

## Appendix 1 - Detailed Investment Proposals

<b>ID</b>	1			
<b>Theme</b>	Healthy & Sustainable Places			
<b>Proposal title</b>	HEALTHY FOOD - Food Environment and Insecurity Sustainable Food Places Programme			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	30,008	45,000	42,000	2,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>This programme contributes to the Best Start in Life priority, and Full Council Motion on Food and Nutrition, and the Food Charter. Initiatives have been identified through the County Council led Food Insecurity Network and Food Partnership Programme. This work will lead to improved understanding of food insecurity affecting residents in Nottinghamshire and how we can most effectively support residents to reduce food insecurity. Initiatives include:</p> <ul style="list-style-type: none"> <li>• Funding to investigate the viability and potential for urban food growing in the County, through the Farmstart initiative. This will lead to Nottinghamshire being a pathfinder area to test out upscaling nature-friendly food production in urban and surrounding areas.</li> <li>• Evaluation of the health impacts of social eating initiatives (Coventry University Research)</li> <li>• Developing a digital Food Mapping tool - to provide information on local food provision and community food initiatives, allowing us to evaluate existing food insecurity and inequalities, and target support solutions</li> <li>• Research to better understand and address stigma of accessing community food initiatives to help engage communities experiencing food insecurity.</li> <li>• Match funding to evaluate the impact of Food-Coordinator posts in 4 districts funded through the NCC Community Food &amp; DEFRA funds.</li> </ul>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>Good food is essential for a healthy balanced diet, good nutrition and health and wellbeing. Dietary factors are the fourth highest contributor to years living with disability in Nottinghamshire. The Food Environment is recognised as a driving factor in poor dietary health outcomes (Foresight report). The pandemic has exacerbated existing food insecurity, and potentially increased the risk of obesity and diet related disease in the longer term, highlighting the importance of good food supply. The initiatives proposed aim to improve accessibility, affordability and adequacy of nutritious food, and contribute to both local economy and natural environment.</p> <p>Farmstart initiative - complex food supply chains contribute to poor health and environmental outcomes. This initiative is taking direct action to develop small scale commercial growing which can then supply the local food sector(public/private/community) with local fresh produce and contribute to jobs and growth.</p> <p>Food Mapping tool – Similar tools in other areas can help identify community food assets and needs. This helps all partners by generating an informed basis to intervene and collaborate to improve the local food environment. This will also help</p>			

	<p>address health inequalities by strengthening understanding of food assets and food “deserts” in deprived areas.</p> <p>Research &amp; Evaluation elements – funding will allow us to develop evidence and evaluate our approaches which work for our population relating to social eating initiatives, stigma related to accessing community food support and effectiveness of DEFRA local food coordinator posts. The outcome will be better evidence based and tailored initiatives addressing community food resilience.</p>
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<b>ID</b>	2			
<b>Theme</b>	Healthy & Sustainable Places			
<b>Proposal title</b>	HEALTHY FOOD - Early Years Food Environment and Insecurity			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	117,000	130,000	70,000	60,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>This programme contributes to the Best Start in Life priority, and Full Council Motion on Food and Nutrition, and Food Charter. Funding will be used to build on the learning and successes of the Childhood Obesity Trailblazer Programme (COTP) by enabling us to strengthen and embed innovations that have been tested over the last 3 years. This includes:</p> <ul style="list-style-type: none"> <li>• Food on Our Doorstep (FOOD) Clubs – a partnership approach which facilitates the operational co-ordination by Family Action to deliver FOOD clubs hosted within the Children Centre Service (CCS).</li> <li>• Soil Association Food for Life Early Years Award – a bespoke package of support tailored to Early Years settings to help embed a culture of good food for children in the early years.</li> <li>• Promotional, staff training and community engagement activities to increase uptake of Healthy Start Vouchers.</li> </ul>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>The COTP provided the opportunity to focus energy on the food environment for young children. Through delivered activities, along with demonstrating agility to respond to need during the COVID pandemic response, the profile of the work has risen in the Council. The work received cross party support for continuation of workstreams at the Children &amp; Young People’s Committee, and reference made during the Full Council meeting where the motion on food and nutrition was unanimously supported.</p> <p>Access to healthy nutritious food and eating a balanced diet is essential to child growth and development, school readiness and attainment, prevention of obesity, diabetes, and diet related disease in later life. Latest published data shows an upward trend in prevalence of obesity in children in Nottinghamshire. Childhood obesity has been identified as an area of inequality within Nottinghamshire between the most and least deprived areas.</p> <p>Food for life – Focused work with early years providers to improve nutritional profile of menus, practitioners and cooks in settings increase their knowledge of healthy eating and are more confident to support their children and families.</p> <p>FOOD clubs &amp; post – clubs help to improve access to healthier foods at a lower cost, bring families together through food, improve diets, reduce food insecurity and</p>			

	<p>waste, and increase disposable incomes for local families to support wellbeing and increase life chances. FOOD clubs post within the Children Centre Service (0.5WTE) to support FOOD clubs hosted within the Children Centre Service. This will ensure volunteer engagement and capacity to run the clubs as well as service co-ordination with delivery partners Family Action and FareShare.</p> <p>Healthy Start - increased awareness of Healthy Start offer by local stakeholders and families resulting in increased uptake, enabling families on low incomes to access nutritious food and a healthier diet.</p>
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<b>ID</b>	3			
<b>Theme</b>	Healthy & Sustainable Places			
<b>Proposal title</b>	SAFE AND STABLE HOUSING - Nottingham Energy Partnership Healthy Housing Service			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	-	10,000	22,000	22,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>The Nottingham Energy Partnership (NEP) offers advice on practical home energy improvements, targeted training, comprehensive energy advice and referral for boiler installation, home insulation and adaptations to people over 60 and families with young children. NEP currently receives funding from the Public Health Grant of £20k per year until October 2023. Continued funding beyond this will ensure reducing the health risks (including preventable deaths) associated with living in a cold home. The contract aims to improve the health and wellbeing of people vulnerable to the cold.</p>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report. The report reviews the evidence for the long-term negative health impacts of living in cold homes and concludes: "many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups." Vulnerable children and the elderly are most at risk of developing circulatory, respiratory and mental health conditions as a consequence of cold, damp homes. NICE pathway (2020) excess winter death and illness associated with cold homes recommends that Health &amp; Wellbeing Boards commission a single point of contact health and housing service for people living in cold homes. Investment will contribute towards a reduction in the number of households in fuel poverty and has a potential impact on excess winter deaths and illnesses associated with cold homes.</p>			

