

Appendix 2: New proposals for use of Public Health General Reserves

Ref	Topic	2018/19 £	2019/20 £	2020/21 £	Brief description / Rationale	Impacts including links to PHOF outcomes	Risks of not allocating reserves funding
1	Increase capacity within the Public Health division to support the wellbeing agenda in the workplace		49,000	49,000	<p>Employment of a two-year fixed-term full-time Public Health Support Officer to support the wellbeing agenda (including wellbeing@work (W@W), Making Every Contact Count, and the Tobacco Declaration).</p> <p>There are over 50 organisations already signed to the W@W programme in Nottinghamshire. By expanding staff capacity this number could be increased. The scheme has recently been refreshed and is due for relaunch in February 2019, making this an optimum time to put more resource into supporting the programme.</p> <p>The expansion of the W@W programme underpins the Council Plan "Your Nottinghamshire Your Future" and its ambitions; supports the delivery of the Place and the Adult Social Care and Health departmental strategies, and contributes to the priorities of the Nottinghamshire Health and Wellbeing Strategy</p>	<p>An additional 50 organisations would be worked with to realise the following benefits:</p> <ul style="list-style-type: none"> • demonstrate exemplary practice by leading on the area of promoting positive health and well-being of employees • reduced sickness absence • reduced presenteeism (attending work when not fit or able to work productively) • reduced turnover of staff • reduced recruitment costs • happier, more motivated workforce. <p>Wider benefits of workforce health schemes include:</p> <ul style="list-style-type: none"> • Provide a return on investment – employee wellness programmes return between £2 and £10 for every £1 spent • workplaces with "very satisfied" employees had higher labour productivity, higher quality of output, and higher overall performance <p>PHOF indicators:</p> <p>Sickness absence rate, plus various health improvement indicators.</p>	Limited resources affecting take up of the wellbeing@work scheme. Lost opportunity to link with wider initiatives such as Making Every Contact Count and the Tobacco Declaration.
2	NCC Flu Vaccination campaign	10,450	66,880	86,661	<p>ASC&PH Committee previously approved a policy to increase uptake of seasonal flu vaccination for all frontline care staff who are directly employed by the Council or are working in services commissioned by the Council. Vaccinating staff is primarily undertaken to protect vulnerable service users from seasonal influenza through transmission from their carers, but also helps to ensure business continuity by reducing sickness absence amongst staff.</p> <p>The proposal is for Public Health to contribute to the flu vaccination programme until 2020/21, with targets for uptake at 50% in 2018/19, 60% in 2019/20 and 75% in 2020/21.</p>	<p>transmission of seasonal influenza from their carers, resulting in fewer flu-related hospital admissions for service users and reduced levels of excess winter deaths.</p> <p>Local primary and secondary health care services will be under less pressure as a consequence.</p> <p>Other benefits for organisations include lower sickness absence among frontline staff with positive impacts on business continuity.</p> <p>PHOF indicators:</p> <p>1.09 Working days lost due to sickness absence 4.07 Under-75 mortality rate from respiratory disease considered preventable 4.13 Health related quality of life for older people 4.15 Excess winter deaths</p>	<p>Effectiveness of vaccination in preventing transmission depends on uptake. Previously uptake was only 20-30% of front line staff, which meant that many service users remained exposed. A communications and information campaign is therefore included in the proposal, to raise the profile of the issue and encourage take up.</p> <p>Financial risk: if Public Health reserves are not used, to meet the targets already agreed by Committee, resource to fund vaccinations will need to come from budgets elsewhere in the Council.</p>

