

Public Health Contract Quality & Performance Report

Quarter 4 January - March 2013/14

3rd July 2014

1. Executive Summary

Introduction

An overview of the contracts where there were performance issues in quarter four, 2013/14 are summarised in section 2, pages 3 and 4.






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

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

A summary table of complaints, serious incidents and Freedom of Information requests in relation to Public Health contracts is included as Section 4 (page 40).

Section 5 (pages 41 to 45) are the contract strategic priorities, as linked to the Public Health Outcomes Framework and the Health and Wellbeing Strategy priorities.

Key to Performance Trends

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

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

2. Summary of Performance Issues

Public Health Function	Contract Provider	Plan for the quarter / year	Activity for the quarter / year	Summary of performance	Actions
NHS Health Checks (page 5)	GPs	Q4 Target offers = 12,501 2013/14 Annual Target = 50,005 (20% of the 5-year eligible population)	Q4 Actual = 7,957 2013/14 Annual Actual = 37,114	Offers in 2013-14 were 15% against the target of 20%, but uptake increased from 51% in 2012-13 to 62% in 2013-14.	At the last Public Health Committee, Public Health was asked to come back with ideas on how to engage practices and propose a way forward. Since that time we have had the opportunity to hold a development workshop for the Health and Wellbeing Board on this issue. Following this a paper is being drafted which will capture the comments and ideas from the session along with a potential proposal for a future service model for consultation. Along with the outcomes of the Council Budget Consultation, this will inform the review and re-commissioning of the programme in 2016-17.
		Q4 Target health checks received = 6,876 2013/14 Annual Target health checks received = 27,502 (55% of offers)	Q4 Actual = 5,609 2013/14 Annual Actual health checks received = 22,860		
Sexual Health Genito-Urinary Medicine - GUM (pages 8 & 9)	Sherwood Forest Hospital Foundation Trust (SFHT)	First appointment Annual Target = 6,297 Follow-up appointment Annual Target = 4,055	First appointment Annual Actual = 7,495 Follow-up appointment Annual Actual = 4,168	SFHT has exceeded the expected activity levels set for both first appointments and follow-ups within GUM. The proportion of appointments attended that are follow-ups is very high at SFHT.	The reasoning for this will be investigated in 2014/15.

2. Summary of Performance Issues

Public Health Function	Contract Provider	Plan for the quarter / year	Activity for the quarter / year	Summary of performance	Actions
Seasonal Mortality (pages 28 & 29)	Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service)	<p>There are several indicators in relation to this contract. Refer to pages 28 and 29 for detail regarding the indicators , a summary of performance and detailed actions that are currently underway.</p> <p>Tendering for a new contract is now completed and the new contract will commence July 2014. The new contract contains fuller Key Performance Indicators which will support improvements in performance across the county.</p>			
Tobacco Control (pages 31 to 33)	GPs, Community Pharmacists and Bassetlaw Stop Smoking Service	Annual target = 7,077 four-week smoking quitters	Annual actual = 6,858 four-week smoking quitters across Nottinghamshire	<p>The actual activity against plan equates to a 97% achievement of actual against target.</p> <p>In 2013/14 the prevalence rate is 19.4%.</p>	<p>There were discrepancies in performance across the providers.</p> <p>2014/15 service plans for New Leaf and Bassetlaw Health Partnership, as the two main providers, will be monitored on a monthly basis. Monthly four-week smoking quitter meetings will continue during 2014/15.</p> <p>Extra activity was commissioned from New Leaf.</p> <p>Bassetlaw GPs now based on outcomes – aligned with payment mechanisms across the county.</p> <p>One of the aims of the Tobacco Control Declaration is to increase referrals to Stop Smoking Services.</p>

3. Performance Summary – NHS Health Checks

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter Four Target	Quarter Four Performance	Annual Target	Annual Performance	Progression from Quarter Three	Summary of Performance & Quality	Actions
NHS Health Checks Medium High	To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)	GPs across Nottinghamshire	Q4 Jan – Mar 2014	No. of eligible patients who have been offered health checks	12,501	7,957	50,005 (20% of the 5-year eligible population)	37,114	↓	Offers in 2013-14 were 15% against the target of 20%, but uptake increased from 51% in 2012-13 to 62% in 2013-14.	At the last Public Health Committee Public Health was asked to come back with ideas on how to engage practices and propose a way forward. Since that time we have had the opportunity to hold a development workshop for the Health and Wellbeing Board on this issue. Following this a paper is being drafted which will capture the comments and ideas from the session along with a potential proposal for a future service model for consultation. Along with the outcomes of the Council Budget Consultation, this will inform the review and re-commissioning of the programme in 2016-17.
				No. of patients offered who have received health checks	6,876	5,609	27,502 (55% of the offers made)	22,860 (62% of offers made)	↓		

3. Performance Summary - National Child Measurement Programme

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

3. Performance Summary – Sexual Health

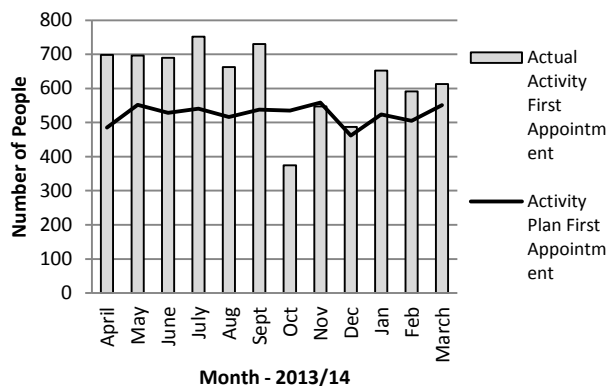
Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions	
Sexual Health High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	Nottingham University Hospitals (NUH)	Q4 Jan – Mar 2014	Genito-Urinary Medicine (GUM) – First Appointment	6,526	1,288	5,551	↔	NUH is slightly under the projected activity levels for both first and follow-up appointments. The proportion of appointments attended that are follow-ups is relatively low in NUH .	The GUM services are demand-led and paid for on a Payment by Results (PbR) tariff basis. The expected activity levels were set by the PCT and inherited by the local authority when it took over responsibility for sexual health commissioning from April 2013; they are usually based on activity in the previous year, with an uplift for growth (due to increase in population and increase in need). Where activity is under the expected level, this may be due to lower than expected growth, or unusually high levels of activity in the previous year that have since returned to normal; it is not necessarily a cause for concern unless awareness of the service is decreasing and fewer people who need it are accessing it.	
				GUM – Follow-up Appointment	1,336	241	1,267	↔			
				GUM – Community – First Appointment	747	185	694	↔			
				GUM – Community – Follow-up Appointment	76	7	35	↓			
		Doncaster & Bassetlaw Hospital (DBH) Foundation Trust		GUM – First Appointment	3,162	877	3,368	↔	DBH has exceeded the expected activity levels set for both first appointments and follow-ups within GUM.		
				GUM – Follow-up Appointment	1,307	261	1,379	↔			

