

Nottinghamshire County Public Health Services Performance Report



Number	Quality standard
YTD 95% or higher of expected	Standard met or exceeded
YTD less than 95% of expected	Standard not met

Quarter 2 2017/18								
Service Name	Indicator or Quality Standard	2016/17 Q1 & 2 figures for comparison	Annual plan 2017/18	Plan to date	Q1	Q2	Actual YTD	Forecasted out turn year end
NHS Health Checks	No. of eligible patients who have been offered health checks	17,078	54,309	27,155	7,705	11,727	19,432	38,864
	No. of patients offered who have received health checks	10,591	34,215	17,108	4,076	4,289	8,365	16,730
	No. of patients who have been identified as high risk and referred to other services as a result of a health check	541			160	335	495	
Integrated Sexual Health Services	Total number of filled appointments							
	Sherwood Forest Hospital NHS Trust	11,727	23,543	11,772	6,111	5,906	12,017	24,034
	Nottingham University Hospital NHS Trust	7,540	23,185	11,593	3,854	4,352	8,206	23,185
	Doncaster and Bassetlaw Hospitals NHS Trust	4,857	9,486	4,743	2,062	1,976	4,038	9,486
	Total	24,124	56,214	14,054	12,027	12,234	24,261	56,705
	Quality Standard 60 % of new service users accepting a HIV test							
	Sherwood Forest Hospital NHS Trust	33%	>60%	>60%	37%	81%	51%	<60%
	Nottingham University Hospital NHS Trust	54%	>60%	>60%	62%	68%	65%	>60%
	Doncaster and Bassetlaw Hospitals NHS Trust	54%	>60%	>60%	62%	55%	59%	>60%
	Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test							
	Sherwood Forest Hospital NHS Trust	50%	>75%	>75%	49%	67%	Not available	<75%
	Nottingham University Hospital NHS Trust	74%	>75%	>75%	72%	71%	71%	<75%
	Doncaster and Bassetlaw Hospitals NHS Trust	73%	>75%	>75%	69%	69%	Not available	<75%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC							
	Sherwood Forest Hospital NHS Trust	46%	>30%	>30%	49%	48%	49%	>30%
	Nottingham University Hospital NHS Trust	34%	>30%	>30%	38%	41%	40%	>30%
	Doncaster and Bassetlaw Hospitals NHS Trust	43%	>30%	>30%	52%	48%	50%	>30%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,103	2,200	1,100	273	304	577	1,092
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	16	2,000	1,000	512	425	937	2,000
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	527	–	318	231	237	468	924
	Number of unplanned exits	311	-	-	160	286	446	-
	Number of service users in the service (last day of quarter) Including transferred in	10,933	10,394	Rolling	13,830	15,884	Rolling	10,647
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	No data available	300	150	85	65	150	344
	Quality standard 80% Planned exit from treatment	100%	100%	100%	74%	99%	80%	>80%
Tobacco Control and Smoking Cessation	Pregnant Smokers who successfully quit	63	500	250	16		16	100
	Under 18 Smokers who successfully quit	45	200	100	10		10	100
	All other smokers who successfully quit	1,541	4,300	2,150	470		470	3,000
Illicit Tobacco Services	Number of inspections	22	75	38	30	49	79	60
	Number of Seizures	New target 17/18	37	19	18	11	29	40
Obesity Prevention and Wight Management (OPWM)	Number of adults supported	562	660	330	227	302	529	800
	Number of children supported	74	208	104	23	23	46	104
	Maternity	13	104	52	4	4	8	50
	Post Bariatric	18	60	30	14	19	33	60
Domestic Abuse Services	No of adults supported	964	2,501	1,250	458	461	919	1,940
	No of children, young people & teenagers supported	250	775	387	132	109	241	514
Seasonal Mortality	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	86	259	137	94	63	157	376
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	75	187	96	50	110	160	200
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	3,489	7,128	3,564	2,150	2,057	4,207	8,600
	Number of emergency parcels provided	2,385	5,445	2,723	1,572	1,601	3,173	6,288
Public Health Services for Children and Young People aged 0-19	Quality Standard 75% of mothers receiving antenatal visit from 28 weeks gestation	New contract	>75%	>75%	Annual reporting	Annual reporting	Annual reporting	75%
	Quality standard 95% of children receiving a health & development review who reach 2.5 years	New contract	>95%	>95%	Annual reporting	Annual reporting	Annual reporting	<95%
	Quality standard 95% of reviews undertaken with children by end of Year 1	82% academic year 16/17	>95%	>95%	Annual reporting	Annual reporting	Annual reporting	>95%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	204	200	100	15	59	74	200
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	55	80	40	95	61	156	100
Children's Centres	Quality standard 65% of the under 5 population seen at least once	65%	>65%	>65%	65%	65%	65%	>65%
	Quality standard 70% of 1:1 support that demonstrates improved outcomes in parents meeting the emotional needs of their child(ren)	70%	>70%	>70%	83%	81%	82%	>70%

