

Nottinghamshire County Public Health Services Performance Report



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

Quarter 3 2018/19							
Service Name	Indicator or Quality Standard	Annual plan 2018/19	Plan to Date	Q1	Q2	Q3	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	32,874	24,656	5,941	8,228	8,263	22,432
	No. of patients offered who have received health checks	21,697	16,273	5,049	4,946	5,858	15,853
Integrated Sexual Health Services	Total number of filled appointments	not					
	Sherwood Forest Hospital NHS Trust	23,543	17,657	5,791	5,945	5,568	17,304
	Nottingham University Hospital NHS Trust	15,387	11,540	3,890	4,094	3,492	11,476
	Doncaster and Bassetlaw Hospitals NHS Trust	9,486	7,115	2,102	2,283	2,020	6,405
	Total	48,416	36,312	11,783	12,322	11,080	35,185
	Quality Standard 60 % of new service users accepting a HIV test						
	Sherwood Forest Hospital NHS Trust	>60%	>60%	76%	78%	81%	78%
	Nottingham University Hospital NHS Trust	>60%	>60%	53%	51%	46%	50%
	Doncaster and Bassetlaw Hospitals NHS Trust	>60%	>60%	58%	62%	61%	60%
	Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test						
	Sherwood Forest Hospital NHS Trust	>75%	>75%	80%	81%	85%	86%
	Nottingham University Hospital NHS Trust	>75%	>75%	71%	69%	63%	68%
	Doncaster and Bassetlaw Hospitals NHS Trust	>75%	>75%	63%	80%	66%	68%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC						
	Sherwood Forest Hospital NHS Trust	>30%	>30%	44%	48%	48%	46%
	Nottingham University Hospital NHS Trust	>30%	>30%	40%	38%	44%	41%
	Doncaster and Bassetlaw Hospitals NHS Trust	>30%	>30%	49%	50%	53%	51%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,600	1,200	235	330	356	921
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	2,000	1,500	400	333	480	1,213
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	-	483	263	249	256	768
	Number of unplanned exits	-	-	135	157	181	473
	Number of service users in the service (last day of quarter) Including transferred in	10,394	8,741	6,582	8,857	10,957	10,957
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	300	225	37	14	53	104
	Quality standard 80% Planned exit from treatment	80%	80%	94%	75%	88%	88%
Smoking Cessation	Number of people setting a quit date	-	-	923	915	1,041	2,879
	% actually quit - Russell standard	>40%	>40%	64%	67%	71%	67%
	Pregnant Smokers who successfully quit	500	375	38	38	41	117
	Under 18 Smokers who successfully quit	200	150	8	2	6	16
	Routine and Manual Workers successfully quit	1,500	1,125	159	188	204	551
	All other smokers who successfully quit	2,800	2,100	388	387	483	1,258
	Total Successfully Quit	5,000	3,750	593	615	734	1,942
Illicit Tobacco Services	Number of inspections	75	56	41	23	18	82
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	260	195	175	171	148	494
	Number of children supported	108	81	24	27	15	66
	Maternity	104	78	16	15	26	57
	Adults triaged to other 12 week weight management	1,778	1,334	424	588	307	1,319
	Number of tier 1 prevention projects	65	49	35	17	19	71
	Number of tier 1 prevention sessions	376	282	194	148	97	439
Domestic Abuse Services	No of adults supported	2,088	1,566	536	468	421	1,425
	No of children, young people & teenagers supported	622	467	156	132	148	436
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	259	194	160	68	213	441
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	187	140	51	42	72	165
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	7,128	5,346	2,227	2,528	2,231	6,986
	Number of health care support and interventions undertaken	5,445	4,084	1,197	1,240	1,238	3,675
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	95%	95%	88%	89%	89%	89%
	Percentage of 6-8 week reviews completed	95%	95%	86%	85%	88%	87%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	95%	95%	89%	91%	89%	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	95%	95%	95%	99%	99%	98%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	200	150	51	62	86	199
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	200	150	60	71	43	174
Homelessness	Hostel Accommodation Number exited in a planned way	-	-	31	34	39	104
	Hostel Accommodation % exited in a planned way	>80%	>80%	70%	69%	96%	70%
	Move on Accommodation Number exited in a planned way	-	-	36	29	42	107
	Move on Accommodation % exited in a planned way	>80%	>80%	100%	97%	98%	100%
Resilience Building in Schools	North: Number of children undertaking a daily resilience building activity at school	2500	2500	53	587	0	3319
	North: Number of prioritised schools signed up to the service	14	14	14	14	14	14
	South: Proportion of staff trained report increase in understanding of mental health and resilience	80%	80%	100%	100%	0%	100%
	South: Number of children engaged in insights gathering for audits and action plan implementation	90	90	19	0	0	109

