

Nottinghamshire County Public Health Services Performance Report



Number	Quality standard
YTD 95% or higher of expected	Standard met or exceeded
YTD less than 95% of expected	Standard not met

Quarter 1 2017/18

Service Name	Indicator or Quality Standard	2016/17 Q1 figures for comparison	Annual plan 2017/18	Plan for this quarter	Actual this quarter	Actual YTD	Forecasted out turn year end
NHS Health Checks	No. of eligible patients who have been offered health checks	8,539	54,309	13,577	7,705	7,705	30,820
	No. of patients offered who have received health checks	5,299	34,215	8,554	4,076	4,076	16,304
	No. of patients who have been identified as high risk and referred to other services as a result of a health check	291			160	160	
Integrated Sexual Health Services	Total number of filled appointments						
	Sherwood Forrest Hospital NHS Trust	5,763	23,543	5,886	6,111	6,111	24,444
	Nottingham University Hospital NHS Trust	3,497	15,387	3,847	3,851	3,851	15,404
	Doncaster and Bassetlaw Hospitals NHS Trust	2,431	9,486	2,372	2,062	2,062	8,248
	Total	11,691	48,416	12,104	12,024	12,024	48,096
	Quality Standard 60 % of new service users accepting a HIV test						
	Sherwood Forest Hospital NHS Trust	No data available	>60%	>60%	No data available	-	No data available
	Nottingham University Hospital NHS Trust	53%	>60%	>60%	62%	62%	>60%
	Doncaster and Bassetlaw Hospitals NHS Trust	65%	>60%	>60%	62%	62%	>60%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test						
	Sherwood Forrest Hospital NHS Trust	56%	>75%	>75%	49%	49%	<75%
	Nottingham University Hospital NHS Trust	74%	>75%	>75%	72%	72%	<75%
	Doncaster and Bassetlaw Hospitals NHS Trust	68%	>75%	>75%	100%	100%	>75%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC						
	Sherwood Forrest Hospital NHS Trust	49%	>30%	>30%	49%	49%	>30%
	Nottingham University Hospital NHS Trust	32%	>30%	>30%	38%	38%	>30%
	Doncaster and Bassetlaw Hospitals NHS Trust	42%	>30%	>30%	52%	52%	>30%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	542	2,200	550	273	273	1,092
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	9	2,000	500	512	512	2,048
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	150	642	161	231	231	924
	Number of unplanned exits	n/a	-	-	160	160	-
	Number of service users in the service (last day of quarter)	8,944	10,394	Rolling	9,734	Rolling	10,647
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	No data available	300	75	86	86	344
	Quality standard 80% Planned exit from treatment	80%	80%	80%	74%	74%	<80%
Tobacco Control and Smoking Cessation	Pregnant Smokers who successfully quit	31	500	125	16	16	100
	Under 18 Smokers who successfully quit	17	200	50	10	10	100
	All other smokers who successfully quit	539	4,300	1,075	470	470	3,000
Illicit Tobacco Services	Number of inspections	Increase on 16/17	30	11	29	29	60
	Number of seizures				18	18	-
Obesity Prevention and Wight Management (OPWM)	Number of adults supported	361	660	165	222	222	800
	Number of children supported	32	208	52	23	23	104
	Maternity	5	104	26	4	4	50
	Post Bariatric	5	60	15	14	14	60
Domestic Abuse Services	No of adults supported	572	1,940	485	458	458	1,940
	No of children, young people & teenagers supported	114	514	129	132	132	514
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	30	259	68	94	94	376
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	19	187	47	50	50	200
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	2,042	7,128	1,782	2,150	2,150	8,600
	Number of emergency parcels provided	1,294	5,445	1,361	1,572	1,572	6,288
Public Health Services for Children and Young People aged 0-19	Quality Standard 75% of mothers receiving antenatal visit from 28 weeks gestation	New contract	75%	75%	52%	52%	<75%
	Quality standard 95% of children receiving a health & development review who reach 2.5 years	New contract	95%	95%	77%	77%	<95%
	Quality standard 95% of reviews undertaken with children by end of Year 1	New contract	95%	95%	82%	82%	<95%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	36	200	50	15	15	200
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	26	100	25	95	95	100
Children's Centres	Quality standard 65% of the under 5 population seen at least once	65%	65%	65%	65%	100%	>65%
	Quality standard 70% of 1:1 support that demonstrates improved outcomes in parents meeting the emotional needs of their child(ren)	70%	70%	70%	99%	99%	>70%
Supporting People: Homelessness Support	Total Number of Individual Service Users Receiving Support	317	1,392	348	328	328	1,312
	People moving on in a planned way	68	300	75	70	70	280
Mental Health	Numbers of Clients with improvement in WEMWBS scores	Increase over year	Currently baselining	Currently baselining	36	Currently baselining	-
Reduction in statutory homelessness	Number of clients entered the service by quarter	No data available from last year	Currently baselining	Currently baselining	162	Currently baselining	-
	Quality standard 80% of new clients completing WEMWBS on entry in to the service	>80%	>80%	>80%	62%	62%	<80%
	Quality standard 80% of new clients completing WEMWBS on exit from the service	>80%	>80%	>80%	32%	32%	<80%

