

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	NHS Health Checks	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. http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx
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	Integrated Sexual Health Services	<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">• Chlamydia (47%),• Genital warts (17%).• Genital herpes (7%),• Gonorrhoea (7%). <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. www.fsrh.org www.bashh.org. The ISHS 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">• A reduction in under 18 conceptions• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)• A reduction in people presenting with HIV at a late stage of infection. <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none">• 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• 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<ul style="list-style-type: none">• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk• 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<ul style="list-style-type: none">• An increase in the number of people accessing HIV screening, particularly from those groups most at risk• 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• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups<ul style="list-style-type: none">• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM• Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire<ul style="list-style-type: none">• A reduction in unintended pregnancies in all ages• Increased quality standards across Nottinghamshire and Bassetlaw.
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	Young Peoples Sexual Health Service - C Card	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.
1.05	16-18 year olds not in education employment or training	Alcohol and Drug Misuse Services	<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	Young People's Substance Misuse Service	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
2.03	Smoking status at time of delivery (maternity)	Tobacco Control and Smoking Cessation	<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">• Smoking cessation
2.09	Smoking prevalence - 15 year olds		

2.14	Smoking prevalence - adults (over 18's)		<ul style="list-style-type: none"> • Stopping smoking • Preventing the uptake of smoking • Reducing harm from tobacco use
2.14	Smoking prevalence - adults (over 18's)	Illicit Tobacco Services	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
1.16	Utilisation of outdoor space for exercise/health reasons	Obesity Prevention and Wight Management (OPWM)	<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	Domestic Abuse Services	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.
4.15	Excess winter deaths	Seasonal Mortality	In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report ¹⁶ . 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 City 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
1.18	Social isolation	Social Exclusion	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.
1.01	Children in low income families	Public Health Services for Children and Young People aged 0-19	<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	Oral Health Promotion Services	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.
2.05	Child development at 2-2½ years	Children's Centres	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
1.15	Statutory homelessness	Supporting People: Homelessness Support	<p>The aims of this service are:</p> <ul style="list-style-type: none"> - To address homelessness, support people back to independence and prevent repeat homelessness - To reduce the adverse effects of homelessness on individual and population health and wellbeing - To improve the health and wellbeing of homeless service users - To promote social inclusion
4.09	Excess under 75 mortality rate in adults with serious mental illness	Mental Health	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
1.15	Statutory homelessness	Reduction in statutory homelessness	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

Nottinghamshire County Public Health Services Performance Report



Colour Code	Quality standard	Number
80%	Standard met or exceeded	YTD 80% or higher of expected
80%	Standard not met	YTD less than 80% of expected