3	Kooth Online Counselling service		75,000	150,000	<p>Universal, open access service providing advice, guidance and counselling for young people with mild emotional and mental health concerns, to improve wellbeing and reduce escalation and need for higher cost, specialised services. Reserves funding would be used to extend the service up to March 2021.</p> <p>This area is a high priority, both locally and nationally. Public Health England ‘The Mental Health of Children and Young People in England’ (December 2016): identifies: “The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people (CYP).”</p>	<p>This service is key to providing early intervention for young people of Nottinghamshire. Children and young people accessing the service receive appropriate, timely and evidence based support to meet a diverse range of issues that impact on their mental health, wellbeing and quality of life. In 2017/18, 1797 unique young people accessed Kooth, of which 87% returned to the site. 852 online counselling sessions were delivered and 7411 messages were sent. 97% of young people would recommend the service to friends. Demand has continued to rise with 1399 unique young people accessing Kooth in the first six months of 2018/19. The support and strategies promoted by the service enhance and improve day-to-day living, link young people with others as appropriate and refer to specialised services if higher level need is apparent.</p>	<p>Not providing the funds could lead to closure of the service, reducing the opportunity to improve children and young people’s mental health and address gaps in young people’s mental health provision in other parts of the system.</p>
4	Family Nurse Partnership Service extension	416,761	426,716		<p>FNP is a licenced, evidence-based, intensive nurse-led prevention and early intervention programme for vulnerable first time young parents and their children, delivered by specially trained Family Nurses. Countywide, FNP supports up to 375 first time teenage mothers and their babies, providing weekly or fortnightly visits up until the child’s second birthday. There is a strong evidence-base for the effectiveness of the FNP programme compared with other programmes.</p> <p>In 2015 it was agreed to increase capacity in the FNP with funding from the Supporting Families Programme. This provided 175 extra places to the programme locally increasing coverage to 25% of the eligible population, in line with the national coverage.</p> <p>Given current cost pressures within the CFS Department, it is proposed to allocate additional funding from PH reserves to meet the costs of the expanded service in 2018/19 and 2019/20.</p>	<p>Impact: This service is targeted on first time teenage parents and delivers positive outcomes for a vulnerable client group, supporting up to 375 first time teenage mothers and their babies. Coverage will continue at 25% of the eligible population in line with national coverage.</p> <p>Continues to ensure that vulnerable first time teenage mothers and their children receive an evidence based intervention that will improve short and long term health and wellbeing and economic outcomes, whilst supporting Children’s Services Department to manage cost pressures.</p> <p>Contributions to PH outcomes include:</p> <ul style="list-style-type: none">• Reduced under 18 conception rate per 1,000 population• Lower % all live births at term with low birth weight• Improved breastfeeding initiation and prevalence at 6-8 weeks after birth• Reduced maternal smoking at time of delivery• Improved school readiness in vulnerable groups• Fewer 16 to 18 year olds not in education, employment or training• Reduced incidence of domestic abuse• Fewer hospital admissions caused by unintentional and deliberate injuries in children and young people	<p>Impact on CFCS and achievement of priorities of Children, Young People and Families Plan 2016-18 for Nottinghamshire.</p> <p>Service risk: reduction in service to a vulnerable group of service users (vulnerable, first time young parents). Potential for increased costs elsewhere in the system if the preventive service is reduced or removed.</p> <p>Partner risk: impact on the provider that provides the service. Staff are currently employed to deliver the service as part of the Healthy Families Contract.</p> <p>Potential impact on CFS budgets.</p>

5	Small Steps Extension		372,000		<p>Extension of Small Steps support service for children and young people with concerning behaviours (indicative of Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder) in Nottinghamshire. Additional PH reserves funding would enable the service to continue to March 2020.</p> <p>Estimates for potential beneficiaries in Nottinghamshire based on national prevalence rates: between 3,200 and 5,400 children aged 5-18 are living with ADHD, with 1,600 experiencing symptoms severe enough to require medication; between 1,000 and 1,600 children aged 5-18 living with ASD</p>	<p>The service received 52 referrals in the first month of its operation (August 2018).