

Public Health Performance and Quality Report for Health Contracts

Quarter Three (October – December) 2013/14

Contents	
Page	Area
2	Format of the Report
3	Key Indicators for Priority Public Health Contracts, including Details and Remedial Actions and Quality Issues: <ul style="list-style-type: none"> - NHS Health Check - National Child Measurement Programme - Sexual Health
16	Key Indicators for other Public Health Contracts, including Details and Remedial Actions and Quality Issues
41	Table showing complaints relating to health contracts and summary of Serious Incidents reported within Public Health Contracts and Freedom of Information requests.

Format of the Report

The contracts are grouped together in relation to the Public Health function to which they relate. 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 in 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

The table below provides a key to the performance trends shown within the tables.

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

1. Public Health Priority: NHS Health Checks

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
<p>Recorded diabetes</p> <p>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)</p>	<p>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.</p> <p>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.</p>
Health and Wellbeing Strategy Priorities	
<p>- Physical Disability, Long term Conditions and Sensory Impairment</p> <p>- To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)</p>	
Category of contract value	Medium High
Name of Providers	GPs

Summary of Performance
<ul style="list-style-type: none"> Nottinghamshire County Council aims to have achieved offers to 20% of the eligible population by the end of 2013-2014. By the end of quarter 2, actual offers were 4.4% and by the end of quarter 3 this had increased to 11%. There is normally a marked increase in practice activity between January and April, because practices manage their activity over the year to accommodate other fluctuating demands on their capacity, so expected actual coverage is likely to be around two thirds i.e. 33,303 offers against the aim of 50,005. Nottinghamshire County Council aim to have achieved 55% uptake (checks done as a proportion of offers made). By the end of quarter 3 uptake was 58.9%. This figure however hides considerable variation between practices, with some achieving rates of around 80% whilst others are achieving around 50%.

Target and Measure	Per Quarter - 2013/14 Plan	Quarter Three – 2013/14 Actual	Cumulative Total – 2013/14	Trend
Numbers of eligible patients who have been offered health checks	17,790	10,104	21,687	↔
Numbers of patients offered who have received health checks	11,562	6,805	12,130	↑

Actions to address issues
<ul style="list-style-type: none"> Involvement of Patient Participation Groups is now being planned and will be actively pursued where uptake is low among high risk groups, alongside other promotional strategies informed by the market research undertaken in October-December.
<p>Quality and Patient Safety: No issues reported.</p>

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

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
Excess weight ages 4-5 (Reception Year) and ages 10-11 (Year 6)	<p>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.</p> <p>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 11th December 2013 and are outlined below.</p>
Health and Wellbeing Strategy Priorities	
- To achieve a sustained downward trend in the level of excess weight in children by 2020	
Category of contract value	Medium High
Name of Providers	County Health Partnership (CHP)
	Bassetlaw Health Partnership (BHP)

Summary of Performance
<p>The NCMP across Nottinghamshire 2012/13 ran successfully. Public Health continues to meet with the providers to ensure the programme runs as effectively in the 2013/14 school year.</p> <p>Two schools opted out of the programme in 2012/13, but there was still an increase in participation rates for schools in the CHP catchment area. For Bassetlaw schools participation by reception children remained the same and there was a slight decrease in children from Year 6. However for the 2013/14 programme there is 100% participation by schools in Nottinghamshire. This will increase the participation rate. The only children who will not be included in the programme are ones where parents have not given their consent; where children refuse on the day; and when an individual child is off sick on the day of measurement. CHP has agreed to carry out 'mop-up' sessions in schools to capture the data from children who were off sick on the initial day of weighing and measuring.</p>

INDICATORS - PARTICIPATION RATES	Target 2012/13 (school year)	Actual 2011/12 (school year)	Actual 2012/13 (school year)	Trend compared to 2011/12
PROVIDER = COUNTY HEALTH PARTNERSHIP				
Percentage of children in Reception with height and weight recorded	91.5%	90.5%	91.7%	↑
Percentage of children in Year 6 with height and weight recorded	91.5%	89.6%	87.8%	↑
PROVIDER = BASSETLAW HEALTH PARTNERSHIP				
Percentage of children in Reception with height and weight recorded	90.0%	91.0%	91.1%	↔
Percentage of children in Year 6 with height and weight recorded	89.2%	89.3%	88.5%	↓

INDICATORS – OBESITY AND EXCESS WEIGHT RATES						
Low is good	Reception – Nottinghamshire 2012/13	Reception - national average 2012/13	Trend in Nottinghamshire from 2011/12	Year 6 – Nottinghamshire 2012/13	Year 6 - national average 2012/13	Trend in Nottinghamshire from 2011/12
% of children obese	8.1%	9.3%	↑	17.5%	18.9%	↔
% of children excess weight (overweight and obese combined)	21.4%	22.3%	↔	31.2%	33.3%	↑

Actions to be taken
<ul style="list-style-type: none"> Providers are to action mop up sessions for the school year 2013/14 with the outcome to improve participation rates. In relation to the obesity and excess weight rates, Public Health is currently re-commissioning its obesity and weight management services. A reduction in excess weight in children will be an outcome of any new service that is commissioned.

- The 2012/13 results are currently being analysed. A comprehensive outcome report will be presented to a Children's Trust Executive Board meeting in the future.

Quality and Patient Safety: No issues reported.

3. Public Health Priority: Comprehensive Sexual Health

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
<p>Chlamydia diagnoses (15-24 year olds)</p> <p>People presenting with HIV at a late stage of infection</p> <p>Under 18 conceptions</p>	<p>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.</p> <p>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.</p> <p>Teenage pregnancy is a key measure of health inequalities and child poverty.</p>
Health and Wellbeing Strategy Priorities	
<p>Draft strategy 2014/16:</p> <ul style="list-style-type: none"> - 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 	
Category of contract value	High

Summary table showing trend of performance in relation to the sexual health services

Name of Providers	Service	Trend
Nottingham University Hospitals	Genito-Urinary Medicine (GUM)	↔
	GUM – community	↔
	Contraceptive and Sexual Health service (CaSH)	Data not yet available for quarter three
Sherwood Forest Hospital Foundation Trust	Genito-Urinary Medicine (GUM)	↔
	CaSH	↔
	SEXions	Data not yet available for quarter three
Doncaster & Bassetlaw Hospital	Genito-Urinary Medicine (GUM)	↔
Terrence Higgins Trust	Targeted point of care testing	Data not yet available for quarter three
Bassetlaw Health Partnership	CaSH	↑
Community Pharmacists – Locally Commissioned Public Health Services (LCPHS)	<ul style="list-style-type: none"> - Emergency Hormonal Contraceptive (EHC) - C-Card 	Data not yet available for quarter three
GPs – LCPHS	Long-Acting Reversible Contraceptive (LARC) <ul style="list-style-type: none"> - Sub Dermal Implants - Intra Uterine Contraceptive Device (IUCD) 	Data not yet available for quarter three

