

Public Health Contract Quality & Performance Report

**Quarter 1
April - June 2014/15**

11th September 2014

1. Executive Summary

Introduction

An overview of the contracts where there were performance issues in quarter one, 2014/15 are summarised in section 2 on page 3.






In section 3, pages 4 to 32, a performance summary for each of the Public Health function areas is given along with; the contract name and value, contract outcomes, as linked to the Public Health Outcomes Framework, name/s of the provider/s, summary of performance and quality and any actions in relation to the contract.

The keys relating to the performance trends and annual financial contract values can be found in the tables below.

A summary table of complaints, serious incidents and Freedom of Information requests in relation to Public Health contracts is included as Section 4 (page 33).

Section 5 (pages 34 to 37) are the contract strategic priorities, as linked to the Public Health Outcomes Framework and the Health and Wellbeing Strategy priorities.

Key to Performance Trends

-  Sustained improvement in performance
-  Short-term or recent improvement in performance
-  No significant change in performance
-  Short-term or recent deterioration in performance
-  Sustained deterioration in performance

Annual Financial Value of Contract Range

Category

More than or equal to £1,000,000	High
£1,000,000 to £999,999	Medium High
£10,000 to £99,999	Medium
Less than or equal to £9,999	Low

2. Summary of Performance Issues

Public Health Function	Contract Provider	Plan for the quarter / year	Activity for the quarter	Summary of performance	Actions
NHS Health Checks (page 4)	GPs	Q1 Target offers = 13,587 Annual Target offers = 54,347	Q1 Actual = 10,166	Several practices did not sign the contract until late in quarter one but have been notified of the full annual activity to be achieved in the remainder of the year.	A paper is going to the Public Health Committee to propose a future service model. Additional actions are being taken by Public Health and CCGs to drive up performance following the Health and Wellbeing workshop. This includes listing individual practices' performance to highlight over and under achieving practices. Those that are under-achieving are being contacted in order to determine a tailored response and action from the Public Health team, for example; buddying between practices, inter-practice agreements, and sharing of good practice. Visits are being carried out with appropriate staff, including CCG staff, dependant on the root cause of under-performance.
		Q1 Target health checks received = 7,473 Annual Target health checks received = 29,891	Q1 Actual = 4,485		
Tobacco Control (pages 22 to 24)	GPs, Community Pharmacists, New Leaf and Bassetlaw Stop Smoking Service	Quarter One target = 1,613 four-week smoking quitters	Quarter One actual = 1,184 four-week smoking quitters across Nottinghamshire	The actual activity against plan equates to a 73% achievement of actual against target.	Public Health (PH) is working with other local authorities and providers to explore similar reductions in activity across the country and the reasons behind this. PH will be exploring with providers the possibility of commissioning extra activity later in the financial year to ensure the 0.5% reduction in smoking prevalence is achieved. PH is working with the providers to ensure action plans are in place and enacted upon to address their under-performance. These are being monitored through the contract management mechanism.

3. Performance Summary – NHS Health Checks

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Annual Target	Progression from last Quarter	Summary of Performance & Quality	Actions
NHS Health Checks Medium High	To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)	GPs across Nottinghamshire	Q1 April - June 2014	No. of eligible patients who have been offered health checks	13,587	10,166	54,347	↑	Several practices did not sign the contract until late in quarter one but have been notified of the full annual activity to be achieved in the remainder of the year.	A paper is going to the Public Health Committee to propose a future service model. Additional actions are being taken by Public Health and CCGs to drive up performance following the Health and Wellbeing workshop. This includes listing individual practices' performance to highlight over and under achieving practices. Those that are under-achieving are being contacted in order to determine a tailored response and action from the Public Health team, for example; buddying between practices, inter-practice agreements, and sharing of good practice. Visits are being carried out with appropriate staff, including CCG staff, dependant on the root cause of under-performance.
				No. of patients offered who have received health checks	7,473	4,485	29,891	↓		

3. Performance Summary - National Child Measurement Programme

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	2012/13 school year Performance	Summary of Performance & Quality	Actions
National Child Measurement Programme Medium High	To achieve a sustained downward trend in the level of excess weight in children by 2020	County Health Partnership	2012 / 2013 School Year	% of children in Reception with height and weight recorded	91.5%	91.7%	This is an annual programme. The results shown here are from the school year 2012/13. The school year 2013/14 programme is still underway. Results will be published in December 2014.	
				% of children in Year 6 with height and weight recorded	91.5%	87.6%		
		Bassetlaw Health Partnership		% of children in Reception with height and weight recorded	90.0%	91.0%		
		% of children in Year 6 with height and weight recorded		89.2%	89.3%			

3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Progression from last quarter	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV	Nottingham University Hospitals (NUH)	Q1 April – June 2014	Genito-Urinary Medicine (GUM) – First Appointment	1510	1145	↔	The GUM services are demand-led and paid for on a PbR tariff basis. NUH is under the projected activity levels for both first and follow-up appointments. The proportion of appointments attended that are follow-ups is relatively low in NUH.	The activity plan was kept the same as the 13/14 activity plan, this was abnormally low at nearly 1,000 less contacts. In the context of growth elsewhere activity levels were not reduced to this level. Consider revising targets to actual activity for next financial year if NUH are still below plan.
	GUM – Follow-up Appointment			296	209	↓			
	GUM – Community – First Appointment			275	196	↑			
	GUM – Community – Follow-up Appointment			67	5	↓			
	Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	Doncaster & Bassetlaw Hospital (DBH) Foundation Trust	GUM – First Appointment	824	841	↔	DBH has slightly exceeded expected activity for first appointments, and is slightly under for follow-ups. Neither of these are cause for concern at this point.	Mapping and review of all sexual health services is underway. This will include a detailed review of DBH data to look in more detail at what activity is taking place within the service, and with whom.	
			GUM – Follow-up Appointment	366	360	↑			

3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Progression from last quarter	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	Sherwood Forest Hospital (SFHT) Foundation Trust	Q1 April – June 2014	GUM - First Appointment	1,874	1,714	↔	SFHT is under planned activity for GUM first appointments but has slightly exceeded planned activity for follow-ups. Neither are cause for concern at this stage.	Mapping and review of all sexual health services is underway. This will include a detailed review of SFHT GUM and CaSH data to look in more detail at what activity is taking place within the services, and with whom.
				GUM – Follow-up Appointment	1,060	1,075	↑		
				Contraceptive and Sexual Health Services (CaSH) – First Appointment	N/A	1,302	↔	A revised service specification is being developed for CaSH, to include more detailed KPIs. No known issues at present.	
				Contraceptive and Sexual Health Services (CaSH) – Follow-up Appointment	N/A	2,638	↔		
				SEXions	Data not available. Will be reported in Quarter 2 2014/15				
		Bassetlaw Health Partnership	Contraceptive and Sexual Health Services (CaSH)	Data not available. Will be reported in Quarter 2 2014/15					

