

## **Healthy Lifestyles Outcome**

### **2017/18 Performance Report and 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<br><i>Please note: reporting timeframes relate to the year in which data was released. In many cases, the source data relates to an earlier timeframe. E.g. Under 18 conception rate released in 2016/17 is 2015 actual data.</i> |        | Baseline | Target and Actual Performance |         |       |       | Direction of travel |
|---|--------|----------|-------------------------------|---------|-------|-------|---------------------|
|   |        |          | 16/17                         | 17/18   | 18/19 | 19/20 |                     |
| Under 18 conception rate (per 100,000) (PHOF indicator 2.04)*   | Target | 32.8     | 31.1                          | 27.9    | 24.8  | 21.7  | Not on track        |
|   | Actual | 32.8     | 31.9                          | 31.4    | 26.9  |       |                     |
| All new STI diagnosis (excluding Chlamydia age <25) (per 100,000) (Sexual Health and Reproductive Health Profile)*  | Target | 1040     | 989                           | 938     | 888   | 837   | On track            |
|   | Actual | 1040     | 1066                          | 833     | 1016  |       |                     |
| HIV late diagnosis (PHOF indicator 3.04) (newly diagnosed CD4 count <350 cells per mm <sup>3</sup> )*   | Target | 52.2%    | 40.8%                         | 39.7%   | 38.5% | 37.4% | On track            |
|   | Actual | 52.2%    | 36.3%                         | 35.9%   | 42.0% |       |                     |
| A reduction in hospital admissions for alcohol related causes ( <i>as measured by the PHOF narrow measure</i> ) to be in-line with the Core Cities average  | Target | 927.5    | 850.9                         | 812.6   | 774.3 | 736.0 | Not on track        |
|   | Actual | 927.5    | 1,000                         | No data | 881   |       |                     |
| A reduction in the number of reported incidents of:<br>• Alcohol related ASB; and   | Target | 998      | Reduce                        |         |       |       | Not on track        |
|   | Actual | 998      | 1,446                         | 1,522   | 1,589 |       |                     |
| • Violent crime in the night-time economy.  | Target | 3,286    | Reduce                        |         |       |       | On track            |
|   | Actual | 3,286    | 2,778                         | 2,356   | 1,931 |       |                     |
| Reduce the percentage of adults who smoke to the top 4 Core Cities 2014 average (PHOF 2.14)*  | Target | 25.0%    | 24.0%                         | 23.0%   | 22.0% | 21.0% | On track            |
|   | Actual | 25.0%    | 24.0%                         | 21.5%   | 19.4% |       |                     |
| Reduce the percentage of adults in routine and manual groups who smoke to the top 3 Core Cities 2014 average (PHOF 2.14)*   | Target | 30.5%    | 30.1%                         | 29.0%   | 27.9% | 26.8% | Not on track        |
|   | Actual | 30.5%    | 33.9%                         | 31.3%   | 31.1% |       |                     |
| Reduce the percentage of pregnant women who smoke to the top 4 Core Cities 2014 average (PHOF 2.03)   | Target | 18.1%    | 15.8%                         | 14.7%   | 13.5% | 12.4% | Not on track        |
|   | Actual | 18.1%    | 19.2%                         | 17.6%   | 17.2% |       |                     |
| Increase the proportion of adults that meet the recommended 5-a-day to the top 4 Core Cities Average (PHOF 2.11i)*  | Target | 43.6%    | 44.4%                         | 46.7%   | 48.9% | 53.4% | On track            |
|   | Actual | 43.6%    | 44.4%                         | 52.0%   | 52.6% |       |                     |
| Increase breastfeeding prevalence at 6-8 weeks after birth to the top 3 Core Cities Average (PHOF 2.02ii)   | Target | 47.7%    | 48.7%                         | 49.8%   | 50.9% | 52.1% | Target not met      |
|   | Actual | 47.7%    | 48.4%                         | No data | 47.3% |       |                     |
| Increase the percentage of active adults to the top 4 Core Cities average (150+ mins per week) (Sport England Active Lives Survey)  | Target | 63.1%    | 64.4%                         | 65.7%   | 66.9% | 68.2% | Target not met      |
|   | Actual | 63.1%    | 59.0%                         | No data | 65.3% |       |                     |
| Decrease the percentage of inactive adults to the top 4 Core Cities average (<30 mins per week) (Sport England Active Lives Survey)   | Target | 24.8%    | 24.2%                         | 23.5%   | 22.9% | 22.2% | Target not met      |
|   | Actual | 24.8%    | 27.5%                         | 24.6%   | 23.3% |       |                     |
| Reduce the percentage of adults with excess weight to the top 3 Core Cities average (PHOF 2.12)*  | Target | 62.3%    | 61.6%                         | 60.8%   | 60.1% | 59.3% | Not on track        |
|   | Actual | 62.3%    | 62.4%                         | 61.4%   | 61.6% |       |                     |
| Reduce the percentage of children aged 4-5 years with excess weight to the top 4 Core Cities average (PHOF 2.06i)**   | Target | 26.7%    | 24.8%                         | 23.9%   | 22.9% | 22.0% | Not on track        |
|   | Actual | 26.7%    | 25.5%                         | 26.0%   | 26.7% |       |                     |
| Reduce the percentage of children aged 10-11 years with excess weight to the top 4 Core Cities average (PHOF 2.06ii)**  | Target | 37.9%    | 37.5%                         | 37.3%   | 37.1% | 36.9% | Not on track        |
|   | Actual | 37.9%    | 37.0%                         | 39.7%   | 40.8% |       |                     |

