Healthy Lifestyles Outcome 2016/17 Action Plan

Priority Outcome: Children and adults in Nottingham adopt and maintain Healthy Lifestyles

Priority Actions:

- Young people and adults will choose to have safer sex reducing the risk of unwanted pregnancies and sexually transmitted infections
- People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them
- Nottingham and its citizens will be smoke free
- People will have a healthy and nutritious diet
- People will be physically active to a level which benefits their health
- People will be able to maintain a healthy weight

| Metric/ KPI | | Baseline | | | Target | | Direction | Commentary |
|---|------------------|--------------|---------------------|----------|----------|----------|----------------------------|---|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | of travel | |
| Under 18 conception rate (per 100,000) (PHOF indicator 2.04) | Target Actual | 37.5 37.5 | 31.1 Q1: 30.9 | 27.9 | 24.8 | 21.7 | On track | The latest quarterly data indicates that the conception rate, for girls aged 15-17 in Nottingham, is 30.9 per 1000. |
| All new STIs diagnosis (excluding Chlamydia age <25) (per 100,000) (Sexual Health and Reproductive Health Profile) | Target Actual | 1040 1040 | 989 | 938 | 888 | 837 | — No additional data | No update from baseline available yet. |
| HIV late diagnosis (PHOF indicator 3.04) (newly diagnosed CD4 count <350 cells per mm³) target | Target Actual | 52.2% | 40.8% | 39.7% | 38.5% | 37.4% | On track | This target has been changed due to change in data reporting. |
| | | | | 040.0 | 774.0 | 700.0 | — No | No update from baseline available |
| A reduction in hospital admissions for alcohol related causes (as measured | Target | 927.5 | 850.9 | 812.6 | 774.3 | 736.0 | additional | yet. |
| by the PHOF narrow measure) to be in-line with the average for the English core cities. | Actual | 927.5 | | | | | data | |
| A reduction in the number of reported incidents of alcohol related ASB and violent crime in the night time economy, specifically: | | V | V | V | V | \ | — No additional data | |
| Alcohol related Crime | - | | | | | | | |
| Alcohol related Violence | | | | | | | | |
| Alcohol related ASB incidents | | | | | | | | |
| Alcohol related offences in the Night-Time Economy (NTE) | | | | | | | | |
| Reduce the percentage of adults who smoke to the top 4 Core | Target | 25.0% | 24.0% | 23.0% | 22.0% | 21.0% | On track | Targets have been reset due to a change in the national survey |
| Cites 2014 average (PHOF 2.14) | Actual | 25.0% | 24.0% | | | | - | used. |
| Reduce the percentage of adults in routine and manual groups | Target | 30.5% | 30.1% | 29.0% | 27.9% | 26.8% | Not on track | |
| who smoke to the top 3 Core Cites 2014 average (PHOF 2.14) | Actual | 30.5% | 33.4% | | | | | |
| Reduce the percentage of pregnant women who smoke to the top 4 Core Cites 2014 average (PHOF 2.03) | Target | 18.1% | 15.8% | 14.7% | 13.5% | 12.4% | Not on track | An increase upon the previous year (not statistically significant). |
| | Actual | 18.1% | 18.7% | | | | | |
| | Target | 43.6% | 44.4% | 46.7% | 48.9% | 53.4% | On track | An increase upon the previous year (not statistically significant). |