3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions	
Sexual Health High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV	Sherwood Forest Hospital (SFHT) Foundation Trust	Q4 Jan – Mar 2014	GUM - First Appointment	6,297	1,856	7,495	⬆️	SFHT has exceeded the expected activity levels set for both first appointments and follow-ups within GUM.	The reasoning for this will be investigated in 2014/15.	
	Increased knowledge and awareness of all methods of contraception amongst all groups in the local population			GUM – Follow-up Appointment	4,055	991	4,168	⬆️	The proportion of appointments attended that are follow-ups is very high at SFHT.		
	Contraceptive and Sexual Health Services (CaSH)			Data not available. Will be reported in quarter 1 2014/15							
	SEXions			Data not available. Will be reported in quarter 1 2014/15							
		Bassetlaw Health Partnership	Contraceptive and Sexual Health Services (CaSH)	550 clinic contacts per month or 6,600 per annum	1,773	8,777	⬆️⬆️	There is a higher than expected number of people accessing clinics per month. People accessing the services is positive.	This will continue to be monitored. The service specification is being reviewed.		

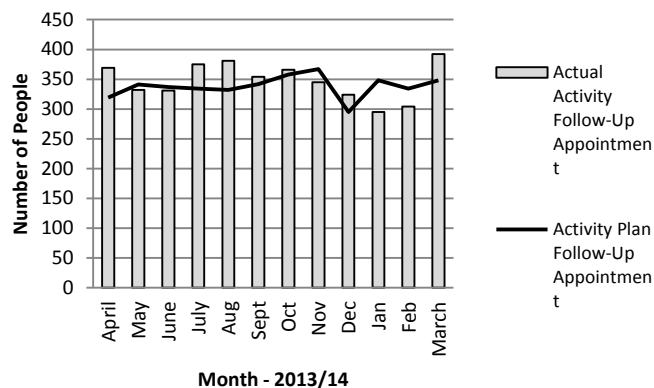
3. Performance Summary – Sexual Health

**Sherwood Forest Hospitals NHS Foundation Trust
Genito-Urinary Medicine - First Appointment**



Across the year there is 19% over-activity compared to the plan.

**Sherwood Forest Hospitals NHS Foundation Trust
Genito-Urinary Medicine - Follow-Up Appointment**



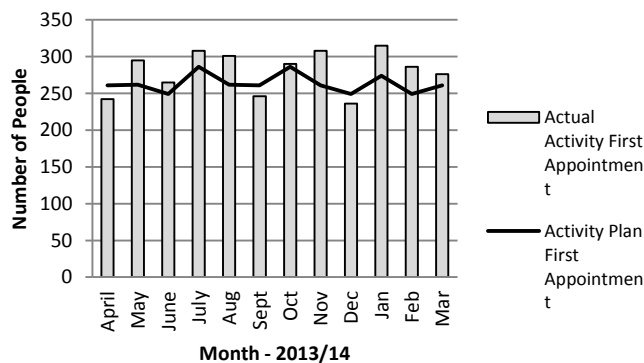
Across the year there is 3% over-activity compared to the plan.

Impact of the service:

The GUM services treat and manage all sexually transmitted infections that are diagnosed in outreach/CaSH clinics (except chlamydia, for which treatment is often made available through other routes), as well as diagnosing and treating conditions that people present to the service with (often symptomatic Sexually Transmitted Infections). They are therefore a core part of the pathway for improving sexual health.

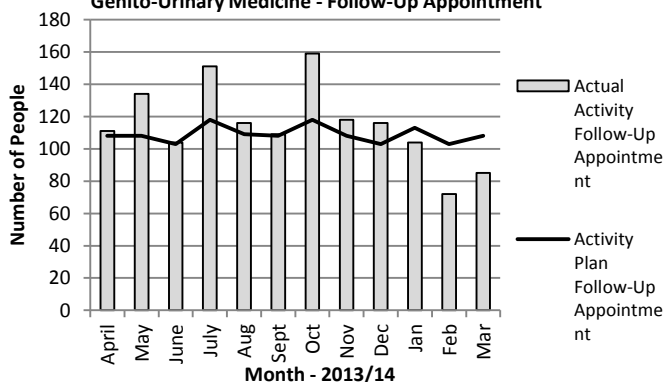
GUM services are responsible for 28.6% of the chlamydia screening activity across Nottinghamshire county. This has contributed to achieving a diagnosis rate for chlamydia of 2,064 per 100,000 15-24 year olds, although this remains below the recommended rate of 2,300 per 100,000.

**Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Genito-Urinary Medicine - First Appointment**



Across the year there is 7% over-activity compared to the plan.

**Doncaster & Bassetlaw Hospitals Foundation Trust
Genito-Urinary Medicine - Follow-Up Appointment**



Across the year there is 6% over-activity compared to the plan.

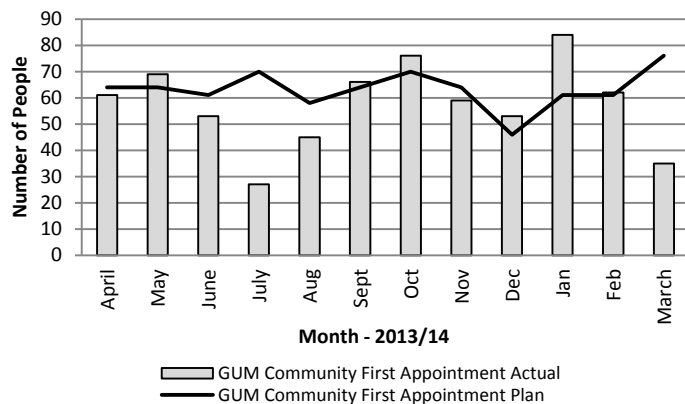
Strategic priorities:

The NUH and SFHT services have agreed to run an integrated sexual health tariff in shadow format in 2014/15 in order to provide better information on activity across sexual health services. This will also be discussed with DBH in the near future. As part of the negotiations relating to the city contract, NUH have agreed to move 5% of activity into the community clinics from 2014/15, which should ensure services are provided closer to residents' homes where appropriate as well as reducing costs.

