Nottinghamshire County Public Health Services
Performance Report

Nottinghamshire County Council

Number	Quality standard
YTD 80% or higher of expected	Standard met or exceeded
YTD less than 80% of expected	Standard not met

Quarter 4 2017/18

Service Name	Indicator or Quality Standard	2016/17 final figures for comparison	Annual plan 2017/18	Q1	Q2	Q3	Q4	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	33,140	32,874	7,705	9,160	5,926	5,749	28,540
	No. of patients offered who have received health checks	20,727	21,697	4,076	4,956	4,992	5,041	19,065
Integrated Sexual Health Services	**Total number of filled appointments**							
	Sherwood Forest Hospital NHS Trust	23,543	23,543	6,111	5,906	5,650	5,714	23,381
	Nottingham University Hospital NHS Trust	15,387	15,387	3,854	4,352	4,114	3,897	16,217
	Doncaster and Bassetlaw Hospitals NHS Trust	9,486	9,486	2,062	1,976	1,958	2,134	8,130
	Total	**48,416**	**48,416**	**12,027**	**12,234**	**11,722**	**11,745**	**47,728**
	Quality Standard 60 % of new service users accepting a HIV test							
	Sherwood Forest Hospital NHS Trust	52%	>60%	37%	31%	53%	52%	39%
	Nottingham University Hospital NHS Trust	82%	>60%	62%	68%	65%	69%	66%
	Doncaster and Bassetlaw Hospitals NHS Trust	43%	>60%	62%	55%	46%	50%	53%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test							
	Sherwood Forest Hospital NHS Trust	47%	>75%	49%	67%	71%	78%	66%
	Nottingham University Hospital NHS Trust	61%	>75%	72%	71%	67%	69%	70%
	Doncaster and Bassetlaw Hospitals NHS Trust	76%	>75%	69%	69%	64%	63%	66%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC							
	Sherwood Forest Hospital NHS Trust	46%	>30%	49%	48%	46%	47%	47%
	Nottingham University Hospital NHS Trust	35%	>30%	38%	41%	38%	37%	38%
	Doncaster and Bassetlaw Hospitals NHS Trust	45%	>30%	52%	48%	49%	48%	49%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,517	1,500	313	318	370	296	1,297
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	2,498	2,000	748	488	533	428	2,197
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	998	_	231	237	196	240	904
	Number of unplanned exits	748	-	160	286	157	148	751
	Number of service users in the service (last day of quarter) Including transferred in	16,277	10,394	13,830	15,884	10,382	12,445	Rolling
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	No data available	300	85	65	84	58	292
	Quality standard 80% Planned exit from treatment	98%	80%	97%	100%	99%	99%	98%
Smoking Cessation	Number of people setting a quit date	4869	-	975	882	1094	778	3729
	% actually quit - Russell standard	57%	>40%	55%	55%	60%	71%	60%
	Pregnant Smokers who successfully quit	100	500	18	16	21	19	74
	Under 18 Smokers who successfully quit	89	200	9	2	12	19	42
	Routine and Manual Workers	770	1,500	173	124	193	158	648
	All other smokers who successfully quit	1,832	2,800	333	347	435	353	1,468
	Total	**2,791**	**5,000**	**533**	**489**	**661**	**549**	**2,232**
Illicit Tobacco Services	Number of inspections	30	75	30	49	28	17	124
	Number of Seizures	New target 17/18	37	18	11	12	4	45
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	933	738	227	302	307	222	1,058
	Number of children supported	135	206	23	23	14	27	87
	Maternity	26	114	4	4	12	23	43
	Post Bariatric	60	73	14	15	14	23	66
Domestic Abuse Services	No of adults supported	1,940	2,188	458	461	466	496	1,881
	No of children, young people & teenagers supported	514	678	132	109	121	148	510
Seasonal Mortality	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	298	259	94	63	138	96	391
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	156	187	50	110	95	64	319
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	7,128	7,128	2,150	2,057	1,994	1,996	8,197
	Number of emergency parcels provided	5,445	5,445	1,572	1,601	1,547	1,780	6,500
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	New contract	95%	86%	85%	86%	83%	85%
	Percentage of 6-8 week reviews completed	New contract	95%	90%	86%	89%	84%	87%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	New contract	95%	82%	85%	86%	91%	86%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	New contract	95%	77%	80%	78%	79%	78%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	476	200	15	59	109	53	236
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	211	100	95	61	57	44	257

Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	**NHS Health Checks**	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	**Integrated Sexual Health Services**	Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males. A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.5 Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were: • Chlamydia (47%), • Genital warts (17%). • Genital herpes (7%), • Gonorrhoea (7%). Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. www.fsrh.org www.bashh.org. The ISHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire: • A reduction in under 18 conceptions • Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds) • A reduction in people presenting with HIV at a late stage of infection. In addition, the service will deliver against the following overarching outcomes to improve sexual health: • Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health • Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions • Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health • Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk • A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000 • An increase in the number of people accessing HIV screening, particularly from those groups most at risk • A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV • Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups • Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM • Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire • A reduction in unintended pregnancies in all ages • Increased quality standards across Nottinghamshire and Bassetlaw.
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	**Young Peoples Sexual Health Service - C Card**	Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.
1.05	16-18 year olds not in education employment or training	**Alcohol and Drug Misuse Services**	Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement. Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	**Young People's Substance Misuse Service**	Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need
2.03	Smoking status at time of delivery (maternity)	**Tobacco Control and Smoking Cessation**	Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s). To reflect the model 3 themes will be used to provide context; • Stopping smoking • Preventing the uptake of smoking • Reducing harm from tobacco use
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	**Illicit Tobacco Services**	Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county
1.16	Utilisation of outdoor space for exercise/health reasons	**Obesity Prevention and Wight Management (OPWM)**	Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	**Domestic Abuse Services**	This service aims to reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.
4.15	Excess winter deaths	**Seasonal Mortality**	In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report16. 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. The Health Housing Contract will maintain and improve the health of citizens in Nottingham City and Nottinghamshire, by facilitating insulation, heating improvements and preventative adaptations and giving advice to help reduce fuel poverty in the homes of citizens over 60 and to a lesser extent (up to 10% of the total), families with children under 5 and pregnant women
1.18	Social isolation	**Social Exclusion**	Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an "under the same roof" and "one-stop" model.
1.01	Children in low income families	**Public Health Services for Children and Young People aged 0-19**	The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: • help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	**Oral Health Promotion Services**	In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from 'Local authorities improving oral health: commissioning better oral health for children and young people' and NICE guidelines.

Making the economic case for prevention

Posted by: John Newton and Brian Ferguson, Posted on: 6 September 2017

It is widely acknowledged that poor lifestyle behaviors as well as wider determinants of health place a significant burden on public finances now and in the future, and the evidence shows that a large number of prevention programmes represent value for money. Therefore there is a strong economic case for greater action.

For example, our work shows that moving a person from unemployment into employment would save £12,035 per person over a one-year period.

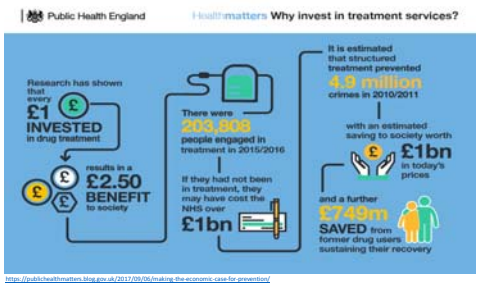
Another example we can use to make the economic case is analysis of a 'targeted supervised tooth brushing programme'. This initiative provides a return of £3.06 for every £1 invested after 5 years and £3.66 after 10 years. On this occasion we are taking into account NHS savings, increased earnings for the local economy and improved productivity.

There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and QALYs are considered. When omitting the health effects (measured by QALYs), there is still a saving of £1.90 for every £1 spent.

Every £1 spent on drug treatment services saves society around £2.50 in reduced NHS and social care costs and reduced crime in the short-term (85% due to reductions in offending).

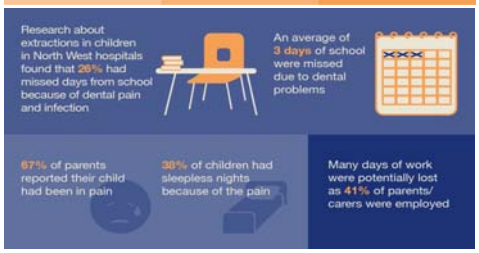
And as we recently flagged as part of a suite of mental health resources, initiatives which prevent mental health problems can yield a good return on investment. We looked at interventions such as school-based resilience programmes, workplace stress programmes and support for people in debt.