3. Performance Summary – Sexual Health

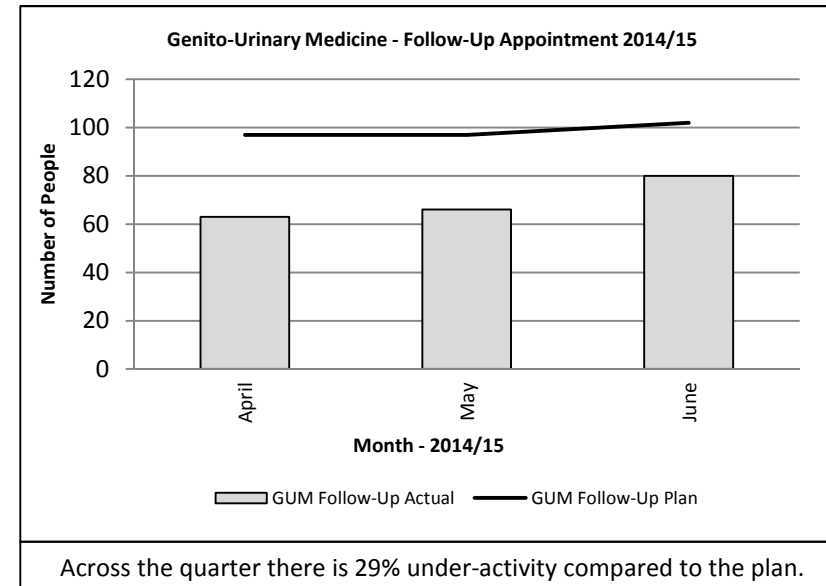
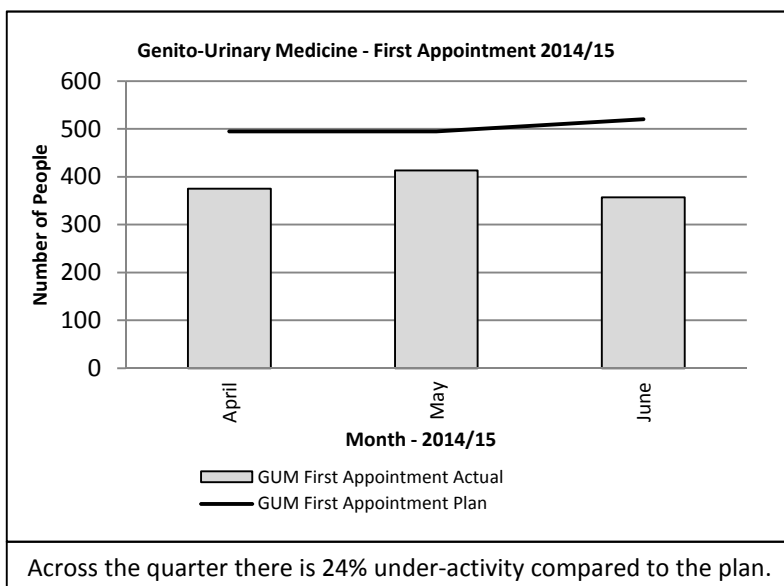
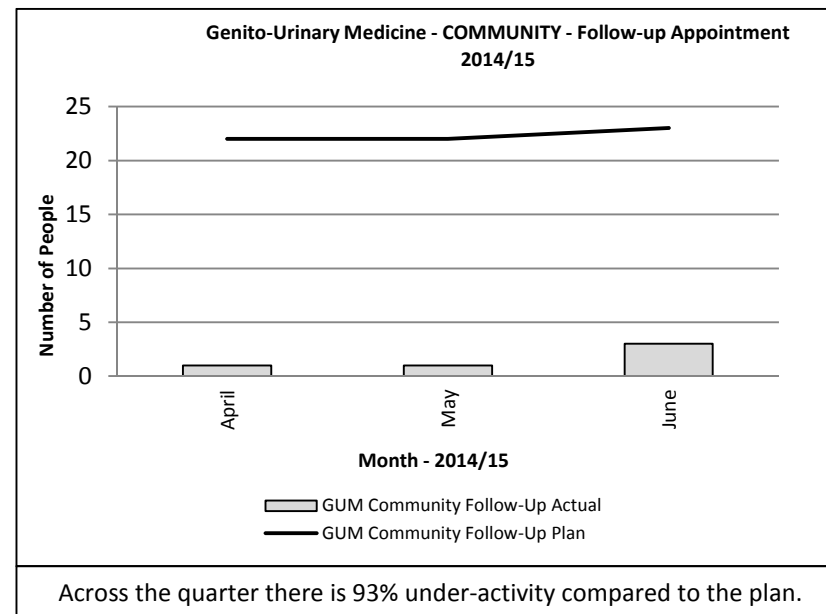
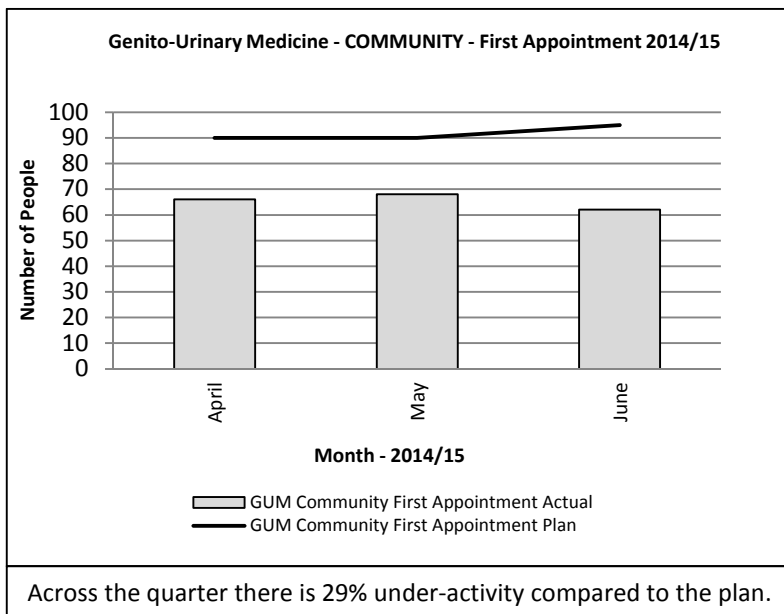
Genito-urinary medicine (GUM) follow-up appointments:

- The public health team are aware that there is significant variation in the proportion of appointments that are conducted as follow-ups between the different providers of GUM services in Nottinghamshire county.
- The proportion of appointments that were follow-ups in 2013/4 were:
 - Nottingham University Hospital Trust (NUH):
 - GUM: 18.6% (1,267 follow-ups; 5,551 first appointments)
 - GUM community: 4.8% (35 follow-ups; 694 first appointments)
 - Sherwood Forest Hospitals Trust (SFHT):
 - 35.7% (4,168 follow-ups; 7,495 first appointments)
 - Doncaster and Bassetlaw Hospital Trust (DBH):
 - 29.0% (1,379 follow-ups; 3,368 first appointments)
- The reason for this variation is not yet fully understood; however, it will be investigated as part of a review of services that is planned for completion prior to December 2014.
- More details of the planned review will be presented to the Public Health Committee at the September meeting as part of the agenda item on the sexual health policy area and sexual health priorities.