3. Performance Summary – Sexual Health

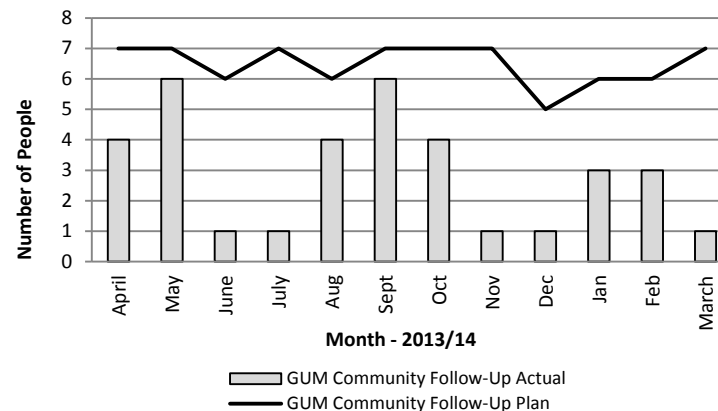
Nottingham University Hospital Trust

Genio-Urinary Medicine - COMMUNITY - First Appointment



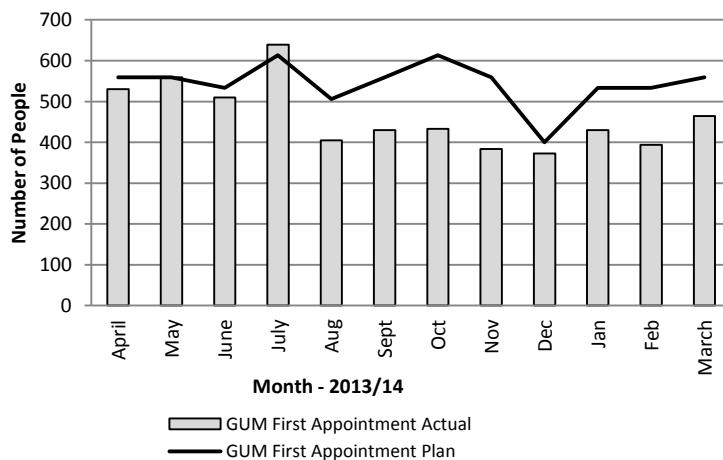
Across the year there is 7% under-activity compared to the plan.

Genito-Urinary Medicine - COMMUNITY - Follow-up Appointment



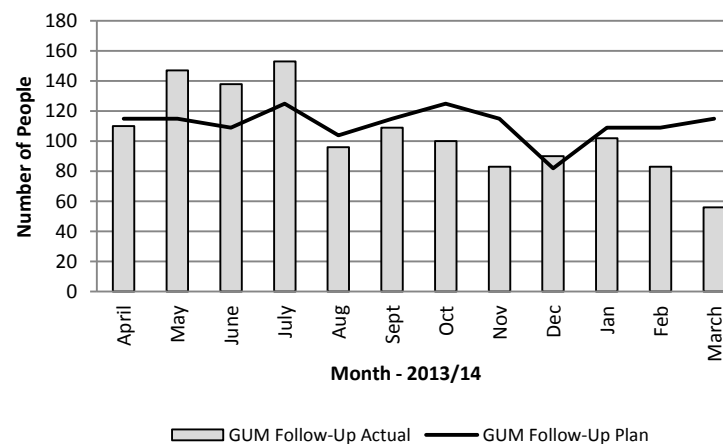
Across the year there is 54% under-activity compared to the plan.

Genito-Urinary Medicine - First Appointment



Across the year there is 15% under-activity compared to the plan.

Genito-Urinary Medicine - Follow-Up Appointment



Across the year there is 5% under-activity compared to the plan.

3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV	Terrence Higgins Trust (THT)	Q4 Jan – Mar 2014	Number of People Living with HIV supported in Nottinghamshire County	8	10	↑↑	Type of support offered includes; practical , support regarding legal issues, support for newly diagnosed, relationship issues etc.	Work continues to monitor the service. No outstanding issues.
	Increased knowledge and awareness of all methods of contraception amongst all groups in the local population			Point of care testing	60 per quarter	73	↑↑	Testing and support in a friendly and safe environment, takes place at the THT office on a daily basis by appointment	
	Condom Packs distributed			2,500	185	↑	There are several outlets for distribution, including via the; health promotion worker, health and treatment worker, clinical sessions, mass events etc.		
	Outreach group events in Nottinghamshire targeting high risk groups			2	3	↑↑	A mixed group has been established, which has proved to be very popular with service users taking ownership and suggesting future subjects for discussions/visitors and for outings/events.		
	Chlamydia – percentage of all 15-24 year olds offered a screen			100%	100%	↑↑	THT works with many clients in partnership with both the HIV specialist social worker and GUM clinics, along with other service providers, and all relevant services are promoted to all clients.		
	HIV training sessions			6 sessions per year	4 sessions	↑↑	Training is always available on request and is very popular with repeat visits often requested for additional staff or more advanced information.		
									11

3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	Community Pharmacists – Locally Commissioned Public Health Services (LCPHS)	Q4 Jan – Mar 2014	Emergency Hormonal Contraceptive (EHC)	These are demand-led service, therefore there are no targets.	810 consultations	3875	Not applicable	87 community pharmacists deliver this service across Nottinghamshire.	Demand-led service. Continue to monitor the service.
				C-Card – number of transactions		79	442		10 community pharmacists deliver the service.	From the 1 st April 2014 the management of this service has transferred to the Children’s & Young Peoples Integrated Commissioning Hub.
				Fittings		323	1196		Numbers continue to remain consistent across the year. No quality issues reported for these services.	Demand-led service. Numbers will continue to be monitored.
		Removals		222		827				
		Combined		98		425				
		GPs - Intra Uterine Contraceptive Device (IUCD)s		Fittings		1563	1892			
				Removals/Review		319	1113			

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High contract value	Reduction in Alcohol related admissions to hospital	Notts Recovery Partnership	Q4 Jan – Mar 2014	Clients have a waiting time of 3 weeks or less for a first appointment	95%	98%	↑	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance.
				Opiate User presentations in effective treatment	90%	93%	↑		
	Reduction in mortality from liver disease			Over 18's (all drugs) presentations in effective treatment	90%	93%	↑		
	Successful completion of drug treatment			New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%	↑		
				% of clients accepting the offer commence HBV vaccination	65%	79%	↑		
				% of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	↑		
				% of those in treatment with a Hepatitis C test	85%	86%	↑		
				New treatment journeys with a Treatment Outcome Profile (TOP) completed	98%	96%	↓	There isn't a concern in relation to this 2% underperformance, as this relates to a small number of clients. The threshold is 80% to ensure data quality for detailed analysis.	This is due to a data inputting error. Processes have been reviewed and measures are in place to ensure it doesn't re-occur.