|            |          |                     |              |  |              |                         |
|------------|----------|---------------------|--------------|--|--------------|-------------------------|
| <b>KEY</b> | On track | Target is being met | Not on track | Data is improving but target not being met | Not on track | Target is not being met |
|------------|----------|---------------------|--------------|--|--------------|-------------------------|

\* Source data is calendar year. \*\* Source data is academic year.

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| <b>Priority Groups</b> | <p><b>Sexual Health:</b> Young people including care leavers and those with learning disabilities, young people living from deprived households, men who have sex with men (MSM), single homeless people, intravenous drug users and sex workers.</p> <p><b>Alcohol misuse:</b> All adults whose drinking behaviour puts them at risk of alcohol related harm, including dependent drinkers. Adults living in the most deprived areas are disproportionately affected by alcohol related harm. Students and young people whose drinking behaviour puts them at risk of alcohol related harm.</p> <p><b>Smoke-Free:</b> Those living in deprived areas, children and young people, pregnant women and their unborn babies, black and minority ethnic groups, those with mental health needs and those in routine and manual jobs.</p> <p><b>Diet and Nutrition:</b> Children aged 18 years and under, young adults aged 19-24 years, smokers, citizens in lower socio-economic groups, BME groups, pregnant women and adults aged 65 years and older living in institutions.</p> <p><b>Physical Activity:</b> Children and adults from deprived households, women (including pregnant women), older people and adults with a disability or long term limiting illness</p> <p><b>Healthy Weight:</b> Low income groups, pregnant women, adults with learning disability, older people, black and minority ethnic groups.</p> |
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| Action   | Milestone   | Success measure   | Year  |       |       |       | Lead Officer                           | Update   |
|--|---|---|-------|-------|-------|-------|--|--|
|  |   |   | 16/17 | 17/18 | 18/19 | 19/20 |  |  |
| <b>Theme: Create a culture to support good sexual health for all and reduce stigma, discrimination, prejudice and health inequalities</b>  |   |   |       |       |       |       |  |  |
| 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   | ✓     | ✓     | ✓     | ✓     | Notts Healthcare Trust                 | c-card service continues to be successful.   |
|  | 85 schools signed up to sex and relationships education (SRE) Charter   | Improved provision of SRE in schools  | ✓     | ✓     |       |       | NCC, PSHE Advisory Team                | RSE charter in Nottingham key driver for good standards in RSE. Due to become mandatory in 2020                      |
| Reduce sexual health inequalities in access to and outcomes of commissioned sexual health services   | 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 | HEA completed in 2017, will be repeated 2019   |
|  | Development of recommendations based on audit of population need and service provision, to improve health equity outcomes |   | ✓     | ✓     |       |       |  | Ongoing as part of service improvement   |
| <b>Theme: Prioritise prevention to reduce the rates and onward transmission of HIV and sexually transmitted infections (STIs), including proactive promotion of good sexual health through outreach to the most vulnerable</b> |   |   |       |       |       |       |  |  |
| Promote good sexual health through health promotion and outreach   | Programme of outreach and health promotion complete   | 15 workshops with vulnerable groups in 16/17<br>15 targeted events attended/partnership promotional activities in 16/17<br>10 SH awareness courses/group presentations in 16/17 | ✓     | ✓     | ✓     |       | NUH                                    | NUH continues to provide a range of activities via the HP plan particularly targeted at high risk/vulnerable groups. |
| Reduce the rate of sexually transmitted  | Online HIV and chlamydia testing services mobilised   | Increased uptake of online HIV and chlamydia testing  | ✓     | ✓     | ✓     |       | NCC, Public Health                     | Online testing services are established and regularly reviewed   |