3. Performance Summary – Sexual Health

<p>Sherwood Forest Hospitals NHS Foundation Trust Genito-Urinary Medicine - First Appointment 2014/15</p> <table><tr><th>Month</th><th>Actual Activity</th><th>Activity Plan</th></tr><tr><td>April</td><td>510</td><td>610</td></tr><tr><td>May</td><td>560</td><td>610</td></tr><tr><td>June</td><td>630</td><td>640</td></tr></table>	Month	Actual Activity	Activity Plan	April	510	610	May	560	610	June	630	640	<p>Sherwood Forest Hospitals NHS Foundation Trust Genito-Urinary Medicine - Follow-Up Appointment 2014/15</p> <table><tr><th>Month</th><th>Actual Activity</th><th>Activity Plan</th></tr><tr><td>April</td><td>320</td><td>350</td></tr><tr><td>May</td><td>360</td><td>350</td></tr><tr><td>June</td><td>390</td><td>360</td></tr></table>	Month	Actual Activity	Activity Plan	April	320	350	May	360	350	June	390	360	<p>Impact of the service:</p> <p>The GUM services treat and manage all sexually transmitted infections (STIs) that are diagnosed in outreach/CaSH clinics (except chlamydia, for which treatment is often made available through other routes), as well as diagnosing and treating conditions that people present to the service with (often symptomatic STIs). CaSH services provide contraception and sexual health services (including asymptomatic STI testing and sexual health advice), therefore reducing unplanned pregnancies, including teenage pregnancies, and STI transmission. The SEXions service provides a specialist sex and relationships services to young people, primarily in schools and colleges.</p>
Month	Actual Activity	Activity Plan																								
April	510	610																								
May	560	610																								
June	630	640																								
Month	Actual Activity	Activity Plan																								
April	320	350																								
May	360	350																								
June	390	360																								
<p>Across the quarter there is 9% under-activity compared to the plan.</p>	<p>Across the quarter there is 1% over-activity compared to the plan.</p>																									
<p>Doncaster & Bassetlaw Hospitals NHS Foundation Trust Genito-Urinary Medicine - First Appointment 2014/15</p> <table><tr><th>Month</th><th>Actual Activity</th><th>Activity Plan</th></tr><tr><td>April</td><td>286</td><td>270</td></tr><tr><td>May</td><td>275</td><td>270</td></tr><tr><td>June</td><td>280</td><td>284</td></tr></table>	Month	Actual Activity	Activity Plan	April	286	270	May	275	270	June	280	284	<p>Doncaster & Bassetlaw Hospitals NHS Foundation Trust Genito-Urinary Medicine - Follow-Up Appointment 2014/15</p> <table><tr><th>Month</th><th>Actual Activity</th><th>Activity Plan</th></tr><tr><td>April</td><td>105</td><td>120</td></tr><tr><td>May</td><td>120</td><td>120</td></tr><tr><td>June</td><td>135</td><td>125</td></tr></table>	Month	Actual Activity	Activity Plan	April	105	120	May	120	120	June	135	125	<p>Strategic priorities:</p> <ul style="list-style-type: none">To reduce the rates of unplanned pregnancies and STIs in Nottinghamshire through open access, high quality sexual health services.Tackle HIV through prevention and increased access to testing to enable early diagnosis and treatment.Promote integration, quality, equity, value for money and innovation in sexual health interventions and services.Mapping and review of the services is underway to provide more detailed information about current provision and service use.
Month	Actual Activity	Activity Plan																								
April	286	270																								
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Month	Actual Activity	Activity Plan																								
April	105	120																								
May	120	120																								
June	135	125																								
<p>Across the quarter there is 2% over-activity compared to the plan.</p>	<p>Across the quarter there is 2% under-activity compared to the plan.</p>																									

3. Performance Summary – Sexual Health



3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV	Terrence Higgins Trust (THT)	Q1 April – June 2014	Number of People Living with HIV supported in Nottinghamshire County	1 per quarter	1	Not reported on last quarter. Progression will be mapped from quarter 2 onwards.	Type of support offered includes; practical , support regarding legal issues, support for those newly diagnosed, relationship issues, living and remaining well, etc.	Work continues to monitor the service. No outstanding issues.
	Number of existing clients Living with HIV supported in Nottinghamshire County			3 per quarter	8	Type of support offered includes; practical , support regarding legal issues, support for those newly diagnosed, relationship issues, living and remaining well, etc.			
	Number of Point of Care testing for people residing in Nottinghamshire County			24 per quarter	25	HIV Testing and support in a friendly and safe environment, takes place at the THT office on a daily basis by appointment.			
	Number of Condom Packs distributed in Nottinghamshire County			150 per quarter	250	There are several outlets for distribution, including via: the health promotion worker, health and treatment worker, clinical sessions, events etc.			
	Number of support sessions delivered in Nottinghamshire targeting high risk groups			24	33	A mixed group has been established, which has proved to be very popular with service users taking ownership and suggesting future subjects for discussions/visitors and for outings/events.			
	HIV training sessions for Professionals including statutory & voluntary services to address societal discrimination and stigma.			2 sessions per year	0	Training is always available on request and is very popular with repeat visits often requested for additional staff or more advanced information.			