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	<p>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</p>
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	<p>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.</p> <p>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</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none"> • Chlamydia (47%), • Genital warts (17%), • Genital herpes (7%), • Gonorrhoea (7%). <p>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.fhri.org www.bashh.org. The IHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none"> • 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. <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> • 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	<p>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.</p>
1.05	16-18 year olds not in education employment or training	Alcohol and Drug Misuse Services	<p>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.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>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.</p>
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	<p>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</p>
2.03	Smoking status at time of delivery (maternity)	Tobacco Control and Smoking Cessation	<p>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).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none"> • 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	<p>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</p>
1.16	Utilisation of outdoor space for exercise/health reasons	Obesity Prevention and Wight Management (OPWM)	<p>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.</p>
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	<p>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.</p>
4.15	Excess winter deaths	Seasonal Mortality	<p>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 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</p>
1.18	Social isolation	Social Exclusion	<p>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.</p>
1.01	Children in low income families	Public Health Services for Children and Young People aged 0-19	<p>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'</p>
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	<p>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.</p>
2.05	Child development at 2-2½ years	Children's Centres	<p>Children's Centres play a key role in early intervention and are a vital source of support for young children and their families... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development</p>
1.15	Statutory homelessness	Supporting People: Homelessness Support	<p>The aims of this service are:</p> <ul style="list-style-type: none"> - To address homelessness, support people back to independence and prevent repeat homelessness - To reduce the adverse effects of homelessness on individual and population health and wellbeing - To improve the health and wellbeing of homeless service users - To promote social inclusion
4.09	Excess under 75 mortality rate in adults with serious mental illness	Mental Health	<p>The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems</p>
1.15	Statutory homelessness	Reduction in statutory homelessness	<p>The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working</p>

Public Health England National and Local Data

Health Check

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Percentage of NHS Health Checks offered to the total eligible population in the quarter	2016/17 Q4	4.3	3.9*	3.9	3.9	2.3	5.0	4.9	4.4	1.6	3.0	3.5
Percentage of NHS Health Checks received by the total eligible population in the quarter	2016/17 Q4	2.4	2.3*	1.7	2.1	2.3	2.0	3.5	2.3	0.8	2.0	2.4
Percentage of NHS Health Checks offered which were taken up in the quarter	2016/17 Q4	55.0	57.5*	43.2	53.2	100.0	39.3	71.9	53.2	53.7	66.5	68.5
People invited for an NHS Health Check	2013/14 Q1 - 2016/17 Q4	74.1	71.2*	60.0	68.1	64.6	100*	81.0	65.7	46.5	58.1	68.8
People receiving an NHS Health Check	2013/14 Q1 - 2016/17 Q4	36.2	39.0*	28.2	36.6	64.6	43.2	48.4	34.2	22.7	33.1	48.1
People taking up an NHS Health Check invite	2013/14 Q1 - 2016/17 Q4	48.9	54.8*	47.0	53.8	100.0	43.1	59.7	51.3	48.9	56.0	53.6
People invited for an NHS Health Check per year	2016/17	17.0	15.5*	14.0	14.8	8.7	17.3	18.5	20.0	8.1	13.1	18.8
People receiving an NHS Health Check per year	2016/17	8.5	9.0*	6.2	8.0	8.7	8.2	12.6	11.0	3.9	8.2	11.4
People taking up an NHS Health Check invite per year	2016/17	49.9	59.1*	44.4	54.0	100.0	47.3	67.9	55.2	48.1	62.5	60.7
2.12 - Excess weight in Adults	2013 - 15	64.8	68.8	66.0	68.3	62.7	64.7	69.8	67.3	62.4	67.6	67.3
2.13ii - Percentage of physically active and inactive adults - inactive adults	2015	28.7	28.7	27.8	29.5	33.9	28.0	30.2	27.8	33.3	28.1	26.3
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2013 - 15	48.1	50.5	67.1	49.5	77.8	40.3	54.8	48.8	70.7	44.2	34.4
4.05ii - Under 75 mortality rate from cancer considered preventable (Persons)	2013 - 15	81.1	80.5	86.7	83.0	90.0	66.9	77.1	80.3	104.6	84.5	84.5