| Action                    | Milestone  | Success measure                        | Year  |       |       |       | Lead Officer       | Update   |
|---------------------------|--|--|-------|-------|-------|-------|--------------------|--|
|                           |  |  | 16/17 | 17/18 | 18/19 | 19/20 |                    |  |
| infections (STIs) and HIV | Simplify chlamydia testing and treatment pathway | Successful treatment of positive tests | ✓     | ✓     | ✓     |       | NCC, Public Health | Access to treatment is offered via various methods for equity. |

| <b>Theme: Increase access to, and uptake of, HIV and STI testing to tackle late diagnosis of HIV, ensure early treatment of STIs, enable contact tracing and reduce transmission</b> |  |  |   |   |   |  |                         | Update   |
|--|--|--|---|---|---|--|-------------------------|--|
| Increase the detection of STIs   | Newly commissioned sexual health (SH) services mobilised   | Increased STI detection (excluding chlamydia age <25)  | ✓ | ✓ | ✓ |  | NCC, Public Health      | STI detection has increased  |
| Increase the early detection of HIV  |  | Increased early detection of HIV   |   |   |   |  |                         | Increasing numbers of HIV being detected early.  |
| Increase chlamydia testing and detection rates in young people (aged 15-24yrs)   |  | Increase in chlamydia testing and detection in young people aged 15-25 years from x to 31%   |   |   |   |  |                         | Some recent challenges, remedial action being planned  |
| <b>Theme: Ensure women are able to exercise choice about when to become pregnant, and reduce unplanned pregnancies</b>   |  |  |   |   |   |  |                         |  |
| Reduce the number of pregnancies under the age of 18 and 16 years  | Nottingham pupils attend schools that are committed to excellent sex and relationships education (SRE).    | 85 schools signed up to the SRE Charter.   | ✓ |   |   |  | NCC, PSHE Advisory Team | The latest data for the full year of 2017 indicates that the 12-month rolling conception rate for under-18s in Nottingham decreased slightly between Q3 2017 and Q4 2017 by 3.3%; from 27.4 conceptions per 1000 girls aged 15-17 to 26.5. |
|  | Direct work with young girls in the local community to increase knowledge and reduce unplanned pregnancies | 30 CYPPN members receive training to help them work with young people in community settings.<br><br>Delivery of one to one advice and support to young girls about sexual health | ✓ | ✓ |   |  | NCVS and CYPPN          |  |

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|  | The wider teenage pregnancy workforce is able to access and attend high quality training on teenage pregnancy and sexual health promotion. | NUH / Nottingham CityCare Partnership teenage pregnancy and sexual health training programme delivered to 250 members of the workforce.       | ✓ |   |   |   | School Health Improvement Team |  |
|  | Teenage parents in Nottingham are empowered to make informed decisions on subsequent pregnancies.  | Teenage parents accessing the Family Nurse Partnership had fewer subsequent pregnancies than teenage parents who did not have a Family Nurse. | ✓ | ✓ | ✓ | ✓ | NCC, Strategic Commissioning   |  |

**Theme: More people will have a responsible attitude to alcohol consumption and there will be a reduction in the number of people misusing alcohol**

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| To reduce the number of adults drinking at higher risk levels and to reduce the number of adults binge drinking by introducing systematic and consistent alcohol identification and brief advice (IBA) and by targeting students with effective health promotion messages. | Agree strategic approach to introducing alcohol IBA consistently in health and non-health settings.  | Partners agree an approach that ensures consistent and systematic delivery of alcohol IBA | ✓ |   |   |   | NCC, Public Health<br><br>All Board member organisations | Whilst IBA in GP practices has been decommissioned as a paid for intervention it is an expectancy that alcohol misuse will be considered within GP patient interaction at appropriate stages. Alcohol messages are delivered at fresher's week at both universities by the City's substance misuse services. NCC are supporting and promoting national campaigns such as |
|  | 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.   | ✓ |   |   |   |  |  |
|  | 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                               |   | ✓ | ✓ | ✓ |  |  |

