

Annex A: New proposals for PH General Reserves

| Topic | 2017/18 | 2018/19 | Justification | Impact / PHOF | Potential consequences of not allocating the reserves |
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| Domestic Violence contract cost pressure: Young People's Violence Advisors YPVAs | 11,000 | 44,000 | <p>Additional costs associated with children and young people (4-18 years) going through the Family Civil Courts.</p> <p>Capacity cannot be met within existing resources at present, and represents an unmet need/emerging need not originally considered when the contract was developed and agreed.</p> | <p>Children can be re-traumatised as part of the family court process and perpetrators can use these proceedings to continue their controlling behaviour. YPVAs will support, safeguard and work with the child to avoid further DVA, improve emotional wellbeing, school attendance and future life chances.</p> | <p>Operationally there would be unmet need, particularly among children. However this has not commenced so there is no legal/contractual damage.</p> <p>It may be possible to consider this as a pilot in part of the County, thus reducing investment by half to £44,000 over the 2 years.</p> |
| Re-instatement of Mental Health First Aid / Suicide Awareness training | | 50,000 | <p>Previously delivered for one year as a time-limited pilot by Kaleidoscope using a previous allocation from within PH reserves. The previous service met all its contracted targets and evaluated well. Continuing enquiries since the pilot concluded are coming from emergency services and front line staff. Providing further funding would respond to expressed need.</p> <p>Awareness and training delivery would;</p> <p>1) Build on the self-care model by raising awareness on how people and communities can look after</p> | <p>Improve mental health outcomes such as;</p> <ul style="list-style-type: none"> Increased prevalence of self-reported wellbeing Reduce the number of suicide deaths Reduce the rate of self-harm A & E attendances <p>Impacts would include;</p> <ul style="list-style-type: none"> Promoting good mental health Preventing future mental health and co- | <ul style="list-style-type: none"> - Population of Nottinghamshire remain unaware on techniques in managing self-care in mental health prevention - Make Every Contact Count (MECC) will continue to focus on physical health problems only. Therefore, not considering the impact of poor physical health on mental health problems and the impact of poor mental health on physical health - Early prevention and identification of mental health will potentially reduce the need |

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| | | | <p>their mental health and build mental resilience and wellbeing</p> <p>2) Deliver training to front line health and social care and emergency service to raise awareness on the signs of mental health problems & the effect mental health problems has on individuals</p> <p>3) Develop knowledge and skills on the availability of Mental health services and the signposting/ referral pathways</p> <p>4) Develop knowledge and skills on the signs of suicide and the suicide prevention pathways</p> | <p>existing physical health problems</p> <ul style="list-style-type: none"> • Target and develop pathways for those with existing mental health problems to access health improvement interventions. | <p>to access NHS and Social Care services</p> <p>-Health, social care and emergency services frontline staff will remain unskilled in identifying and supporting people with mental health problems, suicidal ideation and mental health crisis management.</p> |
| Chlamydia control | | 30,000 | <p>Meet potential surge in demand for Chlamydia testing service in response to outreach work to address need in the population.</p> <p>The activity would help to address comparatively poor local performance relating to Chlamydia diagnosis and treatment, and respond to population need.</p> | <ul style="list-style-type: none"> • Address failing DRI (Detection Rate Indicator) to support achievement of the PHOF 3.02 Chlamydia Diagnosis Rate (Aged 15 to 24) • Facilitates access from different client groups that may not access a test via current outlets (young males) • Manage demand via online access route | Failure to address the failing indicator identified previously. |
| Community Infection Prevention and Control Service – extension to 31 March 2018. | | 130,000 | The CIPC service is currently being augmented through a fixed term allocation of funds from PH reserves, due to expire 31 March 2018. 12 month extension of existing Section 75 agreement, | <ul style="list-style-type: none"> • Maintain capacity to protect health of the population and to adequately respond to community infection threats as they arise | Partner risk: impact on the CCG that provides the service. Staff are currently employed to deliver the service, although at present the augmented funds |