<b>ID</b>	4			
<b>Theme</b>	Healthy & Sustainable Places			
<b>Proposal title</b>	BUILD FOR HEALTH - Evaluation of Spatial Planning & Health Programme			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	30,000	-	-	-
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>The local Planning system is a crucial lever in the development of healthy and sustainable places. Nottinghamshire has been leading the way in work between the County Council and District Planning authorities to ensure that health and wellbeing impacts are considered in Planning Policy and Development. This funding will help</p>			

	evaluate the impact of this work and make recommendations for further improvement.
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	Evaluation is a key aspect of the commissioning cycle of the 3 broad stages: strategic planning, procuring services and monitoring and evaluation. This gives a structure which commissioners within Public Health and partners follow: to assess what the needs of their population are on a given issue, select the service provider who they feel will best address these needs and to ensure that they continue to deliver an appropriate service. Therefore, it is clear that evaluation is a significant part of delivering an effective intervention.

<b>ID</b>	5			
<b>Theme</b>	Healthy & Sustainable Places			
<b>Proposal title</b>	TACKLING POVERTY - Growing Financial Resilience and Inclusion			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	157,600	115,000	-	-
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>This proposal seeks support to develop and deliver a thematic project, within the existing Early Help and Prevention transformation programme, to support residents to grow their financial resilience. The cost of living crisis and recovery from the Covid-19 pandemic are key areas of concern nationally and locally, with regular reports of growing concerns for people in meeting basic needs of food, warmth and housing. This project will bring together internal stakeholder and partner organisations (linking in with key initiatives like the Integrated Care Board, Place-Based Partnerships and existing programmes, e.g. Supporting Families) to understand need through data sharing and integration, map existing provision and work together with communities to co-design a system-wide offer of support, advice and guidance. This project will act as a live pilot for a more collaborative, data-led and place-based approach to change and transformation for the County Council.</p>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>This project looks to address a building block of health and wellbeing – money and resources. These provide residents with the means to meet basic needs and provide a safe, stable environment for themselves and their families. However, some residents struggle to ‘make ends meet’ and report having to make choices between food and fuel, taking on unaffordable debt or risking homelessness due to rent arrears etc.</p> <p>Deprivation and financial instability are key drivers for wider social/health inequalities and can act as a stressor for residents, leading to poor physical/ mental health or concerns about safety/wellbeing (homelessness, substance misuse, domestic abuse) that require a more specialist or statutory response. Providing early, preventative support to create greater financial resilience will help promote good outcomes for residents, enabling people to access available opportunities (e.g. education, employment, training) to sustainably improve their quality of life, and levelling up to address inequalities.</p> <p>This proposal will improve early access to appropriate advice, guidance, and support services, enabling people to remain financially resilient, reducing the risk of those individuals and families experiencing wider impacts. Mapping need and support will</p>			

	<p>highlight gaps and inform the development of solutions. Resulting improved outcomes include:</p> <ul style="list-style-type: none"> <li>• To individuals - retained independence, stronger circles of support, greater control, increased resilience/confidence greater stability, reduced secondary needs</li> <li>• To the organisation - less complicated access/offer, reduced duplication, reduction in higher level intervention required, increased service capacity, reduced pressures/demand, increased efficiency</li> </ul> <p>Taking a preventative approach to push support and information to areas/individuals identified as potentially at risk will help address identified inequalities found around accessing support. Ensuring consistent pathways of support reduces current inequalities of inconsistent provision.</p>
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<b>ID</b>	6			
<b>Theme</b>	Healthy & Sustainable Places			
<b>Proposal title</b>	CAPACITY & INFRASTRUCTURE - Strengthening Place Based Partnerships to deliver Healthy Sustainable Places			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	125,000	250,000	250,000	250,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>This proposal has three integrated aims which will improve the Integrated Care System capacity to deliver on the Healthy and Sustainable Places agenda and work with Public Health guidance to:</p> <ol style="list-style-type: none"> <li>1) strengthen both capability and capacity at the level of Place Based Partnerships (PBPs) to deliver health and wellbeing outcomes for their populations as described within the Healthy &amp; Sustainable Places ambition of the Joint Health &amp; Wellbeing Strategy (JHWS)</li> <li>2) extend and evolve the successful Physical Activity Insight programme, through ongoing investment in PBP priority communities, via development of an "Insight into action" programme</li> <li>3) identify and implement effective ways to build community resilience through PBP working</li> </ol>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>Place Based Partnerships have been identified as the main vehicle for the delivery of the JHWS. However, these are at different stages of development across Notts, and have limited resources to support the broad agendas of their partners in addition to the required deliverables of their constituent organisations. Joint working on the wider determinants of health is new and requires Public Health methodologies and skills still in early development within PBP. Investing resource at this point in time will provide dedicated capacity to develop a strong foundation of practical expertise in delivering place-based health, embedded within PBPs themselves, as well as a direct link between PBP and the Health &amp; Wellbeing Board. Previous targeted community work (physical activity insight) has yielded strong partnership working in some of Notts most deprived communities, to understand barriers to health, build trust and coproduce solutions which have both surprised and inspired local stakeholders. Further investment will allow PBPs to:</p> <ol style="list-style-type: none"> <li>a) consolidate and strengthen asset-based community development within deprived communities</li> </ol>			

	<p>b) test, learn and build on the ground health &amp; wellbeing solutions through coproduction and real lived experience of communities</p> <p>c) coordinate system assets (local area coordination, community friendly Notts, social prescribing, leisure services, community food etc.) to strengthen health through community resilience in deprived communities</p> <p>d) link to the PBP work programme to learn, evaluate and scale up workable interventions.</p> <p>Funding will also provide capacity for PBP working via the newly formed County Council Communities Team, to strengthen community development (build back fairer) through learning from findings of the community and voluntary sector community resilience audit, integration of Local Area Coordination, Social Prescribing and Community Friendly Nottinghamshire approaches, and supporting ongoing maintenance of the Community Hub as a core delivery asset."</p>
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<b>ID</b>	7			
<b>Theme</b>	Healthy & Sustainable Places			
<b>Proposal title</b>	CAPACITY & INFRASTRUCTURE - Public Health Healthy & Sustainable Places Posts			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	72,022	122,000	124,000	126,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	Delivering on Healthy and Sustainable Programme requires extra capacity from the Public Health division to provide specialist public health advice, planning and evaluation as well as commissioning and programme management support. This funding will provide the necessary capacity to develop, coordinate and deliver programmes to address issues including early years food environment, food insecurity, housing and health, health & climate change, air quality & physical activity, and transport & active travel. This will fund 2 FTE Band D Public Health & Commissioning Managers and 1 FTE Band B Public Health Support Officer posts.			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	The healthy sustainable places work programme as described within the reserves funding proposal represents a substantial extension of public health specialist activity in order to develop, lead and deliver programmes with high impact on important health determinants such as food insecurity, fuel poverty, air quality etc. Additional capacity is needed at both strategic and operational level to ensure that the programme funding allocated is effectively targeted and achieves value for money through sustainable health outcomes.			

