

Appendix 2: Action plan for PHOF indicators of concern, where Public Health has influence over outcomes

Identified PHOF Indicator	Previous PHOF Status compared to England, plus trend direction	Targets (where applicable)	Report lead	Actions undertaken / progress in Q1 2018/19	Actions undertaken / progress report for Q2 2018/19	Forward plan of planned actions 2018/19 (updated at end Q2)
3.02 Chlamydia detection rate, 15-24 year olds	WORSE/ Improving	Included in Service Plan. Base target: reverse downward trend Stretch target: move towards national average. Baselines: 1423 (2016) Notts rate 1882 (2016) England rate 1820 (2016) East Midland rate. 2017: Q2 1632.07 Q3 1712.99 Q4 1762.45 2018 Q1 1789.43	Gill Oliver	The current detection for Q1 of 2018 is 1789.43, and has been increasing steadily over the last 12 months (while the England average has been dropping). An online chlamydia testing service has been commissioned to increase access (started November 2017). Quality Assurance visits with service providers are focusing on chlamydia and HIV testing.	The current detection rate for Q2 is 1987.2 which is higher than the East Midland and England rate for the quarter. There has been an increase in the number of online tests and tests classified as 'other'. This 'other' classification captures a variety of testing sites such as outreach, internet and community. Over 300 Smartkits that were ordered for the youth service are being reassigned to sexual health promotion teams. Pharmacies that have high Emergency Hormone Contraception activity are being invited to express interest in taking part in a chlamydia testing pilot project. Quality Assurance visits with service providers are focusing on chlamydia and HIV testing.	Scoping potential pilot projects of increased chlamydia testing with the Emergency Hormone contraceptive contract Work with service providers to increase the offer and uptake of testing Working with Healthy Families Partnership to make it easier to offer and provide chlamydia tests Attend chlamydia pathway training Work with service providers to increase the offer and uptake of testing
1.02 School readiness	WORSE/ Improving	Included in Service Plan. Target: increase proportion of children aged 2 – 2 ½ offered ASQ -3. Baseline: 77.8%	Kerrie Adams	Review of the evidence of 1001 days /support for school readiness to support targeted work Ongoing discussions at HFP contract meeting/service review to increase uptake of 2 year review Review of performance in relation to integrated 2 year review with early years settings Development of 'ready for school' guidance booklet for parents in partnership with CFCS and NHFT Scoping of target audience to receive a 3 year targeted review from HFT's to support school readiness Review and re-model perinatal mental health care pathway with key stakeholders to ensure early identification and management of issues.	Review of 1001 days evidence complete and shared with Early Years attainment group. Slight increase seen in uptake for Q1. Notts in line with regional data .Integrated 2 year review data explored at QCRM. Performance is reflective of the % of children not achieving good level of development in ASQ3 . Ready for school booklet complete and shared with parents at key checkpoint reviews Multi-agency teering group to determine target audience for 3 year review and review content meeting regularly Perinatal mental health group meeting regularly. New pathway not yet implemented due to challenges within IAPT services. Perinatal work feeding in to local maternity system transformation board	Review of PH/CCG commissioned SLT pathway to support communication/literacy outcomes: ONGOING Formal introduction of a targeted 3-3.5 year review: ONGOING Increased PH input (co-chair) into NCC Early Years Attainment group with shared ownership of Early years improvement plan (available on request) and effective parental engagement plan : COMPLETE Define interventions offered by HFT's for children not meeting developmental milestones identified through ASQ3 at 1 year and 2.5 years: ONGOING Implementation of new perinatal mental health pathway.: ONGOING