| Increase the proportion of adults that r 5-a-day to the top 4 Core Cities Average | | | Act | ual | 43.6% | 44.4% | | | | | | | |
|---|---|--|---|---|---|--|--|--|--|--|---|--|--|
| Increase breastfeeding prevalence at 6 the top 3 Core Cities Average (PHOF) | | er birth to | Tar | get | 47.7% | 48.7% | 49.8% | 50.9% | 52.1% | - No | | change in the | been reset due to a measurement by |
| · | , | | Act | ual | 47.7% | | | | | data | ı | PHE. | |
| Increase percentage of active adults to | | | Tar | get | 56.5% | 57.6% | 58.7% | 59.8% | 60.9% | Not on t | rack | | oon the previous stically significant). |
| average (150 mins a week equivalent |) (PHOF 2.13 | si; APS) | Act | ual | 56.5% | 55.0% | | | | | | year (not statistically significant | |
| Decrease the percentage of inactive a Cities average (<30 mins a week equiv | | | Tar | get | 29.1% | 28.1% | 27.6% | 27.1% | 26.6% | Not on t | rack | | pon the previous stically significant). |
| APS) | | | Act | ual | 29.1% | 33.3% | | | | | | | |
| Reduce the percentage of adults with | excess weigh | t to the top | Tar | get | 62.3% | 61.6% | 60.8% | 60.1% | 59.3% | Not on t | rack | | pon the previous |
| 3 Core Cities average (PHOF 2.12) | | | Act | ual | 62.3% | 62.4% | | | | | | year (not stati | stically significant). |
| Reduce the percentage of children ag | | | Tar | get | 26.7% | 24.8% | 23.9% | 22.9% | 22.0% | Not on t | rack | | oon the previous |
| weight to the top 4 Core Cities average | e (PHOF 2.0 | 6i) | Act | ual | 26.7% | 26.1% | | | | | | year (not stati | stically significant). |
| Reduce the percentage of children age | | | | get | 37.9% | 37.5% | 37.3% | 37.1% | 36.9% | On tra | ick | | oon the previous stically significant). |
| weight to the top 4 Core Cities average | e (PHOF 2.0 | 011) | Act | ual | 37.9% | 37.5% | | | | | | , | ,g,- |
| KEY | On track | Target is be met | eing | Not on | track | Data is improving t target not being met | | ot on track | | et is not g met | No a | additional a | There has be no published data in the reporting period |
| Priority Groups (who is disproportionately affected or who do we need to target to reduce inequalities? | households Alcohol mi living in the behaviour p Smoke-Fre ethnic group Diet and Ni groups, BM Physical Ar illness | , men who has use: All address them at re: Those livings, those with utrition: Child E groups, proctivity: Child | ave sults wed arrisk on the me ldren addren | sex with whose dreas are of alcoho deprive ntal hear aged 18 nt wome and adul | men (MSN rinking beh disproport of the lated here as, color of the late as and adults from de | M), single hon aviour puts to ionately affe arm. hildren and yeand those ind under, you alts aged 65 aprived house | meless p them at r cted by a voung per routine a ing adults years and eholds, w | eople, intraisk of alcolulcohol relaced pregner, pregner and manuals aged 19-de older living omen, old | avenous di hol related ited harm. nant wome I jobs. 24 years, s ng in institu er people a | rug users an harm, inclu Students an and their smokers, citutions. | nd sexiding ond you unbor itzens with a | dependent drung people was babies, bla in lower soci | inkers. Adults hose drinking ack and minority |

| Action | Milestone | Success measure | | • | Year | | Lead Officer |
|---|---|--|-----------|-----------|-----------|--------------|--|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| Theme: Create a culture t | o support good sexual health for | r all and reduce stigma, discrimination | , prejudi | ce and h | ealth ine | qualities | |
| Build knowledge and resilience in children & young people | 2000 new C-card registrations annually | Improved promotion and up-take of condoms, incl. further development of C-Card scheme | V | ✓ | √ | √ | Notts Healthcare Trust |
| | 85 schools signed up to sex and relationships education (SRE) Charter | Improved provision of SREin schools | √ | | | | NCC, PSHE Advisory Team |
| Reduce sexual health inequalities in access to and outcomes of commissioned sexual | Conduct health equity audit based on baseline data, new service data and population need | Partners agree to delivery of actions based on recommendations in health equity audit | √ | | | | Sexual Health Strategic Advisory Group |
| health services | Development of recommendations based on audit of population need and service provision, to improve health equity outcomes | | √ | | | | |
| | tion to reduce the rates and onw I health through outreach to the | ard transmission of HIV and sexually t most vulnerable | ransmitt | ed infect | tions (ST | ls), includi | ing proactive |
| Promote good sexual health through health promotion and outreach | Programme of outreach and health promotion complete | 15 workshops with vulnerable groups in 16/17 15 targeted events attended/partnership promotional activities in 16/17 | √ | | | | NUH |
| | | 10 SH awareness courses/group presentations in 16/17 | | | | | |
| sexually transmitted | Online HIV and chlamydia testing services mobilised | | ✓ | ✓ | ✓ | ✓ | NCC, Public Health |
| sexually transmitted | | presentations in 16/17 Increased uptake of online HIV and | ✓ | ✓ | ✓ | ✓ | |
| sexually transmitted infections (STIs) and HIV Theme: Increase access | testing services mobilised Simplify chlamydia testing and treatment pathway to, and uptake of, HIV and STI te | presentations in 16/17 Increased uptake of online HIV and chlamydia testing | ✓ · | | | | Health NCC, Public Health |
| Reduce the rate of sexually transmitted infections (STIs) and HIV Theme: Increase access and reduce transmission Increase the detection of STIs Increase the early | testing services mobilised Simplify chlamydia testing and treatment pathway to, and uptake of, HIV and STI te | presentations in 16/17 Increased uptake of online HIV and chlamydia testing Successful treatment of positive tests | ✓ · | | | | Health NCC, Public Health |