<b>ID</b>	8			
<b>Theme</b>	Best Start & CYP Physical and Mental Health			
<b>Proposal title</b>	Giving Every Child the Best Start in Life: Programme Co-ordinator			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	61,000	61,000	61,000	61,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	It is proposed that funding is identified from Public Health reserves to establish 1 FTE Band D Public Health & Commissioning Manager to support the delivery of the Nottinghamshire Best Start Strategy 2021-2025 and the development of the			

	nationally required Best Start local offer. The Nottinghamshire Best Start Strategy is underpinned by public health principles and contributes to multiple Public Health Outcomes Framework indicators. With oversight from the Senior Public Health and Commissioning Manager and/or the Group Manager of the Early Childhood Services, the Best Start co-ordination role will work in partnership with all key stakeholders to drive the implementation of the strategy and the development of the Nottinghamshire Best Start local offer for the duration of the current strategy.
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	Giving children the best start in life is a fundamental part of improving health and reducing inequalities. The earliest years of a child's life have a significant impact on their long-term development and their life chances. Giving a child the 'best start' begins before birth, with good pre-conception and maternity care. Pregnancy and the early years offer a unique opportunity to shape the lives of our children: if a child receives appropriate support during their early years, they have a real chance of maximising their potential. The central government policy paper 'The best start for life: a vision for the 1,001 critical days' developed as part of the early years healthy development review, outlines 6 areas for action to improve the health outcomes of all babies in England. Locally, our Best Start Strategy 2021-2025 mirrors these 6 areas and sets out a vision embedded in an ambitious programme of work that requires oversight and drive across the Best Start partnership. There will be a requirement for all Local Authorities to publish a local 'Best Start' offer for families that is at the heart of local healthcare commissioning and integral to Integrated Care Systems. Based on the national and local requirement to progress this agenda, it is apparent that there is not sufficient capacity in the public health or early years workforce of NCC or system partners to lead this and co-ordinate planned activity in a robust and systematic way that will lead to the successful implementation of our local strategy. In order to facilitate this we are proposing the introduction of an identified 'Best Start' co-ordination role to support senior leads to deliver the strategy and the development of the local best start in life offer.

<b>ID</b>	9			
<b>Theme</b>	Best Start & CYP Physical and Mental Health			
<b>Proposal title</b>	Best Start in Life resource, training and development budget			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	35,000	105,000	105,000	105,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>The delivery of the Nottinghamshire Best Start strategy 2021-25 provides an opportunity to develop and embed the nationally required Best Start local offer and communicate this to expectant parents and families. A key element of this is enhancing the knowledge and skills of the workforce system wide, adding value to existing training packages and resources. The Best Start Partnership group will ensure that opportunities to work jointly are maximised and duplication of activity avoided. Close links will be maintained and developed with initiatives such as Family Hubs. A dedicated Best Start resource, training and development budget will provide opportunities to:</p> <ul style="list-style-type: none"> <li>Develop and promote digital and hard copy Best Start resources for families. This will include accessible resources such as easy read and translated materials.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Develop and promote Best Start resources for practitioners across the system. This may include a Best Start communications toolkit and workshops for Best Start partners.</li> <li>• Develop and embed training packages such as e-learning to enhance existing training and development for practitioners across the system.</li> <li>• Scope and deliver small projects using a test and learn approach enabling us to work innovatively to meet the strategy's outcomes. Examples include exploring a family mentoring pilot in partnership with Small Steps Big Changes (Nottingham City), scoping social prescribing opportunities and building co-production with parents and families.</li> </ul> <p>As part of a dedicated resource budget for Best Start, there is also an opportunity to continue, subject to successful evaluation, the Healthy Start vitamins starter pack project. This is funded through Public Health Reserves, currently until the end of March 2023. Vitamin starter packs including one bottle (8 weeks supply) of Healthy Start vitamins and information about vitamins and the Healthy Start scheme are provided universally to women at the start of pregnancy and to breastfed babies at the birth visit."</p>
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>The Nottinghamshire Best Start Strategy is underpinned by public health principles and contributes to multiple Public Health Outcomes Framework indicators. Giving children the best start in life is a fundamental part of improving health and reducing inequalities. The earliest years of a child's life have a significant impact on their long-term development and their life chances. This is particularly important due to the widening of existing inequalities across society, including for children and families, due to Covid-19.</p> <p>The national 'Best Start for Life: a vision for the 1,001 critical days' paper, outlines 6 areas for action to improve the health outcomes of all babies in England. Locally, our Best Start Strategy mirrors these 6 areas and sets out a vision that requires oversight and drive across the Best Start partnership. There will be a requirement for all Local Authorities to publish a local 'Best Start' offer for families that is at the heart of local healthcare commissioning and integral to Integrated Care Systems. There is currently no dedicated budget to take forward the development of resources, training and 'test and learn' projects to facilitate this.</p> <p>In relation to Healthy Start vitamins, embedded in the Best Start offer, the duty lies with commissioning bodies (Public Health and health commissioners) to arrange their provision locally. NICE guidance highlights the need to provide Healthy Start vitamins for all pregnant and breastfeeding women and young children. Improving the uptake of Healthy Start vitamins by pregnant women and infants is a recommendation within the JSNA 1001 days: from conception to age 2 (2019). The aim of the current Public Health reserves funded project is to increase the uptake of vitamins and general awareness of the Healthy Start scheme. The project is funded until the end of March 2023 and will be evaluated locally in 2022.</p>



