention and support services

- Termination of pregnancy services include counselling and support whilst making a decision and after the decision has been made.
- Accommodation services for vulnerable teenage parents and their children are available within bespoke self-contained hostel accommodation in the City.
- The Family Nurse Partnership programme provides support and guidance for up to 200 pregnant girls and mothers each year. It is an intensive health visiting programme that visits the teenager from early on in her pregnancy until the child is two years old enabling teenagers to have a healthy pregnancy, improve their child's health and development as well as plan their own futures and aspirations.
- The education support officers provide support for pregnant teenagers and teenage parents to engage in education. The officers monitor the participation and attainment of all pregnant teenagers and school-age parents assisting them to overcome barriers.
- The Teenage Pregnancy Midwifery Service is available to support all pregnant under-18s offering flexible one-to-one care for teenage parents to increase self-esteem, promote a sense of self-worth and boost their confidence as parents.

2 RISKS

Children and young people who do not receive the right support at the right time in childhood are more likely to experience health problems in adulthood. Budget pressures across the statutory and voluntary sectors could reduce the support available to children, young people and families.

3 FINANCIAL IMPLICATIONS

None

4 LEGAL IMPLICATIONS

None

5 CLIENT GROUP

All children and young people, and their parents/carers and families, especially those with physical and/or mental health problems

6 IMPACT ON EQUALITIES ISSUES

Children and young people who identify as LGBT are more likely to experience mental health problems than other young people.

7 OUTCOMES AND PRIORITIES AFFECTED

Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.

Appendix 1

Table 3: Services related to childhood nutrition and obesity in Nottingham

Age Group	Services in relation to need
Pregnant women	<p>Slimming world Adult weight management on referral Free access to 12 weeks of classes via GP referral only. Available to overweight 16 and 17 year olds, and adults with a BMI over 30 (including pregnant and post-natal women)</p>
2 - 4 years	<p>Healthy Child Programme (Level 1)</p> <ul style="list-style-type: none"> - Families of overweight children receive brief intervention and intensive support including signposting to local healthy living opportunities by Health Visitors, Family Nurse Practitioners, GPs and Practice Nurses. - There is capacity for all eligible families. - There is no specific intervention provided for level 2- 4 year olds who are identified as obese other than support offered through the Healthy Child Programme by health visiting.
5 - 16 years	<p>Brief Intervention (Level 1)</p> <ul style="list-style-type: none"> - Overweight children/families receive brief intervention and intensive support including signposting to local health living opportunities by school nurses, GPs and practice nurses. - There is capacity for all eligible families through the Public Health Nursing Service (Healthy Child Programme, 5-19 years).
5-16 years	<p>Healthy Weight Support Programme</p> <ul style="list-style-type: none"> - Nottingham's Healthy Weight Support Programme is an evidenced based targeted weight management service provided by Nottingham CityCare Public Health Nursing service which encourages children and families to establish and maintain healthy lifestyles by promoting skills and knowledge around nutrition, physical activity and behaviour change. The service consists of an individually tailored package of support including home visits/assessment and 3 follow up sessions with school nursing. This service launched in September 2014. - There is capacity for 80 children/families to have a 3-month package of support per year.

Table 4: Targeted Interventions for those most at risk of overweight and obesity

<p>Healthy Child Programme embedded in the integrated 0-19 service provided by CityCare</p>	<p>The HCP seeks to reduce health inequalities and meet the needs of the most at-risk children, young people and families through a progressive universal model. Parents of overweight and obese children receive appropriate information and signposting to further sources of advice/support and referral to appropriate weight management services.</p>
<p>Breastfeeding peer support</p>	<p>CityCare Partnership has provided a breastfeeding peer support programme since September 2012. This service offers targeted one-to-one support for mothers aged under 25 years by paid peer supporters. Midwives, health visitors and peer supporters distribute breastfeeding materials to young mothers.</p>
<p>Healthy Start - Free vouchers for fruit and vegetables</p>	<p>Healthy Start is open to pregnant women and families with children under 4 years. Vouchers are provided to exchange for fresh fruit and vegetables as well as milk and infant formula milk.</p>
<p>Healthy Weaning Programme CityCare</p>	<p>Healthy weaning education targeting those living in deprived areas of the City.</p>
<p>Cook and Eat sessions – practical cooking skills CityCare</p>	<p>Practical cook and eat sessions for parents to increase cooking skills and promote healthy eating incorporating behaviour change techniques targeting those living in deprived areas of the City e.g. Eatwell for life</p>