| Action | Milestone | Success measure | | Y | 'ear | | Lead Officer |
|----------------------------|-----------------------------------|---|---------|------------|----------|------------|----------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| detection of HIV | | | | | | | |
| Increase chlamydia testing | | Increase in chlamydia testing and | | | | | |
| and detection rates in | | detection in young people aged 15-25 | | | | | |
| young people (aged 15- | | yearsfrom x to 31% | | | | | |
| 24yrs) | | | | | | | |
| Theme: Ensure women are | e able to exercise choice about v | when to become pregnant, and reduce | unplanr | ned pregr | ancies | | |
| Reduce the number of | Nottingham pupils attend | 85 schools signed up to the SRE | ✓ | | | | NCC, PSHE |
| pregnancies under the age | schools that are committed to | Charter. | | | | | Advisory Team |
| of 18 and 16 years | excellent sex and relationships | | | | | | |
| | education (SRE). | | | | | | |
| | Direct work with young girls in | 30 CYPPN members receive training | ✓ | ✓ | | | NCVS and |
| | the local community to increase | to help them work with young people in | | | | | CYPPN |
| | knowledge and reduce | community settings. | | | | | |
| | unplanned pregnancies | | | | | | |
| | | Delivery of one to one advice and | | | | | |
| | | support to young girls about sexual | | | | | |
| | | health | | | | | |
| | The wider teenage pregnancy | NUH / Nottingham CityCare | ✓ | | | | School Health |
| | workforce is able to access and | Partnership teenage pregnancy and | | | | | Improvement |
| | attend high quality training on | sexual health training programme | | | | | Team |
| | teenage pregnancy and sexual | delivered to 250 members of the | | | | | |
| | health promotion. | workforce. | | | | | |
| | Teenage parents in Nottingham | Teenage parents accessing the Family | ✓ | ✓ | ✓ | ✓ | NCC, Strategic |
| | are empowered to make | Nurse Partnership had fewer | | | | | Commissioning |
| | informed decisions on | subsequent pregnancies than teenage | | | | | |
| | subsequent pregnancies. | parents who did not have a Family | | | | | |
| 1 | | Nurse. | | | | | |
| | | | | | | | |
| ·_• | • | cohol consumption and there will be a r | eductio | n in the r | number o | f people r | |
| To reduce the number of | Agree strategic approach to | Partners agree an approach that | ✓ | | | | NCC, Public |
| adults drinking at higher | introducing alcohol IBA | ensures consistent and systematic | | | | | Health |
| risk levels and to reduce | consistently in health and non- | delivery of alcohol IBA | | | | | |
| the number of adults binge | health settings. | | | | | | All Board |
| drinking by introducing | | | | | | | member |

| Action | Milestone | Success measure | | Y | ear | | Lead Officer |
|--|--|---|----------|----------|----------|----------|---|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | 1 |
| systematic and consistent alcohol identification and orief advice (IBA) and by argeting students with effective health promotion messages. | Identify and secure additional resource required to ensure consistent delivery, including in key settings such as Emergency Department and Primary Care. | Resources requirements agreed and identified. | √ | | | | organisations |
| | Ensure that all relevant client facing staff groups are trained in delivery of alcohol IBA. | All staff are trained and ready to deliver alcohol IBA. | √ | ✓ | | | |
| | Ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner. | Alcohol IBA being delivered systematically and consistently | | √ | √ | ✓ | |
| | Agree strategic approach to communicating messages around alcohol harm and misuse to students. | Methods of communicating messages are agreed with key partners. | √ | | | | |
| | Ensure the agreed approach is delivered systematically by key partners. | Messages are delivered systematically and consistently. | | ✓ | ✓ | ✓ | |
| • • | recover from alcohol misuse | | | | | | |
| To increase the number of people who are drinking at nigher risk levels accessing and successfully completing | As described in Theme 1, ensure that all relevant client facing staff are delivering alcohol IBA in a systematic and consistent manner. | Alcohol IBA being delivered systematically and consistently | | ✓ | ✓ | V | NCC, Public Health All Board members |
| alcohol treatment. | Ensure that high volume service users with alcohol misuse issues are identified and supported into appropriate treatment. | Sustainable funding is identified to support a post in the ED setting. | √ | ✓ | | | |
| | Ensure access to high quality drug and alcohol services. | Aligned drug and alcohol service is fully mobilised with partners aware of referral routes into the service. behaviour linked to alcohol misuse. | √ | | | | CDP, NCC, Public Health |