<b>ID</b>	10			
<b>Theme</b>	Best Start & CYP Physical and Mental Health			
<b>Proposal title</b>	Early Intervention healthy weight, nutrition and exercise for 2-4 year olds			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	15,000	10,000	10,000	10,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>With one in five children nationally starting school overweight or obese, an early intervention and prevention approach is critical to ensuring that children have the best start in life. Building on existing networks, relationships and services there is an opportunity to scope and develop a targeted early intervention for children aged 2-4. The Tier 2 service delivered by A Better Life (ABL) includes family weight management but the service specification is currently focused on children aged 4 and upwards.</p> <p>A multi agency steering group met in the summer of 2021 to scope a collaborative approach. More scoping work is required to finalise the aspirational model but could include:</p> <ul style="list-style-type: none"> <li>• Raised knowledge and awareness of healthy eating, nutrition, exercise and healthy weight with families.</li> <li>• Physical intervention for children at risk of unhealthy weight aged between 2 and 4. There is an existing 'Busy Feet' model designed by ABL that could be extended to younger children. Identification of children could be through Healthy Family Teams, Early Years settings including Children's Centres and other services such as GPs, possibly linking with social prescribing models.</li> <li>• Adopting a 'train the trainer' model to brief interventions for organisations working with families with young children. The aim would be to increase confidence in identifying and supporting the target group of children and enabling sensitive conversations about healthy eating and weight. Close links will be maintained and developed with initiatives in other teams, such as food environment work in the Early Years, the Children's Centre Services offer and a focus on increasing uptake of the Healthy Start scheme. This will ensure that opportunities to work jointly are maximised and duplication of activity avoided. Learning will be embedded from the Childhood Obesity Trailblazer.</li> </ul>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>Access to healthy nutritious food and eating a balanced diet is essential to child growth and development, school readiness and attainment, prevention of obesity, diabetes, and diet related disease in later life. The latest published data (2019/2020) for Nottinghamshire shows the percentage of obese children was 9.0% in Reception children and 19.2% in Year 6 children, which is lower than that for England (9.9% and 21.0%). There is an upward trend in prevalence in children in Year 6 in Nottinghamshire in recent years, with high prevalence in Ashfield, Mansfield, and Bassetlaw Districts.</p> <p>Obesity amongst children has been identified as an area of inequality within Nottinghamshire between the most and least deprived areas. This gap is high for the prevalence of obesity, and overweight children, for Reception year and Year 6. The scale of this gap is also high when compared with other local authorities. Inequalities within Nottinghamshire are in the highest 20% of all local authorities in England for both of these age groups and for both obesity and being overweight.</p>			

	<p>Public Health is well placed to support a whole systems approach to tackling obesity and promoting healthy weight. The Childhood Obesity Trailblazer Programme, now nearing the end of the nationally funded element, has been focused in Nottinghamshire on the Early Years. This has resulted in a strong base to build on existing partnerships, networks, knowledge and expertise to design and support early intervention approaches.</p> <p>This proposal supports ambition 6 of the Nottinghamshire Best Start strategy- children and parents have good health outcomes. Good nutrition, healthy eating and physical activity are all key to this.</p>
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<b>ID</b>	11			
<b>Theme</b>	Best Start & CYP Physical and Mental Health			
<b>Proposal title</b>	Dental Epidemiology Survey			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	-	60,000	-	-
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>Local authorities have responsibility for the annual dental epidemiology survey, which is part of the Dental Public Health Epidemiology (Intelligence) Programme. Nottinghamshire County Council works in partnership with NHS England and NHS Improvement (NHSE/I) and the NHS community dental service to ensure that these national surveys take place as part of an annual programme. Different population groups are surveyed each academic year and the surveys are centrally co-ordinated and quality assured.</p> <p>Surveys of 5-year-olds and a random age group take place on alternate years. The aim in Nottinghamshire is to survey a minimum of 250 children across 20 schools. The surveys provide an insight into dental health and associated child-rearing practices at a key life stage. The findings allow local authorities to monitor these age groups and commission services accordingly. The results of the survey of 5-year-olds are a Public Health Outcomes Framework (PHOF) indicator, reported as an item on the Single Data List (SDL). The SDL is a list of all the datasets that local government must submit to central government and classified as Official Statistics.</p> <p>The protocol also allows for the option to run an enhanced, more detailed survey, which would involve larger numbers of children and schools in each borough/district, and it is proposed that this should be carried out for 2023/24.</p>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>The aim of the survey is to measure the prevalence and severity of dental caries among children and other cohorts e.g vulnerable adults within each local authority. The resulting reports give details of caries levels and other clinical measures and provide information for local authorities, the NHS and other partners.</p> <p>Information arising from national dental surveys is used by local authorities to monitor oral health, e.g. through its JSNA. It shows how their population is faring with regard to general and dental health and it informs the design, reach and coverage of oral health improvement programmes. It can also be used by NHS E/I in the commissioning of dental services.</p>			

	<p>An enhanced survey would provide more robust district-level data and offer an amplified picture of children's oral health across Nottinghamshire. Due to the relatively small numbers of children surveyed, data from the standard survey is not sufficient to reliably analyse at a sub-county level, whereas the enhanced survey data with considerably more children will provide a much richer and more useful dataset for planning purposes. The benefit of an enhanced sample is that it can provide sufficiently robust information for small area reporting and yet avoid the cost of a survey of the whole population of a particular school year group. There is also the added value of further raising the profile of oral health by involving more schools and pupils in the survey.</p> <p>An enhanced survey will also provide data on the possible impacts of the COVID-19 pandemic on oral health and oral health inequalities. The current supervised toothbrushing programme in targeted schools of high need and training with children's and educational professionals were paused and/or disrupted during the pandemic, so it would be advantageous to have a full, post-pandemic picture of the oral health of children across Nottinghamshire.</p>
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<b>ID</b>	12			
<b>Theme</b>	Best Start & CYP Physical and Mental Health			
<b>Proposal title</b>	Schools Health Hub			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	-	-	171,000	212,000
<b>Recurrent investment</b>	Yes			
<b>Brief description of the proposal</b>	<p>The Schools Health Hub (SHH) forms part of the model for Tackling Emerging Threats to Children (TETC) in Nottinghamshire. The TETC and SHH Universal Team, has been formed to support schools and other practitioners working with children and young people in relation to a number of existing and emerging safeguarding, and health and wellbeing concerns.</p> <p>Currently, 6 posts within the TETC and SHH team are financed via previously approved Public Health reserves. It is proposed that through the commitment of identified additional funding via Public Health reserves, this will enable the continuation of the roles of the SHH Co-ordinators and the role of the Child Sexual Exploitation Co-ordinator across Nottinghamshire until 2025. This will allow the continuation of the existing service provision and facilitate longer term sustainability. There are currently five School Health Hub Co-ordinators and one Child Sexual Exploitation Co-ordinator post within the team and each team member leads on specific health and well-being priority areas, 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' settings.</p>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and</b>	<p>The main aim of the Schools Health Hub (SHH) is to 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. The SHH is underpinned by public health principles with an overarching aim to positively impact on priorities within the Public Health Outcomes Framework and to support</p>			