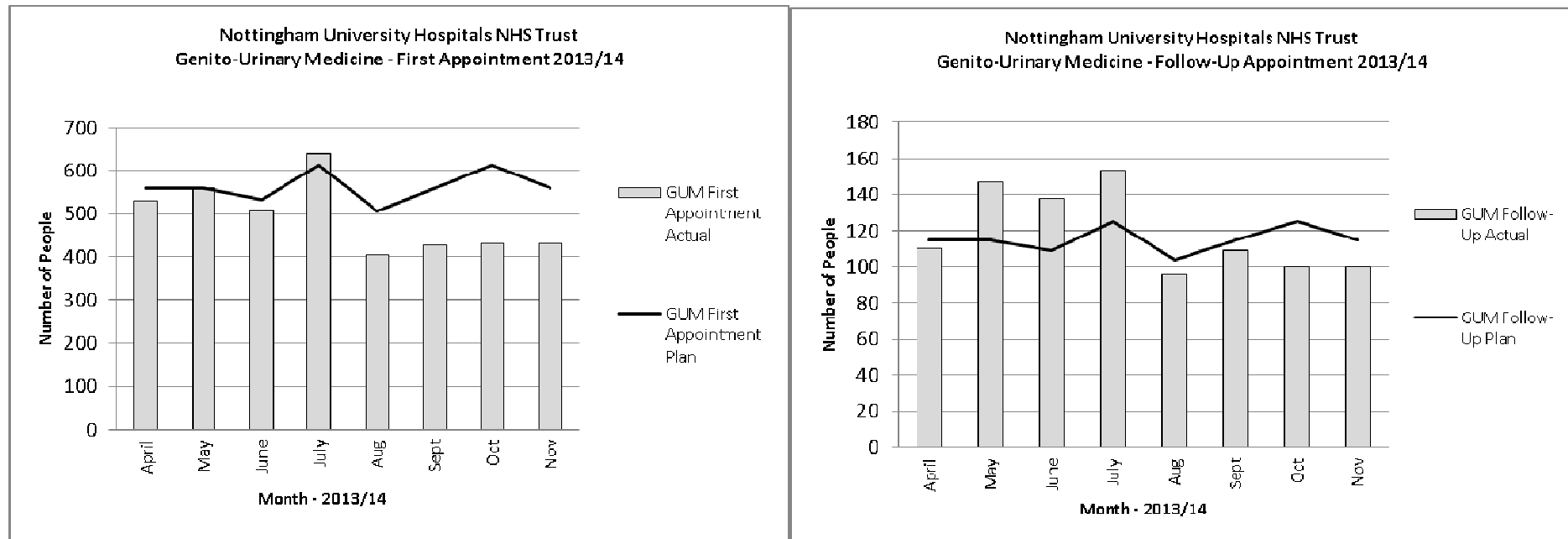
Summary of Performance

- Performance issues are discussed below each graph/table above.
- In relation to GUM activity, although local services are performing under plan, there is a year on year increase in activity. If this trend continues, this will mean an increase in activity next year.
- The main performance issue is regarding over-activity against plan of Genito-Urinary Medicine provided by Sherwood Forest Hospital Foundation Trust.
- Contract service review meetings are taking place with all providers.

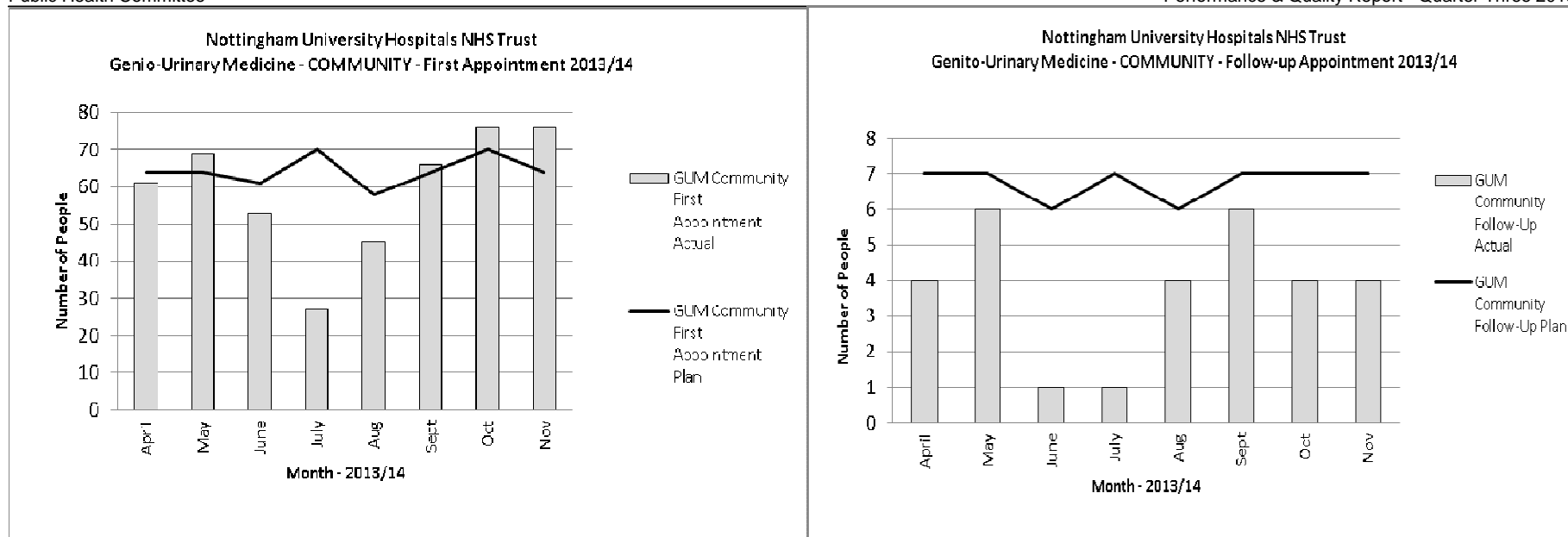
Nottingham University Hospitals NHS Trust**Genito-Urinary Medicine (GUM)**

The GUM service is open access service which experiences seasonal fluctuations in relation to attendance.