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High contract value	Reduction in Alcohol related admissions to hospital	Notts Recovery Partnership	Q4 Jan – Mar 2014	Care plan reviews with a TOP completed	85%	91%	↑	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Reduction in mortality from liver disease			Completion of TOP on planned exit	90%	97%	↑		
	Successful completion of drug treatment			% of successful discharges as a proportion of those in treatment (opiate users)	10%	10.7%	↑		
				% of successful discharges as a proportion of those in treatment (non-opiate users)	44%	45%	↑		
				% increase of alcohol assessments as an increase on 2010 / 11 baseline	25%	0%	↓↓	The provider is challenging the baseline and there is ongoing to discussion in relation to the interpretation of the indicator. The provider is carrying out alcohol assessments on clients.	The target is 1262 assessments. 1003 were achieved. This indicator doesn't capture those clients where brief treatment is the appropriate treatment option. Alcohol access sessions operate across the county, which non-reportable.

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Recovery Partnership	Q4 Jan – Mar 2014	Of those discharged from alcohol treatment, % discharged successfully	55%	60%	⬆️	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Reduction in mortality from liver disease			Percentage of representations from those successfully completed treatment	19.7 – 21.4%	21%	⬆️		
	Successful completion of drug treatment			% 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	No target	70%	⬆️	There are no targets for these indicators as they are being monitored to capture the recovery work. The data will be used as a baseline for developing the new service.	
				% of families who successfully engaged in family / carer support post referral (data is provided by the RP Family and Carers service)		70%	⬆️		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Recovery Partnership	Q4 Jan – Mar 2014	% of all clients having family / partner involved in their recovery plan	No target	56%	↓	There are no targets for these indicators as they are being monitored to capture the recovery work. The data will be used as a baseline for developing the new service.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Reduction in mortality from liver disease			% of clients engaged in self-help / mutual aid / structured group work & peer support		33%	↓		
	Successful completion of drug treatment			% of clients receiving a financial health check		53%	↔		
				% of clients that improve their economic sustainability (reduce debt, maximise income, avoid eviction & homelessness)		75%	↔		
				% of clients in sustained accommodation		86%	↔		
				% reduction in homelessness		71%	↔		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Recovery Partnership	Q4 Jan – Mar 2014	% of clients in structured treatment accessing a Needle Exchange	No target	23%		There are no targets for these indicators as they are being monitored to capture the recovery work. The data will be used as a baseline for developing the new service.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Reduction in mortality from liver disease			% of clients in employment, education & training		29%			
	Successful completion of drug treatment			% of clients receiving care for mental wellness and mental health issues		25%			
				% 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		74%			

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Recovery Partnership	Q4 Jan – Mar 2014	% of clients who have reduced their overall risk taking behaviour i.e. change in injecting practices, reduction in overall alcohol and / or drug intake	No target	95%	↑	There are no targets for these indicators as they are being monitored to capture the recovery work. The data will be used as a baseline for developing the new service.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Reduction in mortality from liver disease Successful completion of drug treatment			% of clients expressing satisfaction with the services provided by the RP		97%	↔		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter 3 Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Bassetlaw Drug and Alcohol Service (BDAS)	Q4 Jan – Mar 2014	Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%	↔	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Reduction in mortality from liver disease			Over 18’s (all drugs) presentations in effective treatment	90%	93%	↑		
	Successful completion of drug treatment			New presentations offered Hepatitis B Virus (HBV) vaccination	98%	99%	↔		
				% of clients accepting the offer commence HBV vaccination	65%	43%	↑	The service has approx. 500 clients in treatment. The majority of service users will already have had the vaccination.	
				% of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	↔	No exceptions to report.	
				% of those in treatment with a Hepatitis C test	85%	89%	↑		
				New treatment journeys with a TOP completed	98%	100%	↔		
				Care plan reviews with a TOP completed	85%	88%	↔		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter 3 Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Bassetlaw Drug and Alcohol Service	Q4 Jan – Mar 2014	Completion of TOP on planned exit	90%	100%	↔	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Reduction in mortality from liver disease			% of successful discharges as a proportion of those in treatment (all clients/drugs)	10%	7%	↔		
	Successful completion of drug treatment			Numbers in alcohol treatment	220 per year	169	↑		
				Of those discharged from alcohol treatment, % discharged successfully	No target	36%	↔		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Probation SM Service	Q4 Jan – Mar 2014	Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%	↔	The client group consists of small numbers. They are usually seen within the Probation Substance Misuse Service as part of a Court Order.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Reduction in mortality from liver disease			Opiate User presentations in effective treatment	90%	88%	↑		
	Successful completion of drug treatment			Over 18’s (all drugs) presentations in effective treatment	90%	74%	↑		
				New presentations offered Hepatitis B Virus (HBV) vaccination	98%	98%	↑		
				% of clients accepting the offer commence HBV vaccination	65%	75%	↓		
	% of clients in treatment that are injectors are offered an Hepatitis C Virus test			98%	99%	↑			
	% of those in treatment with a Hepatitis C test			85%	63%	↓	The clients seen have usually been in the Drug and Alcohol Treatment system for a long time, therefore they will have already received the test.		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Probation Substance Misuse Service	Q4 Jan – Mar 2014	New treatment journeys with a TOP completed	98%	99%	↑	The client group consists of small numbers. They are usually seen within the Probation Substance Misuse Service as part of a Court Order.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Reduction in mortality from liver disease			Care plan reviews with a TOP completed	85%	98%	↑		
	Successful completion of drug treatment			Completion of TOP on planned exit	90%	100%	↑		
				% of successful discharges as a proportion of those in treatment (opiate users)	10%	40%	↑↑		
				% of successful discharges as a proportion of those in treatment (non-opiate)	45%	87%	↑↑		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance*	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Ranby	Q4 Jan – Mar 2014	% of New receptions identified with a substance misuse need are referred to Substance Misuse recovery service within 1 workday from Reception Substance Misuse Screening	100%	68%	91%	↓	In quarter 4 405 out of 526 new receptions were referred within 1 working day. Performance against this target has recently declined by 20%. This was due to referrals not automatically being generated from reception templates. This is issue is now resolved through training of reception staff.	Audit planned to ensure staff learning is embedded.
	Reduction in mortality from liver disease			% of where ongoing clinical prescribing need identified, prescription reviewed by GPwSi within 2 working days of referral	95%	100%	50%	↔	Performance against this target is at 100% which is excellent and should continue in future quarters.	
	Successful completion of drug treatment			% of new receptions identified with a substance misuse need, offered full substance misuse assessment and recovery plan in place within 5 working days of referral	95%	77%	66%	↑	There has been a 17% improvement for this indicator but it remains at below target. The service was not able to organise full assessments within the timeframe. Some changes are being made to the review process to free up time for assessments to be undertaken.	Consistent improvement to be demonstrated over the next quarters.
				% of clinical caseload in treatment in HMP Ranby < 12 months	>73%	89%	89%	↔	Good performance against this target and is a continuing trend.	
				% 13 week multi-disciplinary review due are completed	100%	97%	N/A	Only Q4 data available	Target nearly met, the reviews out of timescales were out by just 1-2 days due to a bank holiday when scheduling dates.	Tighten up on diary management for booking reviews.