</p> <p>Impacts:</p> <ul style="list-style-type: none"> • Prevention in the escalation of concerning behaviours; families are better equipped, with the appropriate knowledge and skills to manage concerning behaviours in the home setting; children are better able to learn and achieve if their concerning behaviours are effectively managed • Improved early intervention can reduce demand for statutory assessments of special educational need (EHCPs) • Longer term, children can have their needs met within mainstream settings through better understanding, management and communication of their behaviours, reducing demand for specialist educational support and placements • Referrals for specialist health services, such as community paediatrics, are reduced. Estimated reduction in referrals for specialist Community Paediatric provision, both first appointments and follow-up appointments, of a minimum of 10%. 	<p>Service risks: Not providing the funds could lead to withdrawal of the service with lost opportunity to improve support for children and young people with concerning behaviours and their families.</p> <p>Opportunity costs: additional demand for statutory assessments of special educational need and referrals to specialist health services could have cost implications elsewhere.</p>
6	Schools Health Hub / Tackling Emerging Threats to Children team		50,000	186,000	<p>The main aim of the Schools Health Hub is support schools to improve health and wellbeing, and educational outcomes, resulting in safe, healthy, happy, resilient children and young people who are able to achieve their potential. There are three SHH Co-ordinators within the team and each team member leads on specific health and well-being priority area as well as being linked to a geographical locality. This proposal seeks approval for the extension of Public Health funding to support the continuation of the Schools Health Hub service within the TETC team, for children and young people across Nottinghamshire in primary, secondary and special schools setting. The proposal also seeks to further fund the full time post of 'Child Sexual Exploitation Co-ordinator' placed within the TETC team.</p>	<p>Contributions to PH outcomes:</p> <ul style="list-style-type: none"> • reduced pupil absence • fewer first time entrants to the youth justice system • reduced smoking prevalence at age 15 • reduced conception rate in under 18s. <p>The wider Tackling Emerging Threats offer to schools and other stakeholders includes CSE, anti-bullying and Prevent work with young people.</p> <p>Contributes to priorities of the 2016-2018 CYPF Plan and Commitment 1, 2 and 3 of Council Plan.</p>	<p>Service risks: Reduction in health and wellbeing advice and information available to staff and young people in schools.</p> <p>Loss of contribution towards improved OFSTED rating for Nottinghamshire schools in areas of greatest need</p> <p>Reduction in Tackling Emerging Threats offer affecting anti-bullying, CSE and Prevent work.</p> <p>Partner risks: loss of service to and impacts on schools using the service.</p> <p>Operational risks: staff redundancies, additional costs to CFS.</p>

					<p>Smoking is an addiction largely taken up in childhood and adolescence. The ASSIST programme is the only evidence based programme which is proven to reduce uptake of smoking amongst 12-13 year olds across all socio-economic groups and genders. The programme operates in 13-15 targeted schools in Nottinghamshire per academic year. It is delivered under licence by the Youth Service, using a time limited allocation of funding from Public Health reserves previously approved by the former Public Health Committee.</p> <p>Feedback from participating schools consistently demonstrates positive impact in building resilience, self-esteem and confidence in pupils; activity-based training improves leadership, communication skills, highlights empathy and shows value of taking non-judgemental approach to peer-led conversations.</p> <p>Resources remaining from the original allocation of funding are sufficient to continue the ASSIST programme until March 2020. The proposal is to allocate a further £150,000 to enable the programme to continue until March 2021.</p>	<p>Benefits include:</p> <ul style="list-style-type: none"> • more pupils in Nottinghamshire will benefit from the programme (15 schools are targeted according to adult smoking prevalence rates to address health inequalities) • schools will run the programme again to benefit a new cohort of pupils • schools will benefit from increased conversations around smoking and health • fewer young people will take up smoking. <p>Delivering the programme across the County could reduce smoking prevalence in 15-year-olds from 7.4% to approximately 5.7% - i.e. approximately 150 fewer young people may start smoking each and every year</p> <p>PHOF indicators:</p> <ul style="list-style-type: none"> • reduced smoking prevalence at age 15 • reduced smoking prevalence in adults • reduced mortality rate from causes considered preventable • reduced under 75 mortality rate from cardiovascular diseases, cancers and respiratory diseases considered preventable • inequality in life expectancy and an increase in 	<p>Service risk: Smoking prevention programmes cease in schools with future impact on smoking uptake among young people. Wider benefits of the programme, such as positive impacts on self-esteem, resilience and confidence, may be lost.</p> <p>Operational risks: NCC Youth Service would be impacted by removal of funding for the service, which is delivered by youth workers in schools.</p>