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|  | Agree strategic approach to communicating messages around alcohol harm and misuse to students. | Methods of communicating messages are agreed with key partners. | ✓ |   |   |   |  |  | dry January, Stoptober and National alcohol awareness weeks to communicate safe drinking levels. NUH have been successful in bidding for some capital funding from PHE to develop an alcohol hub in ED to offer early interventions and awareness to those who attend ED with a potential alcohol related condition. |
|  | Ensure the agreed approach is delivered systematically by key partners.                        | Messages are delivered systematically and consistently.         |   | ✓ | ✓ | ✓ |  |  |  |

**Theme: More people will recover from alcohol misuse**

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| To increase the number of people who are drinking at higher risk levels accessing and successfully completing alcohol treatment. | 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  |   | ✓ | ✓ | ✓ | NCC, Public Health<br>All Board members | The City has high quality substance misuse services delivering treatment across a range of areas, the wellbeing hub, Edwin House in-patient detoxification, Michael Varnum House for problematic drinkers. Alongside this Framework Housing Association has had a successful |
|  | 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. | ✓ |   |   |   | CDP, NCC, Public Health                 |  |

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|   |  |  |   |   |   |   |   | capital fund bid from PHE to deliver “housing first” accommodation to street drinkers with primary alcohol problems       |
| <b>Theme: Less people will be a victim of crime or antisocial behaviour linked to alcohol misuse.</b> |  |  |   |   |   |   |   |   |
| 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 | An increase in night-time economy violence has been recorded. This is deemed largely due to crime recording requirements. |
|   | 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 and Crime Commissioner  |   |
|   | Ensure that agreed approach is taken forward and role of licensing in minimising harm is maximised.                    | Approach taken forward and embedded.                                   |   | ✓ | ✓ | ✓ |   |   |
| <b>Theme: Protect children from the harmful effects of smoking</b>                                    |  |  |   |   |   |   |   |   |
| Further develop specialist support for all  | Smoking in pregnancy pathway that extends into early years established and routinely                                   | Reduction in numbers of pregnant smokers<br>Reduction in numbers of    | ✓ | ✓ | ✓ | ✓ | NCC, Environmental Health, Public Health, NUH,  | The recently commissioned pilot smoking cessation service prioritises   |



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| pregnant smokers and their families   | implemented.  | women smoking at six weeks post delivery  |   |   |   |   | maternity, CityCare, New Leaf                                      | pregnant women.  |
| 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 Communications | Nottingham City Council was one of the first local authorities in England to introduce Smokefree playgrounds and primary school gates. The Smokefree Summer initiative introduced in 2015 sees City Council events aimed at children and families routinely promoted as Smokefree. |
|   | Ensure on-going citizen consultation to demonstrate citizen support for extending smokefree outdoor public spaces | Children and family events routinely promoted as smokefree  | ✓ | ✓ | ✓ |   |  |  |
| <b>Theme: Motivate and assist every smoker to quit</b>  |   |   |   |   |   |   |  |  |
| Ensure health and social care and frontline colleagues employed by Health and Wellbeing Board member organisations are routinely referring patients and service users to the stop smoking | 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  | The Smokefree team continues to deliver very brief advice training to Nottingham City's workforce.   |
|   | Very brief advice training incorporated as part of induction for frontline and health and social care staff       | Increase in referrals to stop smoking services  | ✓ | ✓ | ✓ | ✓ |  |  |

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| service.   |   |   |   |   |   |   |               |  |
| All Health and Wellbeing Board member organisations implement up to date and robust smokefree workplace policies       | Policy promoted at all stages of recruitment and as part of colleague induction                   | Reduction in sickness absence and increased workplace productivity  |   | ✓ | ✓ | ✓ | Board members |  |
|  | Staff, service users, patients, visitors and contractors routinely made aware of smokefree Policy | High levels of compliance with smokefree workplace policies<br><br>Increased awareness of smokefree workplace policies                        |   | ✓ | ✓ | ✓ |               |  |
| <b>Theme: Leadership, innovation and development in tobacco control</b>  |   |   |   |   |   |   |               |  |
| 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 | The majority of HWB members have now signed the tobacco control declaration. |
| Health and Wellbeing Board members support and embed Nottingham's tobacco control vision and strategic                 | 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 |  |
|  | Actions targeted at high risk smoking populations including routine and manual workers            |   | ✓ | ✓ | ✓ | ✓ |               |  |