| Action | Milestone | Success measure | | Υ | ear | | Lead Officer |
|---|--|--|----------|----------|----------|----------|---|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| Reduce levels of alcohol related violence and crime both in the city centre and neighbourhoods. | Ensure use of local insight and expertise to inform preventative approaches and delivery of a number of key activities | Activities continue to be supported and to be accessible for citizens. | ✓ | ✓ | * | ✓ | CDP, NCC, Public Health Nottinghamshire Police Community Protection Police and Crime Commissioner Nottinghamshire Healthcare NHS Foundation Trust |
| | Agree strategic approach to the role of alcohol licensing in minimising harms from alcohol. | Strategic approach agreed with key partners. | ✓ | | | | CDP, NCC, Public Health Community Protection Nottinghamshire Police Police and |
| | Ensure that agreed approach is taken forward and role of licensing in minimising harm is maximised. | Approach taken forward and embedded. | | √ | √ | √ | Crime Commissioner |
| Theme: Protect children for | rom the harmful effects of smoki | ing | | | | | |
| Further develop specialist support for all pregnant smokers and their families | Smoking in pregnancy pathway that extends into early years established and routinely implemented. | Reduction in numbers of pregnant smokers Reduction in numbers of women smoking at six weeks post delivery | ~ | ✓ | ✓ | ✓ | NCC, Environmental Health, Public Health, NUH, maternity, CityCare, New Leaf |
| Deliver a rolling programme of extending outdoor public spaces where citizens support them | Implementation plan for extending smokefree outdoor public spaces and events agreed | Increase in citizen support for extending smokefree outdoor spaces | √ | ✓ | √ | | NCC, Environmental Health, Sports Culture and Parks |

| Action | Milestone | Success measure | | Υ | ear | | Lead Officer |
|--|---|---|----------|----------|----------|----------|-----------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| | Ensure on-going citizen consultation to demonstrate citizen support for extending smokefree outdoor public | Children and family events routinely promoted as smokefree | √ | ~ | ~ | | Communication s |
| | spaces | | | | | | |
| Theme: Motivate and assis | | | | | | | |
| Ensure health and social care and frontline colleagues employed by Health and Wellbeing Board member | Very brief advice training for relevant frontline and health and social care staff | Health and social care and frontline colleagues, including those employed by Health and Wellbeing Board member organisations, routinely trained in very brief advice. | √ | √ | √ | √ | Board members |
| organisations are routinely referring patients and service users to the stop smoking service. | Very brief advice training incorporated as part of induction for frontline and health and social care staff | Increase in referrals to stop smoking services | √ | √ | ✓ | √ | |
| All Health and Wellbeing Board member organisations implement up to date and robust | Policy promoted at all stages of recruitment and as part of colleague induction | Reduction in sickness absence and increased workplace productivity | | √ | √ | √ | Board members |
| smokefree workplace policies | Staff, service users, patients, visitors and contractors routinely made aware of smokefree Policy | High levels of compliance with smokefree workplace policies Increased awareness of smokefree workplace policies | | ✓ | ✓ | ✓ | |
| Theme: Leadership, innov | ation and development in tobac | co control | • | 1 | • | • | |
| Health and Wellbeing Board members to support a comprehensive partnership approach to the wider tobacco control agenda | All Health and Wellbeing Board members sign the Community Declaration on Tobacco Control | Partners demonstrate a shared understanding on effective measures to reduce tobacco related harm | ✓ | √ | √ | ✓ | Board members |
| Health and Wellbeing Board members support and embed Nottingham's tobacco control vision and | Actions mapped and linked to tobacco control strategy | Health and Wellbeing Board member organisations review and update tobacco control action plans which are shared with partners and communities | √ | √ | √ | √ | Board members |