7	Extension of ASSIST smoking prevention in schools			150,000			
8	Chlamydia control activities		30,000	30,000	<p>Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK. If not treated, it can cause serious reproductive consequences such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal infertility.</p> <p>In 2017, Nottinghamshire had the lowest proportion of chlamydia testing among 15-24 year olds in the East Midlands. To address this, using previous funding from PH reserves, an online testing offer was developed to facilitate access by different client groups that may not access a test via current outlets.</p> <p>Since the service has been available, local performance on the Detection Rate Indicator (DRI) has improved.</p> <p>Additional resources will enable the online service to continue for two further years.</p>	<p>The benefits of screening for service users include:</p> <ul style="list-style-type: none"> • a higher detection rate in young people (most at risk of infection) • improved access to service from client groups that may not access a test via other outlets (young males) • effective detection and treatment contributing to the control of Chlamydia • positive outcomes for individuals, who benefit from a reduction in serious reproductive consequences of an untreated, asymptomatic infection (PID, ectopic pregnancy, and tubal infertility). <p>Increasing access to online testing will contribute to improving the DRI (Detection Rate Indicator) to support achievement of the PHOF 3.02 Chlamydia Diagnosis Rate (Aged 15 to 24). The Department of Health Public Health Outcomes Framework recommends that local areas aim to achieve a chlamydia detection rate among 15 to 24 year olds of at least 2,300 per 100,000 population.</p> <p>Nottinghamshire's current DRI for quarter 2 2018 is 1987.2.</p>	<p>If not approved, it would be necessary to cap the number of tests available and this would</p> <p>a) Impact on ability to improve testing and detection rates</p> <p>b) Adversely affect confidence in the service, if tests were not available on demand.</p>

9	Better data for prevention and population health need		24,000	Invest to save proposal to examine potential for data sharing and collaboration between Public Health intelligence analysts and health and care organisations. The General Practice Repository for Clinical Care (GPRCC) is a collation of clinical and care data to support more effective care pathways and processes for Nottinghamshire patients, developed as part of the Connected Notts project. GPRCC includes data flows from GPs, Hospitals, Community providers, mental health services and older people's social care. Further expansion of data collection is planned for local authority commissioned services, ambulance service and 111 data. This proposal concerns the opportunity of secondary use of data to support the assessment of population health and care needs; strategic planning of health and social care systems and assessments of efficiency, effectiveness or equity of parts of the care system. Staff time will be assigned to work on this topic with backfill recruited to maintain capacity within the Public Health intelligence function.	Will assist in future fulfilment of PH mandatory functions associated with intelligence and information - e.g advice to CCGs, production of Joint Strategic Needs Assessment, information of service commissioning, production of DPH Annual Report.	Existing capacity in the PH intelligence team is limited. Developing secondary use GPRCC datasets would detract from other work within Public Health, including work on health needs assessments, the procurement of an Integrated Wellbeing Service and work to support the Prevention workstream of the ICS. The analysts currently deal with approximately 20 needs assessments per year and 430 requests for work. Current staffing levels are insufficient to enable time to release staff time to focus on GPRCC. Lost opportunity to explore newly emerging data sharing mechanisms.