## 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	<b>NHS Health Checks</b>	<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.</p> <p><a href="http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx">http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</a></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	<b>Integrated Sexual Health Services</b>	<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"> <li>• Chlamydia (47%),</li> <li>• Genital warts (17%).</li> <li>• Genital herpes (7%),</li> <li>• Gonorrhoea (7%).</li> </ul> <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. <a href="http://www.fsrh.org">www.fsrh.org</a></p> <p><a href="http://www.bashh.org">www.bashh.org</a>. 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:</p> <ul style="list-style-type: none"> <li>• A reduction in under 18 conceptions</li> <li>• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)</li> <li>• A reduction in people presenting with HIV at a late stage of infection.</li> </ul> <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health</li> <li>• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk</li> <li>• 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</li> <li>• An increase in the number of people accessing HIV screening, particularly from those groups most at risk</li> <li>• 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</li> <li>• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups</li> <li>• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM</li> <li>• Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire</li> <li>• A reduction in unintended pregnancies in all ages</li> <li>• Increased quality standards across Nottinghamshire and Bassetlaw.</li> </ul>
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	<b>Young Peoples Sexual Health Service - C Card</b>	<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	<b>Alcohol and Drug Misuse Services</b>	<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	<b>Young People's Substance Misuse Service</b>	<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)		<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</p>

2.09	Smoking prevalence - 15 year olds	<b>Tobacco Control and Smoking Cessation</b>	<p>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"> <li>• Stopping smoking</li> <li>• Preventing the uptake of smoking</li> <li>• Reducing harm from tobacco use</li> </ul>
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	<b>Illicit Tobacco Services</b>	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	<b>Obesity Prevention and Wight Management (OPWM)</b>	<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	<b>Domestic Abuse Services</b>	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	<b>Seasonal Mortality</b>	In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report <sup>16</sup> . 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	<b>Social Exclusion</b>	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	<b>Public Health Services for Children and Young People aged 0-19</b>	<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	<b>Oral Health Promotion Services</b>	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.
2.05	Child development at 2-2½ years	<b>Children's Centres</b>	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
1.15	Statutory homelessness	<b>Supporting People: Homelessness Support</b>	<p>The aims of this service are:</p> <ul style="list-style-type: none"> <li>- To address homelessness, support people back to independence and prevent repeat homelessness</li> <li>- To reduce the adverse effects of homelessness on individual and population health and wellbeing</li> <li>- To improve the health and wellbeing of homeless service users</li> <li>- To promote social inclusion</li> </ul>
4.09	Excess under 75 mortality rate in adults with serious mental illness	<b>Mental Health</b>	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
1.15	Statutory homelessness	<b>Reduction in statutory homelessness</b>	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
1.01	Children in low income families	<b>Resilience Building in Schools</b>	<p>The providers Each Amazing Breath (EAB) CIC, 'Take 5 at School Programme' in the north and west of the County and Young Minds (YM), 'Academic Resilience Approach' in the South of the County, develop and deliver an evidence-based resilience programme in schools that will improve the emotional health, wellbeing and resilience of children and young people in 30 Nottinghamshire schools. It is a whole school approach, this means school leaders, staff, children and young people which may include approaches such as training the trainer and pupils and students as coaches, mentors or teachers. The programmes are sustainable and will enable schools to have the understanding, the knowledge, skills and resources to continue independent delivery of the programme via a whole schools approach and to have maximum impact for children and young people after the direct contract activity ends</p>
1.03	Pupil absence (from School)		
1.05	16-18 year olds Not in Employment, Education Training		
2.23	Self-reported wellbeing		