2.22 Cumulative percentage of NHS Health Checks offered which were taken up	WORSE / No change or trend	Originally included in Service Plan. Target: 75%. Baseline: 57.1% (2013/14 Q1 – 2017/18 Q3) Updated in Council Plan report: Proportion of eligible population who are offered / invited an NHS Health Check. Cumulative offered a health check: 61.9% Cumulative uptake (offered and received a health check) 57.5% (2013/14 Q1 – 2017/18 Q3) Targets set: 60% (invites) 66% (uptake)	Geoff Hamilton	<ul style="list-style-type: none"> Practice liaison visits undertaken, targeted at lowest performing and/or lowest compliance practices Practices reminded of 'top tips' on how to increase uptake and e-learning available for practitioners New, simpler template launched (except in Bassetlaw) to encourage both activity and compliance Improved invitation letter added to e-Healthscope 	<ul style="list-style-type: none"> Resolution of IT invitation issue Increase in payments to GP practices from 1 July 2018, primarily for high risk patients Five practice liaison visits undertaken Roll out of new template into Bassetlaw; all county practices also now have access - compliance has improved as a result Six workplace health check sessions undertaken 	<p>Alert protocol to be launched on SystmOne</p> <ul style="list-style-type: none"> Further targeted practice liaison visits planned, incl. liaison with CCG leads once CCG restructure complete Develop more robust performance and quality improvement framework Transfer of Bassetlaw to e-Healthscope
2.22 Cumulative percentage of eligible population who have received a health check (coverage)	WORSE / No change or trend	Included in Service Plan. Target: increase compared to previous. Baseline: 35.6% (2013/14 Q1 – 2017/18 Q3) Updated in Council Plan report – see above row.	Geoff Hamilton	Actions incorporated in those listed to improve uptake as above	Actions incorporated in those listed to improve uptake	Actions incorporated in those listed to improve uptake
2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method	WORSE / No change or trend	Baseline: 2015/16 – 65% adults obese in Nottinghamshire; vs. 61.3% in England. Latest data: 2016/17 - 64.4% vs. 61.3%	John Wilcox	<p>Obesity Prevention & Weight Management Service (OPWM) – work to firm up outcome measurement & reporting with the Provider. First quarter that the service is implementing additional targeted Prevention work instead of tier 3 weight management.</p> <p>Health & Wellbeing Strategy – Food Environment - Development of new Plans and Board workshop .</p> <p>Health & Wellbeing Strategy – Spatial Planning & Health – ongoing work to refresh the Framework and Protocol.</p> <p>Healthy Options Takeaway Scheme – Additional capacity added for engaging businesses as part of OPWM service.</p>	<p>Obesity Prevention & Weight Management Service (OPWM) – Implementation of a range of new targeted prevention workstreams including bespoke offers to each district.</p> <p>Health & Wellbeing Strategy – Food Environment - New Plans being prepared.</p> <p>Health & Wellbeing Strategy – Spatial Planning & Health – ongoing work to refresh the Framework and Protocol.</p> <p>Healthy Options Takeaway Scheme – Businesses signed up increased to 183 from 150 in Q1.</p>	<p>OPWM –Ensuring the quality of the implementation of new targeted prevention initiatives. Ensuring outcomes of adult weight management are accurately reported.</p> <p>Health & Wellbeing Strategy – Food Environment/ Physical Activity/Planning & Health – Coordinate Plans via Health & Sustainable Places Coordination Group.</p>

2.15i Successful completion of drug treatment- opiate users	WORSE / worsening	<p>The national published statistics known as the PH Outcomes Framework only measures successful completions from a clinical treatment aspect. Therefore, if members were to check the PH outcomes framework, Nottinghamshire would be shown as red and therefore below the national average. This is due in part to the fact that the figures are based on 2016 data.</p> <p>The Nottinghamshire SMS contract measures a different indicator to the framework.</p>	Sarah Quilty	<p>Successful completions from the whole service as defined by the contract have been consistently good and have been exceeded by the provider. PH and the provider work closely together and the service offers very good value for money to the Council and taxpayers with very positive feedback from service users.</p> <p>Overall Completion rates for opiates from CGL are on an upward trajectory in Nottinghamshire (7.8%) which is above the PHE national average of 6.76% and the CGL national average of 6.81%. Even with a low number of expected successful completions (15 per month) Nottinghamshire will move into the top quartile of its comparator neighbours (LOC) and above its comparator neighbours at a high number of completion per month.</p> <p>Quarter 4 report from NDTMS data (there is a slight difference between NDTMS data and the provider data) shows that successful completions for opiates have improved from 5.3% up to 7% (150) which means Nottinghamshire has gone from Red to Amber. In order for Nottinghamshire to have gone into the top quartile of Local Authorities there would have needed to be a completions rate of 7.8% which equates to 172 individual successful completions.</p>	<p>Service Data from CGL - for Q1 but received in Q2</p> <p>Overall Completion rates for opiates from CGL are above the PHE national average of 6.41% and the CGL national average of 6.13% with an average over a three month period (April, May and June) of 7.3%. In order to move into the top quartile for Local Authorities CGL require a completion rate of 8.3% which equates to 13 individuals per month instead of the current 10 individuals per month.</p>	
2.15ii Successful completions of drug treatment- non-opiate users	WORSE / worsening	As above - line 8	Sarah Quilty	<p>Quarter 4 2017-2018 from NDTMS data shows an improvement in successful completions for non-opiate from 32.9% to 33.3% successful completion (219 successful completions out of a possible 658 in treatment) Again this means we have gone from Red to Amber in terms of performance.</p> <p>Top quartile for Local Authorities is 38.71%, which equates to 255 individual successful completions. However it is important to note that not all Local Authorities can reach the top quartile, it is only the top 8 best performing local Authorities out of 32 and in addition this is a moving target depending on completion rates elsewhere within the 32.</p>	<p>Service Data from CGL - received during Q2 but relates to Q1. Successful completion data from CGL for non-opiates show that over a three month period (April, May and June) that there is a completion rate of 39.5% which is above the CGL national average of 38.4% and the PHE national average of 39.04%. Successful completions for non-opiate are on an upward trajectory and to move into the top quartile range of Local Authorities completions will have to improve from 8 to 11 individuals per month</p>	
1:06 ii Adults in contact with secondary mental health services who live in stable and appropriate accommodation	WORSE / No change or trend	<p>Baseline 2016/17</p> <p>Notts 42.0</p> <p>E Mids 61.0 (above England average)</p> <p>England 54.0</p>	Susan March	June 2018 procurement for Supported Accommodation for Homeless people commence with the plan to have the service in place by Sept 2018.	September 2018 contract awarded to Framework Housing Association. Working with the provider implement community asset based approaches to support people to move onto stable accommodation	From Sept 2018 outcomes based monitoring will be place with performance targets that will indicate if a homeless person with mental health problems has moved on to stable/appropriate accommodation.
1:08 i Gap in the employment rate between those with a long-term health condition and the overall employment rate	WORSE / No change or trend	<p>Baseline</p> <p>Gap in employment rate for Notts compared to East Mids and England averages 2015/16: LTCs</p> <p>Notts 36.1</p> <p>E Mids 31.8</p> <p>England 29.6</p>	Susan March	Scoping of availability of funding options and current provision that address employment option for people with long-term conditions and LD	No further action	Submit a funding proposal with Economic Enterprise that increase employment opportunities