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.

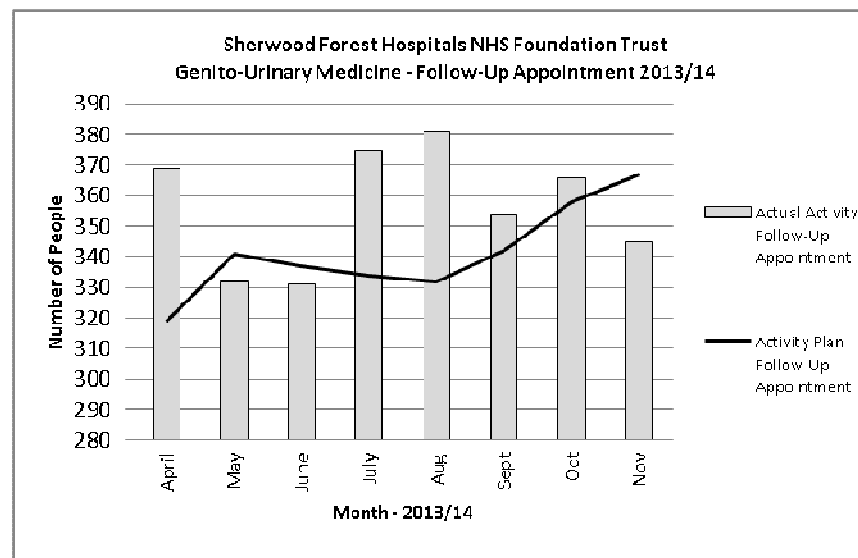
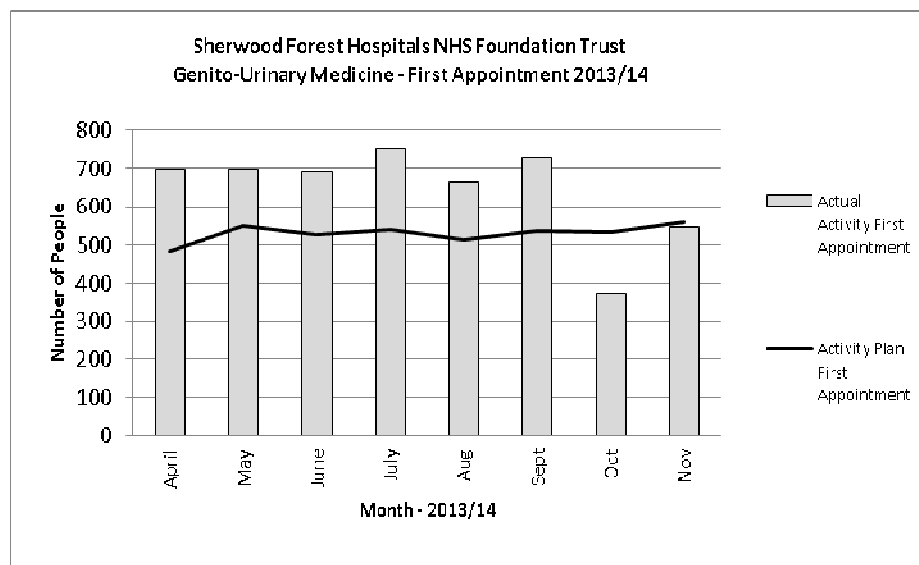


For the first eight months of the year, hospital based clinics are underspent against the planned budget. Also, this relates to under activity for both first appointments and follow-up appointments.



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

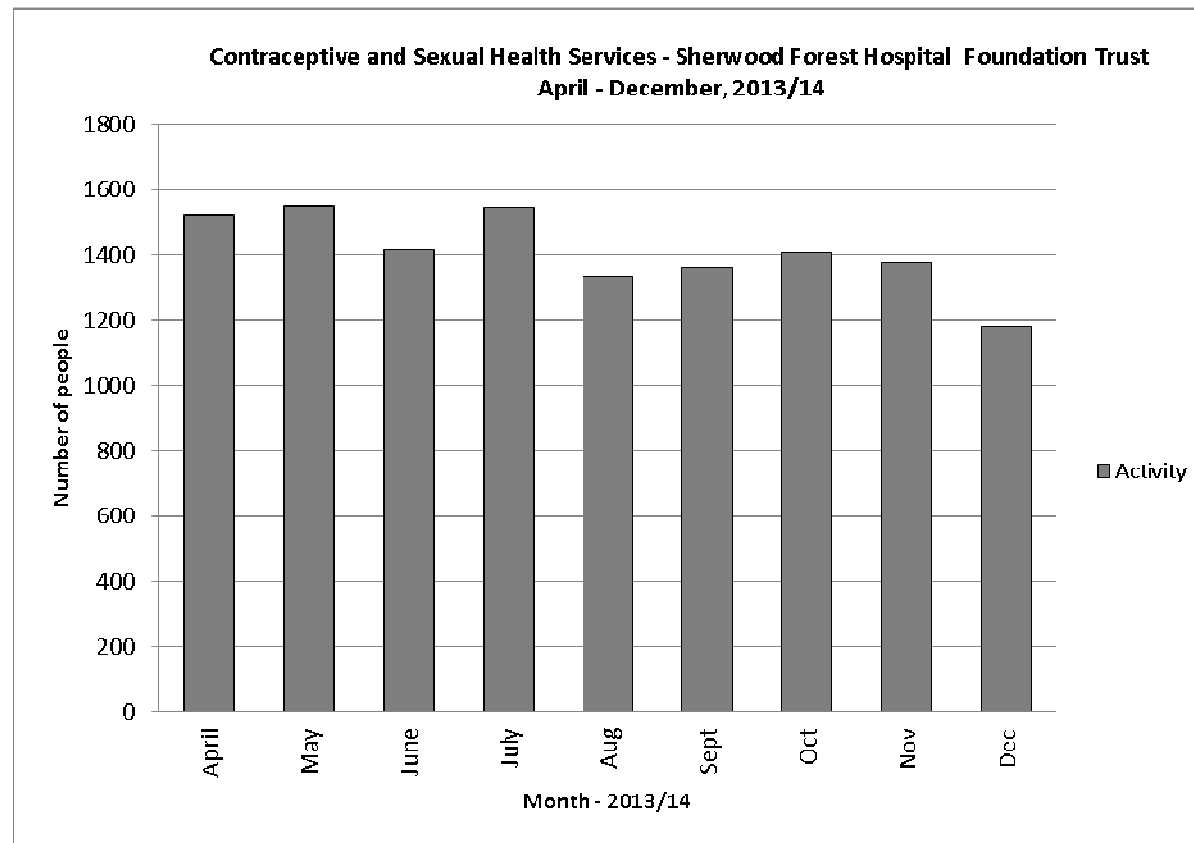
The GUM community service is a small service which is reflected in the numbers of people accessing services.