Alcohol and Drug Misuse

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
10.01 - Admission episodes for alcohol-related conditions (Narrow)	2015/16	647	689	844	713	753	592	582	882	1000	693	568
9.01 - Admission episodes for alcohol-related conditions (Broad)	2015/16	2179	3085	2311	2126	2846	1799	1761	2030	3002	2190	1570
6.02 - Admission episodes for alcohol-specific conditions	2015/16	583	512	762	672	734	382	350	428	889	506	315
5.02 - Admission episodes for alcohol-specific conditions - Under 18s	2013/14 - 15/16	37.4	34.5	33.7	48.5	*	20.2	30.6	40.0	40.6	38.0	*
4.01 - Alcohol-related mortality	2015	46.1	47.8	54.6	52.7	55.6	43.2	43.4	42.4	65.4	47.7	*
2.01 - Alcohol-specific mortality	2013 - 15	11.5	11.6	19.8	12.1	18.3	10.2	6.6	10.4	18.9	11.2	*
2.15i - Successful completion of drug treatment - opiate users	2015	6.7	6.7	7.8	6.4	7.1	6.8*	7.6	8.3	6.3	5.4	*
2.15ii - Successful completion of drug treatment - non-opiate users	2015	37.3	35.8	33.9	37.5	34.6	40.5*	41.3	29.8	44.1	28.5	*
People who inject drugs	2011/12	2.49*	2.62*	4.89*	2.71*	2.72*	0.96*	2.48*	1.99*	3.53*	3.58*	0.26*
Estimates of use of opiates and/or crack cocaine	2011/12	8.4	8.1	14.5	7.4	12.6	4.4	8.8	8.8	12.1	8.7	1.9
1.13i - Re-offending levels - percentage of offenders who re-offend	2014	25.4	25.1	29.4	24.2	26.2	20.7	24.5	23.7	28.6	24.9	20.0
1.13ii - Re-offending levels - average number of re-offences per offender	2014	0.82	0.81	1.02	0.75	0.88	0.62	0.80	0.72	0.99	0.78	0.60
1.13iii - First time offenders	2015	242.4	236.5	314.5	167.5	292.3	140.0	239.9	293.3	333.2	221.2	105.2

Sexual Health

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Syphilis diagnostic rate / 100,000	2016	10.6	5.0	5.1	5.4	6.7	3.4	2.4	4.6	25.7	4.2	21.0
Gonorrhoea diagnostic rate / 100,000	2016	64.9	38.2	62.9	26.1	54.0	32.0	23.1	44.8	83.7	30.7	36.8
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02)	2016	1882	1820	1746	1607	1711	1942	1993	2004	2168	1423	1402
Chlamydia proportion aged 15-24 screened	2016	20.7	19.1	15.3	15.9	16.7	21.3	22.6	20.9	23.4	13.8	16.0
New STI diagnoses (exc chlamydia aged <25) / 100,000	2016	765	555	728	437	649	506	428	660	833	518	568
HIV testing coverage, total (%)	2016	67.7	60.6	74.6	55.9	48.7	57.9	65.7	70.7	74.0	54.8	70.3
HIV late diagnosis (%) (PHOF indicator 3.04)	2013 - 15	40.1	46.5	38.0	50.8	59.0	43.1	39.1	49.3	40.8	37.5	*
New HIV diagnosis rate / 100,000 aged 15+	2015	12.1	5.7	7.8	3.2	16.9	3.2	3.2	8.9	6.8	4.0	6.2
HIV diagnosed prevalence rate / 1,000 aged 15-59	2015	2.26	1.42	2.14	0.68	3.82	0.78	0.70	2.08	2.91	0.73	0.53
Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) (PHOF indicator 3.03iii)	2015/16	87.0	87.3	88.7	80.4	72.5	95.7	85.7	90.0	87.7	91.8	86.6
Under 25s repeat abortions (%)	2015	26.5	23.7	21.4	23.0	25.3	22.7	20.0	28.4	23.3	25.7	11.1
Abortions under 10 weeks (%)	2015	80.3	73.4	71.6	71.1	69.7	75.5	71.6	77.5	67.5	77.0	85.2
Total prescribed LARC excluding injections rate / 1,000	2015	48.2	54.8	56.9	66.1	32.6	43.8	61.4	63.1	53.4	52.1	62.7
Under 19s conception rate / 1,000 (PHOF indicator 2.04)	2015	20.8	20.2	26.9	15.4	26.2	16.3	19.7	21.7	31.2	20.3	5.7
Under 19s conceptions leading to abortion (%)	2015	51.2	43.3	40.9	40.3	39.2	58.4	39.9	48.9	39.5	36.1	80.0
Sexual offences rate / 1,000 (PHOF indicator 1.12ii)	2015/16	1.7	1.6	2.2	1.2	1.9	1.0	1.5	2.1	2.6	1.4	1.1