<b>reduce health inequalities</b>	<p>more schools to achieve an 'outstanding' Ofsted result by broadening their curriculum.</p> <p>Schools Health Hub Co-ordinator's continue to work alongside key partners to improve the health and wellbeing of children and young people, including other members of the TETC Team, education colleagues, Mental Health Support Teams, Primary Mental Health workers (as part of One CAMHS), and the 0-19 Healthy Families Teams.</p> <p>The potential benefits of being able to continue the delivery the Schools Health Hub and Child Sexual Exploitation Co-ordinator post are:</p> <ul style="list-style-type: none"> <li>• Schools are able to identify and address local health and wellbeing priorities</li> <li>• Schools are offered and take up quality assured health related interventions</li> <li>• Ensuring health related interventions implemented in schools are evidence-based</li> <li>• Providing high quality, accurate advice, guidance and information for schools including planning and policy development.</li> <li>• Supporting schools to focus on priority public health and wellbeing issues such as emotional health</li> <li>• The service assists more schools to achieve an 'outstanding' Ofsted result through broadening of their curriculum</li> <li>• The service supports with the implementation of the Best Start Strategy where applicable.</li> <li>• The service support workforce development for education staff, partners and relevant bodies.</li> </ul>
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<b>ID</b>	13			
<b>Theme</b>	Best Start & CYP Physical and Mental Health			
<b>Proposal title</b>	Health information and advice websites			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	-	11,000	-	-
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>Local access to and development of the three websites Health for Teens, Health for Kids and Health for Under 5s is funded through Public Health reserves and expires at the end of 2023. The three websites provide information across the system for young people, children, prospective parents, parents, families and professionals. They are primarily health information and promotion websites, providing information on a range of topics addressing physical and emotional health and wellbeing. Users can also find out about accessing support from local services. The three websites are widely promoted through Healthy Family Teams and other services in Nottinghamshire as a key access point for information and advice. They are promoted on Notts Help Yourself within the Parent/Carer zone for children, families and young people. These key access points for information are an important part of the development of Family Hubs. The websites include clinically assured interactive content, games, localised information and signposting. The content is conversational and avoids the use of detailed medical terminology wherever possible. The 'Health for Teens' website is a previous winner of the Association for Healthcare Communications and Marketing (AHCM) 'Best Website' award. The</p>			

	<p>websites were developed by Leicestershire Partnership Trust (LPT) and continue to be owned and managed by them. Through purchasing access to the websites, local area sections can be developed. In Nottinghamshire, local content is managed by Nottinghamshire Healthcare NHS Foundation Trust. A review of usage and user experience within Nottinghamshire will be undertaken in 2022, also taking account of developments around Family Hubs and Notts Help Yourself content. Recommendations for funding beyond 2023 will be based on the outcomes of this.</p>
<p><b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b></p>	<p>Through accessing the websites children, young people and families gain increased knowledge and understanding of specific health and wellbeing topics. This empowers them to make informed decisions based on up to date advice and information. People also find out about services available to them locally and how to access them. Increased knowledge through public access to good quality information may lead to more appropriate use of health and support services.</p> <p>The websites are promoted widely to children, young people and families and could result in engagement from those who may sometimes be reluctant to engage with health and care practitioners. They provide a good opportunity to reduce barriers to accessing services, resulting in earlier intervention, health promotion and prevention. The websites are engaging and interactive, making use of video clips, audio snippets, quizzes and games. Young people can share content easily with their peers via social media, making the site more widely accessible.</p> <p>The websites provide opportunities for health and care practitioners across the system to access up to date, reliable information. This supports them to support children, young people and families more effectively. The Health for Under 5s website supports the Best Start in Life agenda. Many of the Public Health Outcomes Framework indicators are supported by the websites, through the opportunity to provide evidence based health information in line with NHS standards, including NICE guidelines.</p>

<b>ID</b>	14			
<b>Theme</b>	Best Start & CYP Physical and Mental Health			
<b>Proposal title</b>	Children and Young People's Mental Health Whole School Approach Lead			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	35,014	60,025	25,010	-
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>The proposal to establish 1 FTE Band D Children and Young People's Mental Health Whole School Approach Lead is themed around key commitments within the NHS Long Term Plan ambitions for Children and Young People's mental health and priorities around mental health in the Council Plan and Health and Well Being Strategy. The role will support Designated Mental Health Leads in Schools to implement a staged approach to well-being and health in schools. It will provide strategic leadership around developing Whole School Approaches to supporting children and young people's mental health across Nottinghamshire.</p> <p>The key objectives of the role are</p>			