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| | | | <p>already being funded out of PH reserves, to enable the augmented service to continue for a further 12 months.</p> <p>Providing additional funding would enable continuation of a valuable service with available resource, maintain benefits to care homes and nursing homes and protect health, and ameliorate the impact of significant funding reductions to this system-wide essential prevention and outbreak control service. It would preserve the integrity of the specialised knowledge and skills of the workforce, avoid erosion of capacity to protect health of the population and also provide additional time for the CCGs to then make up the future funding gap.</p> | <p>(including those relating to antimicrobial resistance, which is where the micro-organisms that cause infection survive exposure to a medicine that would normally kill them or stop their growth).</p> <ul style="list-style-type: none"> • Fewer people experience long term disability • Better quality of life, fewer infections and associated deaths <p>Lower burden on adult social care as a result of reduction in avoidable hospital admissions and need for social care at discharge</p> | <p>are due to end in March 2018 – see entry in table above.</p> <p>Service risks: risk associated with protection of health for residents in care homes and nursing homes.</p> |
| Antimicrobial resistance (AMR) campaign - | | 20,000 | <p>Antimicrobial resistance arises when the micro-organisms that cause infection survive exposure to a medicine that would normally kill them or stop their growth. Proposal is for a public -facing awareness raising campaign regarding use of antibiotics.</p> <p>“Antimicrobial resistance poses a catastrophic threat” (Chief Medical Officer 2013) There is a local,</p> | <p>Support marketing of key messages to support local AMR messages to the public and health and care organisations. Contribute to national goal for commissioning for quality and innovation (CQUIN) 2016/17</p> <p>Reduce antibiotic consumption and</p> | <p>The value could be reduced to £10K and a smaller campaign run.</p> |

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| | | | <p>national and global requirement for a reduction in antibiotic prescribing over increasing concern relating to AMR. It is difficult to achieve a balance between using antimicrobials when they are really needed and reducing use when they are not indicated. To preserve antimicrobial effectiveness they must be used appropriately (NICE).</p> <p>Providing time limited funding would enable a timely response to this emerging health issue, using existing networks and contracts for delivery of public health messages.</p> | encourage a focus on antimicrobial stewardship. | |
| Schools based academic resilience programme | 150,000 | | <p>A schools-based academic resilience/mental health promotion programme is currently part funded by PH grant. Promotion of good mental health is a key responsibility for Public Health, for all ages. This service aims to improve mental health and wellbeing in school age children and young people, working closely with schools. Current funding is sufficient to deliver programmes for two - three years in 30 schools, currently in areas of highest need. Additional funding would enable programmes to be provided in more schools, for longer or support the development of alternative ways to promote</p> | <p>Contribution to improving PH Outcomes:</p> <ul style="list-style-type: none"> • pupil absence • first time entrants to youth justice system • 16-18 year olds not in education, employment, training • under 18 conceptions • emotional well-being of looked after children • smoking prevalence at age 15 • self-harm <p>Aims to develop self-awareness, confidence, self-esteem and self-</p> | <p>If funding is not made available, there will be reduced scope and opportunity to deliver interventions aimed at improving children's and young people's mental and emotional health in Nottinghamshire.</p> <p>Both nationally and locally, there is a recognition that young people's mental health is a significant cause for concern and action needs to be taken to improve this situation.</p> |

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| | | | resilience and good mental health for children and young people. | <p>efficacy, improved behaviour and relationships, improved attendance at school, ability to focus and learn.</p> <p>Contributes to commitments relating to children and families within the Council Plan and to priorities of the <i>2016-2018 CYPF Plan</i> (see previous detail)</p> | |
| Children's Health Website | 20,000 | | <p>Expansion of existing health web site aimed at teenagers (<i>Health for Teens</i>) to provide advice for younger children and families/parents/carers (<i>Health for Kids</i>). Clinically assured interactive content, striking design, games, localised information and signposting, divided between sections on <i>staying healthy, illness, feelings, help yourself</i> and <i>getting help</i>. Links to 0-19 public health service and can be embedded in the core offer of the Schools Health Hub. Assigning resources would enable the web provision to respond to identified need and develop an accessible service suitable for the age group. Links to <i>Notts Help Yourself</i> and the <i>Family Information Service</i> websites will be included.</p> | <p>Engagement with more families including those who may not engage with traditional services</p> <p>Increased knowledge of available health and other services and when to use them</p> <p>Reduced barriers to accessing services leading to earlier intervention and better outcomes</p> <p>Early identification of need or prevention in relation to weight management, physical activity, smoking,</p> | A missed opportunity to provide health information for children and families, to encourage self-care and improve understanding of local services. |

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| | | | | emotional health and other PH priorities | |
| KOOTH online advice and counselling service | 150,000 | 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. PH funding would be used to substitute for s256 funds, which could then be available to develop additional interventions to improve children's mental health and addressing gaps in provision in the area of children and young people's emotional and mental health. Alternatively, the contract for KOOTH can be extended, depending on its effectiveness.</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: <i>"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)."</i></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.</p> <p>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>By not substituting the funds, it will reduce the opportunity to further 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> |