Sherwood Forest Hospital Foundation Trust**Genito-Urinary Medicine**

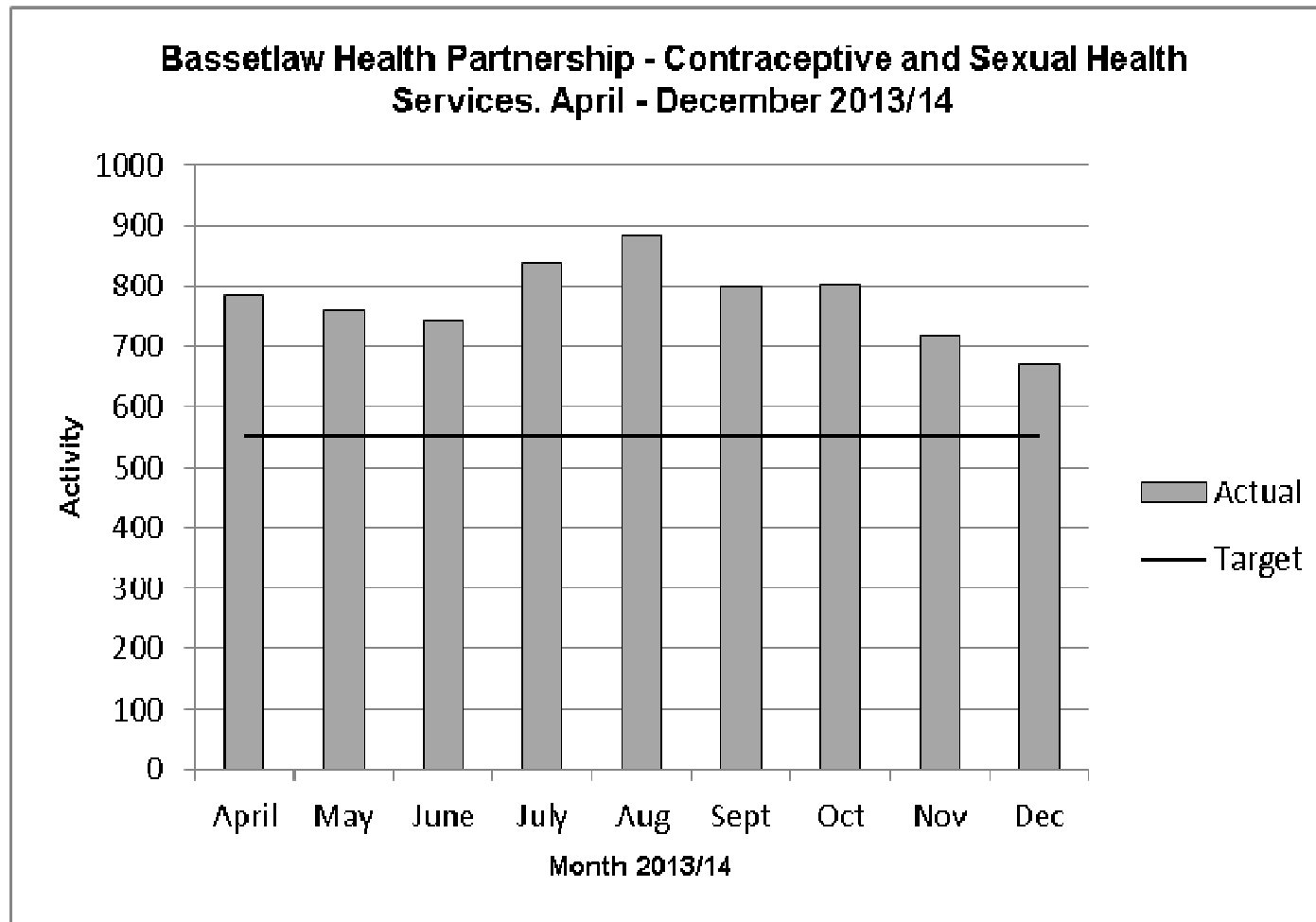
The two graphs above summarise the activity against plan for patients accessing hospital based Genito-Urinary Medicine. They show over activity for first appointments and follow-up appointments for the first eight-months of 2013/14, with a slight dip in activity during October for first appointments. This is reflected with a dip in activity for follow-up appointments for November.

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.

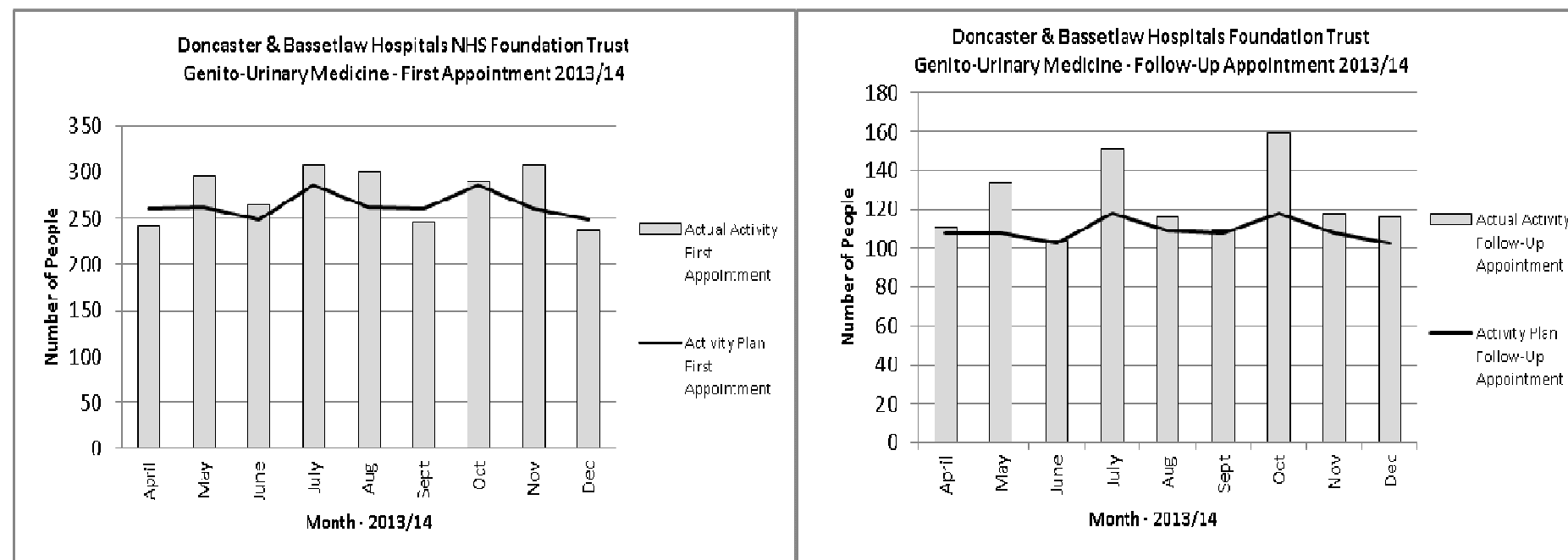
There is continuous monitoring of GUM activity/spend against plan.