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| priorities within organisational strategies and plans  | Monitor progress of plans and commitments and share results                               |  | ✓ | ✓ | ✓ | ✓ |                    |                               |
| <b>Theme: Diet &amp; Nutrition Strategic Planning</b>  |   |  |   |   |   |   |                    |                               |
| Develop a broad partnership for diet and nutrition across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy | Diet and Nutrition working group formed   | Diet and Nutrition Partnership Strategic Plan in place   | ✓ |   |   |   | NCC, Public Health | Action completed and ongoing. |
|  | POD Strategic group formed  | POD Strategy published   | ✓ |   |   |   | NCC, Public Health |                               |
| <b>Theme: Diet &amp; nutrition in children</b>   |   |  |   |   |   |   |                    |                               |
| Develop local programmes to support mothers to breastfeed for as long as possible in line with the City and County Breastfeeding Framework               | Partners engaged  | Partners have explored development of breastfeeding policies for breastfeeding employees returning to work | ✓ | ✓ |   |   | Board members      | Work ongoing                  |
|  | Action Plan developed   |  | ✓ | ✓ |   |   |                    |                               |
| Influence our early years settings such as schools, childcare and  | Improvement in the number of children's centres using Healthy Children's Centre Standards | Children's centres are using Healthy Children's Centre Standards   | ✓ | ✓ | ✓ | ✓ | NCC, Early Years   | Work in progress              |

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| children's centres to use the 'School Food Standards', the 'Eat Better Do Better' tool, Healthy Children's Centre Standards or equivalent |  |  |   |   |   |   |                                 |   |
| Support our children to get the best nutritional start in life  | Review guidelines to inform commissioning and promotion of Healthy Start                     | All key Early Years professionals are aware of guidelines                                  | ✓ | ✓ |   |   | NCC, Strategic Commissioning    | Completed   |
|   | Findings of review implemented   | Uptake of Healthy Start and Healthy Start Vitamins has improved                            |   |   | ✓ | ✓ |                                 |   |
| Create a positive breastfeeding culture   | Training package developed and delivered   | Training package for Early Years staff has been developed and delivered                    | ✓ | ✓ | ✓ | ✓ | CityCare                        | Awaiting update from CityCare.  |
|   | Referrals to Breastfeeding Peer Support from staff who have received training have increased |  | ✓ | ✓ | ✓ | ✓ | CityCare                        |   |
| <b>Theme: Diet &amp; nutrition in adults</b>  |  |  |   |   |   |   |                                 |   |
| Explore policy and other options for interventions to reduce the impact of fast food outlets on health                                    | Options explored   | Options to increase healthy options in fast food outlets have been explored and considered |   | ✓ |   |   | NCC                             | New policy adopted. The Local Plan no longer includes the control of hot food takeaways near schools, but a range of other policies apply, such as the control of concentrations of such uses within centres. New |
| Reduce access to unhealthy food and   | Lead identified across Health and Wellbeing Board members                                    | Access to unhealthy food has been reduced  | ✓ |   |   |   | NCC, Public Health<br>All Board |   |

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| increase access to healthy food in workplaces and public buildings  | Plans identified across Health and Wellbeing Board members  | Plans agreed and implemented  |   | ✓ |   |   | members                               | policies will be monitored for effectiveness. If required, further policy interventions will be considered, e.g. a Supplementary Planning Document. |
| <b>Theme: Diet &amp; nutrition in vulnerable groups</b>   |   |   |   |   |   |   |                                       |   |
| Ensure all food provided and procured for citizens in our care helps create an environment which makes eating for health an easy option | Healthy eating (or eating for health) element written into contract variation for care establishments | Healthy eating (or eating for health) in care establishments has improved     |   | ✓ |   |   | NCC, Strategy & Commissioning         | Included in NHS CQUIN. Additional progress has been made through the health in all policies initiative.   |
| Ensure our workforce is equipped to deliver brief interventions around diet and nutrition for specific vulnerable groups                | Specific workforce identified<br>Plans and resources identified<br>Training implemented               | Workforce is delivering brief interventions confidently                       | ✓ | ✓ | ✓ | ✓ | All Board members                     | Ongoing through MECC.   |
| Improve knowledge of diet and nutrition in minority ethnic groups   | Complete and distribute findings of the BME Health Needs Assessment (HNA)                             | Options and need for intervention based on BME HNA findings has been explored | ✓ |   |   |   | NCC, Public Health, Strategic Insight | Completed and ongoing through collaboration with the BME Community of Practice.   |
|   | Options for interventions have been considered  |   |   | ✓ |   |   |                                       |   |