*Due to issues with backdating data Year End performance for this service has been calculated based on the last 6 months.

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance*	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Ranby	Q4 Jan – Mar 2014	% of HMP Ranby SMRS successful completions have re-engaged into the service within 6 months	<30%	0%	0%	↔	Good performance against this target and is a continuing trend.	
	Reduction in mortality from liver disease			% of successful discharges as a proportion of those in treatment (Opiate users)	25%	19%	Not Available	↑	Although performance against these indicators is low it is improving. At the last review meeting it was made clear that there are additional prisoners completing their structured treatment (Tier 3) successfully but have to remain open to access continued advice and support (Tier 2) which prisoners sometimes disengage from and is seen as unsuccessful.	NHT to work with Contract Manager to look at Tier 3 vs Tier 2 treatments to ensure discharges reflect outcomes.
	Successful completion of drug treatment			% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	17%		↑		
				% of successful discharges as a proportion of those receiving interventions (Alcohol user)	55%	14%		↑		
				% 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%	40%		↑	Performance here has improved from 0% to 40%. There is always a review before patients leave the establishment. However, the recovery plan is not always recorded on the system. Often it is paper based.	Further training for recovery plans to be entered onto the system is required.
				Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release	85%	71%		1 st time reported	Performance for local transfers is good but could be better. Those moving across large geographical areas has been more challenging.	Staff from local community teams invited to HMP Ranby to firm up links.

*Due to issues with backdating data the Year End performance for this service, where available, has been calculated based on the last 6 months.

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance *	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Whatton	Q4 Jan – Mar 2014	% of New receptions identified with a substance misuse need are referred to Substance Misuse recovery service within 1 workday from Reception Substance Misuse Screening	100%	33%	73%	↓	This is the first time this indicator has under-performed. This represents 2 patients out of three missing the 1 day target. Reception templates were used incorrectly so that referrals did not automatically send.	Training complete and performance should improve for Q1 14/15.
	Reduction in mortality from liver disease			% of where ongoing clinical prescribing need identified, prescription reviewed by GPwSi within 2 working days of referral	95%	100%	100%	↔	Performance against this target continues to be 100% which is excellent and should continue in future quarters.	
	Successful completion of drug treatment			% of new receptions identified with a substance misuse need, offered full substance misuse assessment and recovery plan in place within 5 working days of referral	95%	67%	88%	↓	This is the first time this indicator has under-performed. As before this was an issue with reception templates and has been resolved.	Training complete and performance should improve for Q1 14/15.
				% of clinical caseload in treatment in HMP Whatton < 12 months	>73%	100%	75%	↑	Performance against this target is at 100% which is an improvement on last quarter.	
				% 13 week multi-disciplinary review due are completed	100%	100%	97%	↑	Performance against this target is at 100% which is an improvement on last quarter.	

*Due to issues with backdating data Year End performance for this service has been calculated based on the last 6 months.

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance*	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Whatton	Q4 Jan – Mar 2014	% of HMP Whatton SMRS successful completions have re-engaged into the service within 6 months	<30%	0%	0%	↔	Performance against this target continues to be 0% which is excellent and should continue in future quarters.	NHT to work with NCC Contract Manager to look at performance managing over longer periods due to low numbers.
	Reduction in mortality from liver disease			% of successful discharges as a proportion of those in treatment (Opiate users)	25%	5%	Data Not Available	↑	Performance has improved here but this target can be difficult to meet due to low numbers in treatment. A number of patients are near completion of their detox plan.	
	Successful completion of drug treatment			% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	18%		↓	Performance against these targets is declining and work is underway to address this.	
				% of successful discharges as a proportion of those receiving interventions (Alcohol user)	55%	22%		↓	No. of patients have been in the service for a long time that are no longer engaged. Once caseloads have been modified, more proactive case management will take place.	
				% of those receiving clinical/non-clinical treatment and interventions transfer/releases from HMP Whatton with a reviewed, up-to-date Recovery Plan in place	85%	100%		↑	Performance against this target is 100% which is excellent and should continue in future quarters.	
				Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release	85%	100%		↑	Performance against this target is 100% which is excellent and should continue in future quarters.	

*Due to issues with backdating data Year End performance for this service has been calculated based on the last 6 months.

3. Performance Summary - Community Safety and Violence Prevention

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Actual	Year End Performance	Progression	Summary of Performance & Quality	Actions
Community Safety and Violence Prevention Medium Contract Value	Reduction in Violent crime Domestic violence	Notts Women's Aid – Bassetlaw Children's Services	Q4 Jan – Mar 2014	Number of children supported this quarter	No annual target	263	550	↑↑	The service has outreached into the community/schools and raised awareness of support available to children affected by domestic violence. The figures reflected in the groups this quarter are from awareness raising sessions in schools - 205 children/young people. They receive a one hour session per group .	In 2015/16 the Key Performance Indicators will be reviewed so that the monitoring will become more outcome focused.
				Number of children new to service this quarter		262	519	↑↑		
				Number of children who received support for less than 6 weeks		255	502	↑↑		
				Number of children who received support for more than 6 weeks		5	36	↔		
				Number of children who disengaged from the support being offered		5	22	↔		
				Number of children who were supported 1-1		16	56	↔		
				Number of children who were supported in groups		247	478	↑↑		

3. Performance Summary - Seasonal Mortality

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Target	Quarter Four Actual	Year End Performance	Progression	Summary of Performance & Quality	Actions
Seasonal Mortality Medium Contract Value	Reduction in excess winter deaths	Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service (HHS))	Q4 Jan – Mar 2014	Number of people trained to deliver brief intervention	153	42	11	19	↓	Two training courses for district nurses booked for March were rescheduled for April. Links with Local Pharmaceutical Committee established, one training completed and other opportunities sought.	Training events scheduled for 10 th and 22 th April for nurses. Further trainings to be arranged through County Health Partnerships.
				Number of awareness raising community presentations / events held	5	2	0	4	↓	Issue raised at the contract review meeting with Healthy Housing Service (HHS), First Contact and Southern Borough Housing leads on 12 March.	Events being scheduled through links with First Contact and Borough Housing officers.
				Number of people attending awareness raising community presentations / events	100	40	0	85	↓	As above.	Participation in rural events May/June. Following up other opportunities.
				Number of home heating and insulation referrals	600	144	29	225	↔	Following meeting with First Contact and Southern Borough's Housing leads 12 March referral pathway to HHS re-established from April 28 th .	Increased referrals anticipated through First Contact.