								Quarter 2 2019/20		
Service Name	Indicator or Quality Standard	2018/19 final figures for comparison	2018/19 Q2	Annual plan 2019/20	Plan to Date	Q1	Q2	Performance against target	Performance against target	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	31,890	8,228	34,000	17,000	10,274	11,047		GREEN	21,321
	No. of patients offered who have received health checks	22,149	4,946	23,800	11,900	5,798	6,133		GREEN	11,931
Integrated Sexual Health Services	Total number of filled appointments									
	Sherwood Forest Hospital NHS Trust	23,000	5,945	23,381	11,691	5,660	5,996		GREEN	11,656
	Nottingham University Hospital NHS Trust	15,528	4,092	15,819	7,910	4,142	4,633		GREEN	8,775
	Doncaster and Bassetlaw Hospitals NHS Trust	8,642	2,283	8,130	4,065	2,250	2,318		GREEN	4,568
	Total	47,170	12,320	47,330	11,833	12,052	12,947		GREEN	24,999
	Quality Standard 60 % of new service users accepting a HIV test									
	Sherwood Forest Hospital NHS Trust	79%	78%	>60%	>60%	79%	79%		GREEN	79%
	Nottingham University Hospital NHS Trust	63%	61%	>60%	>60%	63%	60%		GREEN	62%
	Doncaster and Bassetlaw Hospitals NHS Trust	61%	62%	>60%	>60%	70%	62%		GREEN	66%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test									
	Sherwood Forest Hospital NHS Trust	82%	81%	>75%	>75%	84%	88%		GREEN	86%
	Nottingham University Hospital NHS Trust	67%	69%	>75%	>75%	73%	64%		RED	68%
	Doncaster and Bassetlaw Hospitals NHS Trust	70%	80%	>75%	>75%	83%	79%		GREEN	81%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC									
	Sherwood Forest Hospital NHS Trust	47%	48%	>30%	>30%	49%	48%		GREEN	49%
	Nottingham University Hospital NHS Trust	42%	38%	>30%	>30%	40%	50%		GREEN	47%
	Doncaster and Bassetlaw Hospitals NHS Trust	50%	50%	>30%	>30%	51%	45%		GREEN	48%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,245	330	1,400	700	410	292		GREEN	702
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	1,787	333	2,000	1,000	618	461		GREEN	1,079
Substance Misuse	Number of successful exits (i.e. planned)	1,021	249	-	324	214	243		GREEN	457
	Number of unplanned exits	664	157	-	-	166	175		NO TARGET	341
	Number of service users in the service (last day of quarter) including transferred in	13,168	8,857	10,394	5,197	6,598	8,613		GREEN	6,598
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	158	14	200	100	46	52		GREEN	98
	Quality standard 80% Planned exit from treatment	88%	75%	80%	80%	100%	50%		GREEN	75%
	Number of YP contacted via outreach or group work	-		-	-	629	396		NO TARGET	-
Smoking Cessation	Number of people setting a quit date	4344	915	-	-	817	909		NO TARGET	1,726
	% actually quit - Russell standard	69%	67%	>40%	>40%	62%	67%		GREEN	65%
	Pregnant Smokers who successfully quit	149	38	500	250	17	34		RED	51
	Under 18 Smokers who successfully quit	19	2	200	100	6	6		RED	12
	Routine and Manual Workers successfully quit	890	188	1,500	750	124	153		RED	277
	All other smokers who successfully quit	1,946	387	2,800	1,400	361	418		RED	779
	Total Successfully Quit	3,004	615	5,000	2,500	508	611		RED	1,119
Illicit Tobacco Services	Number of inspections	100	23	-	-	6	9		NO TARGET	15
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	708	171	260	130	347	322		GREEN	669
	Number of children supported	117	35	108	54	30	24		GREEN	54
	Maternity	107	15	104	52	54	57		GREEN	111
	Number of tier 1 prevention projects	71	17	65	33	19	31		GREEN	50
	Number of tier 1 prevention sessions	439	148	831	416	180	476		GREEN	656
Domestic Abuse Services	No of adults supported	1,952	468	2,088	1,044	451	487		NO TARGET	938
	No of children, young people & teenagers supported	609	132	622	311	137	136		NO TARGET	273
Healthy Housing	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	499	68	259	120	85	82		GREEN	167
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	219	42	187	119	47	83		GREEN	130
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	89%	89%	90%	90%	90%	90%		GREEN	90%
	Percentage of 6-8 week reviews completed	87%	85%	90%	90%	89%	89%		GREEN	89%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	89%	91%	90%	90%	90%	92%		GREEN	91%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	98%	99%	95%	95%	97%	99%		GREEN	98%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	278	56	200	100	98	82		GREEN	180
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	221	70	200	100	71	76		GREEN	147
Homelessness	Hostel Accommodation Number exited in a planned way	135	34	-	-	30	37		NO TARGET	67
	Hostel Accommodation % exited in a planned way	0.780071421	69%	>80%	>80%	71%	90%		GREEN	81%
	Move on Accommodation Number exited in a planned way	136	29	-	-	25	25		NO TARGET	50
	Move on Accommodation % exited in a planned way	0.978065357	97%	>80%	>80%	96%	89%		GREEN	96%

District Level Data

District Level Data		Quarter 1								
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total	
Substance Misuse	Number of successful exits (i.e. planned)	34	57	30	29	22	29	13	214	This excludes NX and multiple journeys
	Number of unplanned exits	47	31	20	26	16	14	12	166	
	Number of service users in the service (last day of quarter) Including transferred in	811	1142	666	436	370	377	261	4063	
Smoking Cessation	Number of people setting a quit date	138	163	160	94	88	63	57	763	Caveat: these areonly those people with district postcodes, others included in overall total are GPCCG who live outside of Notts districts
	% actually quit - Russell standard	64%	72%	62%	65%	67%	56%	54%	64%	
	Pregnant Smokers who successfully quit	4	0	5	4	2	0	1	16	
	Under 18 Smokers who successfully quit	0	2	3	0	0	0	0	5	
	Routine and Manual Workers successfully quit	34	22	19	17	11	9	6	118	
	All other smokers who successfully quit	50	94	72	40	46	26	24	352	
Total Successfully Quit		88	118	99	61	59	35	31	491	
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	41	39	70	54	64	47	32	347	
	Number of children supported	4	6	5	3	8	1	3	30	
	Maternity	1	10	15	11	7	6	4	54	
	Adults triaged to other 12 week weight management	48	31	49	40	28	29	36	261	
Domestic Abuse Services	No of adults supported	84	106	79	49	48	68	37	471	
	No of children, young people & teenagers supported	17	38	18	14	12	13	4	116	
Healthy Housing	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	6	5	15	7	15	20	17	85	
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	7	0	25	15	0	0	0	47	
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	248	247	310	246	249	250	242	1792	
	Number of 6-8 week reviews completed	198	260	290	267	203	231	223	1672	
	Number of 12 month development reviews completed by the time the child turned 15 months	239	224	318	273	250	243	260	1807	
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	246	246	375	280	267	276	261	1951	
Homelessness	Hostel Accommodation Number exited in a planned way	1	11		6		12		30	
	Hostel Accommodation % exited in a planned way	50%	58%		60%		88%		71%	
	Move on Accommodation Number exited in a planned way	6	8		6		5		25	
	Move on Accommodation % exited in a planned way	100%	88%		100%		80%		96%	