| Action | Milestone | Success measure | |) | ear/ | | Lead Officer |
|-------------------------------|-----------------------------------|--|----------|----------|----------|----------|----------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| strategic priorities within | Actions targeted at high risk | | ✓ | ✓ | ✓ | ✓ | |
| organisational strategies | smoking populations including | | | | | | |
| and plans | routine and manual workers | | | | | | |
| | | | | | | | |
| | Monitor progress of plans and | | ✓ | ✓ | ✓ | ✓ | 7 |
| | commitments and share results | | | | | | |
| Theme: Diet & Nutrition S | trategic Planning | | | | I | | |
| Develop a broad | Diet and Nutrition working | Diet and Nutrition Partnership Strategic | ✓ | | | | NCC, Public |
| partnership for diet and | group formed | Plan in place | | | | | Health |
| nutrition across the Health | POD Strategic group formed | POD Strategy published | ✓ | | | | NCC, Public |
| and Wellbeing Board as | | 37 . | | | | | Health |
| part of a Physical Activity, | | | | | | | |
| Obesity and Diet (POD) | | | | | | | |
| Strategy | | | | | | | |
| Theme: Diet & nutrition in | children | | | | | | • |
| Develop local | Partners engaged | Partners have explored development of | ✓ | ✓ | | | Board members |
| programmes to support | | breastfeeding policies for breastfeeding | | | | | |
| mothers to breastfeed for | | employees returning to work | | | | | |
| as long as possible in line | Action Plan developed | | ✓ | ✓ | | | |
| with the City and County | · | | | | | | |
| Breastfeeding Framework | | | | | | | |
| Influence our early years | Improvement in the number of | Children's centres are using Healthy | ✓ | ✓ | ✓ | ✓ | NCC, Early |
| settings such as schools, | children's centres using | Children's Centre Standards | | | | | Years |
| childcare and children's | Healthy Children's Centre | | | | | | |
| centres to use the 'School | Standards | | | | | | |
| Food Standards', the 'Eat | | | | | | | |
| Better Do Better' tool, | | | | | | | |
| Healthy Children's Centre | | | | | | | |
| Standards or equivalent | | | | | | | |
| Support our children to get | Review guidelines to inform | All key Early Years professionals are | ✓ | ✓ | | | NCC, Strategic |
| the best nutritional start in | commissioning and promotion | aware of guidelines | | | | | Commissioning |
| life | of Healthy Start | Uptake of Healthy Start and Healthy | | | | | |
| | Findings of review implemented | Start Vitamins has improved | | | √ | √ | - |
| Create a positive | Training package developed | Training package for Early Years staff | ✓ | ✓ | √ | ✓ | CityCare |
| breastfeeding culture | and delivered | has been developed and delivered | | | • | | Oity Care |
| breastieeding culture | Referrals to Breastfeeding Peer | | ✓ | ✓ | √ | √ | CityCare |
| | I Neterrals to breastreeding Peer | | • | " | • | , | GityGale |