3. Performance Summary - Seasonal Mortality

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Target	Quarter Four Actual	Year End Performance	Progression	Summary of Performance & Quality	Actions
Seasonal Mortality Medium Contract Value	Reduction in excess winter deaths	Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service)	Q4 Jan – Mar 2014	Number of homes in which heating and insulation improvements are made as a result of referrals	390	93	6	25	↓	County under-performance is a key discussion point at quarterly contract monitoring meeting.	This is an associate contract held by City, and overall performance for the year is 88%. Energy companies efficiency interventions available to support in County have been limited. Contract tendering completed for new contract commencing July 2014. The new contract contains fuller KPI details to support improvements in County performance.

3. Performance Summary - Social Exclusion

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Social Exclusion Medium High Contract Value	To improve outcomes for children and their families by reducing poverty and Social Exclusion	Citizen’s Advice Bureau (Bassetlaw Positive Paths)	Q4 Jan – Mar 2014	Patients/clients to be provided with advice and support services	520	623	↑↑	No exceptions to report. Performance against contract continues to be over-achieved.	
				Additional Annual income for patients/clients	£1,240,774	£1,253,172	↑		
				Client Contacts	400	598	↑		
				Enquiries dealt with	1000	729	↑		
				Additional Annual income for clients	No target	£340,000	↑		
		Citizen’s Advice Bureau (Notts and District CAB)		The data is not available for quarter four. It will be reported on in the quarter one report 2014/15					
		The Friary Drop-in Service		One to one specialist advice interviews	6,672	1,864	↑	Total number of one to one specialist advice interviews over the year was 6,955. This equates to an over-performance of 4%.	

3. Performance Summary - Tobacco Control

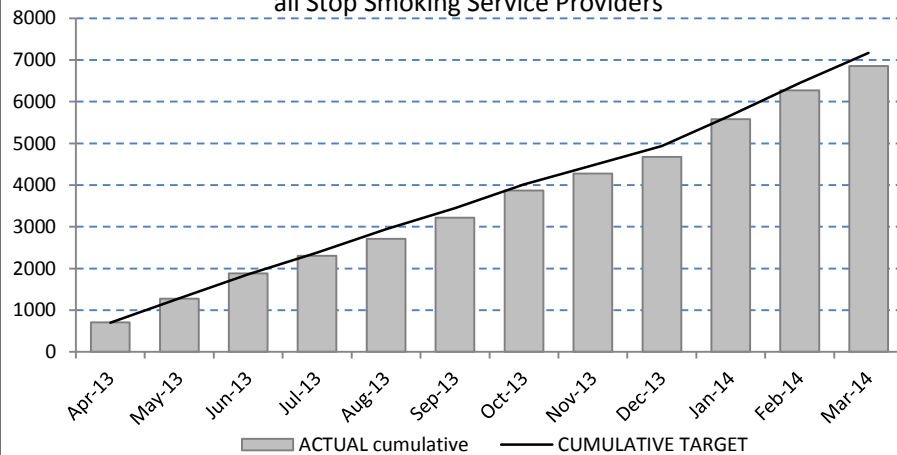
Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Tobacco Control High Contract Value	Reduce adult (aged 18 or over) smoking prevalence	New Leaf – County Health Partnership (CHP)	Q4 Jan – Mar 2014	Four-week smoking quitter	5303	1790	5306	↑	The Nottinghamshire target for 2013/14 was 7,077 four-week smoking quitters. 7,170 four-week smoking quitters were commissioned. The actual number achieved across all providers was 6,858. This equates to a 97% achievement of actual against target. In 2013/14 the prevalence rate is 19.4%.	There were discrepancies across the providers as shown in the performance year-end target and the graphs on the following two pages. 2014/15 service plans for CHP and BHP, as the two main providers, will be monitored on a monthly basis. Monthly four-week smoking quitter meetings will continue during 2014/15. Bassetlaw GPs now based on outcomes – aligned with payment mechanisms across the county.
	Behaviour change and social attitudes towards smoking	Community Pharmacists – Notts		Four-week smoking quitter	390	79	377	↓		
	Prevalence rate of 18.5% by the end of 2015/16	GPs - Notts		Four-week smoking quitter	484	113	430	↓		
		Bassetlaw Stop Smoking Service (BHP)		Four-week smoking quitter	700	156	567	↓↓		
		Bassetlaw GPs		Four-week smoking quitter	293	41	178	↓↓		

3. Performance Summary - Tobacco Control

The tables on pages 31,32,and 33 show the performance of providers against the year-end commissioned target. At the beginning of 2013/14 an additional 111 quitters was commissioned from New Leaf to ensure the target of 7,077 was achieved. As part of the continuous performance management of the providers throughout 2013/14, it became apparent that primary care were not going to achieve their targets and therefore an additional 239 quitters were shifted from their targets and commissioned from New Leaf. The targets for New Leaf, Nottinghamshire GPs and Community Pharmacists were adjusted. The table below shows the four-week smoking quitters for 2013/14 at the beginning of the year then the adjusted 2013/14 targets and achievements.

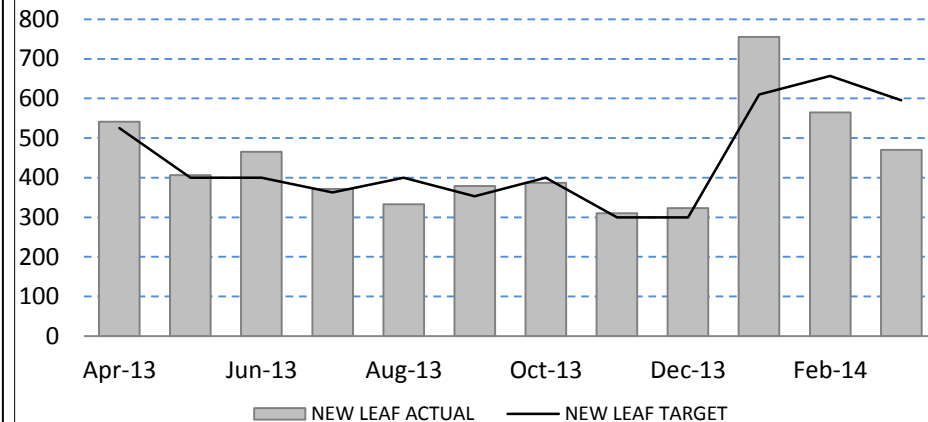
Provider	Commissioned target beginning of 2013/14	Adjusted commissioned target during 2013/14	Actual achievement 2013/14	% of adjusted target achieved	% of original target achieved
New Leaf	4953	5303	5306	100%	107%
Notts GPs	580	484	430	89%	74%
Notts Community Pharmacists	533	390	377	97%	71%
Bassetlaw Stop Smoking Service	700	700	567	81%	81%
Bassetlaw GPs	293	293	178	61%	61%
	7059	7170	6858		