		Q1			Q2			Q3			Total		
		Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	Average %
Integrated Sexual Health Services	<b>Quality Standard 60 % of new service users accepting a HIV test</b>												
	Sherwood Forest Hospital NHS Trust	1087	826	76%	1026	799	78%	930	749	81%	3043	2374	78%
	Nottingham University Hospital NHS Trust	1219	641	53%	1257	637	51%	1113	508	46%	3589	1786	50%
	Doncaster and Bassetlaw Hospitals NHS Trust	707	410	58%	684	425	62%	594	364	61%	1985	1199	60%
	<b>Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test</b>												
	Sherwood Forest Hospital NHS Trust	720	576	80%	591	479	81%	481	408	85%	1792	1463	82%
	Nottingham University Hospital NHS Trust	465	329	71%	476	329	69%	465	294	63%	1406	952	68%
	Doncaster and Bassetlaw Hospitals NHS Trust	354	223	63%	290	231	80%	615	405	66%	1259	859	68%
	<b>Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC</b>												
	Sherwood Forest Hospital NHS Trust	1016	447	44%	983	471	48%	954	454	48%	2953	1372	46%
	Nottingham University Hospital NHS Trust	288	116	40%	276	105	38%	262	116	44%	826	337	41%
	Doncaster and Bassetlaw Hospitals NHS Trust	582	285	49%	624	314	50%	546	287	53%	1752	886	51%
Young People's Substance Misuse Service													
Quality standard 80% Planned exit from treatment		50	47	94%	20	15	75%	19	16	84%	8	7	88%
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	1853	1638	88%	1990	1771	89%	2034	1810	89%	5877	5219	89%
	Percentage of 6-8 week reviews completed	1834	1577	86%	1954	1657	85%	2179	1928	88%	5967	5162	87%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	1990	1766	89%	2197	1991	91%	2221	1969	89%	6408	5726	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	1880	1788	95%	1704	1693	99%	1723	1703	99%	5307	5184	98%
Homelessness													
Hostel Accommodation % exited in a planned way		44	31	70%	49	34	69%	41	39	96%	134	104	78%
Move on Accommodation % exited in a planned way		36	36	100%	30	29	97%	43	42	98%	109	107	98%

# 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.

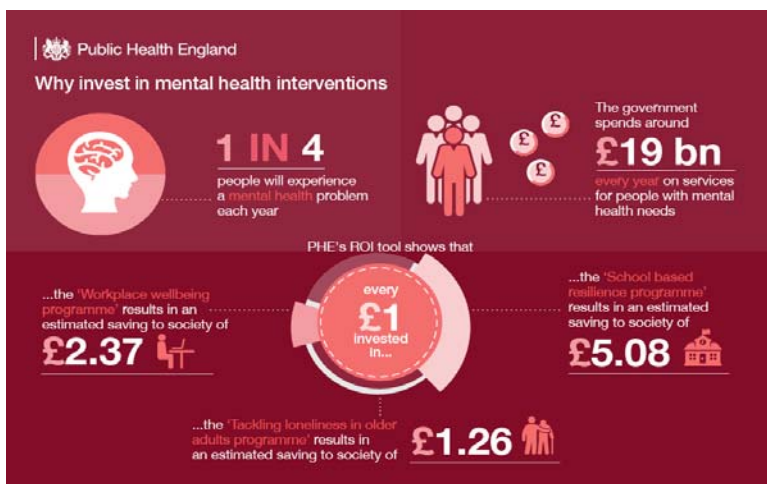


Another example we can use to make the economic case is analysis of a 'targeted supervised tooth brushing programme'. This initiative provides a return of £3.06 for every £1 invested after 5 years and £3.66 after 10 years. On this occasion we are taking into account NHS savings, increased earnings for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