Contraceptive and Sexual Health Services (CaSH)

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



The above graph shows the number of people accessing CaSH services that are provided by Bassetlaw Health Partnership. The CaSH service is an open access service which is demand led. Payment of the contract is via a block contract. There has been slight fluctuations in the number of people accessing the service throughout the year, which has been constantly higher than the target.

Doncaster & Bassetlaw Hospitals**Genito-Urinary Medicine**

The above two graphs show slight over activity in relation to GUM first appointments and follow-up appointments. In October there was a slight raise in the number of people attending follow-up appointments.

Actions to be taken

- Continuous monitoring of GUM activity/spend against plan.
- Work is on-going to understand the patient pathway to ensure patients are being seen appropriately.
- Negotiations ongoing in relation to service specification development.
- To implement a system of monitoring and reporting against the quality indicators stated in the service specification.

Quality and Patient Safety: No issues reported.

4. Alcohol and Drug Misuse

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
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	
<ul style="list-style-type: none"> - Alcohol related admissions to hospital - Mortality from liver disease - Successful completion of drug treatment 	
Category of contract value	High
Name of 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

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. Nottinghamshire County Council Public Health anticipate that a new contract will be awarded with delivery effective from the 01.10.14.

PROVIDER = THE NOTTINGHAMSHIRE RECOVERY PARTNERSHIP			
INDICATORS	TARGET For each quarter- 2013/14	ACTUAL Quarter Two – 2013/14	Trend
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	87%	91%	↔
Over 18's (all drugs) presentations in effective treatment	90%	92%	↑
Blood Borne Viruses			
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	99.2%	↑
Percentage of clients accepting the offer commence HBV vaccination	65%	77.1%	↔
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	98.3%	↔
Percentage of those in treatment with a Hepatitis C test	85%	86.8%	↔
Treatment Outcome Profiles (TOP)			
New treatment journeys with a TOP completed	98%	98%	↔
Care plan reviews with a TOP completed	85%	96.8%	↑
Completion of TOP on planned exit	90%	93.1%	↔
Successful Discharges from Treatment			
Percentage of successful discharges as a proportion of those in treatment (opiate users)	10%	9.2%	↑
Percentage of successful discharges as a proportion of those in treatment (non-opiate users)	44%	40.9%	↓
Percentage increase of alcohol assessments as an increase on 2010 / 11 baseline	25%	11%	↓↓
Of those discharged from alcohol treatment, % discharged successfully	55%	61.7%	↔
Percentage of representations from those successfully completing treatment within six-months	19.7% - 21.4%	21.9%	↔

Summary / Performance Issues and actions to be undertaken:

Percentage of successful discharges as a proportion of those in treatment, opiate users (0.7% below target):

- This quarter has seen a rise of 0.9%. This improvement in performance was anticipated in the last exception report and been borne out.
- 0.7% equates to 15 individuals
- It is anticipated that this indicator will continue to rise in the following quarter

Percentage of successful discharges as a proportion of those in treatment, non-opiate users (3.8% below target)

- Reduction in performance by 3.8%
- This equates to 2 individuals
- Non opiate users in structured treatment are declining
- Review will be conducted of those within treatment ensuring recovery capital is being maximised to optimise successful outcome

Percentage increase of alcohol assessments as an increase on 2010 / 11 baseline:

- Target is 631 assessments, 554 were achieved. Deficit is 77.
- This indicator does not capture those clients where brief treatment is the appropriate treatment option - alcohol access sessions operate across the county providing quick and effective access to short non reportable episodes of alcohol intervention

Percentage of representations from those successfully completing treatment within six-months:

- Improvement of previous quarters is sustained with a 0.9% improvement this quarter
- 14 individuals re-presented to the treatment system within 6 months
- The system cannot yet track individuals.

PROVIDER = THE NOTTINGHAMSHIRE RECOVERY PARTNERSHIP (RP)		
QUALITY INDICATORS	ACTUAL Quarter Two – 2013/14	Trend
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	67.4%	↑
% of families who successfully engaged in family / carer support post referral (data is provided by the RP Family and Carers service)	76.5%	↓
% of all clients having family / partner involved in their recovery plan	43.8%	↔
% of clients engaged in self-help / mutual aid / structured group work & peer support	50.6%	↑
Physical Capital		
% of clients receiving a financial health check	65.2%	↔

APPENDIX TWO

Public Health Committee

Performance & Quality Report - Quarter Three 2013/2014

% of clients that improve their economic sustainability (reduce debt, maximise income, avoid eviction & homelessness)	100%	↑↑
% of clients in sustained accommodation	85.2%	↔
% reduction in homelessness	54.5%	↓↓
Human Capital		
% of clients in structured treatment accessing a Needle Exchange	14.6%	↓↓
% of clients in employment, education & training	32.2%	↑
% of clients receiving care for mental wellness and mental health issues	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%	↔
% of clients engaged in healthy lifestyle pursuits, such as complementary therapies, exercise, smoking cessation, healthy diet	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	96.5%	↓
% of clients expressing satisfaction with the services provided by the RP	95.5%	↓

PROVIDER = HETTY'S (Brief interventions / Family services). Part of The Nottinghamshire Recovery Partnership		
INDICATOR	ACTUAL Quarter Two – 2013/14	Trend
Number of new referrals to the service during the quarter	99	↑
The number of clients engaged with family services completed by the service during the quarter	91	↑
Active clients	326	↑↑
Events / interventions	2795	↑↑