Total Performance by Month - Cumulative - all Stop Smoking Service Providers



Cumulatively 97% of the target was achieved

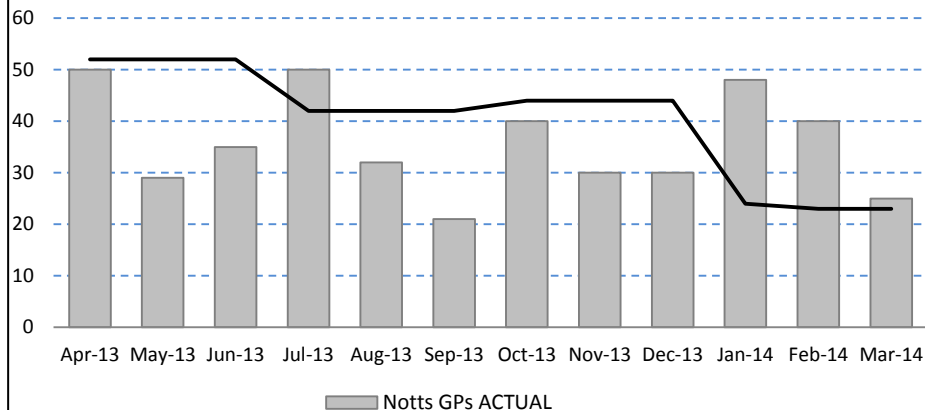
New Leaf Performance by Month against Target (Snapshot)



New Leaf achieved 100% of their target

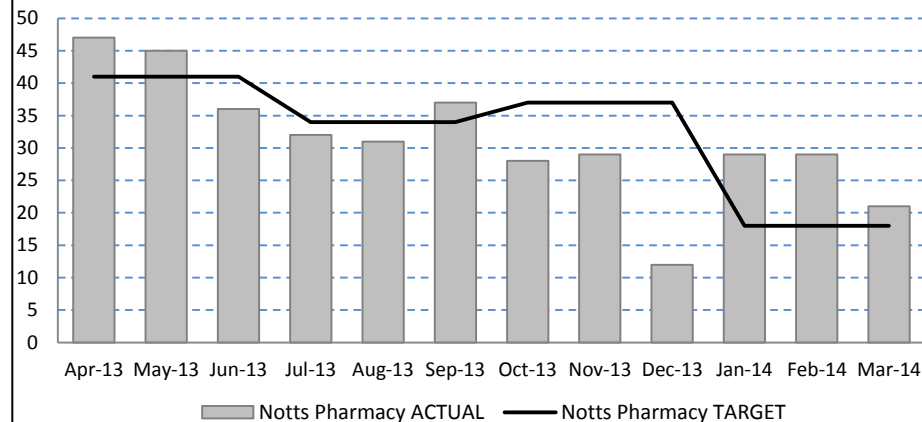
3. Performance Summary - Tobacco Control

Nottinghamshire GP Practices
Performance by Month against Target (Snapshot)



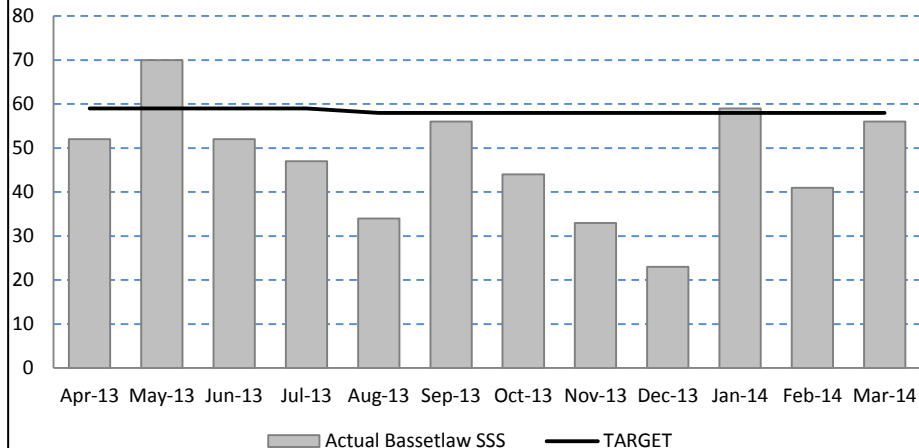
Nottinghamshire GPs achieved 89% of their target

Nottinghamshire Pharmacies
Performance by Month against Target (Snapshot)



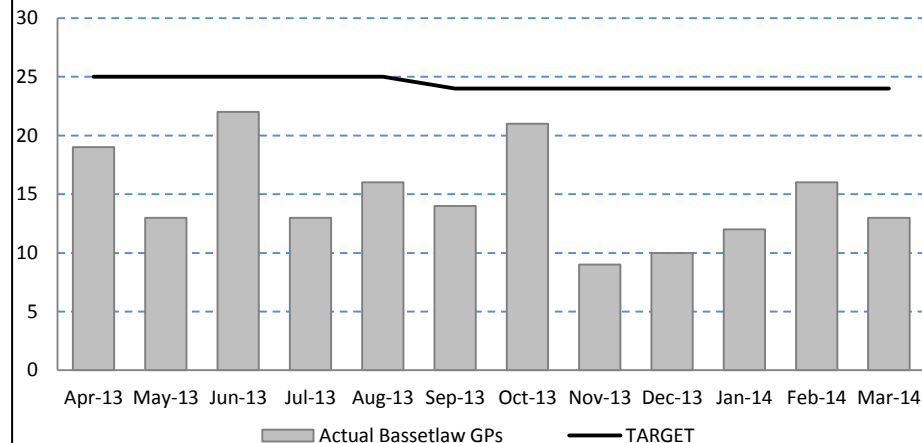
Community Pharmacists achieved 96% of their target

Bassetlaw Stop Smoking Service
Performance by Month (Snapshot)



Bassetlaw Stop Smoking Service achieved 81% of their target

Bassetlaw GPs
Performance by Month (Snapshot)



Bassetlaw GPs achieved 61% of their target

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Ashfield District Council – Community Nutrition	Q4 Jan – Mar 2014	Targeted one-off awareness sessions - Community	43	9	41	↔	Only slightly under performance over the year by two sessions.	Weight management services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	A sustained downward trend in the level of excess weight in children by 2020			Targeted one-off awareness sessions – School	25	4	17	↓	Under performance by 32%.	
	Utilisation of green space for exercise/health reasons			Targeted one-off awareness sessions - Workplace	4	1	24	↑↑	This shows over performance against plan by 20 sessions.	
				Cookery Courses (cook & eat) - School	4	2	2	↓	Only provided half the sessions in schools.	