	<ul style="list-style-type: none"> <li>• To engage school Designated Mental Health Leads in network activity to develop policies and programmes through the development, delivery and evaluation of whole school approaches to mental health</li> <li>• To engage primary, secondary, special schools and other educational establishments to sign up to the achieve the Mental Health Quality Mark and to develop a mental health charter</li> <li>• To ensure a consistent, evidence led approach to the development of whole school approaches to supporting children and young people's mental health across Nottinghamshire schools</li> <li>• To offer self-evaluation and action planning support to primary, secondary, special schools and other educational establishments as required</li> <li>• To involve children and young people, parents/carers and governors in collaborative production and delivery of aspects of the Quality Mark and Charter</li> <li>• To take responsibility for the development and dissemination of resources to support EHWP, which is inclusive, reflect best practice based on identified need.</li> <li>• To facilitate and strengthen the links between schools, local health providers and partner organisations and internal teams that support EHWP in schools</li> </ul>
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. Taking a coordinated and evidence-informed approach to mental health and wellbeing in schools and colleges leads to improved pupil and student emotional health and wellbeing which can help readiness to learn. Schools are in an ideal position to undertake key preventative, identification and early support work with children and young people to support their mental health and wellbeing and enable easy access to support in a non-stigmatizing way. Evidence shows that even the most vulnerable children and young people can benefit from the early intervention that whole school approaches provide. To implement an effective whole school or college approach, incorporating the 8 principles requires coordinated change within a setting, and a collective and individual responsibility to promoting and supporting mental health and wellbeing that involves all staff.</p> <p>The Whole School Approach lead work will also link closely and support existing initiatives in schools around developing whole school approaches to children with SEND and autism. Extensive consultation undertaken with local young people indicates that they would like the opportunity to access mental health support in a school or college setting. A range of services already work within schools to support pupil mental health; however, they do not have a primary responsibility to promote and develop whole school approaches. Individual interventions with pupils are likely to be more effective if supported by a whole school approach to mental health. Investment in the role will ensure that a consistent approach to embedding whole school approaches is developed across the County. The role would work closely with Mental Health Support Teams in Schools, Nott Alone website developers and Nottinghamshire County Council Education colleagues to enhance their offer. Offering follow up support to schools designated mental health leads to embed whole school approaches to mental health will ensure that pupils receive a wide range of early support. The role will also enable schools to work collaboratively around developing their approaches and share best practice.</p>

<b>ID</b>	15			
<b>Theme</b>	Good Mental Health & Wellbeing			
<b>Proposal title</b>	Mental Health Promotion and Community Friendly Nottinghamshire			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	94,625	204,453	204,453	215,886
<b>Recurrent investment</b>	Yes			
<b>Brief description of the proposal</b>	<p>An upstream approach through Mental Health (MH) promotion to increase good mental wellbeing and resilience across communities:</p> <ul style="list-style-type: none"> <li>• <b>MH communications</b> Develop an evidence-based mental wellbeing communications campaign, branding and resources.</li> <li>• <b>MH training to improve skills, knowledge and confidence of the workforce and communities</b> Provide additional MH training targeted to organisations and communities in contact with increased risk groups experiencing known inequalities. Additional funding will support approximately 1,000 – 3,000 people to receive MH training.</li> <li>• <b>Community and place-based approach to MH promotion</b> Community Friendly Nottinghamshire (CFN) PH Reserves funding is due to end 31/03/23. Funding requested to continue provision with an uplift on the current annual funding level to ensure adequate resourcing to maintain current levels of delivery. We will work with CFN to ensure a focus on supporting communities most in need to develop assets in relation to MH prevention and promotion.</li> <li>• <b>Increasing Public Health capacity to deliver partnership-based MH promotion</b> Additional capacity in the form of 1 FTE Band A Apprentice Public Health Support Officer would be used to support partnership work</li> <li>• <b>Postvention Bereavement Support</b> Provide set-up funding to enable three additional postvention bereavement peer-support groups to be set up across Nottinghamshire, targeted in the highest areas of need and aligned with the National Suicide Prevention Alliance pathway for postvention bereavement support. Currently there is one Survivors of Bereavement by Suicide (SOBS) peer support group operating in Bassetlaw.</li> </ul>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>1 in 4 people will experience poor MH at any one time and poor MH is responsible for the largest burden of disease in England. COVID-19 has had significant impact on mental wellbeing and will continue to exacerbate prevalence of poor MH within communities. MH is central to quality of life, economic success and interdependent with success in improving education, training and employment and tackling issues including homelessness, violence, substance misuse and crime. People with poor MH have a higher risk of physical health. Those with serious mental illness have a life expectancy of between 17 and 15 years lower than the general population. Life expectancy also differs by deprivation with life expectancy lower in the most deprived communities. There is a link between financial vulnerability and poor MH which will impact as we enter an anticipated period of financial challenge.</p>			

	<p>By taking an upstream approach through MH promotion, we can support prevention/self-care and address the wider determinants to increase good mental wellbeing and prevent more people developing serious mental illness. In turn this approach would support delivery of wider Public Health outcomes as set out above.</p> <p>An evidence review identified inequalities among men, older adults and young people, deprived communities and Black and Minority Ethnic groups. This proposal will support a reduction in inequalities through:</p> <ul style="list-style-type: none"> <li>• Targeted communications to increase MH literacy and reduce stigma for groups more at risk of poor MH, those less likely to access support and those previously needing support</li> <li>• Training to increase MH awareness and literacy for range of organisations in contact with increased risk groups and ensure that training includes consideration of inequalities</li> <li>• Deliver a community organising approach across communities and groups most in need, to provide a MH promotion focus targeted at our most deprived communities. PH outcomes include reduction in loneliness and social isolation, improved mental health and wellbeing and delivery of community centred approaches, greater emphasis on upstream approaches, prevention and self-care</li> </ul>
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<b>ID</b>	16			
<b>Theme</b>	Support for those who need it most			
<b>Proposal title</b>	Public Health capacity to improve outcomes across alcohol and tobacco			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	61,658	83,051	83,051	83,051
<b>Recurrent investment</b>	Yes			
<b>Brief description of the proposal</b>	<p>As a result of the publication of the national drugs From Harm to Hope strategy, alcohol being a priority of the Nottinghamshire Integrated Care System Health Inequalities Strategy, and the new Nottinghamshire Joint Health and Wellbeing Strategy, further public health support is required to deliver these programmes of work. The following actions require assistance in implementation:</p> <ul style="list-style-type: none"> <li>• Delivery of a Substance Misuse (SM) Health Needs Assessment</li> <li>• Development of a 1 and 3 year plan for the local delivery of From Harm to Hope Strategy</li> <li>• Implement the SM commissioning guidance published by Office for Health Improvement and Disparities</li> <li>• Implement a series of working groups to mobilise pathways</li> <li>• Strategic link up of ICS developments with Public Health</li> <li>• Undertake mapping across the ICS on alcohol initiatives</li> <li>• Support equity audit on alcohol provision</li> <li>• Support the implementation of primary care alcohol teams</li> <li>• Link the alcohol and drugs agenda up through strategy group and commissioned services</li> <li>• Delivery of civic level interventions including a Licensing dashboard which will support challenging licensing application due to saturation of premises in line with alcohol harm</li> </ul>			