PROVIDER = FRAMEWORK LAST ORDERS (specialist triage service). Part of The Nottinghamshire Recovery Partnership		
INDICATOR	ACTUAL Quarter Two – 2013/14	Trend
Number of completed assessments during the quarter	27	↔
Complaints/Compliments	No complaints received	↔
Consent and Confidentiality form - to be completed for all service users	100%	↔
Waiting Times - % service users assessed on the day of presentation	100%	↔
Screening Identification - audit for self-referrals	100%	↔
Alcohol consumption - recording of units consumed	100%	↔
Hypertension Screening - Blood Pressure age 40+	100%	↔
Standard Assessment Form - to be completed for all service users	100%	↔
Risk assessment - to be completed for all	100%	↔
Triage - same day triage to another service	100% attempted	↔
Assessment and Discharge reports - to be complete and with the GP within 2 weeks of discharge	97%	↑

PROVIDER = BASSETLAW DRUG AND ALCOHOL SERVICE			
INDICATOR	TARGET For each quarter- 2013/14	ACTUAL Quarter Two – 2013/14	Trend
Access to services			
Clients have a waiting time of 3 weeks or less for a first appointment	90%	100%	↔
Effective Treatment			
Over 18's (all drugs) presentations in effective treatment	90%	95%	↑
Blood Borne Viruses			
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%	↔
Percentage of clients accepting the offer commence HBV vaccination	65%	38%	↓
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%	88%	↔
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%	↓
Numbers in alcohol treatment	220 clients (full year)	124	↑
Of those discharged from alcohol treatment, % discharged successfully	55%	48%	↓

Summary / Performance Issues and actions taken:

Percentage of clients accepting the offer commence HBV vaccination:

- There has been an increase of 16% from previous quarter. However, it is still below target and will be continued to be monitored and liaise with all clinics to improve on this percentage further.

Percentage of successful discharges as a proportion of those in treatment (all clients/drugs):

- The performance is down 8% on previous quarter. However, as a proportion of all those in treatment successful discharges currently stand

at 35% which is equivalent to the national average. Continue to monitor to further improve for next quarter.

Of those discharged from alcohol treatment, % discharged successfully:

- Down 8% on previous quarter. However, as a proportion of all those in treatment successful discharges currently stand at 35% which is equivalent to the national average. Continue to monitor to further improve for next quarter.

PROVIDER = NOTTINGHAMSHIRE PROBATION SUBSTANCE MISUSE SERVICE			
INDICATOR	TARGET For each quarter- 2013/14	ACTUAL Quarter Two – 2013/14	Trend
Access to services			
Clients have a waiting time of 3 weeks or less for a first appointment	100%	100%	↔
Effective Treatment			
Opiate User presentations in effective treatment	90%	81%	↓
Over 18's (all drugs) presentations in effective treatment	90%	81%	↓
Blood Borne Viruses			
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%	↑
Percentage of clients accepting the offer commence HBV vaccination	65%	82%	↑↑
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)	10%	6%	↑
Percentage of successful discharges as a proportion of those in treatment (non-opiate users)	45%	40%	↓

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	ACTUAL Quarter One – 2013/14	ACTUAL Quarter Two – 2013/14	Trend
Number of referrals in	18	20	↑
Number successfully leaving the service	13	13	↔
Carers clinics	16	15	↔
Referrals to counselling	1	0	↑
Referrals to mentoring	1	1	↔
Rickter reviews	1	10	↑↑
Calls answered next working day	100%	100%	↑
Feedback sought from planned/unplanned exits	62%	62%	↔
Feedback received	50%	10%	↓↓
Satisfaction rate	100%	100%	↔

Summary / Performance Issues:

The 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.

SUBSTANCE MISUSE IN PRISON – HMP RANBY PROVIDER = NOTTINGHAMSHIRE HEALTHCARE NHS TRUST		TARGET 2013/14	Quarter Two – ACTUAL	Trend
Reception				
Number of New Prison Receptions	No target – based on activity		647	⬆
% of new receptions screened for substance misuse			100%	↔
% of new receptions screened identified as having an alcohol problem			15.3%	↔
% of new receptions screened identified as an Opiate User			19%	⬆
% of new receptions screened identified as an Non-Opiate User			2.33%	⬆
% 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%		72%	↔
Internal Initiations				
% of internal referrals identified as having an alcohol problem	No target – based on activity		22%	⬆
% of internal referrals identified as having opiate drug problem			22%	⬆
% of internal referrals identified as having Non-opiate drug problem			56%	↔
Total entry into Substance Misuse Recovery Service (SMRS)				
Total new assessments (Reception + Internal - activated)	No target		248	↔
% identified with a substance misuse need are referred to SMRS within 1 workday (reception + internal)	No target		61%	⬆
% of where ongoing clinical prescribing need identified reviewed by GPwSi within 2 working days (reception + internal)	No target		0	↔
Interventions and Treatment				
% of new presentations offered a full recovery package of care	No target		35%	⬆
% of those accepting and receiving a full recovery package of care	No target		83%	⬆

Summary / Performance Issues:

Successes:

- 100% of prisoners now receiving both treatment and psychosocial interventions
- House Block 2 is being refurbished
- Staffing levels have increased
- There is now a non-medical prescriber 2-days a week, and a full-time substance misuse GP

Constraints:

- There is a time lag in training staff how to use SystmOne/templates
- There has been an increase of internal referrals

Actions to be taken:

The Key Performance Indicators are being reviewed by Nottinghamshire County Council, with the provider, to ensure they reflect the service.

NHT has offered to carry out drug awareness training/awareness sessions in the evenings.

SUBSTANCE MISUSE IN PRISON – HMP WHATTON PROVIDER = NOTTINGHAMSHIRE HEALTHCARE NHS TRUST		TARGET 2013/14	Quarter Two – ACTUAL	Trend
Reception				
Number of New Prison Receptions	No target – based on activity	108	↑	
% of new receptions screened for substance misuse		100%	↔	
% of new receptions screened identified as having an alcohol problem		20.5%	↔	
% of new receptions screened identified as an Opiate User		0%	↔	
% of new receptions screened identified as an Non-Opiate User		0%	↑	
% 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%	↑	
Internal Initiations				
% of internal referrals identified as having an alcohol problem	No target – based on activity	21%	↔	
% of internal referrals identified as having opiate drug problem		0%	↔	
% of internal referrals identified as having Non-opiate drug problem		0%	↔	
Total entry into Substance Misuse Recovery Service (SMRS)				
Total new assessments (Reception + Internal - activated)	No target	238	↔	
% identified with a substance misuse need are referred to SMRS within 1 workday (reception + internal)	No target	100%	↑	
% of where ongoing clinical prescribing need identified reviewed by GPwSi within 2 working days (reception + internal)	No target	0	↑	
Interventions and Treatment				
% of new presentations offered a full recovery package of care	No target	100%	↑↑	
% of those accepting and receiving a full recovery package of care	No target	18%	↓	

Summary / Performance Issues:

Work is on-going by Nottinghamshire Healthcare Trust to ensure accurate and timely data is captured. SystmOne is now used within the service and templates have been produced. Staff are currently been trained. The Trust has appointed a programme lead who will closely with the psychosocial lead on the substance misuse pathway.