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| <p>Pump priming – home safety assessment and equipment fitting scheme to reduce avoidable injuries in children</p> | | <p>100,000</p> | <p>Avoidable injuries at home result in 450,000 emergency department (ED) attendances, 40,000 hospital admissions and 60 deaths per year in under-5s.</p> <p>In 2014 the Royal Society for the Prevention of Accidents (RoSPA) estimated national costs to wider society and NHS for avoidable injuries in the under-5s were £7.8billion and £140million respectively.</p> <p>Research shows NHS cost of hospital admission for ≥2 days for avoidable injury in the under-5s is £2000–£3000 and for admission for ≤1 day is £700–£1000. The cost to families is £100–£400 for admissions for ≥2 days and £40–£200 for admissions for ≤1 day; mainly due to childcare costs and time lost from work.</p> <p>Cochrane systematic review shows home safety equipment provision and education significantly improves home safety in families with young children.</p> <p>RoSPA estimates home safety equipment schemes can reduce</p> | <p>Potential 29% reduction in hospital admissions in under-5s.</p> <p>Cost savings - 10% reduction in injuries per 100,000 population saving over £47,000 in hospital admissions and ED attendances locally each year.</p> <p>Reduced short and longer term (disability, scarring, psychological harm) consequences of injuries</p> <p>Improved home safety for local families.</p> <p>Reduced inequalities in safety equipment possession and use.</p> <p>Increased parental knowledge, confidence and skills in maintaining safer homes.</p> <p>Increased housing and early years staff knowledge, confidence</p> | <p>29% of potentially avoidable hospital admissions not avoided. This equates to 122 admissions per year not avoided based on PHOF 2.07i 0-4 does not include other avoidable admissions such as burns outpatient. This is a total of 244 for the two years of PH investment but working with District councils to continue scheme beyond years of PH investment.</p> <p>Potential cost savings to NHS and local economy not realised.</p> <p>Inequalities in home safety equipment use and child injuries persist with higher injury rates with increasing deprivation.</p> <p>Missed opportunity to improve home safety and empower individual families (depending on levels of District council funding this could be around 700 families over the two years).</p> |
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| | | <p>hospital admissions in the under-5s by 29%.</p> <p>Home safety equipment scheme evaluations show families are highly satisfied with schemes, schemes helped them improve home safety and continued equipment use for at least 12 months after fitting.</p> <p>Home safety assessment and equipment schemes are recommended by NICE (PH30), PHE's "Reducing unintentional injuries in and around the home among children under five years" and our 'Reducing avoidable injuries for children and young people' strategy.</p> <p>Epidemiological data shows strong social gradient, with higher injury rates with increasing deprivation. Children and young people whose parents have never worked/long-term unemployed have injury death rates 13 times higher than those whose parents are managers/professionals. Research also shows inequalities in safety equipment possession and use,</p> | and skills in promoting home safety. | Missed opportunity to increase staff knowledge, confidence and skills in injury prevention. |
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| | | | <p>and safety equipment schemes can reduce inequalities.</p> <p>This proposal would empower families at high risk of child injury to make homes safer and reduce inequalities in safety equipment use by providing advice, support and correctly fitted equipment.</p> <p>This proposal responds to expressed need and feedback from partners, using existing services to integrate public health interventions and deliver additional outcomes.</p> <p>This pilot is potentially sustainable by collaborating with housing departments within district councils across the county. This would be dependent on Better Care Fund allocations going forward.</p> <p>The proposal will necessitate going out to procurement for the safety equipment and a separate exercise for procuring of fitting. It is anticipated that the fitters' procurement may be able to happen through Handy Person Adaptation Scheme. Alternatively district council's fitters could be paid directly. There will be a</p> | | |
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| | | | payment to the Customer Call Centre to manage the administration of the project. | | |
| Falls prevention activity – extension of pilot project | | 150,000 | <p>Falls are the commonest cause of death from injury in the over 65s, and many falls result in fractures. Falls are a key factor that leads to admission into residential care and sets older people on a pathway to increasing social care support needs. Internal investigations in 2013 at NCC highlighted that 20% of a sample of 100 people were admitted to a care home in Nottinghamshire following a fall. If this rate is projected onto the 969 social care funded admissions into long term care in 2015/16, then an estimated 203 placements could be related to a fall. A much larger number of people would receive a care package at home. With the number of people aged 65 and over expected to rise by 10% over the next 5 years, to over 175,000 in 2020, costs are set to rise further. Based upon the 5,500 residents aged 65+ in NCC-funded Adult Social Care in September 2017 this number is estimated to increase by 500 to 6,000 in 2020. The cost of this increase</p> | <p>Contribution to Public Health outcomes: 2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons) 4.14i - Hip fractures in people aged 65 and over (Persons) 2.13ii - Percentage of physically inactive adults - current method</p> <p>Also would impact on Adult Social Care Outcomes Framework.</p> <p>Permanent admissions to residential and nursing care homes per 100,000 aged 65+</p> <p>NICE Guidance states that evidence based tailored exercise programmes to reduce falls can reduce falls by between 35 to 54 per cent.</p> | <p>Missed opportunity to achieve the following return on investment: (Modelled on the findings made in the NCC 2013.) The September 2017 weekly cost per person in NCC funded Care is £576 per week or £29,952 per annum. Multiplied by the 2,111 people in receipt of NCC care this equates to £63.2 million annually.</p> <p>A 1% saving predicated on the Falls prevention project work would represent £632,000 A 21 % saving of this 1% (according to the S. Buck Study in 2013) to prevent a Fall and likely admission to residential care would equate to 4.2 people at a cost of £125,000.</p> <p>Based upon the Nottinghamshire geographic spread and the 7 districts, it would be prudent to estimate an annual reduction of 1 care home admission per locality – a total of 7 citizens per annum</p> |