| <b>Theme: Physical Activity Strategic Planning</b>  |   |  |   |   |   |   |                              |   |
|---|---|--|---|---|---|---|------------------------------|---|
| Develop a broad partnership for physical activity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy | Physical Activity working group formed                                | Physical Activity Partnership Strategic Plan in place  | ✓ | ✓ |   |   | NCC, Public Health           | Completed and ongoing.  |
|   | POD Strategic group formed  | POD Strategy published   | ✓ | ✓ |   |   | NCC, Public Health           |   |
| <b>Theme: Physical activity in children</b>   |   |  |   |   |   |   |                              |   |
| Develop physical activity in commissioned children's services   | Services which can include promoting physical activity are identified | Service specifications include promoting physical activity<br>Physical activity is incorporated into the service model |   | ✓ | ✓ | ✓ | NCC, Strategic Commissioning | Element removed from service specification in 2018 as part of funding reductions.   |
| 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   | ✓ | ✓ | ✓ | ✓ | NCC, Early Years             |   |
|   | Sherriff's Challenge and Daily Mile are launched within schools       | Schools are delivering these initiatives   | ✓ | ✓ |   |   | NCC, School Sports.          | The Sheriff's Challenge TriAquathon is being launched in June.<br>Children will be running, cycling and swimming in the water at Harvey Hadden Sports Complex on 19 <sup>th</sup> June. |
| <b>Theme: Physical activity in adults</b>   |   |  |   |   |   |   |                              |   |

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| 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)<br><br>Board members | NCVS coordinates the Disability Inclusion Sport Participation Project (DISPP) in partnership with Nottingham City Council which activates people into physical activity and brings together organisations which work in disability sport through a network. |
|  | 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 | ✓ | ✓ | ✓ | ✓ |  |   |
| 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                        | Ongoing.  |
| Develop pathways into broader physical activity from commissioned weight management pathways       | Service specification written  | Function described in service specification                          | ✓ |   |   |   | NCC, Public Health, Strategic Insight      | A new dual element weight management offer has been commissioned. This includes a digital app and a commercial weight management  |
|  | Service commissioned   | Function operating in commissioned service                           |   | ✓ | ✓ | ✓ |  |   |

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| <b>Theme: Physical activity in vulnerable groups</b>   |   |   |   |   |   |   |   |   |
| Ensure the workforce is equipped to deliver brief interventions around physical activity for specific vulnerable groups              | Specific workforce identified   | Workforce delivering brief interventions confidently                      | ✓ |   |   |   | NCC, Public Health, Strategic Insight                 | Ongoing through workforce training.   |
|  | Plans and resources identified  |   |   | ✓ |   |   |   |   |
|  | Training implemented  |   |   |   | ✓ | ✓ |   |   |
| Develop physical activity in care settings   | Physical activity included in contracts with care providers   | Improved level of physical activity in care settings                      |   | ✓ | ✓ | ✓ | NCC, Strategy & Commissioning                         | Completed in NCC contracts.   |
| Develop the use physical activity as part of a care pathways to improve care and treatment of long term conditions and prevent falls | Pathways identified   | Increase in pathways with physical activity specified                     |   | ✓ | ✓ | ✓ | CityCare CCG<br>NCC, Public Health, Strategic Insight | Ongoing through the Greater Nottingham Falls and Bone Health Oversight Group. |
|  | Physical modality identified  | Increase in clients with physical activity included as part of their care |   | ✓ | ✓ | ✓ |   |   |
|  | Physical activity included in pathways  |   |   | ✓ | ✓ | ✓ |   |   |
| Increase the availability of disability specific sport and physical activity projects in the city                                    | Successful launch of the Get Out Get Active (GOGA) programme and the Disability Sport Insight and Participation Project | Success against GOGA and Insight Project action plans and outcomes        | ✓ | ✓ | ✓ |   | NCC Sport & Leisure                                   | GOGA Nottingham is one of the most successful locations in the country.       |
| Work with  | CYPPN and VAPN members  | Increased awareness   | ✓ | ✓ | ✓ | ✓ | NCVS,   | Through the   |