| Action | Milestone | Success measure | | • | Year | | Lead Officer |
|--|--|---|----------|----------|----------|----------|-------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| | Support from staff who have | | | | | | |
| | received training have | | | | | | |
| | increased | | | | | | |
| Theme: Diet & nutrition in | | | T | 1 / | | 1 | Tugo |
| Explore policy and other | Options explored | Options to increase healthy options in | | ~ | | | NCC |
| options for interventions to reduce the impact of fast | | fast food outlets have been explored ?and considered by | | | | | |
| food outlets on health | | rand considered by | | | | | |
| Reduce access to | Lead identified across Health | Access to unhealthy food has been | √ | | | | NCC, Public |
| unhealthy food and | and Wellbeing Board members | reduced | | | | | Health |
| increase access to healthy | | 1.00.000 | | | | | |
| food in workplaces and | Plans identified across Health | Plans agreed and implemented | | | | | All Board |
| public buildings | and Wellbeing Board members | | | ✓ | | | members |
| Theme: Diet & nutrition in | vulnerable groups | | | 1 | | | |
| Ensure all food provided | Healthy eating (or eating for | Healthy eating (or eating for health) in | | ✓ | | | NCC, Strategy & |
| and procured for citizens | health) element written into | care establishments has improved | | | | | Commissioning |
| in our care helps create an | contract variation for care | | | | | | |
| environment which makes | establishments | | | | | | |
| eating for health an easy | | | | | | | |
| option | On a different description | Maddana is delivering being | | | | | All Daniel |
| Ensure our workforce is | Specific workforce identified Plans and resources identified | Workforce is delivering brief | ✓ | | | | All Board |
| equipped to deliver brief interventions around diet | Training implemented | interventions confidently | | ✓ | √ | ✓ | members |
| and nutrition for specific | Training implemented | | | • | • | ' | |
| vulnerable groups | | | | | | | |
| Improve knowledge of diet | Complete and distribute findings | Options and need for intervention | ✓ | | | | NCC, Public |
| and nutrition in minority | of the BME Health Needs | based on BME HNA findings has | | | | | Health, Strategic |
| ethnic groups | Assessment (HNA) | been explored | | | | | Insight |
| | Options for interventions have | | | ✓ | | | |
| | been considered | | | | | | |
| Theme: Physical Activity | | T | T . | 1 , | | T | T |
| Develop a broad | Physical Activity working group | Physical Activity Partnership Strategic | ✓ | ~ | | | NCC, Public |
| partnership for physical | formed | Plan in place | | | | | Health |

| Action | Milestone | Success measure | | • | Year | | Lead Officer |
|--|--|---|----------|----------|----------|----------|----------------------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| activity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy | POD Strategic group formed | POD Strategy published | ✓ | ✓ | | | NCC, Public Health |
| Theme: Physical activity i | n children | | ı | I | I. | 1 | |
| Develop physical activity in commissioned children's services | Services which can include promoting physical activity are identified | Service specifications include promoting physical activity Physical activity is incorporated into the service model | | √ | √ | √ | NCC, Strategic Commissioning |
| Develop physical activity in children's centres and schools | Physical activity is a part of the Healthy Children's Centre Standard | Children's centres signed up to Healthy Children's Centre Standard | V | √ | ✓ | √ | NCC, Early Years |
| | Sherriff's Challenge and Daily Mile are launched within schools | Schools are delivering these initiatives | √ | √ | | | NCC, School Sports. |
| Theme: Physical activity i | | | | | | _ | |
| Develop physical activity in the workplace and public spaces | VCS organisations are aware of how they can improve the physical activity of their employees and others who use their premises | VCS organisations are aware of and implementing activities | ✓ | √ | √ | ~ | NCVS (CYPPN and VAPN) |
| | Public Sector organisations are aware of how they can improve the health of their employees and others who use their premises | Public Sector organisations are aware of and implementing activities | √ | √ | √ | ~ | Board members |
| Increase the number of adults (14+) undertaking 1x30 minutes of sport and physical activity a week | Increase in the baseline of 86,300 in 2015 | 1% increase year on year, recorded through Active Lives | √ | ✓ | √ | ✓ | NCC Sport & Leisure |
| Develop pathways into broader physical activity | Service specification written | Function described in service specification | √ | | | | NCC, Public Health, Strategic |
| from commissioned weight management pathways | Service commissioned | Function operating in commissioned service | | ✓ | √ | √ | Insight |
| Theme: Physical activity i | | | | | | | |
| Ensure the workforce is | Specific workforce identified | Workforce delivering brief | ✓ | | | | NCC, Public |