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| | | | <p>would be approximately £14.9 million per annum.</p> <p>In response to this, ASCH developed a pilot project seeking to reduce falls, for which funding is due to cease in March 2018.</p> <p>The proposal is for Public Health reserves to be used to fund an extension to the pilot project until March 2019.</p> <p>The falls prevention project has focussed primarily upon creating and promoting resources specifically for prevention and early intervention services, using communications to promote the benefits of physical activity and home safety in reducing the falls risk; providing training for front line staff to identify people at risk of a fall and offering advice on supporting them and signposting to appropriate guidance; and collaborative working: building the strength of preventative approaches within the falls pathway and the links between primary and secondary prevention.</p> | <p>Cost savings - reduction in injuries saving money in hospital admissions and care costs each year.</p> <p>By the end of one year, 20 Care Homes or Extra Care facilities are delivering Strength and Balance programmes as part of a new 3 tier physical activity programme and 300 individuals identified at high risk of falling attend strength and balance programmes.</p> <p>Reduced short and longer term (disability, scarring, psychological harm) consequences of injuries</p> <p>Improved alignment of service between Public Health commissioned provider, Everyone Health Ltd, and NCC commissioned services including voluntary sector contracts, Extra Care Homes and Care Homes.</p> | <ul style="list-style-type: none"> • The anticipated yearly cost saving would be approximately £210,000 p.a. • Requested Annual Investment: £75,000 in the Falls prevention project work p.a • 2 year IBCF investment £150,000 • Estimated Net Annual Return: £135,000 p.a. • A two year return on investment would be approximately £270,000 |
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| | | | <p>If extended, the Nottinghamshire Falls prevention project will continue to embed these preventative messages and tools across agencies and communities in Nottinghamshire, targeting both professionals and citizens. Key activities will include:</p> <ul style="list-style-type: none"> (a) Embedding core Falls prevention messages aka Get Up & Go. (b) Developing the Falls prevention Community Exercise offer (c) Ensuring falls prevention is embedded in the Hospital discharge process. | <p>Ensure that the pathways and procedures were in place to ensure that these evidence based interventions were offered consistently to citizens as part of a comprehensive falls prevention offer.</p> | |
| Health and Housing Coordinator - extension | | 30,000 | <p>In 2016, Nottinghamshire County Council was successful in securing a one year £57k Pioneer Fund Grant for the position of a Public Health - Health and Housing Coordinator post. The post commenced on the 1st of April 2017 and is due to end on the 31st of March 2018. Under the terms of the grant, any underspend cannot be rolled over into 2018/19, so funding is being sought from Public Health reserves to help to continue the project to 31 March 2019.</p> <p>Delivery contributes to STP and HWB health and housing priorities</p> | <p>Impact on PHOF includes;</p> <ul style="list-style-type: none"> 2.07i – Hospital admissions caused by unintentional injuries in children 2.24 – Reduce hospital admissions due to falls in people aged 65 and over 4.11 – Emergency readmission within 30 days of discharge from hospital 4.13 – Health related quality of life for older people | <p>Without continued funding for the Health and Housing post, there is a strong likelihood that the current programme of work is unsustainable and the current projects will not be completed.</p> <p>Therefore, Public Health funding is required to secure the Health and Housing post continuation until 31st of March 2019.</p> |

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| | | | <p>to improve health and wellbeing outcomes through delivery healthy homes initiatives, communities and neighbourhoods and to integrate effective services that meet individuals', their carer's and their family's needs.</p> | <p>4.14i Reduction of hip fractures in people aged 65 and over 4.15i: Reduce excess winter deaths</p> <p>Preventing child accidents in the home by promoting the use of aids to keep children safe in the home.</p> <p>Impacts would include: Drive forward the provision of Disabled Facilities Grants, handypersons scheme; Warm Homes on Prescription, Assisted technology schemes etc.to prevent emergency readmissions, reduce falls and hip fractures and reduce excess winter deaths.</p> <p>Prevention and health improvement by targeting middle aged people in addressing housing needs early in preparation for old age.</p> | |
| Totals | 331,000 | 704,000 | | | |