		Quarter 2								
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total	
Substance Misuse	Number of successful exits (i.e. planned)	39	51	43	29	34	23	24	243	This excludes NX and multiple journeys
	Number of unplanned exits	38	43	29	13	15	12	25	175	
	Number of service users in the service (last day of quarter) Including transferred in	997	1413	837	565	484	460	322	5078	
Smoking Cessation	Number of people setting a quit date	141	197	169	147	65	86	77	882	Caveat: these areonly those people with district postcodes, others included in overall total are GPCCG who live outside of Notts districts
	% actually quit - Russell standard	67%	72%	66%	65%	72%	62%	61%	67%	
	Pregnant Smokers who successfully quit	3	8	5	4	4	1	3	28	
	Under 18 Smokers who successfully quit	1	1	1	1	1	1	0	6	
	Routine and Manual Workers successfully quit	50	23	27	33	10	8	1	152	
	All other smokers who successfully quit	40	110	79	57	32	43	43	404	
Total Successfully Quit		94	142	112	95	47	53	47	590	
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	36	51	43	54	56	45	37	322	Does not include out of area/no fixed abode
	Number of children supported	4	0	5	5	4	1	5	24	
	Maternity	0	13	17	11	6	8	2	57	
	Adults triaged to other 12 week weight management								0	
Domestic Abuse Services	No of adults supported	95	105	95	42	35	62	41	475	
	No of children, young people & teenagers supported	45	29	24	13	9	13	3	136	
Healthy Housing	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	15	5	9	7	17	20	9	82	
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	31	24	0	12	11	0	5	83	
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	261	251	330	255	213	221	245	1776	
	Number of 6-8 week reviews completed	267	254	337	255	223	230	236	1802	
	Number of 12 month development reviews completed by the time the child turned 15 months	223	218	286	250	248	261	240	1726	
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	252	227	328	279	213	216	254	1769	
Homelessness	Hostel Accommodation Number exited in a planned way	5	14		8		10		37	
	Hostel Accommodation % exited in a planned way	14%	38%		22%		27%		90%	
	Move on Accommodation Number exited in a planned way	3	5		7		10		25	
	Move on Accommodation % exited in a planned way	12%	20%		28%		40%		89%	

Denominator/Numerator

Denominator/Numerator		Q1			Q2			Total		
		Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	Average %
Integrated Sexual Health Services	Quality Standard 60 % of new service users accepting a HIV test									
	Sherwood Forest Hospital NHS Trust	1041	827	79%	1140	897	79%	2181	1724	79%
	Nottingham University Hospital NHS Trust	972	614	63%	1026	615	60%	1998	1229	62%
	Doncaster and Bassetlaw Hospitals NHS Trust	601	418	70%	620	384	62%	1221	802	66%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test									
	Sherwood Forest Hospital NHS Trust	527	444	84%	522	460	88%	1049	904	86%
	Nottingham University Hospital NHS Trust	437	318	73%	469	299	64%	906	617	68%
	Doncaster and Bassetlaw Hospitals NHS Trust	557	460	83%	275	217	79%	832	677	81%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC									
	Sherwood Forest Hospital NHS Trust	904	447	49%	972	471	48%	1876	918	49%
	Nottingham University Hospital NHS Trust	222	89	40%	565	283	50%	787	372	47%
	Doncaster and Bassetlaw Hospitals NHS Trust	598	302	51%	585	264	45%	1183	566	48%
Young People's Substance Misuse Service	Quality standard 80% Planned exit from treatment	2	2	100%	2	1	50%	4	3	75%
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	1992	1792	90%	1982	1776	90%	3974	3568	90%
	Percentage of 6-8 week reviews completed	1881	1672	89%	2015	1802	89%	3896	3474	89%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	2007	1807	90%	1985	1824	92%	3992	3631	91%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	2009	1951	97%	1769	1755	99%	3778	3706	98%
Homeleessness	Hostel Accommodation % exited in a planned way	42	30	71%	41	37	90%	83	67	81%
	Move on Accommodation % exited in a planned way	26	25	96%	28	25	89%	54	50	93%