10	ICS Support		120,000	Includes: Support for use of JSNA: Joint Strategic Needs Assessment (JSNA) and Population Health Management (PHM) products for Integrated Care System (ICS), Integrated Care Partnerships (ICP) and localities (Locality Integrated Care Partnerships). Mental health leadership: Dedicated capacity and expertise is needed to provide leadership on the prevention elements of the ICS Mental Health Workstream, to ensure effective delivery on its ambitions and outcomes.	The impact of the JSNA support is to enable the ICS to build on an understanding of population health needs in a defined geographic area (notably the ICS, ICP or LICP footprints). The proposal will provide the much needed capacity and capability to help the ICS define, assess, improve and measure population health and understand how best to deliver impacts on health, to both optimise health gains alongside ensuring efficiency and quality. There is the potential for impact across all three outcome frameworks – NHS, ASC and PH. The impact of providing additional leadership will be to provide additional capacity for the ICS to realise its ambitions, particularly affecting prevention.	Ineffective and disjointed working between the JSNA and PHM approaches of the ICS partners. Insufficient leadership capacity within the ICS.
11	Emergency Preparedness		40,000	Upper tier local authorities have a statutory duty to take steps to protect the health of people from all hazards and to prevent those threats emerging in the first place. Directors of Public Health (DsPH) have a responsibility for "the exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to Public Health (PH)". Emergencies can include incidences of serious communicable disease infection, Healthcare associated infections where there may be an actual or perceived risk to the general public, outbreaks or epidemics which threaten the health of the local population e.g. pandemic influenza; events involving the microbial contamination of food, water or the environment; chemical biological, radiation hazards; widescale hazards arising from, for example, extreme weather events. The proposal is to fund scheduled emergency planning work and thereby improve preparedness for certain emergencies and deliver one-off support to the corporate financial position	Increased resilience in regard to response to emergencies.	Financial risk: funds to support the activity would need to be identified from other budgets.

12	Systematic approach to alcohol Identification and Brief Advice (IBA)		75,000	75,000	<p>In Nottinghamshire in excess of 131,000 adults drink at levels that pose a risk to their health. More than 21,000 are dependant on alcohol. There are high levels of admissions to hospital for alcohol related conditions and injuries. System wide implementation of Alcohol Identification and Brief Advice (IBA) is a simple and brief intervention that aims to motivate at-risk drinkers to reduce their consumption and so their risk of harm. It is estimated that for every 8 people who receive alcohol IBA in key settings including primary care, one will reduce their consumption to lower risk levels. On a population level this offers significant opportunity for change. In order to deliver alcohol IBA at scale across the county a dedicated team tasked with specifically delivering alcohol IBA training to the wider workforce is required. The proposal is to vary the contract with existing specialist SM service providers to deliver alcohol IBA training due to their specialist knowledge, ability to deal with onwards referrals the highest risk (dependant) drinkers. Professionals trained will be able to conduct an audit of screening to assess alcohol consumption, alcohol related behaviours and alcohol related problems; offer evidenced based brief advice and information and promote appropriate interventions and services dependant on screening outcomes.</p>	<p>Training will be provided for 1,386 professionals; 198 training sessions per year with the expectation that a minimum of seven professionals attend per session. Target groups of professionals will be within agencies such as family services, district council housing teams and homelessness team, pharmacies, fire service (wellbeing team), hostels and care homes.</p> <p>Contributions to PHOF outcomes: Reduction in % of adults drinking over 14 units of alcohol a week / binge drinking Reducing admissions and readmissions for alcohol related conditions Reduction in admissions for alcohol related unintentional injuries Reduction in benefit claimants due to alcoholism (/mental health) Years of life lost due to alcohol-related conditions Alcohol related road and traffic accidents</p>	<p>Currently there is no systematic approach to alcohol training and awareness in the County. Substance misuse training (including alcohol awareness) is a component of the SM service (CGL) Public Health contract. However, there is insufficient capacity to deliver the required intervention at a scale that enables the wider workforce to systematically adopt alcohol IBA in order to see changes in behaviour that impact on the population (reduction in levels of risky drinking) and any impact on the wider system such as hospital admissions or alcohol related crime.</p>
