

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.</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 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 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 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 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). To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none"> Stopping smoking Preventing the uptake of smoking Reducing harm from tobacco use
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
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 Weight Management (OPWM)	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.
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 domestic violence and abuse (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.
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	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’
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 National Institute for Health and Care Excellence (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	The aims of this service are: - 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

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Service Name	Indicator or Quality Standard	2020/21 Total	Annual plan 2021/22	Plan to Date	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Total
NHS Health Checks	No. of eligible patients who have been offered health checks	8,010	–	–	6,451	4,152	3,546	14,149
	No. of patients offered who have received health checks	2,779	–	–	2,133	2,137	1,453	5,723
Integrated Sexual Health Services	Total number of filled appointments							
	Sherwood Forest Hospital NHS Trust	16,276	–	–	4,775	4,755	4,887	14,417
	Nottingham University Hospital NHS Trust	10,401	–	–	3,377	3,947	3,859	11,183
	Doncaster and Bassetlaw Hospitals NHS Trust	8,366	–	–	2,656	2,734	2,422	7,812
	Total	35,043	–	–	10,808	11,436	11,168	33,412
	Quality Standard 60 % of new service users accepting a HIV test							
	Sherwood Forest Hospital NHS Trust	35%	>60%	>60%	79%	63%	53%	65%
	Nottingham University Hospital NHS Trust	17%	>60%	>60%	68%	55%	61%	61%
	Doncaster and Bassetlaw Hospitals NHS Trust	19%	>60%	>60%	66%	61%	60%	62%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test							
	Sherwood Forest Hospital NHS Trust	44%	>75%	>75%	44%	55%	65%	55%
	Nottingham University Hospital NHS Trust	46%	>75%	>75%	45%	56%	59%	53%
	Doncaster and Bassetlaw Hospitals NHS Trust	68%	>75%	>75%	80%	83%	79%	81%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC							
	Sherwood Forest Hospital NHS Trust	52%	>30%	>30%	51%	51%	46%	49%
	Nottingham University Hospital NHS Trust	58%	>30%	>30%	64%	62%	62%	63%
Doncaster and Bassetlaw Hospitals NHS Trust	43%	>30%	>30%	50%	39%	42%	44%	

Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	184	1,400	1,050	134	307	386	827
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	240	2,000	1,500	164	354	473	991
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children inc CJ	3,085	-	-	2,814	2,901	2,828	2,828
	Number of successful completions (YP and Adults and Parents)	1,245	-	-	285	252	212	749
	Number of unplanned exists (Adults and YP)	775	-	-	94	244	272	610
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date	1,617	3,200	2,400	548	468	476	1,492
	Smoking Cessation: % of clients quit at 4 weeks following quit date	56%	-	-	65%	60%	65%	63%
	Adult Weight Management : The number of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	-	1,850	1,388	59	72	94	225
	Adult Weight Management: The % of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	-	-	-	38%	53%	42%	44%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	11	860	645	16	9	3	28
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	28%	-	-	60%	90%	60%	70%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	527	4,000	3,000	238	238	342	818
Illicit Tobacco Services	Number of inspections	33	-	-	19	12	14	45
Domestic Abuse Services	Number of eligible referrals who have engaged and accepted support	2,398	-	-	417	402	340	1,159
	Children who are survivors in their own right	794	-	-	35	34	34	103
	Number of training events delivered (specialists courses, seminars, briefings, conferences)	18	-	-	11	8	12	31
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	95%	91%	90%	95%	94%	96%	95%
	Percentage of 6-8 week reviews completed	91%	87%	90%	91%	90%	89%	90%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	90%	86%	90%	92%	93%	93%	93%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	99%	90%	95%	100%	98%	100%	99%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	279	150	113	108	75	255	438
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	83	150	113	7	34	88	129
Homelessness	Hostel Accommodation Number exited in a planned way	126	-	-	32	51	31	114
	Hostel Accommodation % exited in a planned way	86%	>80%	>80%	74%	82%	72%	76%
	Move on Accommodation Number exited in a planned way	93	-	-	39	30	22	91
	Move on Accommodation % exited in a planned way	88%	>80%	>80%	95%	91%	88%	91%