## Nottinghamshire County Public Health Services Performance Report - Service description

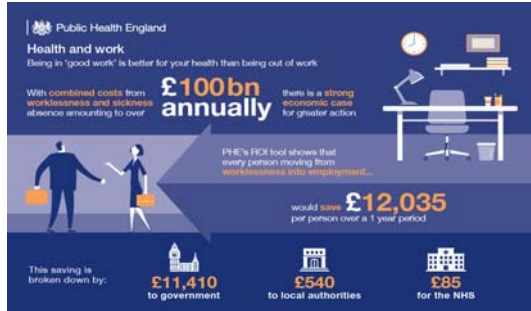
PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	<b>NHS Health Checks</b>	<p>The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. <a href="http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx">http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</a></p>
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	<b>Integrated Sexual Health Services</b>	<p>Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.</p> <p>A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.5</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none"> <li>• Chlamydia (47%),</li> <li>• Genital warts (17%),</li> <li>• Genital herpes (7%),</li> <li>• Gonorrhoea (7%).</li> </ul> <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. <a href="http://www.fhri.org">www.fhri.org</a> <a href="http://www.bashh.org">www.bashh.org</a>. The IHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none"> <li>• A reduction in under 18 conceptions</li> <li>• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)</li> <li>• A reduction in people presenting with HIV at a late stage of infection.</li> </ul> <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> <li>• Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health</li> <li>• Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions</li> <li>• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health</li> <li>• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk</li> <li>• A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000</li> <li>• An increase in the number of people accessing HIV screening, particularly from those groups most at risk</li> <li>• A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV</li> <li>• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups</li> <li>• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM</li> <li>• Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire</li> <li>• A reduction in unintended pregnancies in all ages</li> <li>• Increased quality standards across Nottinghamshire and Bassetlaw.</li> </ul>
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	<b>Young Peoples Sexual Health Service - C Card</b>	<p>Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.</p>
1.05	16-18 year olds not in education employment or training	<b>Alcohol and Drug Misuse Services</b>	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness. The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	<b>Young People's Substance Misuse Service</b>	<p>Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need</p>
2.03	Smoking status at time of delivery (maternity)	<b>Tobacco Control and Smoking Cessation</b>	<p>Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none"> <li>• Stopping smoking</li> <li>• Preventing the uptake of smoking</li> <li>• Reducing harm from tobacco use</li> </ul>
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	<b>Illicit Tobacco Services</b>	<p>Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county</p>
1.16	Utilisation of outdoor space for exercise/health reasons	<b>Obesity Prevention and Wight Management (OPWM)</b>	<p>Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.</p>
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	<b>Domestic Abuse Services</b>	<p>This service aims to reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.</p>
4.15	Excess winter deaths	<b>Seasonal Mortality</b>	<p>In 2011, the Marmot Review Team released "The Health Impacts of Cold Homes and Fuel Poverty" report16. The report reviews the evidence for the long-term negative health impacts of living in cold homes and concludes: "many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups." Vulnerable children and the elderly are most at risk of developing circulatory, respiratory and mental health conditions as a consequence of cold, damp homes. The Health Housing Contract will maintain and improve the health of citizens in Nottingham and Nottinghamshire, by facilitating insulation, heating improvements and preventative adaptations and giving advice to help reduce fuel poverty in the homes of citizens over 60 and to a lesser extent (up to 10% of the total), families with children under 5 and pregnant women</p>
1.18	Social isolation	<b>Social Exclusion</b>	<p>Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an "under the same roof" and "one-stop" model.</p>
1.01	Children in low income families	<b>Public Health Services for Children and Young People aged 0-19</b>	<p>The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: - help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'</p>
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	<b>Oral Health Promotion Services</b>	<p>In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from 'Local authorities improving oral health: commissioning better oral health for children and young people' and NICE guidelines.</p>
2.05	Child development at 2-2½ years	<b>Children's Centres</b>	<p>Children's Centres play a key role in early intervention and are a vital source of support for young children and their families... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development</p>
1.15	Statutory homelessness	<b>Supporting People: Homelessness Support</b>	<p>The aims of this service are:</p> <ul style="list-style-type: none"> <li>- To address homelessness, support people back to independence and prevent repeat homelessness</li> <li>- To reduce the adverse effects of homelessness on individual and population health and wellbeing</li> <li>- To improve the health and wellbeing of homeless service users</li> <li>- To promote social inclusion</li> </ul>
4.09	Excess under 75 mortality rate in adults with serious mental illness	<b>Mental Health</b>	<p>The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems</p>
1.15	Statutory homelessness	<b>Reduction in statutory homelessness</b>	<p>The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working</p>