13	REACH: Routine Enquiry about Adversity in Childhood Implementation and Evaluation		123,100	72,000	<p>There is significant research evidence regarding Adverse Childhood Experiences (ACEs) and their impact on health. An innovative programme, The Routine Enquiry about Adversity in Childhood (REACH) model aims to ask people directly about adverse experiences to enable professionals to plan more focused interventions. The REACH model has been implemented as a pathfinder in a range of multi-agency settings. Four independent academic evaluations have demonstrated its effectiveness.</p> <p>It is proposed to implement REACH over two years across key services working with vulnerable families, adults and young people in Nottinghamshire, and to evaluate the programme independently. An economic analysis would form part of the evaluation.</p> <p>Providing time limited funding would enable testing and provide evidence to inform a business case for future wider implementation.</p> <p>The proposal will address one of the recommendations in last year's DPH Annual Report, to develop trauma-informed practice amongst professionals.</p>	<p>650 professionals would be trained in the REACH approach. Potential benefits include a reduction in the demand for services and improvement in engagement – e.g services for families, children and young people; children's social care; services for young offenders; schools colleges and alternative education providers; police & community safety teams; CYP and adults substance misuse services; CAMHS ; homelessness teams; domestic violence services.</p> <ul style="list-style-type: none"> • A desire to engage in services (for example, parents wish to modify or change their behaviour) • Benefits for service users include improved health, social outcomes. • Wider benefits may include a reduction in crime as a result of improved engagement in services. <p>Nottinghamshire County Council would be a trailblazer for the development of trauma-informed services.</p>	<p>Lost opportunity to develop approach to routinely addressing childhood adversity which could bring benefits in reduced demand and/or improved engagement with services elsewhere.</p>

14	Physical Activity insight work		34,000	34,000	<p>In Nottinghamshire 33.6% of adults do not do the recommended 150 mins of moderate physical activity per week to benefit their health and 23.2% of adults are inactive (PHE 2018). Inactivity ranges from the least inactive in Rushcliffe (17.8%) to the most inactive in Mansfield (27.7%) which is significantly higher than the English average. Developing insight into which groups are more likely to be inactive, and the reasons for this is an approach recommended by Sport England. Pilot activity was previously undertaken in Bellamy in Mansfield. Funding is now sought to extend the Physical inactivity insight work across the County. Quantitative & qualitative insight work & an action research approach will be undertaken with communities. This work will identify and provide a replicable framework and approach to get to know and understand local communities; building strong relationships as part of the process, mapping assets, identifying opportunities and areas of concern. The total funding sought is £10K per 6 Districts (not including Mansfield, which already received funding) plus £8k towards external evaluation.</p>	<ul style="list-style-type: none"> • Enable a change in organisational behaviours and approaches to working with underserved communities and delivering services • Influence the traditional sports and leisure sector to think and work differently with a public health orientated needs led approach • Enable true effective partnerships and co-creation of solutions • Inform commissioners and funders to understand what is needed if this work is to be effective, sustainable, impact fully and have longevity. • Influence change in PHOF, Physical Inactive Adults and Physically Active Adults, PHE, Active Lives, Sport England • Percentage of Physically active Adults - Notts (66.4%) similar to England (66.0%). Mans (58.9%) significantly lower. • Percentage of Physically inactive adults - Notts (23.2%) similar to England (22.2). Mans (27.7%) & Ash (26.6%) significantly higher 	<p>If this work was not delivered then there would be no further insight led work on physical activity for the other areas of the County, and learning from the pilot in Mansfield would not be transferred in a co-ordinated way for other localities.</p>