District Level Data

		Quarter 1							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children Inc CJ	524	706	485	332	306	281	180	2814
	Number of successful completions (YP and Adults and Parents)	57	74	45	48	25	22	14	285
	Number of unplanned exits (Adults, YP and parents)	29	12	20	9	8	11	5	94
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	73	110	89	59	62	66	61	520
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	69%	71%	68%	72%	65%	81%	73%	71%
	Adult Weight Management : The number of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	4	6	13	5	10	9	9	56
	Adult Weight Management : The % of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	38%	26%	46%	71%	35%	90%	32%	48%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	1	4	4	3	1	3	0	16
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	100%	67%	80%	75%	100%	50%	0%	67%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	22	30	46	19	39	25	43	224
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	258	254	297	284	227	261	251	1832
	Number of 6-8 week reviews completed	216	224	275	284	214	256	240	1709
	Number of 12 month development reviews completed by the time the child turned 15 months	235	242	300	284	224	233	276	1794
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	208	221	296	255	240	225	281	1726
Homelessness	Hostel Accommodation Number exited in a planned way	3	10		7		12		32
	Hostel Accommodation % exited in a planned way	9%	31%		22%		38%		100%
	Move on Accommodation Number exited in a planned way	4	10		10		15		39
	Move on Accommodation % exited in a planned way	10%	26%		26%		38%		100%

		Quarter 2							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children Inc CJ	541	723	497	332	311	290	207	2901
	Number of successful completions (YP and Adults and Parents)	61	55	48	39	15	19	15	252
	Number of unplanned exits (Adults & YP)	46	46	34	33	38	29	18	244
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	59	116	77	57	45	60	32	446
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	13%	26%	17%	13%	10%	13%	7%	100%
	Adult Weight Management : The number of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	7	7	11	7	18	10	9	69
	Adult Weight Management : The % of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	10%	10%	16%	10%	26%	14%	13%	100%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	0	5	0	0	0	3	0	8
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	0%	63%	0%	0%	0%	38%	0%	100%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	34	52	39	19	38	28	23	233
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	236	282	320	277	255	233	236	1839
	Number of 6-8 week reviews completed	313	339	376	365	300	323	329	2345
	Number of 12 month development reviews completed by the time the child turned 15 months	250	229	270	322	236	241	224	1772
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	196	239	246	256	222	218	220	1597
Homelessness	Hostel Accommodation Number exited in a planned way	7	18		6		20		51
	Hostel Accommodation % exited in a planned way	14%	35%		12%		39%		100%
	Move on Accommodation Number exited in a planned way	5	10		4		11		30
	Move on Accommodation % exited in a planned way	17%	33%		13%		37%		100%

		Quarter 3							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children Inc CJ	540	714	488	308	302	283	193	2828
	Number of successful completions (YP and Adults and Parents)	50	41	23	22	25	28	23	212
	Number of unplanned exits (Adults & YP)	45	63	56	29	47	36	16	292
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	58	80	129	60	47	57	39	470
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	12%	17%	27%	13%	10%	12%	8%	100%
	Adult Weight Management : The number of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	5	8	8	13	25	16	18	93
	Adult Weight Management : The % of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	5%	9%	9%	14%	27%	17%	19%	100%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	1	0	0	0	1	1	0	3
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	33%	0%	0%	0%	33%	33%	0%	100%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	25	46	79	40	57	48	44	339
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	256	252	325	320	231	251	249	1884
	Number of 6-8 week reviews completed	260	271	320	292	224	230	254	1851
	Number of 12 month development reviews completed by the time the child turned 15 months	264	246	347	289	218	283	269	1916
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	218	212	318	256	238	224	272	1738
Homelessness	Hostel Accommodation Number exited in a planned way	8	8		5		10		31
	Hostel Accommodation % exited in a planned way	26%	26%		16%		32%		100%
	Move on Accommodation Number exited in a planned way	3	6		3		10		22
	Move on Accommodation % exited in a planned way	14%	27%		14%		45%		100%