	<p>In recognition of the strong overlap between alcohol and tobacco it is proposed to establish 1 FTE Band A Apprentice Public Health Support Officer that would provide additional capacity across both of these areas. In particular:</p> <p>Service level: Working with Change Grow Live services to support the development of smoking cessation with service users and use of other smoked products</p> <p>Civic level: Working with the tobacco team to ensure there is alignment between work on illicit alcohol and tobacco; licensing; underage sales</p> <p>Community level: Developing a co-production approach with communities to ensure areas of tobacco and alcohol are addressed.</p> <p>It is proposed to establish 0.5 FTE Band F Senior Public Health &amp; Commissioning Manager on a permanent basis to strengthen the oversight and delivery of tobacco control, alongside other important agendas.</p>
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>The 10-year UK Government plan: From Harm to Hope (FHTH) sets out to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy will be underpinned by investment of over £3 billion in the next three years, with the aim to reduce drug-related crime, death, harm and overall drug use. There is a focus on both national and local partners delivering three strategic priorities. The three strategic priorities of the strategy are:</p> <ol style="list-style-type: none"> <li>1. Break drug supply chains</li> <li>2. Deliver a world-class treatment and recovery system</li> <li>3. Achieve a generational shift in demand for drugs</li> </ol> <p>The government has made a commitment for an additional £780 million over the next three years of an ambitious, decade-long transformation of drug treatment and wider recovery support in England. The new investment will be ringfenced so that the money is spent only on this to support the delivery of the strategy and in particular ensuring all residents who require substance misuse treatment have a place in service. The additional money will enable opportunities for more people to come in for treatment of both drugs and alcohol.</p> <p>Alcohol misuse is increasing within the population and alcohol related deaths have increased by 20.8% within one year. More residents are presenting to services with increasing complexity and significant dependency and there is a need to undertake further upstream work to identify residents earlier and engage them into treatment. There has been an overall lack of capacity within the public health division around substance misuse and a specific focus on alcohol particularly when it causes the most harm and has the highest prevalence.</p>

<b>ID</b>	17			
<b>Theme</b>	Support for those who need it most			
<b>Proposal title</b>	Rough Sleeper Initiative			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	40,000	40,000	40,000	40,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	The Countywide Rough Sleeper Initiative (RSI) works with those who are rough sleeping or at risk of street homelessness, to support prevention and recovery. The service uses a wrap-around support model, including substance misuse, mental			

	<p>health, social care, flexible temporary accommodation and health interventions (such as wound care). This is offered through a combination of targeted out-reach and in-reach support services.</p> <p>This proposal seeks to strengthen the existing RSI Programme which has been delivered across the County for 4 years. A bid is being progressed through the usual funding process to secure a further 3 year funding envelope from government, for the overall programme (circa £1.3 million annually). Funding shortfalls are expected however, which will constrain delivery of important ambitious areas of development.</p> <p>The programme has completed an independent evaluation (via. Lincoln University) and funding is sought through this proposal to implement some of the evaluation recommendations, and to continue specific existing work for which there is a funding shortfall.</p> <ol style="list-style-type: none"> <li>1. Peer mentor co-ordinator A part time Peer Mentor co-ordinator role for 1 day a week with Change, Grow, Live (CGL). The co-ordinator will oversee and manage the work of the volunteer peer mentors to deliver the service across all RSI services.</li> <li>2. Homeless Lived Experience co-ordinator and peer mentor 2 Part time posts (one co-ordinator and one peer mentor) in Frameworks Opportunity Nottingham service to establish how people with Lived Experience of homelessness can inform practice and service improvement across RSI service and homeless provision such as commissioned services and temporary accommodation as well as being a voice on various forums such as the RSI Steering Group. These posts will be focused on development and co-production predominantly in comparison to the peer mentor rough sleeper support role with CGL.</li> </ol>
<p><b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b></p>	<p>A Self-Assessment of current rough sleeper services has been carried out which has given us evidence based awareness of the strengths and gaps in rough sleeper provision. Addressing these gaps will strengthen effectiveness of engagement with service users, leading to improved trust and engagement with health, social care and housing services. Peer mentors and the voice of those with lived experience will also help to better shape and target services to meet the needs of this cohort.</p> <p>Many rough sleepers or homeless singles see services as authoritarian and therefore do not trust or believe that authorities can assist them. Peer mentors are role models who use their own experience of treatment and recovery to inspire, motivate and support others to become substance free and move from homelessness to their own tenancy or supported accommodation. These roles will be integrated into services as an integral part of service delivery. Including people with lived experience in the planning and delivery of services is increasingly recognised as adding value. People with lived experience should be involved in developing pathways of provision and how services operate. Currently this does not exist in our homeless system in Nottinghamshire. It is acknowledged that in order to do this well with any type of system or service will take time and resource. Homeless provision will not be an exception to this.</p>

	Public Health outcomes include improved engagement in recovery, substance misuse, alcohol misuse reduction, harm reduction, improved and sustained engagement in homeless and substance misuse services.
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<b>ID</b>	18			
<b>Theme</b>	Existing and emerging threats to health			
<b>Proposal title</b>	Flu vaccination programme			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	-	-	40,000	40,000
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>The current flu vaccination programme offers vaccination to eligible frontline staff employed by Nottinghamshire County Council, aiming to increase the percentage of those vaccinated each year.</p> <p>The programme offers vaccination at on-site clinics or via pharmacy vouchers. A new provider has recently been appointed following a procurement exercise to deliver clinics on behalf of the Council.</p> <p>The programme has a positive profile across the Council and the number of staff vaccinated is increasing year on year. Continuation of funding would enable the programme to operate at full capacity in the years ahead and support longer term planning with service providers to maximise the number of staff vaccinated.</p>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>There are requirements under the Health and Social Care Act, as well as Health and Safety at work legislation, to assess risks to people's health and care and to take steps to prevent and control the spread of infection. Offering flu vaccination to frontline staff is a practicable measure to reduce the risk of infection.</p> <p>These requirements are supported by an annual recommendation from the Department of Health and Social Care that employers of health and social care staff provide occupational influenza vaccinations.</p> <p>Influenza is an unpleasant illness in healthy adults and children, but in at-risk groups it can be more severe and potentially fatal. Frontline County Council workers are in regular contact with people in vulnerable groups, so may unwittingly pose an infection risk. In addition, vaccination protects staff from being off work, thus protecting business continuity of critical services.</p> <p>In terms of the wider health and social care system, in-house vaccination helps to reduce local flu-related primary care demand and hospital admissions, as well as excess winter deaths.</p> <p>The vaccination programme also supports the following Public Health Outcomes Framework indicators:</p> <ul style="list-style-type: none"> <li>• B09b Sickness absence – the % of working days lost due to sickness absence</li> <li>• E07 Health related quality of life for older people</li> <li>• E08 Mortality rate from a range of specified communicable diseases, including influenza</li> <li>• E14 Excess winter deaths</li> </ul>			