Actions to be taken:

The Key Performance Indicators are being reviewed by Nottinghamshire County Council, with the provider, to ensure they reflect the service

5. Community Safety and Violence Prevention

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information	
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		
Crime and Community Safety: <ul style="list-style-type: none">- Violent crime- Domestic violence		
Category of contract value		Medium
Name of Providers		Nottinghamshire Women’s Aid – Bassetlaw Children’s Services

Summary of Performance
<p>The increase in figures for quarter three reflect the number of children in the awareness raising sessions that have been run in schools - 205 children/young people. Referrals for the 1-1 service are generated from these sessions for young people requiring ongoing support.</p> <p>A safety book has been successful and this is being developed with the input from many of the young people.</p> <p>There are currently no targets to monitor activity against.</p>

Monitoring Data	Activity Quarter One – 2013/14	Activity Quarter Two - 2013/14	Activity Quarter Three - 2013/14	Trend
Number of children supported this quarter	29	37	221	↑↑
Number of children new to service this quarter	25	18	214	↑↑
Number of children who received support for less than 6 weeks	21	19	207	↑↑
Number of children who received support for more than 6 weeks	8	9	14	↑
Number of children who disengaged from the support being offered	4	9	4	↔
Number of children who were supported 1-1	12	12	16	↑
Number of children who were supported in groups	19	7	205	↑↑

Actions to be taken

- Continue to monitor activity and review the service with the providers.

Quality and Patient Safety: No issues reported.

6. Seasonal Mortality

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
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	
- Excess winter deaths	
Category of contract value	Medium
Name of 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	Trend
Number of people trained to deliver brief intervention	153	30	8	27	0	↓
Number of training courses held for front line staff	11	N/A	2	N/A	0	↓↓
Number of awareness raising community presentations / events held	5	N/A	4	N/A	0	↓
Number of people attending awareness raising community presentations / events	100	N/A	85	N/A	0	↓
Number of home heating and insulation referrals	600	162	140	126	29	↓↓
Number of homes in which heating and insulation improvements are made as a result of referrals	390	106	19	82	0	↓↓
Number of people attending the training who rate service provided as good or better	85%	85%	100%	85%	0	↓↓
Percentage of people attending the training who rate service provided as good or better	N/A	N/A	41	N/A	0	↓↓

Summary of Performance <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.	

7. Social Exclusion

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
Children in poverty	Child poverty is an important issue for public health. Inclusion of this indicator emphasises its importance. There is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults (see the Marmot Review, 2010). Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.
Social Isolation	There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care, set out in the Care and Support White Paper, is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to friends and family.
Health and Wellbeing Strategy Priorities	
- To improve outcomes for children and their families	
Category of contract value	Medium High
Name of Providers	Citizen's Advice Bureaus (Nottinghamshire and District CAB)
	Citizen's Advice Bureau (Bassetlaw Positive Paths)
	The Friary (Drop-in Service)

Summary of Performance
<p>During the third quarter the Bassetlaw Positive Moves dealt with:</p> <ul style="list-style-type: none"> • A high percentage of patients/clients referrals wanting assistance to complete benefit appeals • A high percentage of complex cases and patients presenting multiple enquiries within caseload. • Clients returning to the service from previous years needing help with renewals. <p>The service is over-achieving on its activity level compared to target.</p>

PROVIDER = Citizen's Advice Bureau (Bassetlaw Positive Paths)				
INDICATORS	Annual Target 2013/14	Actual Quarter Three – 2013/14	Cumulative Actual	Trend
Patients/clients to be provided with advice and support services	520	142	474	↑
Additional Annual income for patients/clients	£1,240,774	£152,516	£704,916	↑

Actions to be taken
<ul style="list-style-type: none"> None to report as the service is on target to achieve its annual target.
Quality and Patient Safety: No issues reported.

8. Tobacco Control

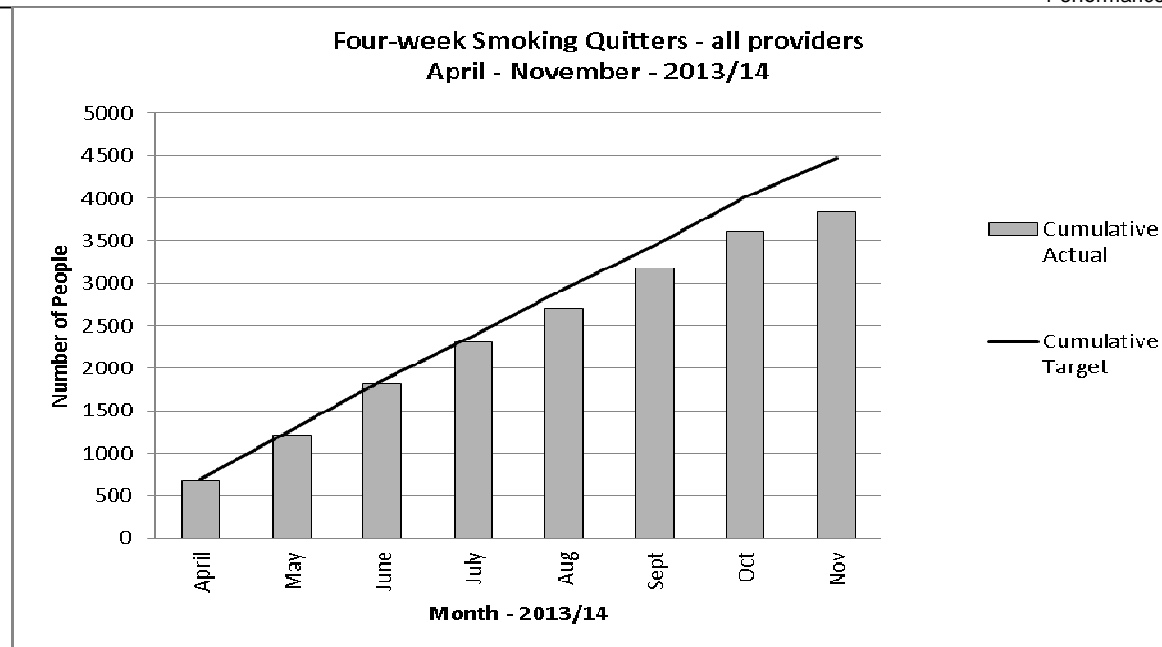
Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
Smoking prevalence in over 18 years	<p>Smoking is a major cause of preventable morbidity and premature death, accounting for 79,100 deaths in England in 2011, some 18 per cent of all deaths of adults aged 35 and over.</p> <p>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.</p>
Health and Wellbeing Strategy Priorities	
- Prevention: behaviour change and social attitudes smoking and tobacco control	
Category of contract value	High
Name of Providers	New Leaf – County Health Partnership
	GPs –Nottinghamshire
	Community Pharmacists – Nottinghamshire
	Bassetlaw Stop Smoking Service
	Bassetlaw GPs