1:08 ii Gap in the employment rate between those with a learning disability and the overall employment rate	WORSE / No change or trend	Baseline Gap in employment rate for Notts compared to East Mids and England averages 2015/16: LD Notts 71.0 E Mids 70.9 England 68.1	Susan March	As per 1:08 i	No further action	As per 1:08 i
1:18 ii Social Isolation: percentage of adult carers who have as much social contact as they would like	WORSE / No change or trend	Connect Service commissioned and performance managed by ASCH Baseline (2012/13) Notts 32.1 East Mids 37.6 England 41.3	Susan March	Supporting Maun Valley Citizen UK in the identification and the development of a targeted programme to prevent loneliness in Mansfield and Ashfield.	Collaborative work with Place has commenced with the view to extend the reach of Age Friendly Nottinghamshire interventions to reduce loneliness	Undertake a review of social prescribing models that will reduce social isolation Offer Public Health support and advice in the commissioning of a social prescribing model
4.15 iv Excess winter deaths index (3years, age 85+)	WORSE / No change or trend	Nottinghamshire Energy Partnership (NEP) contract being novated from the city to NCC Baseline Aug 2013 – July 2016 Notts 30.9 East Mids 25.9 England 24.6	Susan March	Fragmented pathways between BCF Warm Home on Prescription (WHOP) service and NEP.	WHOP and NEP worked collaborative in developing an information pamphlet on referral pathways and offer with the intention to avoid service duplication. Ongoing evaluation is required to ensure ongoing collaboration between providers continues. Winter warmth campaign due to be launched in November 2018	Public Health working with NEP and WHOP providers to ensure pathways are easily accessible for a person to get advice, information, housing insulation and heating installed. Improve contract monitoring to ensure NEP delivery is targeting those most at risk and offers a County Wide service
2.03 Smoking At The Time of Delivery (SATOD)	WORSE / Improving	National target 6% by 2021/22 2016/17 Baselines: 10.5% England average 14.5% Nottinghamshire Within County range from 20.9% (Mansfield and Ashfield) to 4.3% (Rushcliffe). Updated Baselines based on local analysis for 2017/18 – 10.8% England average 14.7% Nottinghamshire Within County range from 21.9% (Mansfield & Ashfield) to 5.7% (Rushcliffe). NB Calculation methodology changed from April 2017 and now excludes 'Status not Known' from calculation – results in higher values than Historic method (previous values 2016/17). PHE in PHOF will conduct more involved analysis – 2017/18 not yet published.	Lindsay Price	SATOD rates are reducing across the county on a consistent downward trend following significant work with maternity services across the county.	SATOD rates continue to reduce across the county. Q1 2018/19 county data ranges from 20.6% in Mansfield and Ashfield to 5.8% in Rushcliffe. Re evaluation of the Risk Perception model at SFHFT is in progress.	Full Implementation of Saving Babies Lives Care Bundle by 31st March 2019. Planned reduction of 1% per year (part of Local Maternity System Transformation trajectories with City). This will be monitored at the Local Maternity System Board. Community Maternity hub in Ashfield Village and Newark planned and launched March 2019. Plan to run the Love Bump Smoking in Pregnancy Campaign across Nottinghamshire Local Maternity System.