| Action | Milestone | Success measure | | • | Year | | Lead Officer |
|---|---------------------------------|--|----------|----------|-------------|-------|-----------------------|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | 1 |
| equipped to deliver brief | Plans and resources identified | interventions confidently | | ✓ | | | Health, Strategic |
| interventions around | Training implemented | · | | | ✓ | ✓ | Insight |
| physical activity for | | | | | | | |
| specific vulnerable groups | | | | | | | |
| Develop physical activity | Physical activity included in | Improved level of physical activity in | | ✓ | ✓ | ✓ | NCC, Strategy & |
| in care settings | contracts with care providers | care settings | | | | | Commissioning |
| Develop the use physical | Pathways identified | Increase in pathways with physical | | ✓ | ✓ | ✓ | CityCare |
| activity as part of a care | | activity specified | | | | , | |
| pathways to improve care | Physical modality identified | | | ✓ | ✓ | ✓ | CCG |
| and treatment of long term | | Increase in clients with physical | | | | | NCC, Public |
| conditions and prevent | Physical activity included in | activity included as part of their care | | | | | Health, Strategic |
| falls | pathways | | | ✓ | ✓ | ✓ | Insight |
| Increase the availability of | Successful launch of the Get | Success against GOGA and Insight | ✓ | ✓ | ✓ | | NCC Sport & |
| disability specific sport | Out Get Active (GOGA) | Project action plans and outcomes | | | | | Leisure |
| and physical activity | programme and the Disability | | | | | | |
| projects in the city | Sport Insight and Participation | | | | | | |
| | Project | | | | | | |
| Work with the Community | CYPPN and VAPN members | Increased awareness raising of | ✓ | ✓ | ✓ | ✓ | NCVS, CYPPN |
| Voluntary Sector to ensure | and their clients engaged in | benefits of physical activity and events | | | | | & VAPN, NCC |
| physical activity is | physical activity | happening in 3 rd sector. | | | | | Sport & Leisure |
| promoted in community | | | | | | | _ |
| settings through | Mechanism for engagement and | | ✓ | ✓ | ✓ | ✓ | |
| community groups and | delivery identified and | | | | | | |
| organisations | developed | | | | | | |
| Theme: Healthy Weight S | | | | | I | | |
| Develop a broad | Physical Activity, Diet and | Physical Activity Partnership Strategic | ✓ | ✓ | | | NCC, Public |
| partnership for physical | Obesity/pathways working group | Plan in place | | | | | Health |
| activity, diet and obesity | formed | DOD Otracta and making the di | √ | ✓ | | | NOO Datella |
| across the Health and | POD Strategic group formed | POD Strategy published | • | • | | | NCC, Public Health |
| Wellbeing Board as part of a Physical Activity, | | | | | | | пеаш |
| Obesity and Diet (POD) | | | | | | | |
| Strategy | | | | | | | |
| Theme: Healthy weight in | children | | 1 | | <u> </u> | | 1 |
| Improve skills and | Commissioning a health visitor | Health visitors and early years | √ | √ | | | NCC, Strategic |
| support given to children | service which includes brief | practitioners able to signpost and | | | | | Commissioning |
| Support given to enhance | COLVIDO WINOTI ITOIQUOS DITOI | practition of abid to digripost and | L | | l | 1 | Johnnissioning |

| Action | Milestone | Success measure | Year | | | | Lead Officer |
|--|---|---|----------|----------|----------|----------|--|
| | | | 16/17 | 17/18 | 18/19 | 19/20 | |
| and families in early | intervention around healthy | deliver brief interventions around | | | | | |
| years settings. | weight as part of service spec | healthy weight | | | | | |
| | All partners ensure their | | ✓ | ✓ | | | Board members |
| | workforce that comes into | | | | | | |
| | contact with early years know | | | | | | |
| | and understand the routes into | | | | | | |
| | the childhood obesity pathway | | | | | | |
| Theme: Healthy weight in | | | | | | | |
| Commission an effective weight management | Pathway developed | Pathway accessed by appropriate citizens in need of support | ✓ | ✓ | | | CCG NCC, Public Health, Strategic Insight |
| service and pathway for | Service procured | | ✓ | ✓ | | | |
| adults | | Agreed weight management | | | | | |
| | Services(s) operational | outcomes achieved | | ✓ | | | |
| | Partners referring to service | | | ✓ | ✓ | | - |
| Theme: Healthy weight in | n vulnerable groups | | | | | | |
| Ensure our workforce is equipped to deliver brief | Specific workforce identified | Workforce delivering brief interventions confidently | ✓ | | | | NCC, Public Health, Strategic |
| intervention around healthy weight to | Plans and resources identified | | ✓ | | Insight | | |
| specified groups | Training implemented | | | | √ | √ | |
| Ensure groups at high risk of obesity can access the weight management pathway | Priority groups set in service | Pathway accessed by appropriate citizens in need of support Agreed weight management outcomes achieved | ✓ | ✓ | | | CCG NCC, Public Health, Strategic Insight |
| | specifications as identified in EIA | | | | | | |
| | Service working with partners to | | ✓ | ✓ | | | |
| | ensure accessibility from priority groups | | | | | | |