Summary of performance
<ul style="list-style-type: none"> • Performance by all providers is a concern, but in particular under-performance of the GP's and community pharmacies. • Because of the reporting of four-week smoking quitters, the November data is not complete. It is anticipated that the number of smoking quitters for November will increase and will be reported in the next quarters report. • When people quit smoking is seasonal, with historically more people stopping smoking in quarter four. This is thought to be due to New Year resolutions, coughs and colds and National No Smoking Day in early March. • The above table and graph show that performance against target has not been achieved since August and performance is deteriorating which may lead to not achieving the annual target. • The key issues affecting delivery is the underperformance.

Service Provider INDICATOR - Four-week smoking quitter*	2013/14 Annual Target	2013/14 April - Nov Target	2013/14 April – Nov Actual	Trend
New Leaf – County Health Partnership	4,953	3,141	3,005	↔
GPs – Nottinghamshire	600	370	219	↓↓
Community Pharmacists – Nottinghamshire	531	299	159	↓↓
Bassetlaw Stop Smoking Service	700	468	414	↓
Bassetlaw GPs	293	197	51	↓↓
Total annual target / actual	7,077	4,475	3,848	↓↓

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.



Actions to be taken

- Nottinghamshire County Public Health is working closely with all providers. It has received assurances from both County Health Partnership (CHP) and Bassetlaw Health Partnership (BHP) that their year-end targets will be achieved. This has been received from CHP and is awaited from BHP.
- Public Health has commissioned New Leaf to deliver an additional 350 quitters during January – March 2014 (January = an extra 50 quitters; February = an extra 150 quitters; March = an extra 150 quitters)
- A Public Health Manager has been allocated to work, on a project basis for three-months, to support primary care contractors. This work includes; contacting them to ensure all paperwork has been completed and submitted and assessing any ongoing training needs to ensure an effective service is being delivered.
- Four-week smoking quitter figures are checked and reported on a weekly basis to a Senior Public Health Manager.
- Monthly performance meetings are taking place and additional actions identified and implemented.

Quality and Patient Safety: No issues reported.

9. Weight Management (including nutrition and physical activity)

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
<p>Diet</p> <p>Excess weight in adults</p> <p>Excess weight in 4-5 and 10-11 year olds</p> <p>Proportion of physically active and inactive adults</p>	<p>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.</p> <p>The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults.</p> <p>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.</p>
Health and Wellbeing Strategy Priorities	
<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
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

Summary of Performance

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

Ashfield District Council – Community Nutrition INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Targeted one-off awareness sessions - Community	43	9	32	↔
Targeted one-off awareness sessions – School	25	7	12	↑
Targeted one-off awareness sessions - Workplace	4	7	23	↑↑
Cookery Courses (cook & eat) - School	4	0	0	↓↓

Bassetlaw District Council - Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of referrals	400	88	365	↔
Number of people who start the 12-week programme	340	N/A	312	↔

Number of people who have completed the 12-week programme *	204	N/A	109	↔
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* 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 Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of people completing a 12 week ZEST programme	150	36	87	↑

Broxtowe Borough Council – Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of referrals	No target	94	360	↔
Number of people who start the 12-week programme	500	70	224	↓ ↓
Number of people who have completed the 12-week programme	No target	43	119	↔

County Health Partnership INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Targeted one-off awareness sessions - Community	160	92	228	↑ ↑
Targeted one-off awareness sessions – School / nursery / children / young people – those signed up to the Enhanced Healthy School Status	180	106	283	↑ ↑
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	110	96	↑
Targeted one-off awareness sessions - Workplace	15	3	12	↑
Cookery Courses (cook & eat) - Community	65	43	93	↑
Cookery Courses (cook & eat) – School	15	1	15	↑
Training sessions, minimum of 10-12 participants per course	65	37	88	↑

Awareness Raising Events	20	12	40	↑↑
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Summary of Performance

Performance against the Public Health contract shows an overall variance of +35% (+36% reported at the end of November)

This over performance is still in the main due to reporting of Community Nutrition Group activity. Initial investigations seem to conclude that the activity reported for this contract is correct but that it is reported by individual contact and not group sessions, which is what we understand the currency to be for Group activity. Work is ongoing to clarify the contract currency for this activity and whether it should be recorded as group sessions carried out or individual attending groups.

Gedling Borough Council – Positive Moves, Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of referrals	No target	92	360	↔
Number of people who start the 12-week programme	300	68	264	↔
Number of people who complete the 12-week programme	180	27	120	↔
Number of people reaching goal	150	27	117	↔

Mansfield District Council – Community Nutrition INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Targeted one-off awareness sessions - Community	36	9	32	↑
Targeted one-off awareness sessions – School	25	5	23	↑
Targeted one-off awareness sessions - Workplace	24	7	14	↓
Cookery Courses (cook & eat) - School	4	1	2	↔

Newark & Sherwood District Council – Community Nutrition INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Targeted one-off awareness sessions - Community	60	33	105	↑↑
Targeted one-off awareness sessions – School	140	41	137	↑
Targeted one-off awareness sessions - Workplace	25	0	5	↓↓
Cookery Courses (cook & eat) - Community	20	7	19	↑↑

Newark and Sherwood District Council – Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of referrals	No target	77	287	↔
Number of people who start the 12-week programme	300	67	211	↔
Number of starters that complete the 12-week programme	No target	12	49	↔

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.

Quality and Patient Safety: No issues reported.

Quality - Exception Report Q3 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)	5 (Five)	5 (Five)	0 (Zero)	0 (Zero)
NHS Health Checks	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	2 (Two)
Infection Control	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	1 (One)
Health and Wellbeing Board	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	1 (One)
Information relating to management functions	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	4 (Four)