|   |  |  |   |   |   |   |                                   |  |
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| the Community Voluntary Sector to ensure physical activity is promoted in community settings through community groups and organisations                                   | and their clients engaged in physical activity   | raising of benefits of physical activity and events happening in 3 <sup>rd</sup> sector.                             |   |   |   |   | CYPPN & VAPN, NCC Sport & Leisure | CYPPN and VAPN meetings and email updates, information, resources, models of best practice and training information is regularly provided. |
|   | Mechanism for engagement and delivery identified and developed   |  | ✓ | ✓ | ✓ | ✓ |                                   |  |
| <b>Theme: Healthy Weight Strategic Planning</b>   |  |  |   |   |   |   |                                   |  |
| Develop a broad partnership for physical activity, diet and obesity across the Health and Wellbeing Board as part of a Physical Activity, Obesity and Diet (POD) Strategy | Physical Activity, Diet and Obesity/pathways working group formed  | Physical Activity Partnership Strategic Plan in place  | ✓ | ✓ |   |   | NCC, Public Health                | Completed and ongoing.   |
|   | POD Strategic group formed   | POD Strategy published   | ✓ | ✓ |   |   | NCC, Public Health                |  |
| <b>Theme: Healthy weight in children</b>  |  |  |   |   |   |   |                                   |  |
| Improve skills and support given to children and families in  | Commissioning a health visitor service which includes brief intervention around healthy weight as part of service spec | Health visitors and early years practitioners able to signpost and deliver brief interventions around healthy weight | ✓ | ✓ |   |   | NCC, Strategic Commissioning      | Element removed from service specification in 2018 as part of funding  |

|  |  |   |   |   |   |  |   |   |
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| early years settings.  |  |   |   |   |   |  |   | reductions.   |
|  | All partners ensure their workforce that comes into contact with early years know and understand the routes into the childhood obesity pathway |   | ✓ | ✓ |   |  |   | Board members<br>Information disseminated through the Physical Activity, Obesity and Diet virtual network.                              |
| <b>Theme: Healthy weight in adults</b>                                   |  |   |   |   |   |  |   |   |
| Commission an effective weight management service and pathway for adults | Pathway developed  | Pathway accessed by appropriate citizens in need of support | ✓ | ✓ |   |  | CCG<br>NCC, Public Health,<br>Strategic Insight | A new dual element weight management offer has been commissioned. This includes a digital app and a commercial weight management offer. |
|  | Service procured   |   | ✓ | ✓ |   |  |   |   |
|  | Services(s) operational  | Agreed weight management outcomes achieved                  |   | ✓ |   |  |   |   |
|  | Partners referring to service  |   |   | ✓ | ✓ |  |   |   |

|  |  |   |   |   |   |   |  |                                     |
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| <b>Theme: Healthy weight in vulnerable groups</b>  |  |   |   |   |   |   |  |                                     |
| Ensure our workforce is equipped to deliver brief intervention around healthy weight to specified groups | Specific workforce identified                                      | Workforce delivering brief interventions confidently        | ✓ |   |   |   | NCC, Public Health,<br>Strategic Insight | Ongoing through workforce training. |
|  | Plans and resources identified                                     |   |   | ✓ |   |   |  |                                     |
|  | Training implemented   |   |   |   | ✓ | ✓ |  |                                     |
| Ensure groups at high risk of  | Priority groups set in service specifications as identified in EIA | Pathway accessed by appropriate citizens in need of support | ✓ | ✓ |   |   | CCG<br>NCC, Public Health,               |                                     |

|  |  |  |   |   |  |  |                   |   |
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| obesity can access the weight management pathway | Service working with partners to ensure accessibility from priority groups | Agreed weight management outcomes achieved | ✓ | ✓ |  |  | Strategic Insight | The weight management offer prioritises at-risk citizens. |
|--|--|--|---|---|--|--|-------------------|---|