3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV	Community Pharmacists – Locally Commissioned Public Health Services (LCPHS)	Q1 April – June 2014	Emergency Hormonal Contraceptive (EHC)	These are demand-led service, therefore there are no targets.	819 consultations	Not applicable	87 community pharmacists deliver this service across Nottinghamshire.	Demand-led service. Continue to monitor the service.
	Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	GPs – Long-Acting Reversible Contraceptive (LARC) Sub Dermal Implants		Fittings		322		Numbers continue to remain consistent across the year. No quality issues reported for these services.	Demand-led service. Numbers will continue to be monitored.
				Removals		253			
				Combined		124			
		GPs - Intra Uterine Contraceptive Device (IUCD)s		Fittings		506			
	Removals/Review			329					

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High contract value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Recovery Partnership	Q1 April – June 2014	<p>Due to the timing and release of data from the National Drug Treatment Monitoring System the data for quarter one was not available at the time of producing this report.</p> <p>Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance.</p> <p>A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider.</p>					
		Bassetlaw Drug and Alcohol Service (BDAS)	Q1 April – June 2014						

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Probation SM Service	Q1 April – June 2014	Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%	↔	The client group consists of small numbers. They are usually seen within the Probation Substance Misuse Service as part of a Court Order.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider.
	Reduction in mortality from liver disease			Opiate User presentations in effective treatment	90%	76%	↓		
	Successful completion of drug treatment			Over 18's (all drugs) presentations in effective treatment	90%	77%	↑		
				New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%	↑↑		
				% of clients accepting the offer commence HBV vaccination	65%	68%	↑		
				% of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	↑		
				% of those in treatment with a Hepatitis C test	85%	60%	↓	Has seen a reduction in the overall target since Q4. The reduction in this target may be partly due to the number of offenders that are waiting or have yet to be booked in for testing.	The Substance Misuse Practitioners have been tasked to chase up all outstanding hepatitis appointments.

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Probation Substance Misuse Service	Q1 April – June 2014	New treatment journeys with a Treatment Outcome Plan (TOP) completed	98%	100%	⬆️	The client group consists of small numbers. They are usually seen within the Probation Substance Misuse Service as part of a Court Order.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider.
	Reduction in mortality from liver disease			Care plan reviews with a TOP completed	85%	97%	⬆️		
	Successful completion of drug treatment			Completion of TOP on planned exit	90%	100%	⬆️		
				% of successful discharges as a proportion of those in treatment (opiate users)	10%	12%	⬆️		
	% of successful discharges as a proportion of those in treatment (non-opiate)			45%	33%	⬇️⬇️	The client group consists of small numbers. 22 offenders that used drugs successfully completed treatment between 1/6/13 and 30/6/14.		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Ranby	Q1 April – June 2014	% of New receptions identified with a substance misuse need are referred to Substance Misuse recovery service within 1 workday from Reception Substance Misuse Screening	100%	99%	↑↑	Some system training issues were still ongoing at the start of April 2014. This means reception staff were not sending referrals straight though. This has now been resolved.	Work continues to monitor the service. No outstanding issues.
	Reduction in mortality from liver disease			% of where ongoing clinical prescribing need identified, prescription reviewed by GPwSi within 2 working days of referral	95%	93%	↑	This is an improved performance compared to last year. However, some improvement still required. This will be achieved through closer monitoring.	
	Successful completion of drug treatment			% of new receptions identified with a substance misuse need, offered full substance misuse assessment and recovery plan in place within 5 working days of referral	95%	75%	↑	Most breaches have come from April 2014 when there were still training issues regarding the system processes. These have now been resolved.	
				% of clinical caseload in treatment in HMP Ranby < 12 months	>73%	21%	↓↓	The target is being reviewed and will be amended appropriately following the result of a benchmarking exercise that took place in July 2014.	
				% 13 week multi-disciplinary review due are completed	100%	100%	↑	Target achieved.	

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Ranby	Q1 April – June 2014	% of HMP Ranby SMRS successful completions have re-engaged into the service within 6 months	<30%	0%	↔	This is currently being reviewed.	These targets are being reviewed and will be confirmed after quarter one.
	Reduction in mortality from liver disease			% of successful discharges as a proportion of those in treatment (Opiate users)	25%	4%	↓↓	The team at Ranby often have patients remain on the caseload once treatment is complete. This is to allow long term follow up.	
	Successful completion of drug treatment			% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	6%	↓↓		
				% of successful discharges as a proportion of those receiving interventions (Alcohol user)	55%	2%	↓↓	Successful completions are those discharges that are planned.	
				% of those receiving clinical/non-clinical treatment and interventions transfer/releases from HMP Ranby with a reviewed, up-to-date Recovery Plan in place	85%	100%	↑↑	These targets have been achieved in quarter one.	
				Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release	85%	100%	↑↑		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Whatton	Q1 April – June 2014	% of New receptions identified with a substance misuse need are referred to Substance Misuse recovery service within 1 workday from Reception Substance Misuse Screening	100%	100%	↑↑	Target achieved.	Work continues to monitor the service. No outstanding issues.
	Reduction in mortality from liver disease								
	Successful completion of drug treatment			% of where ongoing clinical prescribing need identified, prescription reviewed by GPwSi within 2 working days of referral	95%	Awaiting data		The target is being reviewed and will be amended appropriately following the result of a benchmarking exercise that took place in July 2014.	
				% of new receptions identified with a substance misuse need, offered full substance misuse assessment and recovery plan in place within 5 working days of referral	95%	100%	↑↑	Target achieved.	
				% of clinical caseload in treatment in HMP Whatton < 12 months	tbc	0%		The target is being reviewed and will be amended appropriately following the result of a benchmarking exercise that took place in July 2014.	
				% 13 week multi-disciplinary review due are completed	tbc	Awaiting data			

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Whatton	Q1 April – June 2014	% of HMP Whatton SMRS successful completions have re-engaged into the service within 6 months	<30%	Awaiting data		Notts Healthcare Trust is auditing all caseloads and codes for the next report.	These targets are being reviewed and will be confirmed after quarter one.
	Reduction in mortality from liver disease			% of successful discharges as a proportion of those in treatment (Opiate users)	25%	Awaiting data			
	Successful completion of drug treatment			% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	0	⬇️⬇️	The team at Whatton often have patients remain on the caseload once treatment is complete. This is to allow long term follow up.	
				% of successful discharges as a proportion of those receiving interventions (Alcohol user)	55%	22%	↔️	A successful discharge are those discharges that are planned.	
				% of those receiving clinical/non-clinical treatment and interventions transfer/releases from HMP Whatton with a reviewed, up-to-date Recovery Plan in place	85%	Awaiting data		Notts Healthcare Trust is auditing all caseloads and codes for the next report.	
	Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release			85%	Awaiting data				

3. Performance Summary - Community Safety and Violence Prevention

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Actual	Progression from last Quarter	Summary of Performance & Quality	Actions
Community Safety and Violence Prevention Medium Contract Value	Reduction in Violent crime Domestic violence	Notts Women's Aid – Bassetlaw Children's Services	Q1 April – June 2014	Number of children supported this quarter	No annual target	66	↔	Performance remains consistent. No exceptions to report.	Work continues to monitor the service. No outstanding issues.
				Number of children new to service this quarter		55	↔		
				Number of children who received support for less than 6 weeks		52	↔		
				Number of children who received support for more than 6 weeks		14	↔		
				Number of children who disengaged from the support being offered		1	↔		
				Number of children who were supported 1-1		14	↔		
				Number of children who were supported in groups		52	↔		

3. Performance Summary - Seasonal Mortality

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Actual	Summary of Performance & Quality	Actions
Seasonal Mortality Medium Contract Value	Reduction in excess winter deaths	Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service (HHS))	Q1 April – June 2014	Number of people trained to deliver brief intervention	153		The data is not available for quarter one. It will be reported on in the quarter two report 2014/15.	
				Number of awareness raising community presentations / events held	5			
				Number of people attending awareness raising community presentations / events	100			
				Number of home heating and insulation referrals	600			
				Number of homes in which heating and insulation improvements are made as a result of referrals	390			

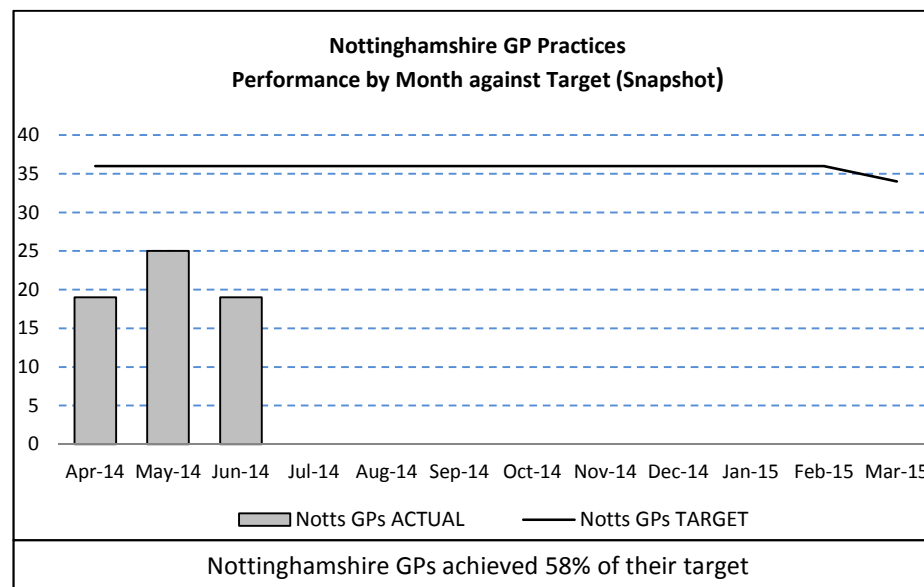
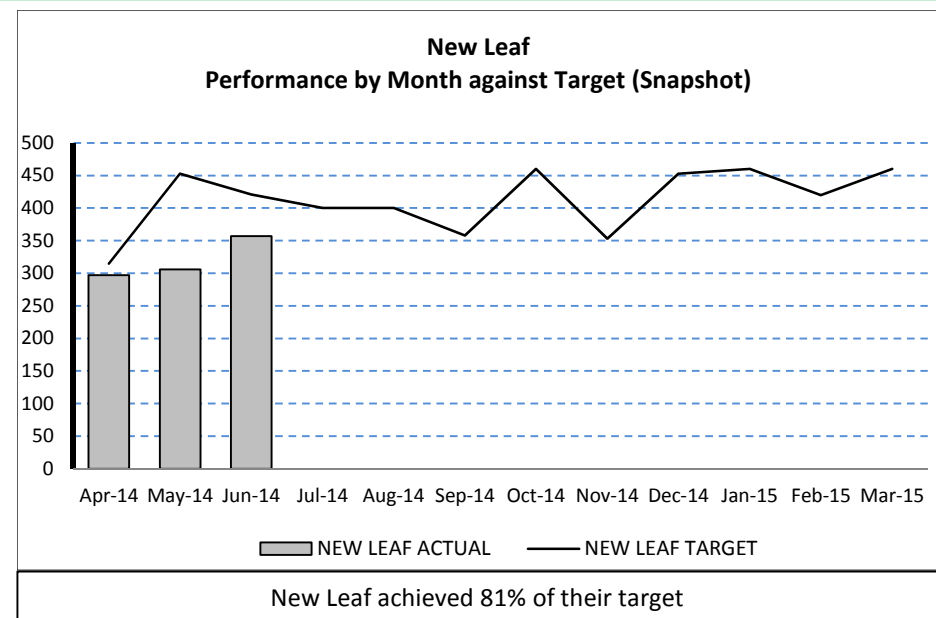
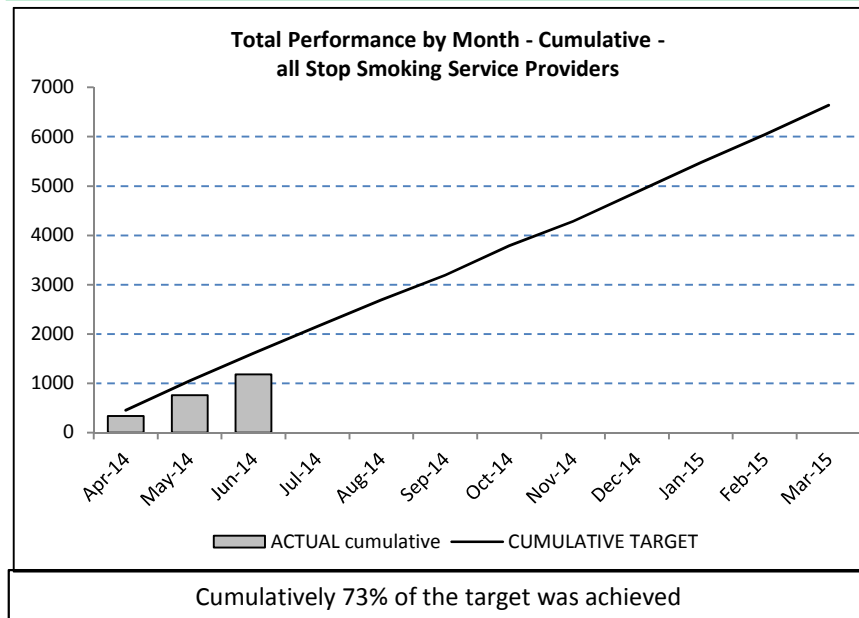
3. Performance Summary - Social Exclusion

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Social Exclusion Medium High Contract Value	To improve outcomes for children and their families by reducing poverty and Social Exclusion	Citizen’s Advice Bureau (Bassetlaw Positive Paths)	Q1 April – June 2014	Patients/clients to be provided with advice and support services	130	124	↑↑	No exceptions to report. Performance against contract continues to be over-achieved.	
				Additional Annual income for patients/clients	£310,193.50	£246,972.45	↑		
		Citizen’s Advice Bureau (Broxtowe)		The data is not available for quarter one. It will be reported on in the quarter two report 2014/15.					
		Citizen’s Advice Bureau (Notts and District CAB)		The data is not available for quarter one. It will be reported on in the quarter two report 2014/15.					
		The Friary Drop-in Service		One to one specialist advice interviews	1,668	1,456	↑	Target achieved.	Work continues to monitor the service. No outstanding issues.

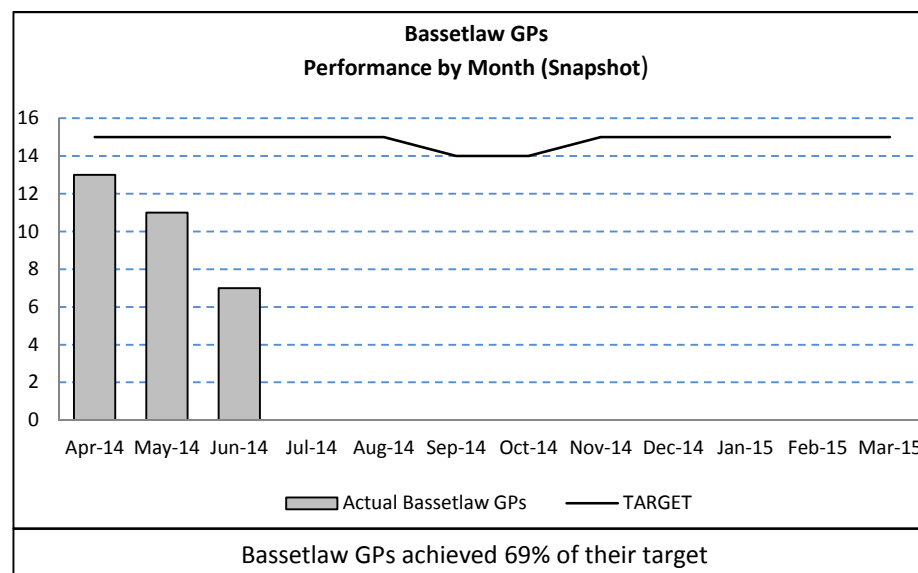
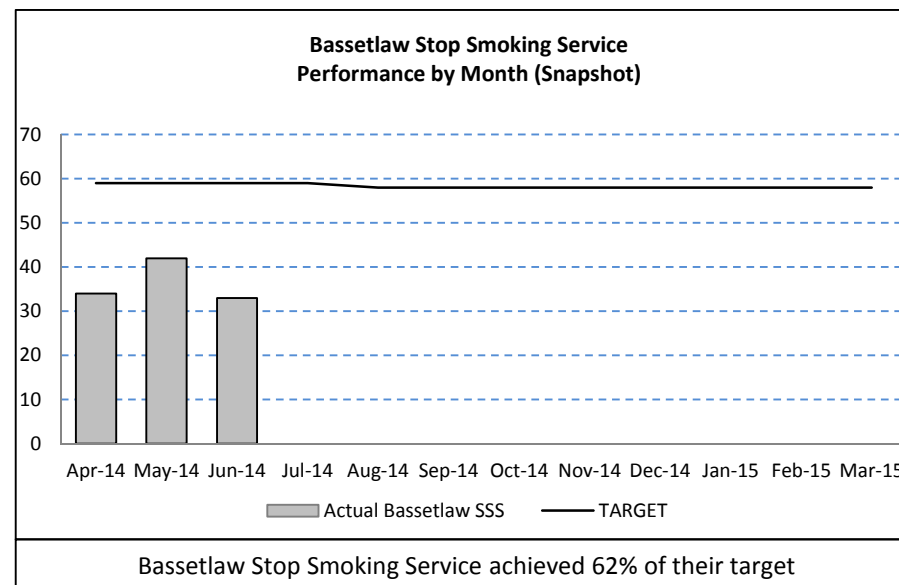
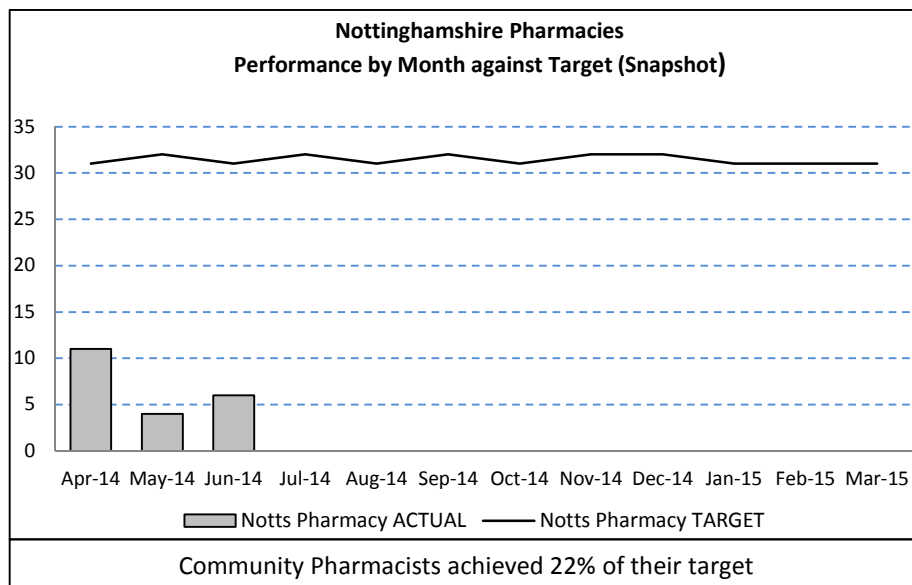
3. Performance Summary - Tobacco Control

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Tobacco Control High Contract Value	Reduce adult (aged 18 or over) smoking prevalence	New Leaf – County Health Partnership (CHP)	Q1 Jan – Mar 2014	Four-week smoking quitter	4,953	1,189	960	⇓	<p>To achieve a 0.5% reduction in prevalence in 2014/15, 6,667 four-week smoking quitters will be required.</p> <p>The total target commissioned in 2014/15 is 6,638.</p> <p>There has been a significant drop in performance across all providers. in quarter one., however due to the timing of the report and the delay in ascertaining the smoking status of clients, these figures are provisional only.</p> <p>The reduction in performance by Specialist Providers in Quarter 1 is notable in comparison with previous years when there has historically been over-performance.</p>	<p>Public Health (PH) is working with other local authorities and providers to explore similar reductions in activity across the country and the reasons behind this.</p> <p>PH will be exploring with providers the possibility of commissioning extra activity later in the financial year to ensure the 0.5% reduction in smoking prevalence is achieved.</p> <p>PH is working with the providers to ensure action plans are in place and enacted upon to address their under-performance. These are being monitored through the contract management mechanism.</p> <p>PH is working with the lead commissioners to ensure all appropriate performance management actions are taken.</p>
	Behaviour change and social attitudes towards smoking	Community Pharmacists – Notts		Four-week smoking quitter	377	94	21	⇓		
	Prevalence rate of 18.5% by the end of 2015/16	GPs - Notts		Four-week smoking quitter	430	108	63	⇓		
		Bassetlaw Stop Smoking Service (BHP)		Four-week smoking quitter	700	177	109	⇓		
		Bassetlaw GPs		Four-week smoking quitter	178	45	31	⇓		

3. Performance Summary - Tobacco Control



3. Performance Summary - Tobacco Control



3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Ashfield District Council – Community Nutrition	Q1 April – June 2014	Targeted one-off awareness sessions – Community	43	19	↑↑	There has been excellent performance in all areas during quarter one.	The provider has been asked to continue providing services until 31.3.15 whilst retendering of the Obesity Prevention and Weight Management Services is being undertaken. During this period Public Health will continue to monitor their performance.
	A sustained downward trend in the level of excess weight in children by 2020			Targeted one-off awareness sessions – School	25	15	↑↑		
	Utilisation of green space for exercise/health reasons			Targeted one-off awareness sessions - Workplace	4	9	↑↑		
				Cookery Courses (cook & eat) – School	4	1	↔		

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	<p>To achieve a downward trend in the level of excess weight in adults by 2020</p> <p>A sustained downward trend in the level of excess weight in children by 2020</p> <p>Utilisation of green space for exercise/health reasons</p>	Bassetlaw District Council - Exercise Referral Scheme	Q1 April – June 2014	Number of referrals	400	100	135	↑	There has been excellent performance in these areas during quarter one.	Public Health will continue to monitor.
				Number of people who start the 12-week programme	340	85	117	↑		
				Number of people who have completed the 12-week programme	204	51	13	↓	The number of people completing the 12-week programme is low.	The figure may not be complete for quarter one due to the time lag of the programme. It will be explored with the provider.
		Bassetlaw Health Partnership - Community weight management programme (ZEST)	Q1 April – June 2014	Number of people completing a 12-week ZEST programme	150	No target	7	↓↓	The number of people completing the 12-week programme is low.	Performance is currently being discussed with the provider and targets reviewed.
				Participants achieving 5-10% weight loss	40%		22%	↔	This figure remains consistent with other quarters performance.	
		Broxtowe Borough Council – Exercise Referral Scheme	Q1 April – June 2014	Number of referrals	No target	No target	120	↔	Performance remains consistent from quarter four.	Public Health will continue to monitor.
				Number of people who start the 12-week programme			65	↔		
				Number of people who have completed the 12-week programme			41	↔		

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020 A sustained downward trend in the level of excess weight in children by 2020 Utilisation of green space for exercise/health reasons	County Health Partnership	Q1 April – June 2014	Targeted one-off awareness sessions - Community	160	71	↑	The provider has over-achieved in the majority of Key Performance Indicators.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.
				Targeted one-off awareness sessions – School / nursery / children / young people – those signed up to the Enhanced Healthy School Status	180	132	↑		
				Targeted one-off awareness sessions – School / nursery / children / young people - school facilities and children's centres	60	23	↑		
				Targeted one-off awareness sessions - Workplace	15	2	↔		
				Cookery Courses (cook & eat) - Community	65	12	↓		
				Cookery Courses (cook & eat) – School	15	5	↑		
				Training sessions, minimum of 10-12 participants per course	65	14	↑		
				Awareness Raising Events	20	10	↑		

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020 A sustained downward trend in the level of excess weight in children by 2020	Gedling Borough Council – Get Going in Gedling	Q1 April – June 2014	Number of walks	No target	8	Figures not available	Performance appears to be low for quarter one.	The provider is working with existing volunteers to form a constituted charity, the aim being to make the scheme sustainable long term. Have one leader trained as a cascade trainer so new leaders can be recruited and trained in future. Working with Gedling Homes to set up new walks for older people in care settings. Training arranged with Gedling Homes for September.
				Total attendances		788			
				Number of new participants for new walk	50	7			
				Number of new participants for existing walks	125	10			
	Utilisation of green space for exercise/health reasons	Gedling Borough Council – Moving Move Often		Number of new attendances	2,874	842		Over achievement.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.
				New sessions	4	2			
				Number of new participants at new sessions	40	38			
				Number of training courses	2	0		No training has taken place to date.	Training has been arranged with Gedling Homes for September.
				Number attending training	20	0			

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020 A sustained downward trend in the level of excess weight in children by 2020	Gedling Borough Council – Positive Moves, Exercise Referral Scheme	Q1 April – June 2014	Number of referrals	N/A	103	↑	No target.	The provider has communicated to all Practice Managers that the scheme is still running. An additional 6-week evening weight management programme has been scheduled for July for exercise referral participants at Carlton Forum Leisure Centre working jointly with nutrition colleagues. 10 people attended the first week.
				Number of people who start the 12-week programme	300	70	↓	Starters are under target.	
				Number of people who complete the 12-week programme	180	38	↔	There is a lag in this data due to the indicator.	
				Number of people reaching goal	150	44	↔	On target to achieve annual target.	
	Utilisation of green space for exercise/health reasons	Mansfield District Council – Community Nutrition		Targeted one-off awareness sessions - Community	36	11	↔	Performance in all indicators is good.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.
				Targeted one-off awareness sessions – School	25	31	↑		
				Targeted one-off awareness sessions – Workplace	24	6	↑		
				Cookery Courses (cook & eat) – School	4	1	↑		

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Newark & Sherwood District Council – Community Nutrition	Q1 April – June 2014	Targeted one-off awareness sessions - Community	60	29	⬆️	Performance in these indicators is good.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.
				Targeted one-off awareness sessions – School	140	26	⬆️		
	A sustained downward trend in the level of excess weight in children by 2020			Targeted one-off awareness sessions - Workplace	25	2	⬇️	Performance in quarter one is under achieving in relation to the annual target.	
				Cookery Courses (cook & eat) - Community	20	3	↔️		
	Utilisation of green space for exercise/health reasons	Newark and Sherwood District Council – Exercise Referral Scheme	Number of referrals	N/A	94	⬆️	No annual target.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.	
			Number of people who start the 12-week programme	300	76	⬆️	Performance in this indicator is good.		
			Number of starters that complete the 12-week programme	N/A	69	⬆️	No annual target.		

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Bassetlaw GPs - Weight Management	Q1 April – June 2014	No. of patients that have completed a 12-week Adult Weight Management session	No annual target	71	↑	No exception to be reported.	Areas of concern will be monitored and explored as part of the contract monitoring / management process. Practices continue to deliver weight management services.
	A sustained downward trend in the level of excess weight in children by 2020			Number of patients who attended 6 or more sessions		48	↓		
	Utilisation of green space for exercise/health reasons			Number of patients who achieved a target weight loss 6+ sessions		21	↓		

4. Complaints, Serious Incidents & Freedom of Information Requests

Public Health Area	Complaints relating to Health Contracts			Summary of Serious Incidents (SI)			Freedom of Information Requests relating to Public health Functions and Health Contracts
	Number of new complaints in period	Number of complaints under investigation in period	Number of complaints concluded in period	Number of new SIs in period	Number of SIs under investigation in period	Number of SIs concluded in period	
Alcohol and Drug Misuse services	None	None	None	Two	None	Two	One
Mental Health	None	None	None	None	None	None	One
Information relating to management functions	None	None	None	None	None	None	One

5. Contract Strategic Priorities

NHS Health Checks

Outcome/Indicator	Public Health Outcome Framework and background
Recorded diabetes	This indicator will raise awareness of trends in diabetes among public health professionals and local authorities. Diabetic complications (including cardiovascular, kidney, foot and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life.
Take up of the NHS Check Programme – by those eligible (adults in England aged between 40-74 who have not already been diagnosed with heart disease, stroke, diabetes or kidney disease)	An increased uptake is important to prevent people developing vascular disease and to identify early signs of poor health leading in turn to opportunities for early intervention and for driving down health inequalities.
Health and Wellbeing Strategy Priorities	Increase the number of eligible people who have a Health Check Support people with Long Term Conditions (LTC)

National Child Measurement Programme

Outcome/Indicator	Public Health Outcome Framework and background
Excess weight ages 4-5 (Reception Year) and ages 10-11 (Year 6)	Obesity is a priority area for the Government. The “Healthy Lives, Healthy People: A call to action on obesity in England” document includes national ambitions relating to excess weight in children. Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health. The data source for the numbers of excess weight children is the National Child Measurement Programme. Public Health commissions the school nursing service to carry out this programme on its behalf. It takes place in all schools in Nottinghamshire on an annual basis. The results of the 2012/13 school year programme were published on the 11 th December 2013 and are outlined below.
Health and Wellbeing Strategy Priorities	Improve children and young people’s health outcomes through the integrated commissioning of services Reduce the number of people who are overweight and obese

5. Contract Strategic Priorities

Comprehensive Sexual Health

Outcome/Indicator	Public Health Outcome Framework and background
Chlamydia diagnoses (15-24 year olds)	Chlamydia causes avoidable sexual and reproductive ill-health. The chlamydia diagnosis rate among under 25 year olds is a measure of chlamydia control activities that can be correlated to changes in chlamydia prevalence.
People presenting with HIV at a late stage of infection	There is a need to increase targeted point of care HIV testing among high risk groups. Without a reduction in late HIV diagnosis, consequences may include; continued high levels of short-term mortality in those diagnosed late, poor prognosis for individuals diagnosed late, onward transmission of HIV and higher healthcare costs.
Under 18 conceptions	Teenage pregnancy is a key measure of health inequalities and child poverty.
Health and Wellbeing Strategy Priorities	Reduce sexually transmitted disease and unplanned pregnancies

Alcohol and Drug Misuse

Outcome/Indicator	Public Health Outcome Framework and background
Successful completion of drug treatment	Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. It aligns with the ambition of both Public Health and the Government's drug strategy of increasing the number of individuals recovering from addiction.
People entering prison with substance dependence issues who are previously not known to community treatment	There is considerable evidence that treatment interventions for the management of substance misuse can help to reduce offending. It will also serve as a measure of prevention work on substance dependence among vulnerable groups.
Health and Wellbeing Strategy Priorities	Improve services to reduce drug and alcohol misuse

5. Contract Strategic Priorities

Community Safety and Violence Prevention and Social Exclusion

Outcome/Indicator	Public Health Outcome Framework and background
Domestic Abuse	Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government's strategic ambition, as set out in <i>Call to end violence against women and girls 2010</i> and successive action plans to do what it can to contribute to a cohesive and comprehensive response.
Violent crime (including sexual violence)	The inclusion of this indicator enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue.
Health and Wellbeing Strategy Priorities	Working together to keep children and young people safe Improving services to support victims of domestic abuse

Seasonal Mortality

Outcome/Indicator	Public Health Outcome Framework and background
Excess winter deaths	There are significantly more deaths in winter than in the rest of the year, particularly amongst older people and those on low incomes. Cold weather exacerbates minor and pre-existing medical conditions, and mental health is negatively affected by fuel poverty and cold housing. Excess winter deaths were identified as a public health challenge in Healthy Lives, Healthy People and the Marmot Review. The Excess Winter Deaths Index is a key measure for the Cold Weather Plan for England.
Health and Wellbeing Strategy Priorities	Supporting older people to be independent, safe and well Ensuring we have sufficient and suitable housing, including housing related support, particularly for vulnerable people

5. Contract Strategic Priorities

Tobacco Control

Outcome/Indicator	Public Health Outcome Framework and background
Smoking prevalence in over 18 years	Smoking is a major cause of preventable morbidity and premature death, accounting for 79,100 deaths in England in 2011, some 18 per cent of all deaths of adults aged 35 and over. The Tobacco Control Plan includes a national ambition to reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015.
Health and Wellbeing Strategy Priorities	Reduce the number of people who smoke

Weight Management

Outcome/Indicator	Public Health Outcome Framework and background
Diet	The importance of diet as a major contributor to chronic disease and premature death in England is recognised in the White Paper 'Healthy Lives, Healthy People'. Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. These diseases and type II diabetes (which increases CVD risk) are associated with obesity, which has a very high prevalence in England. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Poor diet is estimated to account for about one third of all deaths from cancer and CVD.
Excess weight in adults Excess weight in 4-5 and 10-11 year olds	The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults.
Proportion of physically active and inactive adults	Physical activity provides important health benefits across the life-course. Participation in sport and active recreation during youth and early adulthood can lay the foundation for life-long participation in health-enhancing sport and wider physical activity.
Health and Wellbeing Strategy Priorities	Reduce the number of people who are overweight and obese