Tobacco Control and Smoking Cessation

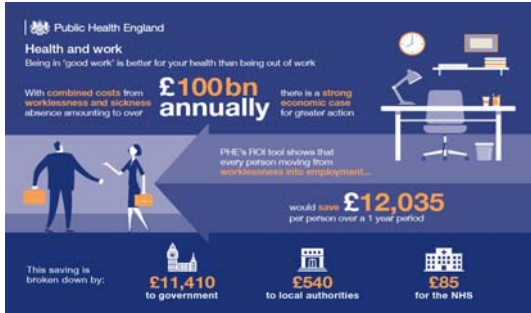
Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Smoking Prevalence in adults - current smokers (APS)	2016	15.5	16.1	17.8	13.9	17.0	13.5	17.7	16.3	21.5	15.7	12.3
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2016	26.5	25.7	27.8	23.3	22.9	22.5	27.2	26.3	31.3	26.3	26.2
Smoking prevalence age 15 years - regular smokers (SDD survey)	2014	8	-	-	-	-	-	-	-	-	-	-
Smoking prevalence age 15 years - occasional smokers (SDD survey)	2014	5	-	-	-	-	-	-	-	-	-	-
Successful quitters at 4 weeks	2015/16	2598	2304	2871	1123	3565	2804	2507	1800	2903	2170	5133
Smoking status at time of delivery	2015/16	10.6*	13.7*	14.2	14.2	11.4	10.0*	*	13.9	18.7	14.5	*
Smoking attributable mortality	2013 - 15	283.5	285.4	305.3	291.0	328.0	239.3	280.2	280.5	401.1	288.3	192.5
Smoking attributable hospital admissions	2015/16	1728	1759	1844	1802	1992	1617	1648	1804	2548	1754	1188

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.

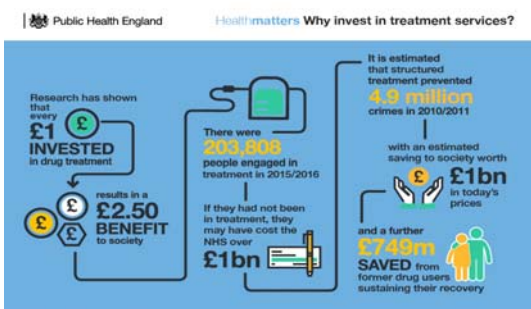
There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and QALYs are considered. When omitting the health effects (measured by QALYs), there is still a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

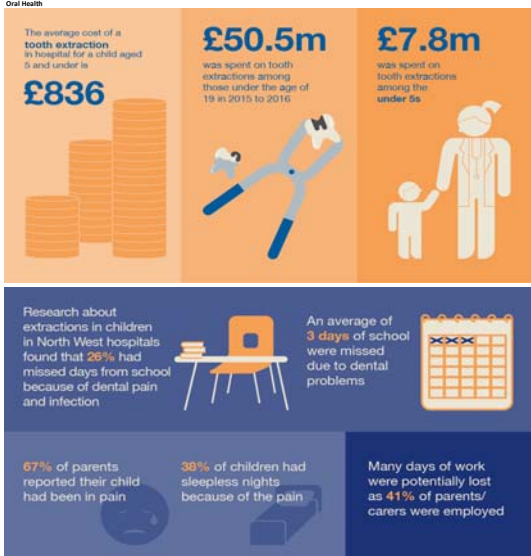


Drug treatment not only saves lives, it provides value for money to local areas:



<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 guideline/Additional-publication/Cost impact proof-of-concept.pdf>