<b>ID</b>	19			
<b>Theme</b>	Healthier and more independent lives			
<b>Proposal title</b>	Oral Health Promotion Service			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	-	60,000	60,000	60,000
<b>Recurrent investment</b>	Yes			
<b>Brief description of the proposal</b>	<p>The funding will allow for the continuation of the current all-age oral health promotion service which provides training for frontline staff in dental, children's and older people's services, resource packs for distribution by health visitors, oral health campaigns and a supervised tooth-brushing scheme in targeted schools in areas of high need. These activities are all in line with National Institute for Health and Care (NICE) and Office for Health Improvement and Disparities (OHID) guidance. In addition, the new contract (due to commence April 2023) will also aim to address many of the recommendations outlined in the recent (2020) Joint Strategic Needs Assessment (JSNA). The JSNA identifies ongoing oral health needs in children, especially those from more deprived backgrounds, and increasing oral health needs in vulnerable adults and frail older people.</p>			
<b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b>	<p>Nottinghamshire County Council has commissioned an award-winning specialist oral health promotion service since 2013. Funding on an ongoing basis is required in order to provide an all-age service that fully responds to the oral health needs of the target populations (in order to meet our statutory duty, see below) and helps to maintain or improve the County's current relative position compared to England in relation to the Public Health Outcomes Framework (PHOF) indicators, e.g. percentage of 3-year-olds and 5-year-olds with experience of visually obvious dental decay and children with one or more decayed, missing or filled teeth.</p> <p>As part of its Public Health responsibilities, the Council has a statutory duty to "provide or commission oral health promotion programmes to improve the health of the local population, to the extent that they consider appropriate in their areas". Further funding would enable continued targeting of oral health promotion activity in areas and to cohorts where outcomes are sub-optimal. For example, relatively recent policy documents such as the Care Quality Commission (CQC) report on oral health in care homes and the NHS Long Term Plan emphasise the importance of oral health for care home residents and a recent report by the Government into oral health inequalities also identified substantial disparity in oral health outcomes across the population.</p>			

<b>ID</b>	20			
<b>Theme</b>	Healthier and more independent lives			
<b>Proposal title</b>	Evaluation of the Your Health Your Way integrated wellbeing service			
<b>Cost</b>	<b>2022/23 £</b>	<b>2023/24 £</b>	<b>2024/25 £</b>	<b>2025/26 £</b>
	45,000	40,000	-	-
<b>Recurrent investment</b>	No			
<b>Brief description of the proposal</b>	<p>Your Health Your Way (YHYW) is an integrated wellbeing service commissioned by Nottinghamshire County Council in April 2020. The service delivers support in relation to healthy weight, physical activity, smoking cessation, and low-level alcohol interventions tailored to the client following a comprehensive My Story Assessment.</p>			

	<p>Research suggests that the four main health risk behaviours are often clustered together as multiple risk factors. Using data from the 2008 Health Survey for England, it was found that 70% of the population lived with two or more risk factors. Whilst the situation has improved over time, those from the lowest socioeconomic background, had fallen further behind. This is reflected in Nottinghamshire, with modelling suggesting that clustering of multiple health behaviour risks occur in areas of deprivation, in response YHYW is commissioned to deliver 60% of its outcomes in the 40% most deprived areas. Evidence emphasises a need to take a holistic approach that encompasses multiple health risks to maximise the time that individuals live in good health. The guiding principle for the YHYW service is to enable people to change multiple health behaviours either simultaneously or in sequence. YHYW is a complex service involving many elements and careful consideration is needed to comprehensively evaluate the service to ensure that the originally intended aims and objectives are being met both by the service and within the context of the wider system. From research to date there is limited detail on the effectiveness of an integrated wellbeing service and whether this delivers improved health behaviour outcomes. Therefore, this proposal is for the commissioning of an external provider to deliver an independent evaluation of the effectiveness of the integration of the service. The evaluation will be used to inform the ongoing development of the service and future commissioning decisions.</p>
<p><b>Rationale and reasoning for the proposal, including how it will improve public health outcomes and reduce health inequalities</b></p>	<p>Evaluation is a key aspect of the 3 broad stages of the commissioning cycle: strategic planning, procuring services and monitoring and evaluation. This gives a structure which commissioners within Public Health (PH) teams follow: to assess what the needs of their population are on a given issue, select the service provider who they feel will best address these needs and to ensure that they continue to deliver an appropriate service. Therefore, it is clear that evaluation is a significant part of delivering an effective intervention.</p> <p>NICE guidance PH49 sets out guidance around behaviour change from a public health perspective. Recommendation 4 ("Commission high quality, effective behaviour change interventions") offers guidance around how evaluation of a commissioned service should be carried out. As well as recommending that existing behaviour change interventions are evaluated for effectiveness, cost-effectiveness and applying evidence-based principles, they also recommend that when commissioning behaviour change programmes:</p> <ul style="list-style-type: none"> <li>• Evaluation plans tailored for the intervention and target behaviours are built in from the outset</li> <li>• Resources (staff, time, funds) are allocated for the independent evaluation of short, medium and long-term outcomes</li> </ul> <p>As this proposal involves the integrated wellbeing service which is designed to deliver 60% of its outcomes in the 40% most deprived areas it will enable further understanding of the service delivery model and enable refinement to support the reduction in inequalities. This proposal is cross cutting across the Public Health Outcomes Framework and the outcomes of evaluations should inform service delivery to ensure that mechanisms are identified to reduce inequalities.</p>

Yearly Cost £	2022/23	2023/24	2024/25	2022/23
	918,927	1,406,529	1,307,514	1,286,937
<b>Total Cost £</b>	4,919,907			
<b>Total Recurrent Cost £</b>	489,265			