15	Age Friendly Notts		92,500	92,500	<p>Estimates of the numbers of older people living alone in Nottinghamshire show that there is expected to be a rise from around 53,000 in 2011 to 74,000 by 2025, an increase of 40%. The Age Friendly Nottinghamshire pilot, in Beeston and Mansfield, was developed to test a response to loneliness in the older population with time limited funding. 320 individuals benefited from the initiative. The proposal is to use Public Health reserves to develop this model and extend it to other communities within the County. The community development approach works to establish networks and structures within a locality so that the provision is sustainable.</p>	<p>communities. With two years additional funding, it is planned to extend the work to another five communities in Nottinghamshire.</p> <ul style="list-style-type: none"> • Measured interventions and activities to tackle loneliness and isolation, preventing the reliance on public services, and ultimately saving money; • Improving healthier life expectancy – reducing exposure to risk factors for ill health • Strong and connected communities • Helping people to help themselves • Inter-connected residents and agencies to ensure public service activity is co-ordinated and supported locally; • Integrated knowledge sharing across partners to cascade the right information clearly and consistently; <p>Contribution to Public Health outcomes: Self reported wellbeing</p>	<p>Without the PH resources, the pilot activities will cease and there can be no extension to other areas of the County.</p>
16	Food Environment		70,000		<p>The percentage of adults who have excess weight in Nottinghamshire is significantly higher than the England average. Support the work of the Healthy and Sustainable Places Coordination Group in delivery of specific place-based actions or initiatives across Nottinghamshire, to contribute to one or more of six identified food environment objectives, which cover the promotion of healthy food, tackling food poverty and diet-related ill health, building community food knowledge, promoting a diverse food economy, transforming catering and food procurement and reducing waste in the food system.</p>	<p>Enable and support residents to reduce their risk of obesity and diet related diseases such as diabetes, high blood pressure, cardiovascular disease and certain cancers</p>	<p>Lost opportunity to develop place based actions to contribute to food environment objectives.</p>

17	Schools Catering		90,000	90,000	<p>There are increasing levels of obesity in children and young people attending both Primary and Secondary schools. The percentage of children in England who are obese, doubles between Reception age (age 4-5 years) and Year 6 (age 10-11 years). The percentage of Year 6 children who have excess weight in Nottinghamshire (30.6%) is lower than the England average (34.2%). Again this masks variation in the county with levels of overweight and obesity being highest in Ashfield (34.8%) and lowest in Rushcliffe (21.5%). School meals contributes around one-third of energy and micronutrient intake on school days, and have been shown to play a role in the development of healthy eating habits, academic achievement, improved behaviour and a reduction in picky eating behaviours at school. Numerous studies have also shown that, on average, school lunches are of a superior nutritional quality to the food provided as a packed lunch in UK primary schools, with fewer than 1% of packed lunches meeting the nutrient-based framework that underlies current food based standards for school food. The proposal is to provide additional resources for promotion and awareness raising activities by the School Meals service.</p>	<p>Improve the diet of school aged children through the direct impact of increased uptake of school meals that meet the nutritional standards for school meals. Contribute to development of healthy eating habits among children and young people, with potential to contribute to improved academic achievement, improved behaviour and reduction in picky eating behaviours in schools. Through coordination with other food and wider health initiatives in schools and the local communities through the Health and Wellbeing Board's Food Environment plans; this project has the opportunity to contribute to PHOF indicators relating to child obesity and adult overweight.</p>	<p>NCC school meals are constrained by lack of resources to be able to promote the Free School Meal policy to parents and families, develop frontline colleagues in terms of their knowledge and skill base and build relationships between school, customer (student), suppliers and school meals service. There is an opportunity to build on the 40,000 school meals currently provided across some 260 outlets and improve sustainability of the service.</p>
18	Co-ordinated personal travel planning with residents and at workplaces		25,000	165,000	<p>Analysis of the existing information on obesity and inactivity identifies that there is a greater prevalence of inactivity and obesity/overweight in Ashfield, Bassetlaw and Mansfield districts. Air quality monitoring data identifies that there are transport related air quality issues on County Council managed roads in Ashfield, Gedling and Rushcliffe. Personal travel planning can help to address these issues. Personal travel planning has recently been, or is programmed to be, delivered in Mansfield, Daybrook and West Bridgford and therefore it is proposed that travel planning funded as part of this project would be targeted at addressing the identified health issues in Ashfield and Bassetlaw.