# Making the economic case for prevention

Posted by: John Newton and Brian Ferguson, Posted on: 6 September 2017

It is widely acknowledged that poor lifestyle behaviors as well as wider determinants of health place a significant burden on public finances now and in the future, and the evidence shows that a large number of prevention programmes represent value for money. Therefore there is a strong economic case for greater action.

For example, our work shows that moving a person from unemployment into employment would save £12,035 per person over a one-year period.



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

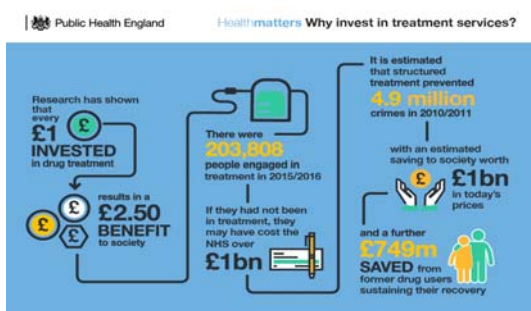
There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and QALYs are considered. When omitting the health effects (measured by QALYs), there is still a saving of £1.90 for every £1 spent.

Every £1 spent on drug treatment services saves society around £2.50 in reduced NHS and social care costs and reduced crime in the short-term (85% due to reductions in offending).

And as we recently flagged as part of a suite of mental health resources, initiatives which prevent mental health problems can yield a good return on investment. We looked at interventions such as school-based resilience programmes, workplace stress programmes and support for people in debt.

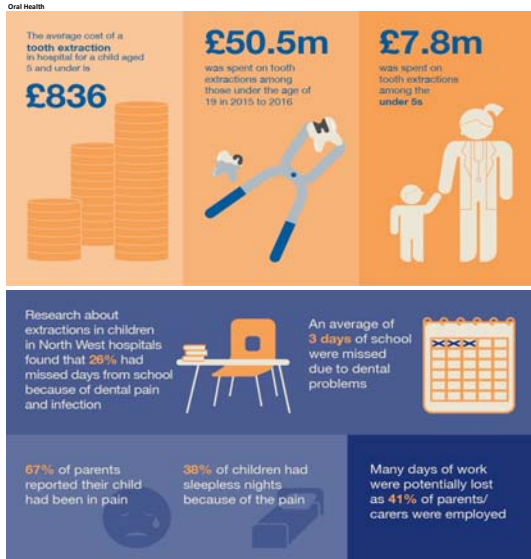


Drug treatment not only saves lives, it provides value for money to local areas:



<https://publichealthmatters.blog.gov.uk/2017/09/06/making-the-economic-case-for-prevention/>

Oral Health



Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.

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

Useful links:

[https://www.nice.org.uk/media/default/About/what-we-do/NICE\\_guidance/NICE\\_guidelines/Public\\_health\\_guidelines/Additional\\_publications/Cost\\_impact\\_proof\\_of\\_concept.pdf](https://www.nice.org.uk/media/default/About/what-we-do/NICE_guidance/NICE_guidelines/Public_health_guidelines/Additional_publications/Cost_impact_proof_of_concept.pdf)