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Bassetlaw District Council - Exercise Referral Scheme	Q4 Jan – Mar 2014	Number of referrals	400	100	465	↑	16% over target for referrals.	Weight management services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Number of people who start the 12-week programme	340	N/A	382	↔	12% over target.	
				Number of people who have completed the 12-week programme	204	N/A	154	↔	Final year-end performance not known due outcome for 12-weeks not yet known.	
	A sustained downward trend in the level of excess weight in children by 2020	Bassetlaw Health Partnership - Community weight management programme (ZEST)	Mar 13 – Feb 14	Number of people completing a 12-week ZEST programme	150	36	87	↓	Final year-end performance not known due outcome for 12-weeks not yet known.	
				Participants achieving 5-10% weight loss	40%	20%	Not Known	↓	Final year-end performance not known due outcome for 12-weeks not yet known.	
	Utilisation of green space for exercise/health reasons	Broxtowe Borough Council – Exercise Referral Scheme	Q4 Jan – Mar 2014	Number of referrals	N/A	115	484	↑	Referrals into the service increased in quarter four.	
				Number of people who start the 12-week programme	500	66	289	↔	Only 42% of the year-end target achieved.	
				Number of people who have completed the 12-week programme	N/A	49	169	↔	Final year-end performance not known due outcome for 12-weeks not yet known.	

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	County Health Partnership	Q4 Jan – Mar 2014	Targeted one-off awareness sessions - Community	160	69	307	↑	The provider over-achieved in all areas of Key Performance Indicators.	Weight management services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	A sustained downward trend in the level of excess weight in children by 2020			Targeted one-off awareness sessions – School / nursery / children / young people – those signed up to the Enhanced Healthy School Status	180	113	397	↑		
	Utilisation of green space for exercise/health reasons			Targeted one-off awareness sessions – School / nursery / children / young people - school facilities and children's centres	60	14	110	↑		
				Targeted one-off awareness sessions - Workplace	15	7	19	↑		
				Cookery Courses (cook & eat) - Community	65	50	142	↑		
				Cookery Courses (cook & eat) – School	15	3	18	↑		
				Training sessions, minimum of 10-12 participants per course	65	16	104	↑		
				Awareness Raising Events	20	4	43	↑		

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Gedling Borough Council – Positive Moves, Exercise Referral Scheme	Q4 Jan – Mar 2014	Number of referrals	N/A	130	486	⬆️	No target .	Weight management services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Number of people who start the 12-week programme			300	97	351	⬆️	17% over achievement of the target.		
	Number of people who complete the 12-week programme			180	28	148	↔️	18% under achievement of the target.		
	Number of people reaching goal			150	28	141	↔️	9 people or 4% of total did not reach their goal weight.		
	Utilisation of green space for exercise/health reasons	Mansfield District Council – Community Nutrition		Targeted one-off awareness sessions - Community	36	9	41	↔️	Over achievement.	
	Targeted one-off awareness sessions – School			25	7	30	⬆️			
	Targeted one-off awareness sessions - Workplace			24	9	23	⬆️	Just one session under performance.		
	Cookery Courses (cook & eat) - School			4	2	4	⬆️	Target achieved.		

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Newark & Sherwood District Council – Community Nutrition	Q4 Jan – Mar 2014	Targeted one-off awareness sessions - Community	60	15	120	⬆️	Over achievement	Weight management services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	Targeted one-off awareness sessions – School			140	24	161	⬆️			
	A sustained downward trend in the level of excess weight in children by 2020			Targeted one-off awareness sessions - Workplace	25	6	11	⬇️	Even though performance has improved in quarter four, overall it is still 56% below target.	
	Utilisation of green space for exercise/health reasons	Newark and Sherwood District Council – Exercise Referral Scheme		Cookery Courses (cook & eat) - Community	20	3	22	⬆️	Over achievement	
				Number of referrals	N/A	105	297	⬆️	No annual target.	
				Number of people who start the 12-week programme	300	87	298	⬆️	Improvement in quarter four and overall only 0.7% below target.	
				Number of starters that complete the 12-week programme	N/A	163	212	⬆️	No annual target.	

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Bassetlaw GPs - Weight Management	Q4 Jan – Mar 2014	No. of patients that have completed a 12-week Adult Weight Management session	No annual target	47	199	↕	No exception to be reported.	Weight management services have been decommissioned. These services will run from the 1 st April until 30 th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
	A sustained downward trend in the level of excess weight in children by 2020			Number of patients who attended 6 or more sessions		66	287	↕		
	Utilisation of green space for exercise/health reasons			Number of patients who achieved a target weight loss 6+ sessions		34	148	↕		

4. Complaints, Serious Incidents & Freedom of Information Requests

Public Health Area	Complaints relating to Health Contracts			Summary of Serious Incidents (SI)			Freedom of Information Requests relating to Public health Functions and Health Contracts
	Number of new complaints in period	Number of complaints under investigation in period	Number of complaints concluded in period	Number of new SIs in period	Number of SIs under investigation in period	Number of SIs concluded in period	
Alcohol and Drug Misuse services	None	None	None	Three	Three	Three	Four
Tobacco Control	None	None	None	None	None	None	One
Weight Management	None	None	None	None	None	None	One
Sexual Health	None	None	None	None	None	None	One
Community Pharmacy Public Health Services	None	None	None	None	None	None	One
Public Health Funding	None	None	None	None	None	None	Two
Information relating to management functions	None	None	None	None	None	None	Six

5. Contract Strategic Priorities

NHS Health Checks

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

National Child Measurement Programme

Outcome/Indicator	Public Health Outcome Framework and background
Excess weight ages 4-5 (Reception Year) and ages 10-11 (Year 6)	Obesity is a priority area for the Government. The “Healthy Lives, Healthy People: A call to action on obesity in England” document includes national ambitions relating to excess weight in children. Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health. The data source for the numbers of excess weight children is the National Child Measurement Programme. Public Health commissions the school nursing service to carry out this programme on its behalf. It takes place in all schools in Nottinghamshire on an annual basis. The results of the 2012/13 school year programme were published on the 11 th December 2013 and are outlined below.
Health and Wellbeing Strategy Priorities	To achieve a sustained downward trend in the level of excess weight in children by 2020

5. Contract Strategic Priorities

Comprehensive Sexual Health

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

Alcohol and Drug Misuse

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

5. Contract Strategic Priorities

Community Safety and Violence Prevention

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

Seasonal Mortality

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

5. Contract Strategic Priorities

Social Exclusion

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

Tobacco Control

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

5. Contract Strategic Priorities

Weight Management

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