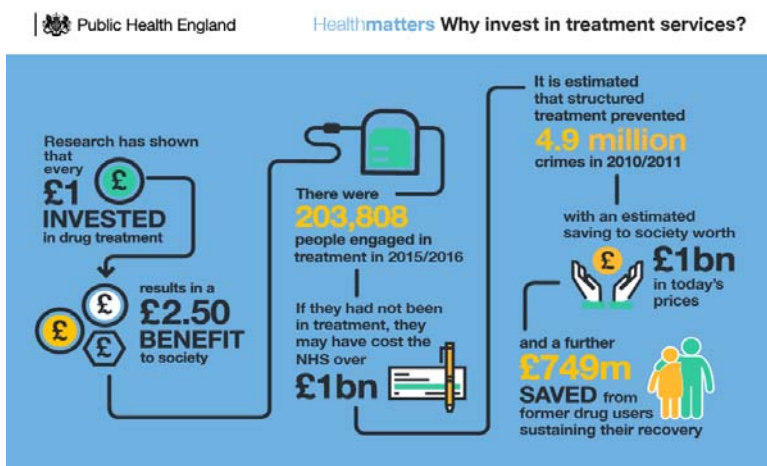
There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and QALYs are considered. When omitting the health effects (measured by QALYs), there is still a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

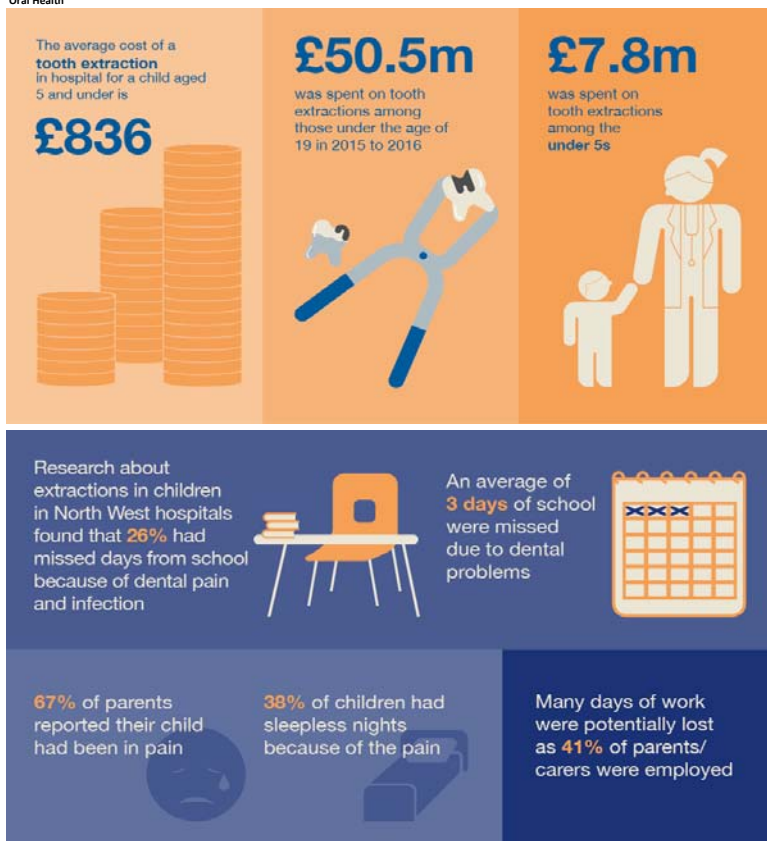


Drug treatment not only saves lives, it provides value for money to local areas:



<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.

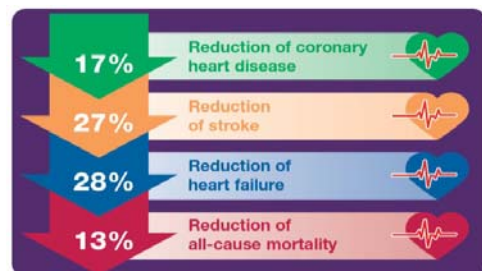
From a business perspective it may be summarised as the net social and environmental benefits (and value) generated by an organisation to society through its corporate and community activities reported either as financial or non-financial (or both) performance.

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

Prevention is better than cure: our vision to help you live well for longer, Published 5th November 2018:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/753688/Prevention\\_is\\_better\\_than\\_cure\\_5-11.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf)