

Public Health Performance and Quality Report for Health Contracts

Quarter Two (July – September) 2013/14

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Format of the Report

The contracts are grouped together in relation to the Public Health function that they relate to. In the first table, the functions and contracts have been linked to the National Public Health Outcomes Framework and the priorities from the Nottinghamshire Health and Wellbeing Strategy.

Annual financial values of contracts are summarised into categories as shown below.

Annual Financial Value of the Contract Range	Category
More than or equal to £1,000,000	High
£100,000 to £999,999 inclusive	Medium High
£10,000 to £99,999 inclusive	Medium
Less than or equal to £9,999	Low

For each of the Public Health functions, the name of the providers of the contracts are included, along with appropriate indicators, plan and actual figures achieved, as outlined in the service specifications.

Details and remedial actions, key issues affecting delivery, actions to address the issues and whether there has been any quality and safety issues in relation to the contract then follow.

1. Public Health Priority: NHS Health Checks

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Recorded diabetes Take up of the NHS Check Programme – by those eligible*	PH 2.17 PH 2.22	- Physical Disability, Long term Conditions and Sensory Impairment - To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)
Category of contract value	Medium High	

Name of Providers
GPs

Target and Measure	Per Quarter - 2013/14 Plan	Quarter One – 2013/14 Actual	Quarter Two – 2013/14 Actual	Cumulative Total – 2013/14
Numbers of eligible* patients who have been offered health checks	17,790	10,779	10,908	21,687
Numbers of patients offered who have received health checks	11,562	5,839	6,291	12,130

*eligible = adults in England aged between 40-74 who have not already been diagnosed with heart disease, stroke, diabetes or kidney disease

Summary / performance issues:

- High degree of variation in coverage and uptake between practices
- Risk of inequalities and missing high risk groups
- Different remuneration arrangements and targets across Bassetlaw and the rest of the County due to legacy from previous commissioners

Actions to address issues:

- Implement the proposed NHS Health Check Commissioning and Implementation Plan (medium term action)
- Continuing shared ownership of action plans with the Clinical Commissioning Groups (immediate)
- Submit an update on the NHS Health Check Commissioning and Implementation Plan following procurement (medium term).

Quality and Patient Safety: No issues reported.

2. Public Health Priority: National Child Measurement Programme (NCMP)

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Excess weight ages 4-5 (Reception Year)	PH 2.6i	- To achieve a sustained downward trend in the level of excess weight in children by 2020
Excess weight ages 10-11 (Year 6)	PH 2.6ii	
Category of contract value	Medium High	

Name of Providers
County Health Partnership
Bassetlaw Health Partnership

PROVIDER = COUNTY HEALTH PARTNERSHIP		
INDICATORS (from Annual Report)	Target 2012/13 (school year)	Actual 2012/13 (school year)
Parents/carers receive letter informing them of their child's weight	6-weeks post measurement	99.9% achieved

Operational Group meetings	3 per year	5
Results of current programme uploaded to the Information Centre website	19 th August 2013	Achieved

Summary / Performance Issues:

- A service review meeting has taken place. The results from the annual report are reported above. All performance targets achieved.
- The results of the participation rates and weight of children are being published nationally on the 11th December 2013 and will be reported on in the quarter three report.

Actions to be taken:

- Work with Bassetlaw Health Partnership to ensure the same reporting requirements are established.
- Continue to provide Public Health support to the operational group.

Quality and Patient Safety: No issues reported.

3. Public Health Priority: Comprehensive Sexual Health

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Chlamydia diagnoses (15-24 year olds)	PH 3.2	Draft strategy 2014/16: - 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
People presenting with HIV at a late stage of infection	PH 3.4	
Under 18 conceptions	PH 2.4	
Category of contract value	High	

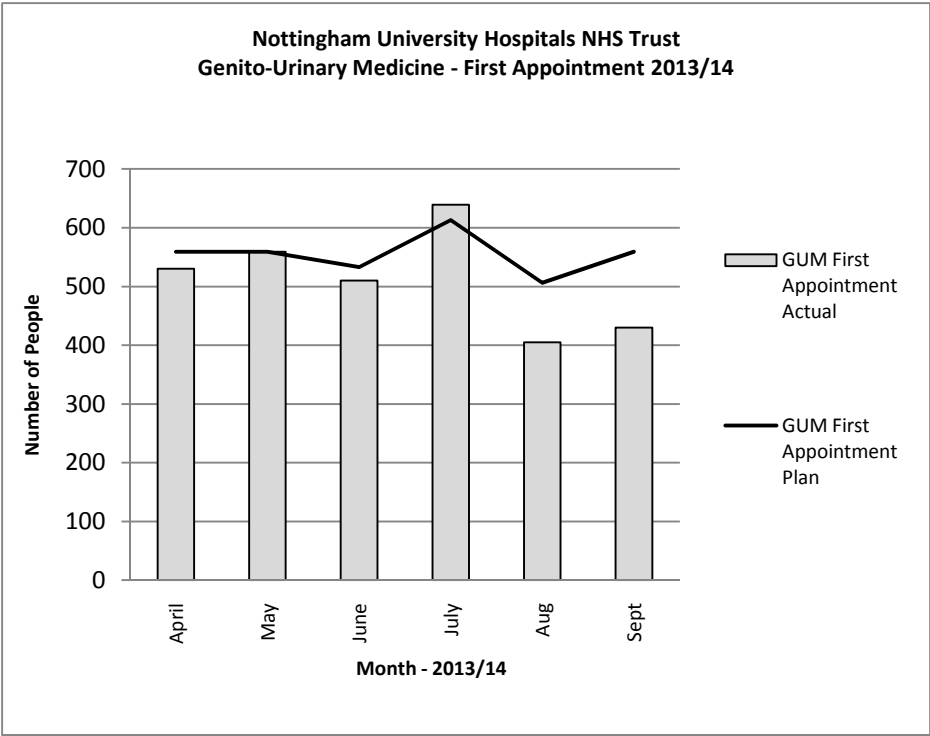
Name of Providers	Service
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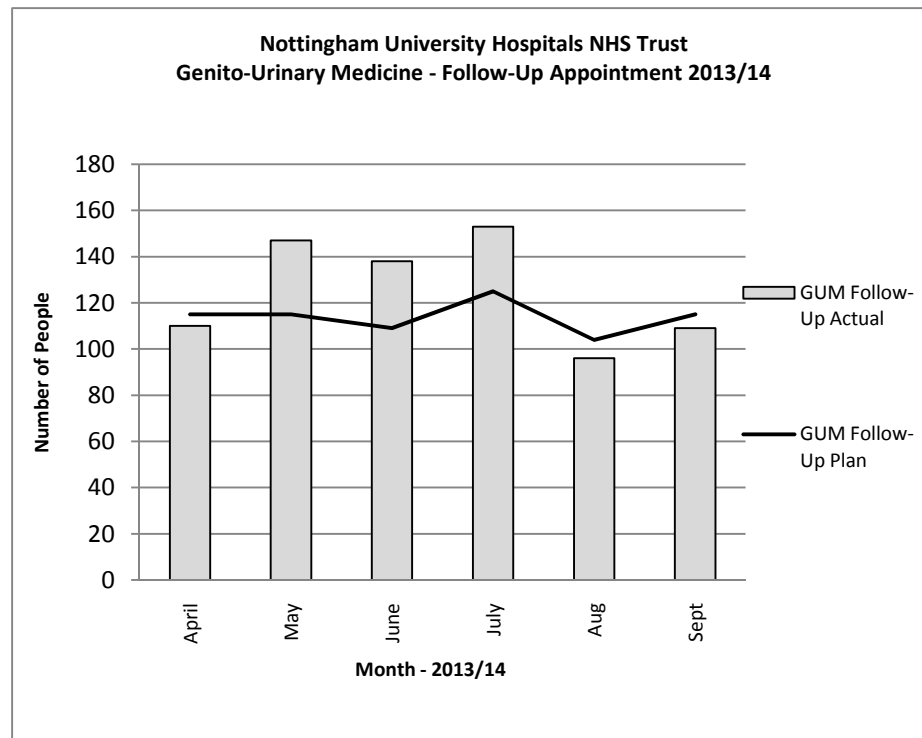
Nottingham University Hospitals	Genito-Urinary Medicine (GUM)
	GUM – community
	Contraceptive and Sexual Health service (CaSH)
Sherwood Forest Hospital Foundation Trust	Genito-Urinary Medicine (GUM)
	CaSH
	SEXions
Doncaster & Bassetlaw Hospital	Genito-Urinary Medicine (GUM)
Terrence Higgins Trust	HIV Advice/support
Bassetlaw Health Partnership	CaSH
Community Pharmacists – Local Enhanced Service (LES)	<ul style="list-style-type: none"> - Emergency Hormonal Contraceptive (EHC) - C-Card
GPs – Local Enhanced Service	Long-Acting Reversible Contraceptive (LARC) <ul style="list-style-type: none"> - Sub Dermal Implants - Intra Uterine Contraceptive Device (IUCD)

Nottingham University Hospitals NHS Trust

Genito-Urinary Medicine

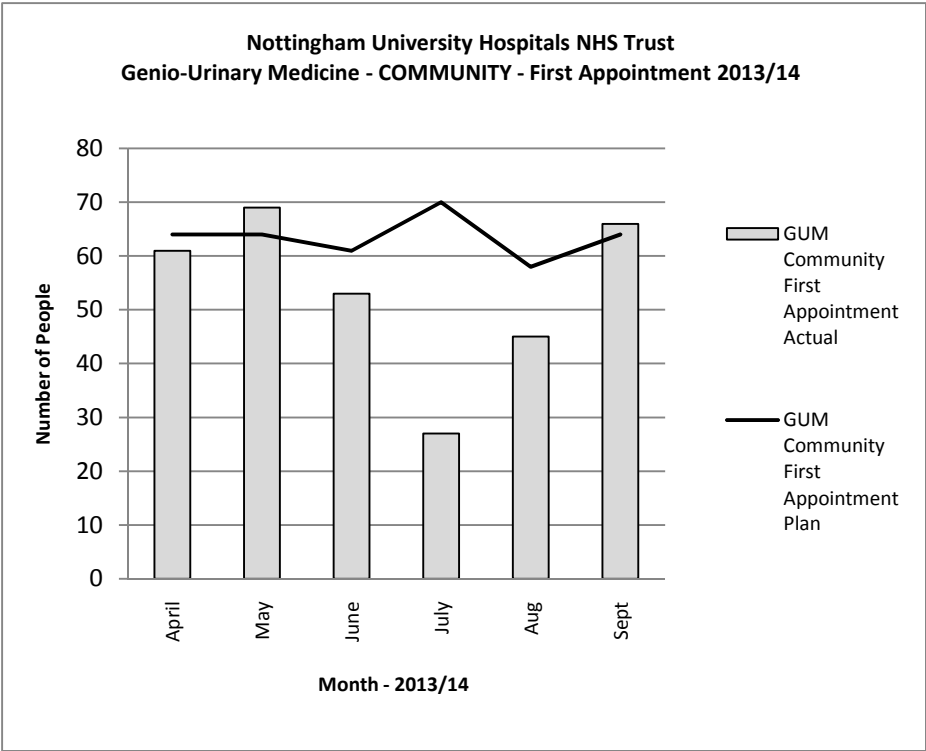
The two graphs below summarise the activity against plan for patients accessing Genito-Urinary Medicine (GUM) in hospital based clinics. They show activity for first appointments and follow-up appointments.

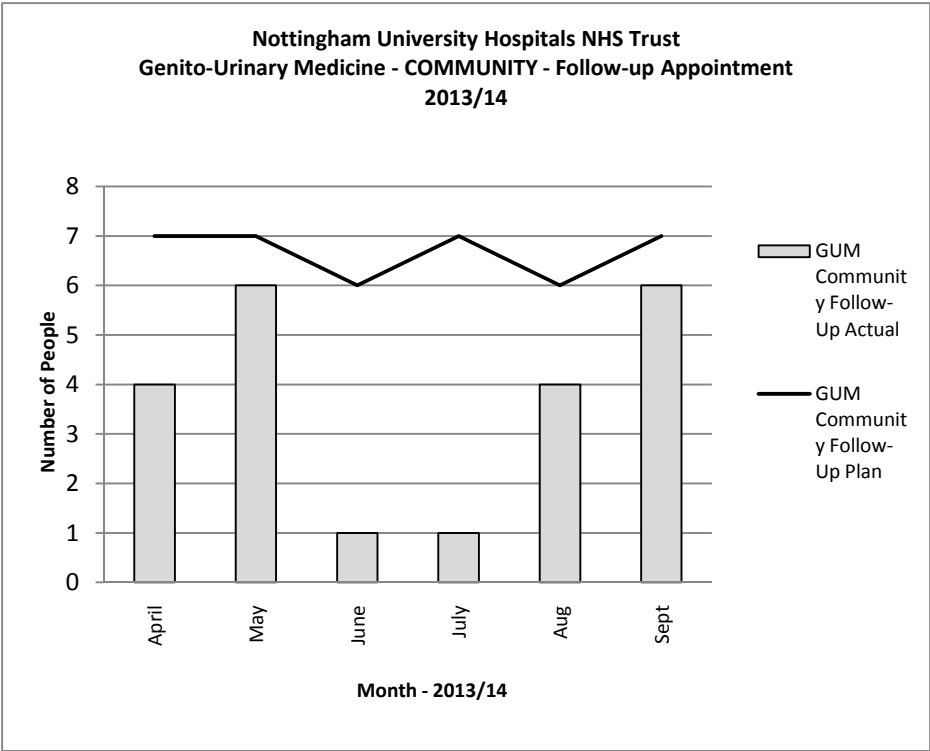




For quarters one and two, overall both hospital and community based clinics are underspent against the planned budget. The above two graphs show 12% under activity in quarter two for first appointments and 4% over planned activity in quarter two for follow-up appointments.

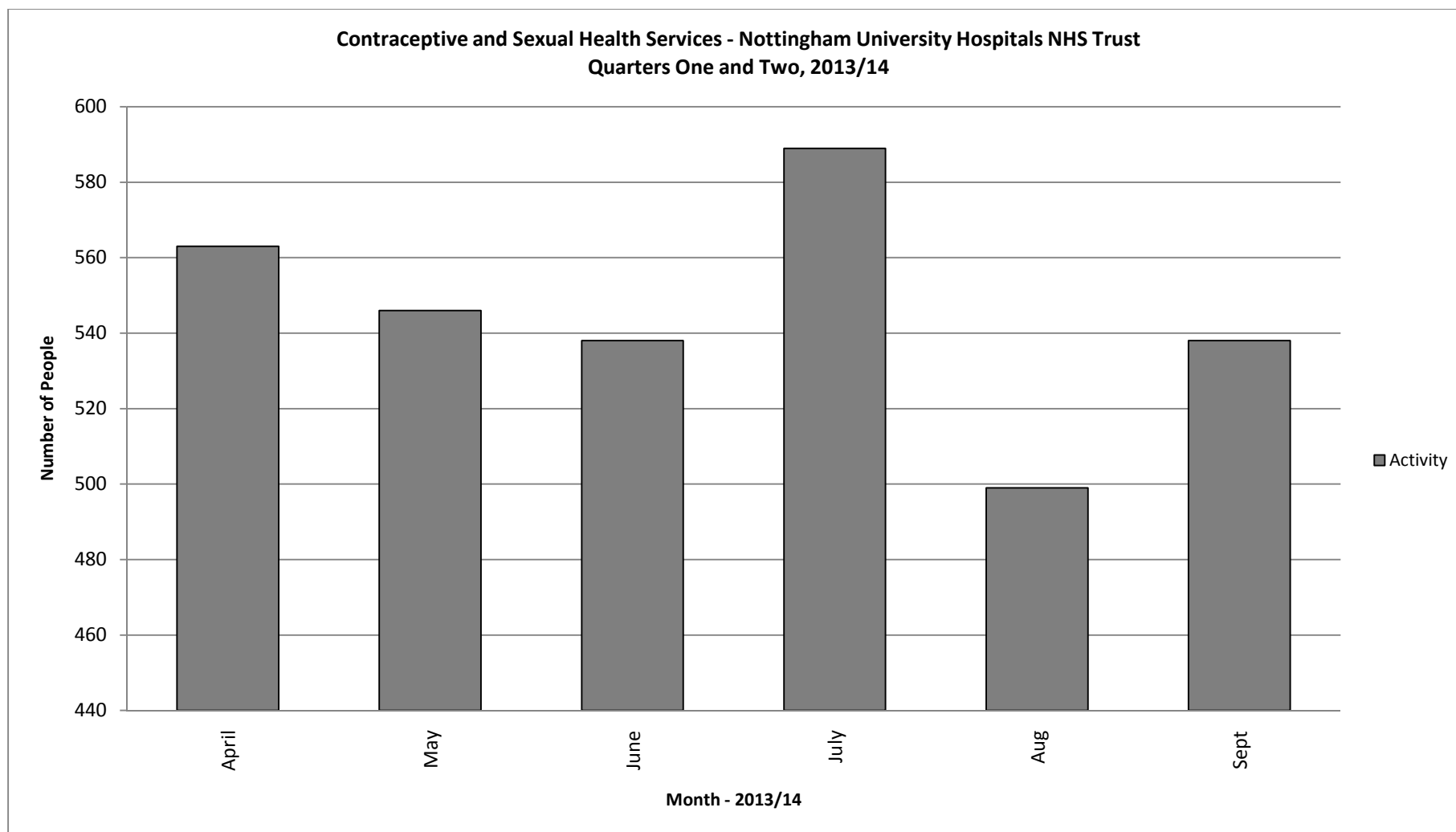
The GUM service is open access service which experiences seasonal fluctuations in relation to attendance. The providers are paid for services on an activity basis, as opposed to a block contract. The price is set nationally. Activity plans are developed, to aid with budget setting and monitoring.





The two graphs above summarise the activity against plan for patients accessing GUM in community based clinics. They show activity for first appointments and follow-up appointments.

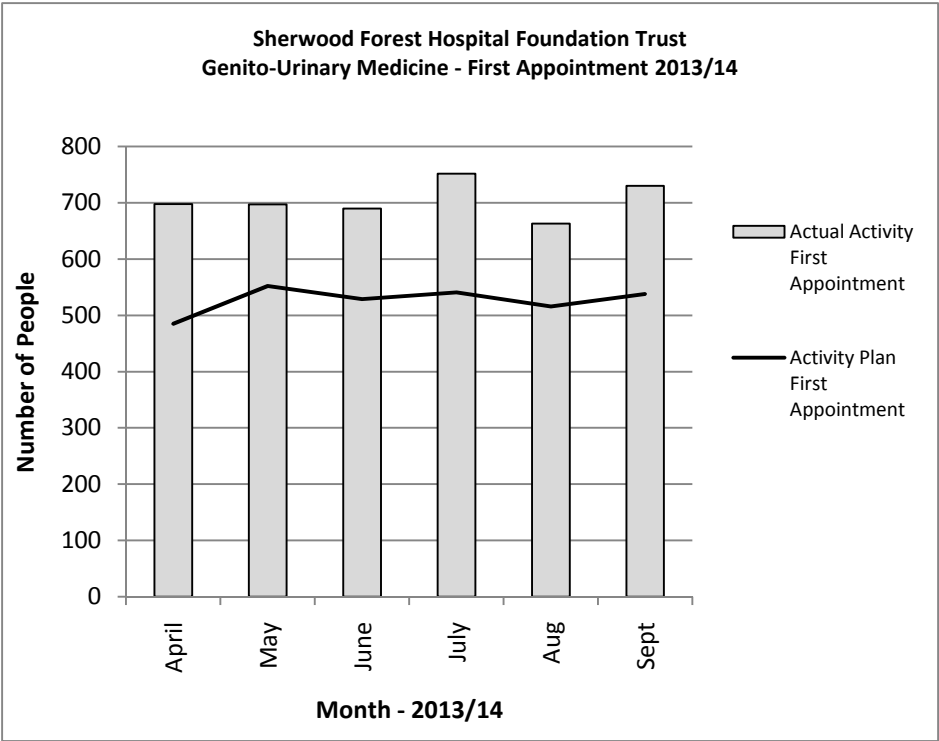
The above two graphs show a 28% under planned activity for first appointments during quarter two, and 45% under planned activity for follow-up appointments. The GUM community service is a small service which is reflected in the numbers of people accessing services.

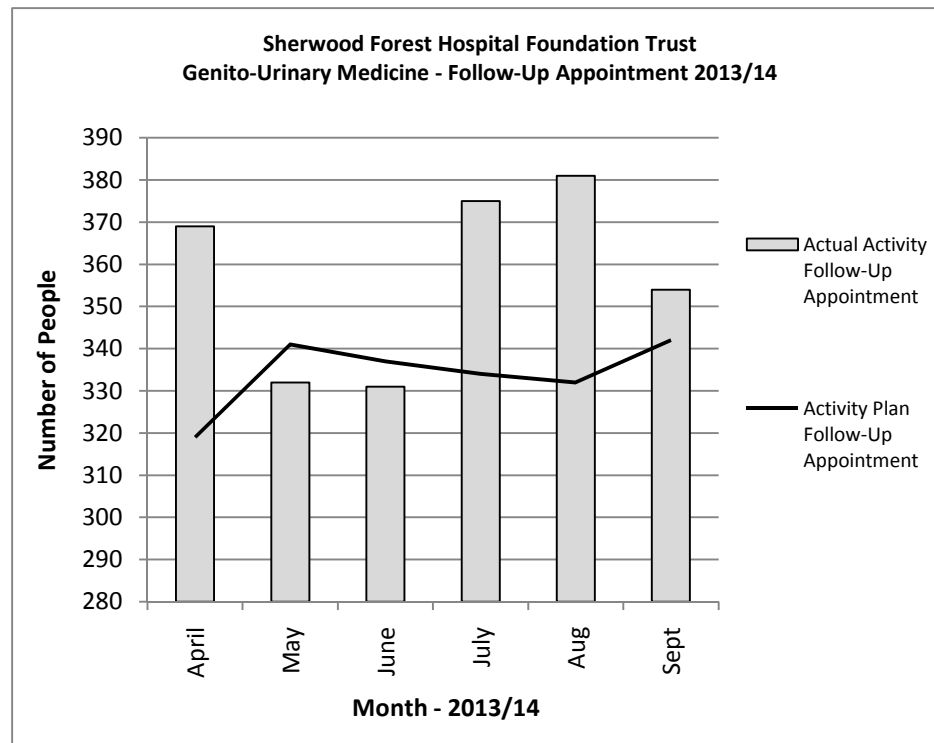
Contraceptive and Sexual Health Services (CaSH)

CaSH is an open access service which is demand led. Payment of the contract is via a block contract.

Sherwood Forest Hospital Foundation Trust

Genito-Urinary Medicine

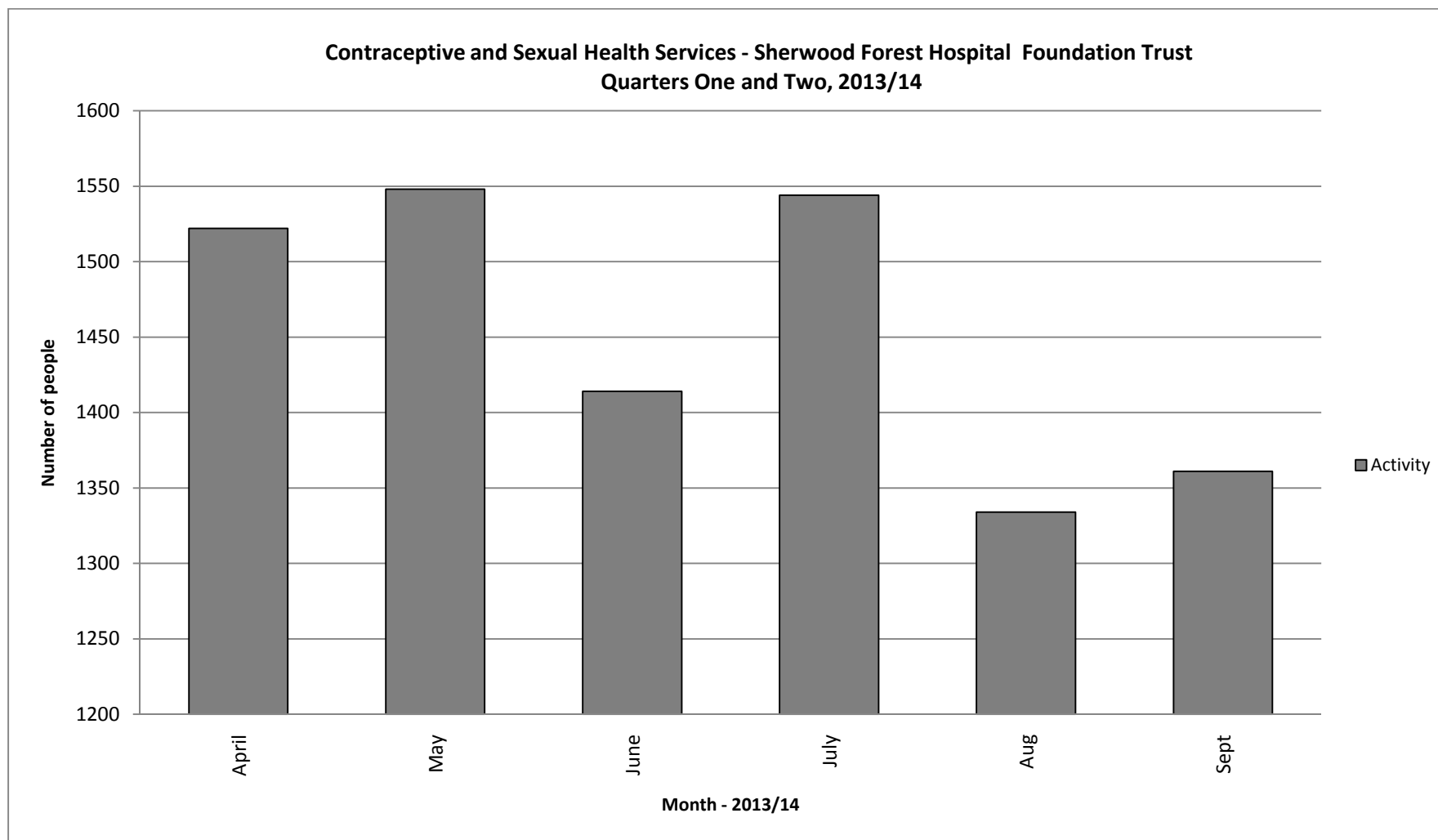




The two graphs above summarise the activity against plan for patients accessing hospital based Genito-Urinary Medicine. They show activity for first appointments and follow-up appointments for the first six-months of 2013/14. The graphs show over activity for both first appointments and follow-up appointments for quarter two.

The GUM service is open access service which experiences seasonal fluctuations in relation to attendance. The providers are paid for services on an activity basis, as opposed to a block contract. The price is set nationally. Activity plans are developed, to aid with budget setting and monitoring.

There is continuous monitoring of GUM activity/spend against plan.

Contraceptive and Sexual Health Services (CaSH)

The above graph shows the number of people accessing CaSH that are provided by Sherwood Forest Hospital Foundation Trust. CaSH is an open access service which is demand led. Payment of the contract is via a block contract.

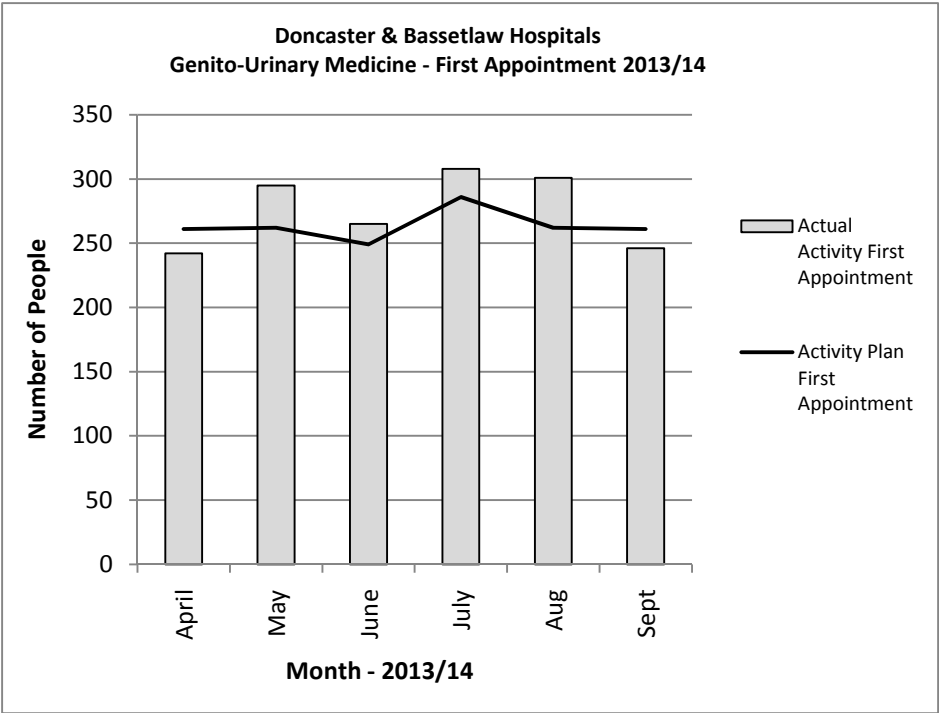
SEXions – school based service

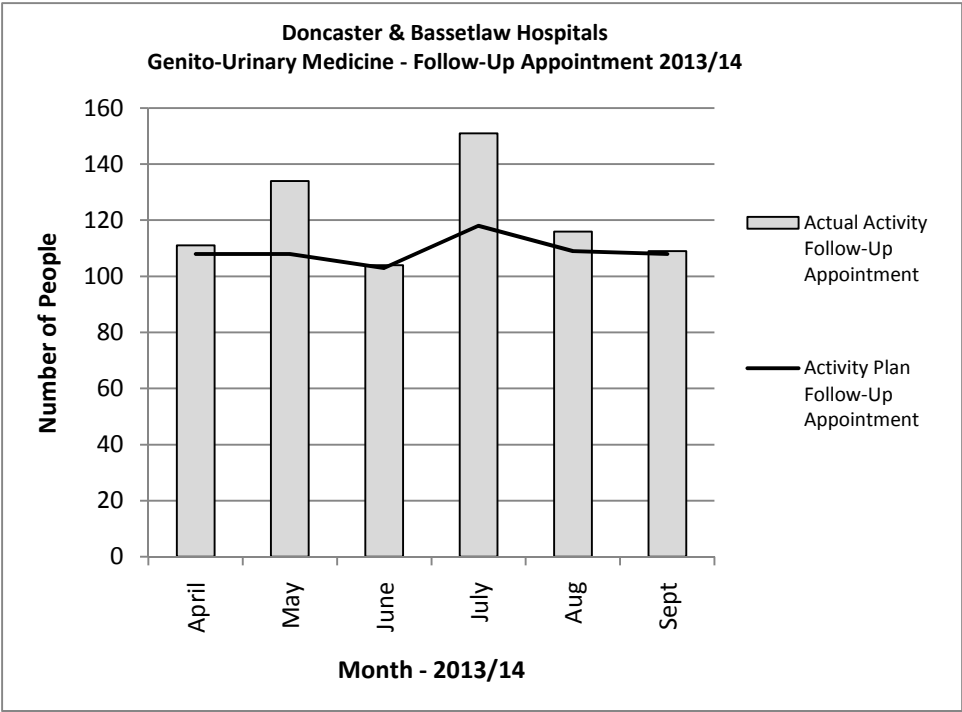
INDICATORS	Annual target - 2013/14	Quarter Two – 2013/14 Target	Quarter Two – 2013/14 Actual
Number of young people taught	7000	1750	1474
Number of young people who have received 1:1 advice	2,800	700	590
Numbers of C card registrations obtained	400	100	11
Percentage of young people who have a 1:1 contact and are offered a chlamydia test	80% offered	80% offered	26% offered
Percentage of those offered a chlamydia test who took up the offer	30%	30%	100%

Payment of the contract is via a block contract. The service is roughly on target for the year end. However, there was a drop of activity in quarter two, which is likely to be due to the six-week summer holiday as all activity takes place in schools.

Doncaster & Bassetlaw Hospitals

Genito-Urinary Medicine





The above two graphs show over activity in relation to GUM first appointments and follow-up appointments.

The GUM service is open access service which experiences seasonal fluctuations in relation to attendance. The providers are paid for services on an activity basis, as opposed to a block contract. The price is set nationally. Activity plans are developed, to aid with budget setting and monitoring.

Continuous monitoring of GUM activity/spend against plan.

Terrence Higgins Trust

INDICATORS	Target (City/County)	Quarter One - 2013/14 Actual (City/County)	Quarter Two – 2013/14 Actual (City/County)
Number of People Living with HIV (PLWHIV) supported in Nottinghamshire County and Nottingham City	50 per quarter	62	37
Point of care testing	60 per quarter	85	76
Condom packs distribution	625 per quarter	1,062	2,100
Outreach group events in Nottinghamshire targeting high risk groups	3 per quarter	7	5
Chlamydia - All 15-24 year olds offered a screen	100%	100%	100%
HIV training sessions	6 sessions per year	3	4

Nottingham City Council is the lead commissioner for this contract. The figures above shows activity for both City and County residents combined. Because of the nature of the service, postcodes are not collected, which is a challenge for both City and County commissioners. Work is on-going as to how this will be resolved for 2014/15 to ensure only the services County residents are reported on and paid for.

NHS Nottinghamshire County Community Pharmacists**Emergency Hormonal Contraceptive**

87 Community Pharmacists deliver the service across Nottinghamshire. This is a demand-led service, therefore there are no targets.

Emergency Hormonal Contraceptive	Activity - Year 2013/14	
	Quarter One	Quarter Two
Number of consultations by Community Pharmacists	885	1,201

C-Card – condom distribution scheme

10 Community Pharmacists deliver the service across Nottinghamshire. This is a demand-led service, therefore there are no targets.

	Activity - Year 2013/14	
	Quarter One	Quarter Two
Numbers of young people accessing the C-Card scheme from Community Pharmacists	143	95

Nottinghamshire County GPs**Long-Acting Reversible Contraceptive (Sub Dermal Implants and Intra Uterine Contraceptive Devices)**

This is a demand-led service, therefore there are no targets.

Long-Acting Reversible Contraceptive (LARC)	Activity - Year 2013/14	
	Quarter One	Quarter Two
Sub Dermal Implants - Insertions	396	373
Sub Dermal Implants - Removal	237	215
Sub Dermal Implants – Insertion and Removal combined	158	146
Intra Uterine Contraceptive Device – Insertions	700	638
Intra Uterine Contraceptive Device – Removals (County GPs only)	329	299
Intra Uterine Contraceptive Device - Annual Check (Bassetlaw GPs only)	30	18

Comprehensive Sexual Health Services - Summary / Performance Issues:

- Performance issues are discussed below each graph/table above.
- The main performance issue is regarding over-activity against plan of Genito-Urinary Medicine provided by Sherwood Forest Hospital Foundation Trust.

Actions to be taken:

- Continuous monitoring of GUM activity/spend against plan.

Quality and Patient Safety: No issues reported.

4. Alcohol and Drug Misuse

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Successful completion of drug treatment	PH 2.15	<ul style="list-style-type: none">- Alcohol related admissions to hospital- Mortality from liver disease- Successful completion of drug treatment
People entering prison with substance dependence issues who are previously not known to community treatment	PH 2.16	
Category of contract value	High	

Notice has been served with a service end date of 30.09.14 on all substance misuse providers. Retendering for a Nottinghamshire Adult Substance Misuse Recovery Services is currently underway. We anticipate that a new contract will be awarded with delivery effective from the 01.10.14.

Service Providers
The Recovery Partnership (including Hetty's and Framework, Last Orders)
Bassetlaw Drug and Alcohol Service
Nottinghamshire Probation Substance Misuse Service
Regents House, Carers Federation
Recovery in Nottingham, Health Shop, Nottingham (Specialist Needle Exchange)
Nottinghamshire Healthcare NHS Trust (Substance Misuse in Prison, HMP Ranby)
GPs
Community Pharmacists

PROVIDER = THE NOTTINGHAMSHIRE RECOVERY PARTNERSHIP			
INDICATORS	TARGET For each quarter- 2013/14	ACTUAL Quarter One – 2013/14	ACTUAL Quarter Two – 2013/14
Access to services			
Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%	100%
Effective Treatment			
Opiate User presentations in effective treatment	87%	91%	91%
Over 18's (all drugs) presentations in effective treatment	90%	91%	92%
Blood Borne Viruses			
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	98.4%	99.2%
Percentage of clients accepting the offer commence HBV vaccination	65%	83.3%	77.1%
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	98.3%
Percentage of those in treatment with a Hepatitis C test	85%	86.7%	86.8%
Treatment Outcome Profiles (TOP)			
New treatment journeys with a TOP completed	98%	99%	98%
Care plan reviews with a TOP completed	85%	87.5%	96.8%
Completion of TOP on planned exit	90%	97.9%	93.1%
Successful Discharges from Treatment			

Percentage of successful discharges as a proportion of those in treatment (opiate users)	10%	8.3%	9.2%
Percentage of successful discharges as a proportion of those in treatment (non-opiate users)	44%	45%	40.9%
Percentage increase of alcohol assessments as an increase on 2010 / 11 baseline	25%	25%	11%
Of those discharged from alcohol treatment, % discharged successfully	55%	58.3%	61.7%
Percentage of representations from those successfully completing treatment within six-months	19.7% - 21.4%	24.8%	21.9%

Summary / Performance Issues:

Percentage of successful discharges as a proportion of those in treatment (non-opiate users) – reduction in performance by 4.1%, which equates to 2 individuals. The number of non-opiate users in structured treatment is declining.

Percentage increase of alcohol assessments as an increase on 2010 / 11 baseline – alcohol access sessions operate across the county provide quick and effective access to short non reportable episodes of alcohol intervention.

Actions to be taken:

One element of delivery is currently being reviewed. It is expected that this indicator will demonstrate improved performance from quarter two onwards.

A review of non-opiate users in treatment will be conducted, ensuring recovery capital is being maximised to optimise successful outcome.

PROVIDER = THE NOTTINGHAMSHIRE RECOVERY PARTNERSHIP (RP)		
QUALITY INDICATORS	ACTUAL Quarter One – 2013/14	ACTUAL Quarter Two – 2013/14
Social Capital		
% of clients at assessment that are asked whether they would like a family member / partner involved in their care or a referral for family support	60.4%	67.4%
% of families who successfully engaged in family / carer support post referral (data is provided by the RP Family and Carers service)	89%	76.5%
% of all clients having family / partner involved in their recovery plan	45%	43.8%
% of clients engaged in self-help / mutual aid / structured group work & peer support	40%	50.6%
Physical Capital		
% of clients receiving a financial health check	65%	65.2%
% of clients that improve their economic sustainability (reduce debt,	88%	100%

maximise income, avoid eviction & homelessness)		
% of clients in sustained accommodation	83%	85.2%
% reduction in homelessness	74%	54.5%
Human Capital		
% of clients in structured treatment accessing a Needle Exchange	30%	14.6%
% of clients in employment, education & training	27%	32.2%
% of clients receiving care for mental wellness and mental health issues	67%	28.4%
Cultural Capital		
% of clients who represent to Substance Misuse Criminal Justice Services within 3 months of the offence will have their treatment and support packages reviewed with all relevant professionals	100%	100%
% of clients engaged in healthy lifestyle pursuits, such as complementary therapies, exercise, smoking cessation, healthy diet	80%	75%
% of clients who have reduced their overall risk taking behaviour i.e. change in injecting practices, reduction in overall alcohol and / or drug intake	91%	96.5%
% of clients expressing satisfaction with the services provided by the RP	98%	95.5%

PROVIDER = HETTYS (Brief interventions / Family services). Part of The Nottinghamshire Recovery Partnership	
INDICATOR	ACTUAL Quarter One – 2013/14
Number of new referrals to the service during the quarter	94
The number of clients engaged with family services completed by the service during the quarter	84
Active clients	290
Events / interventions	2478

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PROVIDER = FRAMEWORK LAST ORDERS (specialist triage service). Part of The Nottinghamshire Recovery Partnership		
INDICATOR	TARGET Quarter One – 2013/14	ACTUAL Quarter One – 2013/14
Number of completed assessments during the quarter	N/A	36
Complaints/Compliments	N/A	No complaints received
Consent and Confidentiality form - to be completed for all service users	95%	100%
Waiting Times - % service users assessed on the day of presentation	98%	99%
Screening Identification - audit for self-referrals	95%	100%
Alcohol consumption - recording of units consumed	95%	100%
Hypertension Screening - Blood Pressure age 40+	95%	100%
Standard Assessment Form - to be completed for all service users	95%	100%
Risk assessment - to be completed for all	95%	100%
Triage - same day triage to another service	98%	100% attempted
Assessment and Discharge reports - to be complete and with the GP within 2 weeks of discharge	95%	98%

PROVIDER = BASSETLAW DRUG AND ALCOHOL SERVICE		
INDICATOR	TARGET Quarter One – 2013/14	ACTUAL Quarter One – 2013/14
Access to services		
Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%

Effective Treatment		
Over 18's (all drugs) presentations in effective treatment	90%	94.3%
Blood Borne Viruses		
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%
Percentage of clients accepting the offer commence HBV vaccination	65%	45.7%
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	98.8%
Percentage of those in treatment with a Hepatitis C test	85%	89%
Treatment Outcome Profiles (TOP)		
New treatment journeys with a TOP completed	98%	100%
Care plan reviews with a TOP completed	85%	100%
Completion of TOP on planned exit	90%	100%
Successful Discharges from Treatment		
Percentage of successful discharges as a proportion of those in treatment (all clients/drugs)	10%	7.1%
Numbers in alcohol treatment	220 clients (full year)	258
Of those discharged from alcohol treatment, % discharged successfully	55%	53%

Summary / Performance Issues:

Public Health is aware of the issues relating to under performance.

Actions to be taken:

Performance is being reviewed with the provider.

PROVIDER = NOTTINGHAMSHIRE PROBATION SUBSTANCE MISUSE SERVICE		
INDICATOR	TARGET Quarter One – 2013/14	ACTUAL Quarter One – 2013/14
Access to services		

Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%
Effective Treatment		
Opiate User presentations in effective treatment	90%	85%
Over 18's (all drugs) presentations in effective treatment	90%	84%
Blood Borne Viruses		
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%
Percentage of clients accepting the offer commence HBV vaccination	65%	75%
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%
Percentage of those in treatment with a Hepatitis C test	85%	91%
Treatment Outcome Profiles (TOP)		
New treatment journeys with a TOP completed	98%	100%
Care plan reviews with a TOP completed	85%	100%
Completion of TOP on planned exit	90%	100%
Successful Discharges from Treatment		
Percentage of successful discharges as a proportion of those in treatment (opiate users)	13%	5%
Percentage of successful discharges as a proportion of those in treatment (non-opiate users)	45%	38%

Summary / Performance Issues:

Because of a Court Order the client may be in the care of the probation service for a set period of time and are then referred onto the Recovery Partnership for on-going treatment once the time period of the court order is completed.

Actions to be taken:

Continued monitoring of the service.

PROVIDER = REGENTS HOUSE (offers support to families and carers and those affected by someone else's substance misuse)		
INDICATOR	TARGET Quarter One – 2013/14	ACTUAL Quarter One – 2013/14
Number of referrals in	36	18
Number successfully leaving the service	27	13
Carers clinics	9	16
Referrals to counselling	4	1
Referrals to mentoring	8	1
Rickter reviews	20	1
Calls answered next working day	100%	100%
Feedback sought from planned/unplanned exits	100%	62%
Feedback received	50%	50%
Satisfaction rate	90%	100%

Summary / Performance Issues:

Number of referrals into the service is very low.

Actions to be taken:

The service is currently being reviewed alongside Nottinghamshire County Council Carer's Support, as to whether the two services can be incorporated.

PROVIDER = HEALTH SHOP (Recovery in Nottingham Needle Exchange)	
INDICATOR	ACTUAL Quarter One – 2013/14
Usage by County Clients	94

SUBSTANCE MISUSE IN PRISON – HMP RANBY PROVIDER = NOTTINGHAMSHIRE HEALTHCARE NHS TRUST		TARGET 2013/14	Quarter One – ACTUAL	Quarter Two – ACTUAL
Reception				
Number of New Prison Receptions	No target – based on activity		571	647
% of new receptions screened for substance misuse			99.8%	100%
% of new receptions screened identified as having an alcohol problem			20.1%	15%
% of new receptions screened identified as an Opiate User			17.9%	19%
% of new receptions screened identified as an Non-Opiate User			9.6	23
% 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%		76	72
% 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%	Data not available		
Internal Initiations				
% of internal referrals identified as having an alcohol problem	No target – based on activity		10.34	22.22
% of internal referrals identified as having opiate drug problem			13.79	22.22
% of internal referrals identified as having Non-opiate drug problem			75.86	55.56
% of internal referrals are offered a full substance misuse assessment within 1 working day	100%		58.62	22.22
% of internal referrals with a substance misuse need have a recovery plan in place within 5 working days of referral	95%	Data not available		
Total entry into Substance Misuse Recovery Service (SMRS)				
Total new assessments (Reception + Internal - activated)	No target		376	248
% identified with a substance misuse need are referred to SMRS within 1 workday (reception + internal)	No target		30	60.68
% of where ongoing clinical prescribing need identified reviewed by GPwSi within 2 working days (reception + internal)	No target		1	0
% identified with a substance misuse need, offered full substance misuse assessment and recovery plan in place within 5 working days (reception + internal)	No target		4	1.34
Interventions and Treatment				
% of new presentations offered a full recovery package of care	No target		74.5	74.1
% of those accepting and receiving a full recovery package of care	No target		25.5	35
% of clinical caseload in treatment in HMP Ranby < 12 months	< 75%		31.4	83.4
Recovery				
% of HMP Ranby SMRS successful completions have re-engaged into the service within 6 months	< 30%		0	0

% of successful discharges as a proportion of those in treatment (Opiate users)	25%	6.4	4.34
% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	1	7.86
% of successful discharges as a proportion of those receiving interventions (Alcohol user)	55%	0	0
% 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%	Data not available	
Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release	85%	95	90

Supervised Consumption – Local Enhanced Service (individual community pharmacists) – 2013/14

Supervised Consumption	Activity Quarter One – 2013/14
Number of clients	3,998
Number of supervisions	52,958
Total number on methadone supervisions	43,418
Total number on Subutex supervisions	9,540

Quality and Patient Safety in relation to all Substance Misuse Contracts:

In quarter two there was one Serious Incident. The investigation into it was concluded in quarter two.

5. Children and Young People

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Under 18 conceptions	PH 2.4	<ul style="list-style-type: none">- To achieve a sustained downward trend in the level of excess weight in children by 2020- To change knowledge, skills and attitudes towards substance misuse to prevent problematic use
Excess weight in 4-5 and 10-11 year olds	PH 2.6	
Category of contract value	High	

Name of Provider	Service Provided
County Health Partnership	School Nursing
Bassetlaw Health Partnership	School Nursing
County Health Partnership	Healthy Schools Programme

No data is currently available regarding the school nursing contract. The Children's Integrated Commissioning Hub is working with the provider to ensure timely and accurate data is provided in the future.

HEALTHY SCHOOLS NOTTINGHAMSHIRE PROVIDER = COUNTY HEALTH PARTNERSHIP		
Improving Health Outcomes through Healthy Schools Whole School reviews	TARGET 2013/14	ACTUAL 2013/14 Quarters One & Two
Number of schools that have completed the Whole School Review (WSR)	150	29
Number of Schools with an out-of-date WSR	60	128
Number of schools with an up-to-date WSR	160	71
Improving Health Outcomes through the Healthy Schools Enhancement Model (HSEM)		
Number of schools that have commenced work on the Enhancement Model	100	76
Number of schools that have completed the Enhancement Model	50	50
Reducing Inequalities		
Proportion of schools with high Free School Meals (FSM) eligibility engaged in HSEM	70%	29%
Proportion of Children Centres (CCs) achieving Healthy Early Years Status	50%	55%
Ensuring a Positive Service User Experience		
Positive feedback from pupils & wider school community	85%	96.3%
Positive feedback from children, families & early years setting	85%	100%
Engaging schools to address key priority health themes		
Number of schools within Healthy Schools Enhancement working on key health themes	No target	141
Improving Health Outcomes in Early Years settings		
Children Centres engaged in the Healthy Early Years Status	85%	57%
Children Centres that are working towards Healthy Early Years Status	No target	36%
Children Centres not yet engaged	No target	7%

Summary / Performance Issues:

- The Healthy Schools team are finding it difficult to engage schools. This may be in part due to the end of the National Programme.

- There are 128 schools that have not notified the Healthy Schools team as to whether they are working on their WSR.
- The team hasn't been able to achieve the target for number of schools with an out-of-date WSR, although there has been a reduction over the past few years from 216 to 128.
- There are 25 schools that have never achieved the status of 'Healthy School'

Actions to be taken:

- Each school has been contacted explaining the necessary procedure to become re-accredited
- Locality information will be provided to the Child and Family Health teams, so that their named School Nurse can encourage and support completion of WSR

Quality and Patient Safety: No issues reported.

6. Community Safety and Violence Prevention

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Domestic Abuse	PH 1.11	Crime and Community Safety: - Violent crime - Domestic violence
Violent crime (including sexual violence)	PH 1.12	
Category of contract value	Medium	

Service Providers

Nottinghamshire Women's Aid – Bassetlaw Children's Services

Monitoring Data	Activity Quarter One – 2013/14	Activity Quarter Two - 2013/14
Number of children supported this quarter	29	37
Number of children new to service this quarter	25	18
Number of children who received support for less than 6 weeks	21	19
Number of children who received support for more than 6 weeks	8	9
Number of children who disengaged from the support being offered	4	9
Number of children who were supported 1-1	12	12
Number of children who were supported in groups	19	7
Number of children who were supported through schools delivery	6	18
Number of Common Assessment Frameworks (CAF's) initiated/open to other agencies	1	1
Number of children subject to a child protection plan	5	8
Number of children subject to child in need plan	1	1
Number of looked after children	3	0

Summary / Performance Issues:

- No targets to monitor activity against.

Actions to be taken:

- Continue to monitor activity.

Quality and Patient Safety: No issues reported.

7. Dental Public Health

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Tooth decay in children aged 5	PH 4.2	None identified
Category of contract value	Medium High	

Service Provider
County Health Partnership – Oral Health Promotion Team

Oral Health Promotion	TARGET 2013/14	ACTUAL Quarter One - 2013/14
Health Promotion		
Pregnant women receive oral health messages (midwifery)	70%	75%
<1 year receive oral health messages	70%	99%
School Entrants receive oral health messages	80%	26%
2 Year olds receive oral health messages	70%	54%
Primary Schools receive oral health information	70%	100%
Children receive oral health information (targeted)	50%	100%
Dental Access		

Practices to be members of accreditation	80%	82%
Active Dental Practices within the Oral Health Network	20 Sites	46 sites
Community Involvement		
Special Schools to be part of the accreditation	90%	90%
Offer training to residential homes	40 delegates a year	17

Summary / Performance Issues:

- Quarter Two data has not yet been received.
- Production of the oral health packs have gone out to tender

Actions to be taken:

- Have streamlined the available training due to staffing
- Plan to charge non-attendants of training

Quality and Patient Safety: No issues reported.

8. Seasonal Mortality

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Excess winter deaths	PH 4.15	- Excess winter deaths
Category of contract value	Medium	

Service Provider
Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service)

INDICATOR	Annual Target	TARGET Quarter One – 2013/14	ACTUAL Quarter One – 2013/14	TARGET Quarter Two – 2013/14	ACTUAL Quarter Two – 2013/14	CUMULATIVE ACTUAL
Number of people trained to deliver brief intervention	153	30	8	27	0	8
Number of training courses held for front line staff	11	N/A	2	N/A	0	2
Number of awareness raising community presentations / events held	5	N/A	4	N/A	0	4

Number of people attending awareness raising community presentations / events	100	N/A	85	N/A	0	85
Number of home heating and insulation referrals	600	162	140	126	29	169
Number of homes in which heating and insulation improvements are made as a result of referrals	390	106	19	82	0	140
Number of people attending the training who rate service provided as good or better	85%	85%	100%	85%	0	50%
Percentage of people attending the training who rate service provided as good or better	N/A	N/A	41	N/A	0	N/A
Summary / Performance Issues: <ul style="list-style-type: none"> No training courses were delivered in quarter two, due to restructuring of teams and annual leave The service has been attending flu clinics to promote the message of Affordable Warmth. Referrals for grants are low. 						
Actions to be taken: <ul style="list-style-type: none"> The service continues to work with key individuals to encourage staff to attend the training. A mailshot to inform people regarding available grants is planned. It is anticipated this will raise increase the number of referrals in quarters three and four. 						
Quality and Patient Safety: No issues reported.						

9. Social Exclusion

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Children in poverty Social Isolation	PH 1.1 PH 1.18	- To improve outcomes for children and their families
Category of contract value	Medium High	

Service Providers
Citizen's Advice Bureaus (Nottinghamshire and District CAB)

Citizen's Advice Bureau (Bassetlaw Positive Paths)
The Friary (Drop-in Service)

Citizen's Advice Bureau (Nottinghamshire and District CAB)	
INDICATORS	1st April– 30th September 2013 ACTUAL
Location = Bestwood Village	
Number of new clients assisted/cases opened	28
Number of client appointments	29
Amount of benefit gained	£30,388
Amount of debt handled	£23,200
Location = Daybrook GPs	
Number of new clients assisted/cases opened	29
Number of client appointments	36
Amount of benefit gained	£61,275
Amount of debt handled	£22,318
Location = Netherfield GPs	
Number of new clients assisted/cases opened	29
Number of client appointments	34
Amount of benefit gained	£30,388
Amount of debt handled	£23,200
Location = Newstead Village	
Number of new clients assisted/cases opened	26
Number of client appointments	32
Amount of benefit gained	£14,486
Amount of debt handled	£24,220

PROVIDER = Citizen's Advice Bureau (Bassetlaw Positive Paths)				
INDICATORS	Annual Target 2013/14	ACTUAL Quarter One – 2013/14	ACTUAL Quarter Two – 2013/14	CUMULATIVE ACTUAL
Patients/clients to be provided with advice and support services	520	153	179	332
Additional Annual income for patients/clients	£1,240,774	£347,159.06	£205,281.61	£552,400.67

PROVIDER = The Friary (Drop-in Service)				
INDICATORS	Annual Target 2013/14	ACTUAL Quarter One – 2013/14	ACTUAL Quarter Two – 2013/14	CUMULATIVE ACTUAL
One to one specialist advice interviews	6,672	1,881	1,678	3,559

Summary / Performance Issues:

- None to report

Actions to be taken:

- None to report

Quality and Patient Safety: No issues reported.

10. Tobacco Control

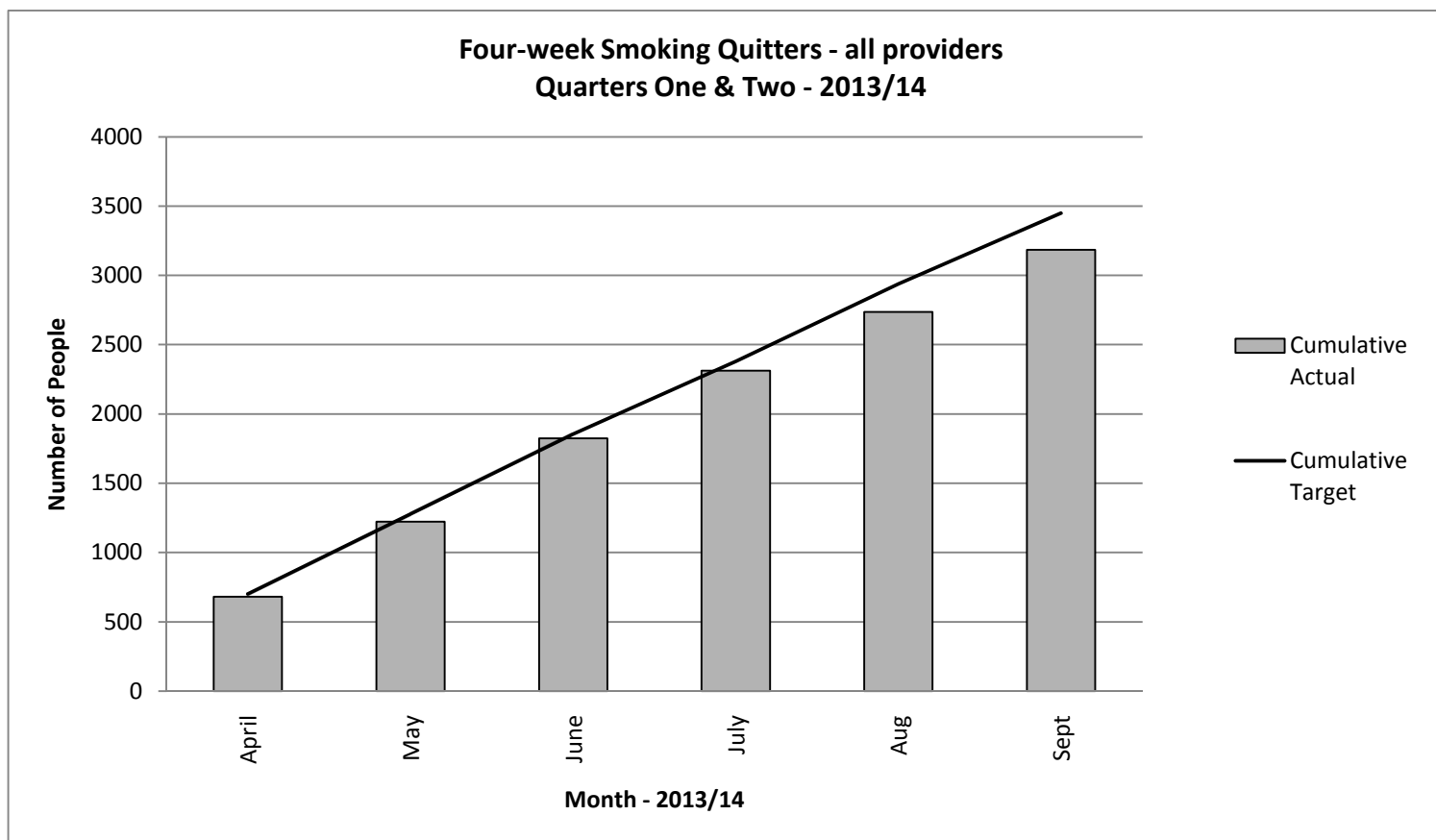
National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Smoking prevalence in over 18 years	PH 2.14	- Prevention: behaviour change and social attitudes smoking and tobacco control
Category of contract value	High	

Service Providers

New Leaf – County Health Partnership

GPs –Nottinghamshire
Community Pharmacists – Nottinghamshire
Bassetlaw Stop Smoking Service
Bassetlaw GPs

Service Provider Four-week smoking quitter* INDICATOR	2013/14 Annual Target	Quarter One – 2013/14 Target	Quarter One - 2013/14 Actual	Quarter Two - 2013/14 Target	Quarter Two - 2013/14 Actual	Cumulative Target	Cumulative Actual
New Leaf – County Health Partnership	4,953	1,325	1,412	1,116	1,060	2,441	2,472
GPs – Nottinghamshire	600	156	108	126	91	282	199
Community Pharmacists – Notts	531	123	99	102	42	225	141
Bassetlaw Stop Smoking Service	700	177	188	175	153	352	341
Bassetlaw GPs	293	75	21	74	16	149	37
Total annual target / actual	7,077	1,856	1,828	1,593	1,362	3,449	3,190



A quit date is the date on which a smoker plans to stop smoking altogether with support from a stop smoking adviser as part of an NHS-assisted quit attempt.

***A four-week smoking quitter** is a treated smoker whose quit status at four-weeks from their quit date (or within 25 to 42 days of the quit date) has been assessed (either face to face, by telephone, text or email). The four-week smoking quitter rate is used as a proxy measure for the prevalence rate.

Summary / Performance Issues:

- The above table and graph show that performance against target has not been achieved during the months of August and September. At the end of quarter two the target had not been achieved. This reflects the national picture, where there has been a decline in people stopping smoking.
- The key issues affecting delivery is the underperformance of the GP's and community pharmacies.

Actions to be taken:

- Nottinghamshire County Public Health is exploring the potential to commission extra quitters and support for primary care contractors from the specialist stop smoking services

Quality and Patient Safety: No issues reported.

11. Weight Management (including nutrition and physical activity)

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Diet Excess weight in adults Excess weight in 4-5 and 10-11 year olds Proportion of physically active and inactive adults	PH 2.11 PH 2.12 PH 2.6 PH 2.13	<ul style="list-style-type: none"> - 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
Category of contract value	Medium High	

Notice has been served with a service end date of 31.07.14 for all weight management services. Retendering for a Nottinghamshire Obesity Prevention and Weight Management Services is currently underway. We anticipate that a new contract will be awarded with delivery effective from the 01.08.14.

Name of Service Providers	Service
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Ashfield District Council	Community nutrition			
Bassetlaw District Council	Exercise referral scheme			
Bassetlaw Health Partnership	Weight management			
Broxtowe Borough Council	Exercise referral scheme			
County Health Partnership	Community nutrition			
Gedling Borough Council	Exercise referral scheme			
Mansfield District Council	Community nutrition			
Newark and Sherwood District Council	Community nutrition and exercise referral scheme			
Bassetlaw GPs	Weight management			
Ashfield District Council – Community Nutrition INDICATORS	2013/14 Annual Target	Quarter One - 2013/14 Actual	Quarter Two - 2013/14 Actual	2013/14 Cumulative Actual
Targeted one-off awareness sessions - Community	43	10	13	23
Targeted one-off awareness sessions – School	25	0	5	5
Targeted one-off awareness sessions - Workplace	4	8	8	16
Cookery Courses (cook & eat) - School	4	0	0	0
Cookery Courses (cook & eat) – GP Referral	2	0	0	0

Bassetlaw District Council - Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter One- 2013/14 Target	Quarter One- 2013/14 Actual	Quarter Two- 2013/14 Target	Quarter Two- 2013/14 Actual	2013/14 Cumulative Actual
Number of referrals	400	100	124	100	147	271
Number of people who start the 12 week programme	340	85	N/A	85	Q1&Q2 = 240	240
Number of people completed the 12 week programme *	204	51	N/A	51	Q1&Q2 = 37*	37

* this figure is a running total. For example, a referral that started in the scheme on the 01.04.2013 will not be due a 12-week assessment until the 12.04.13. This will be reported on in the first quarter of 2013/14.

Bassetlaw Health Partnership - Community weight management programme (ZEST) INDICATORS	2013/14 Annual Target	Quarter One-2013/14 Target	Quarter One-2013/14 Actual	Quarter Two-2013/14 Target	Quarter Two-2013/14 Actual	Cumulative Target 2013/14	2013/14 Cumulative Actual
Number of people completing a 12 week ZEST programme	150	36	32	36	19	75	51
40% of participants achieving 5-10% weight loss	40%	40%	N/A	40%	43%	40%	N/A

Broxtowe Borough Council – Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter One-2013/14 Target	Quarter One-2013/14 Actual	Quarter Two-2013/14 Target	Quarter Two-2013/14 Actual	2013/14 Cumulative Actual
Number of referrals	No target	No target	123	No target	122	245
Number of people who start the 12 programme	300	75	63	75	91	154
Number of starters that did not complete 12 weeks	No target	No target	29	No target	48	77

County Health Partnership INDICATORS	2013/14 Annual Target	Quarter One-2013/14 Actual	Quarter Two - 2013/14 Actual	2013/14 Cumulative Actual
Targeted one-off awareness sessions - Community	160	70	66	136
Targeted one-off awareness sessions – School / nursery / children / young people – those signed up to the Enhanced Healthy School Status	180	89	78	167
Targeted one-off awareness sessions – School / nursery / children / young people - school facilities and children's centres that are not participating in the Healthy Early Years Standard	60	0	28	28
Targeted one-off awareness sessions - Workplace	15	6	3	9

Cookery Courses (cook & eat) - Community	65	17	18	35
Cookery Courses (cook & eat) – School	15	11	3	14
Training sessions, minimum of 10-12 participants per course	65	26	25	51
Awareness Raising Events	20	14	14	28

Gedling Borough Council – Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter One - 2013/14 Target	Quarter One - 2013/14 Actual	Quarter Two - 2013/14 Target	Quarter Two- 2013/14 Actual	Cumulative Target Quarters One & Two	2013/14 Cumulative Quarters One & Two
Number of referrals	No target	No target	135	No target	131	No target	266
Number of people who start the 12 programme	300	75	117	75	79	150	196
Percentage of people completed the 12 week programme	60%	60%	60%	60%	61%	N/A	103%
Percentage of those reaching goal	50%	23	44	23	46	46	90

Mansfield District Council – Community Nutrition INDICATORS	2013/14 Annual Target	Quarter One - 2013-14 Actual	Quarter Two - 2013-14 Actual	2013/14 Cumulative Actual
Targeted one-off awareness sessions - Community	36	9	14	23
Targeted one-off awareness sessions – School	25	6	12	18
Targeted one-off awareness sessions - Workplace	24	2	5	7
Cookery Courses (cook & eat) - School	4	1	0	1
Cookery Courses (cook & eat) – GP Referral	2	1	0	1

Newark & Sherwood District Council – Community Nutrition INDICATORS	2013/14 Annual Target	Quarter One - 2013-14 Actual	Quarter Two - 2013-14 Actual	2013/14 Cumulative Actual
Targeted one-off awareness sessions - Community	60	37	35	72
Targeted one-off awareness sessions – School	140	46	50	96
Targeted one-off awareness sessions - Workplace	25	3	2	5
Cookery Courses (cook & eat) - Community	20	5	7	12

Newark and Sherwood District Council – Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter One - 2013/14 Target	Quarter One - 2013/14 Actual	Quarter Two - 2013/14 Target	Quarter Two - 2013/14 Actual	2013/14 Cumulative Actual
Number of referrals	No target	No target	113	No target	93	206
Number of people who start the 12 programme	300	75	70	75	68	138
Number of starters that did not complete 12 weeks	No target	No target	46	No target	55	101

Bassetlaw GPs Weight Management INDICATORS	Quarter One - 2013/14 Actual	Quarter Two - 2013/14 Actual	2013/14 Cumulative Actual
Number of patients that have completed a 12-week Adult Weight Management session	68	57	125
Number of patients who attended 6 or more sessions	66	69	135
Number of patients who achieved a target weight loss 6+ sessions	37	58	95

Summary / Performance Issues:

- Service review meetings are taking place with all providers
- There is inequity of service provision across Nottinghamshire

Actions to be taken:

- Notice has been served, until 31.07.14 on all weight management providers.
- Retendering for a Nottinghamshire Obesity Prevention and Weight Management Services is currently underway.
- Consultation on the future service model concludes on the 31.12.13.

Quality and Patient Safety: No issues reported.

Quality - Exception Report Q2 2013-14

Table showing complaints relating to health contracts and summary of Serious Incidents reported within Public Health Contracts and Freedom of Information requests. *Please note areas where zero reports have not been listed.*

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	0 (Zero)	0 (Zero)	0 (Zero)	1 (One)	1 (One)	1 (One)	0 (Zero)
Comprehensive Sexual Health Services	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	2 (Two)
Information relating to management functions	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	3 (Three)