Drug treatment not only saves lives, it provides value for money to local areas:



https://publichealthmatters.blog.gov.uk/2017/09/06/making-the-economic-case-for-prevention/

Oral Health



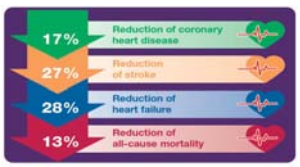
Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.
From a business perspective it may be summarised as the net social and environmental benefits (and value) generated by an organisation to society through its corporate and community activities reported either as financial or non-financial (or both) performance.

Useful links:

https://www.nice.org.uk/media/default/About/what-we-do/NICE-guidance/NICE-guidelines/Public-health-guidelines/Additional-publications/Cost-impact-proof-of-concept.pdf

It is estimated that up to 80% of premature deaths from CVD can be prevented through better public health. All current blood pressure guidelines agree that support for behaviour change to address modifiable risk factors (smoking, alcohol, inactivity, obesity and poor diet) should be the first step in preventing high blood pressure.

There is robust evidence that taking action to lower blood pressure can reduce the risk it poses to health. A major systematic review found that in the populations studied, every 10mmHg reduction in blood pressure resulted in the following reductions.



https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672554/Tackling_high_blood_pressure_an_update.pdf

The Local Cost of Tobacco

ash action on smoking and health
nquiries@ash.org.uk

ASH Ready Reckoner Dec 2015 Update

LeLan
enquiries@lelan.co.u

v5.7 (30 Jan 2017)

The ASH "Ready Reckoner" has been updated for 2016.

The new estimates have been revised to include up-to-date smoking prevalence figures (2014) and to ensure the tool more closely reflects estimates in v4 of the NICE Return on Investment model (due to be published in early 2016). The estimates of costs due to smoking-related fires and the costs of smoking to the social care sector remain the same.

The methodology for modelling smoking prevalence at ward level has been revised to better reflect local trends, with the intention of refining estimates of the cost of smoking to wards.

← **Note: the Social Care costs have been updated to relfect the publication of "The Cost of Smoking to the Social Care System in England" report in January 2017. All other figures remain the same, pending the release of the new ASH Ready Reckoner in early**

CCG geography Full geography
(Press delete to clear a level)

Region: East Midlands
County / UA: Nottinghamshire
District:

Est. smoking population in Nottinghamshire: 111,496

of 17.5%

"Integrated Household Survey 2014
(confidence range: 15.5%-19.4%)
This suggests a moderate level of certainty around the prevalence estimate.

Each year in Nottinghamshire
we estimate that smoking costs society appox.
£207.1m
That's £1,858 per smoker per year

This total cost is disaggregated below.
To view charts of the breakdown, click here

Every year in Nottinghamshire, early deaths due to smoking result in 3,169 years' of lost productivity.
This costs the county's economy approx. £53.0m

It is estimated that smoking breaks cost businesses in Nottinghamshire a further
£86.2m annually

Local businesses in Nottinghamshire also lose approx. 154,198 days of productivity every year due to smoking-related sick days. This costs about
£13.8m

The total annual cost to the NHS across Nottinghamshire is about
£30.2m
£28.6m is as a direct result of treating smoking-related ill health
£1.6m is due to treating the effects of passive smoking in non-smokers.

Current and ex-smokers who require care in later life as a result of smoking-related illnesses cost society an additional £21.4m each year across Nottinghamshire.*
This represents £11.7m in costs to local authorities and
£9.7m in costs to individuals who self-fund their care

*Please see the note at the top of the page.

Smoking materials are a major contributor to accidental fires in Nottinghamshire. Each year there are about 29 smoking-related fires in the county, resulting in around 0.9 deaths.
This impacts on the county's economy to the sum of approx. £2.7m every year.
This represents an average of:
£1.6m due to deaths;
£643.6k due to injuries; and
£434.3k due to the non-human cost of smoking-related fires.

The majority of cigarette filters are non-biodegradable and must be disposed of in landfill sites. In Nottinghamshire around 445m filtered cigarettes (incl filtered roll-ups) are smoked each year, resulting in approx.
76 tonnes of waste annually.
Of this, more than 17 tonnes of cigarette waste is discarded as street litter that must be collected by local government street cleaning services.

In 2014/15, smokers in Nottinghamshire paid approx. £111.2m in duty on tobacco products. Despite this contribution to the Exchequer, tobacco still costs the local economy in Nottinghamshire roughly twice as much as the duty raised. This results in a shortfall of about £95.9m each year.

Data analysed, compiled and presented by LeLan Solutions
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