</p>	<p>success criteria are:</p> <ul style="list-style-type: none"> • two rounds of residential PTP with 9,000 households • workplace PTP with 2,000 employees at up to 20 businesses • Changes in travel behaviour amongst participants to help deliver Public Health outcomes, specifically (the percentage increases below are the percentage increases of all trips to work made by participants e.g. where 2% of the total trips to work are currently made by cyclists, the target would be to increase this to 5% the total trips to work by participants): <ul style="list-style-type: none"> o 3% increase in cycle journeys to work o 6% increase in walking journeys to work o 4% increase in public transport journeys to work o 4% increase in car share journeys to work o 17% reduction in car journeys (as driver) to work. <p>Public Health outcomes contributions:</p> <ul style="list-style-type: none"> 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 2.23 Self-reported well-being 3.01 Fraction of mortality attributable to particulate air pollution 	<p>The travel planning activities will not take place without the funding.</p>

19	ROW promotion		60,000		<p>The Public Rights of Way (PROW) network offers a vital resource in promoting health and wellbeing for Nottinghamshire residents and visitors. Public rights of way provide a means for people to walk, cycle and horse ride that is free of charge and can improve physical, mental and social wellbeing. The project will provide promotional activity and publicity for the ROW network, working with partners, volunteers, PROW user groups such as Nottinghamshire Local Access Forum, the Ramblers Association, Walking to Health Groups, and public health stakeholders such as local GP Practices and the commissioned Obesity Prevention and Weight Management Services. Successes will be measured by the number of people using the public rights of way and wider countryside network, increased levels of physical activity and a reduction in those reliant upon healthcare.</p>	<p>Increase the number of members of public enjoying the walking and cycling network; improving health and mental well-being and reducing costs to the local and national economy by reducing reliance on the health provision. Encouraging children and families to appreciate the wider environment in today's technological society. Contributes to PHOF outcomes related to increasing levels of physical activity and improvements in air quality.</p>	<p>Limited resources for promotion and publicity lead to reduced use of the PROW network.</p>
20	Smoking Cessation advisors in acute trusts		114,750	153,000	<p>Tobacco use remains one of the most significant public health challenges. Currently 97,883 (15.1%) of adults smoke across Nottinghamshire. This figure masks local variation across the county as high smoking levels are concentrated in the more deprived areas. Smoking causes more deaths each year than any other preventable cause. It is costly to both individuals and the economy and is the greatest single cause of health inequalities placing a huge burden on national and local finances. In the last eighteen months, PH reserves provided support for smoking cessation activity in acute trusts - hospitals and mental health units - to implement new NICE guidance on smoking cessation and create an environment which actively encourages patients, staff and visitors to stop smoking and remain smoke free or temporarily abstain from tobacco use during their time in hospital. Activities include improving knowledge and competency of smoking cessation in the workforce, providing advice and developing training, developing processes and interventions to keep the Acute Trust premises (including grounds, vehicles and other settings) are smoke free, working in partnership with with Smokefreelife Nottinghamshire (SFLN) to reach the wider networks of staff and patients by identifying new opportunities to provide suitable stop smoking support.</p>	<p>Nottinghamshire county residents have a smoking prevalence of 15.1%, representing 97,883 adults, resulting in 1341 early deaths as a result of smoking. The costs of this to the local NHS are £41.1million of which £12million is due to 7766 hospital admissions for smoking related diseases. This proposal will support the following PHOF outcomes such as a reduction in:</p> <ul style="list-style-type: none"> • smoking prevalence in adults (PHOF 2.14) • mortality rate from causes considered preventable (PHOF 4.03) • under 75 mortality rate from cardiovascular diseases considered preventable (PHOF 4.04) • under 75 mortality rate from cancer considered preventable (PHOF 4.05) • under 75 mortality rate from respiratory disease considered preventable (PHOF 4.07) • inequality in life expectancy (PHOF 0.2) and an increase in healthy life expectancy (PHOF 0.1) <p>This intervention is also aligned with the objectives of the Nottinghamshire County Council Health and Wellbeing Strategy.</p>	<p>Potential stalling of reduction in prevalence of smoking and increasing inequalities due to tobacco.</p>
	Total	427,211	1,937,946	1,333,161	3,698,318		