

APPENDIX B

PUBLIC HEALTH PERFORMANCE, RISKS AND FINANCIAL POSITION – QUARTER 1 2024-25

Information

A) Public Health Performance

Public Health services continue to deliver against the majority of key performance indicators as detailed in their respective contracts. The information below provides additional detail on key areas of success at the end of quarter 1 2024-25 (April-June 2024).

Key successes at end of Quarter 1 2024-25

Sexual Health

Performance against the key sexual health indicators continues to be strong in the context of mobilising the new Nottinghamshire and City sexual health service for October 2024.

The mobilisation of the new sexual health service is progressing well with a new patient management system being created, workforce structuring, creation of an online testing offer and the development of a new health promotion team. A new service name is being developed with feedback from local residents. Work is being to develop new key performance and monitoring indicators to ensure that the service supports the improvement of local sexual health outcomes. The new service is on track to start in October 2024.

NHS Health Checks

Overall performance of the NHS Health Check programme has improved in Q1 of 2024 when compared to the same quarter last year. Although the number of invites in Q1 2024 was comparable Q1 2023 (at 7,299 as compared with 7,364 (a 0.01% reduction)), the number of the eligible population completing a Health Check in has increased by 11.9% in the same period (from 4,180 in Q1 in 2023 to 4,676 in Q1 2024).

Reviewing the data trends shows that the number of invites has remained similar over the past 6 quarters except for Q2 2023 when Newgate practices' quality improvement programme targeted Health Checks and invited huge numbers to catch up those not invited during COVID.

There has been no change in delivery of the programme so the increase in uptake of Health Checks is due to improved engagement with the programme from the providers and potentially residual impact remaining from the pandemic last year.

A systemwide consultation of providers was also launched in Q1 to better understand the challenges in primary care to delivering Health Checks, as with targeted engagement, some practices have reduced their delivery and are considering stopping delivery altogether due to them not being cost-effective. Nearly 80 responses have been collated and analysis is underway which will inform the updated Health Check specification for the programme in its upcoming procurement exercise due for April 2025 start.

The Health Equity Audit of the NHS Health Check programme has been finalised with some key recommendations that will form the basis of an improvement plan for the programme. There are recommendations relating to the improvement of data collection to better understand the impact of the

programme. The audit has highlighted some inequities over the last five years where some higher risk groups haven't engaged with the programme. This will need further investigating and work needs to be done in embedding the programme into wider health pathways for improved outcomes for residents.

Prescribed Children's 0-5 Services

Performance against the key Healthy Families Programme indicators continues to be strong.

In Quarter 1 of 2024-25 93% of new-borns (1603 new-borns) received a 10-to 14-day health visitor review within 14 days of birth.

A further 107 (6%) were seen after 14 days, usually by day 18. A breakdown of the reasons for parents being seen after 14 days is received. This includes the initial visit being cancelled and re-arranged by parents, parents not being at home (no access), and / or the visit being re-arranged by the service (staff sickness). By the close of the quarter over 99% of parents had received their new birth review.

In Quarter 1, 89% parents (1532 parents) received a 6-to-8 week health visitor review by the time their baby was 8 weeks of age. A further 153 (9%) received this review over 8 weeks. By the close of the quarter 98% of parents had received their 6-8-week review.

In the same quarter, 94% of infants (1674 infants) had received a 1-year health and development review by the age of 15 months. A breakdown of the reasons why parents had not been seen by 15 months of age by the close of the quarter is received. This includes the review being cancelled and re-arranged by parents, parents not attending the review, or parents declining (opting out) of the review. Clear policies guide practitioners as to the appropriate course of action where parents do not engage.

Finally, the proportion of 2-2.5-year reviews that used the evidence-based Ages and Stages Questionnaire to assess development was 99% across Quarter 1, above the locally agreed target of 95%.

The Integrated Wellbeing Service

For Tobacco services performance reporting for Quarter 1 is split between reporting final outcomes for 2023/4 reporting year and 2024/5 reporting year. In total 674 people achieved a four-week quit in Quarter 1. This is the highest number of people achieving a 4-week quit over the past five quarters. In addition, 23 people with a Severe Mental Illness were supported to quit smoking at four-weeks.

For the Weight Management Service, performance reporting for Quarter 1 is also split between reporting final outcomes for 2023/4 reporting year and 2024/5 reporting year. A total of 243 people were supported to achieve a 5% weight loss in Quarter 1. This is the highest number of people achieving a 5% weight loss over the past five quarters.

In addition, during Quarter 1, 281 people were supported to achieve a 3% weight loss.

Story of Difference:

Weight management, we had our first SMI client achieve their 5% weight loss target. He also managed to reduce his AUDIT-C score from 15 to 4. He's invited us to his home to record a video testimony, but the current summary is:

MR was referred in April for weight management support. He has since had 12 telephone appointments and has made some fantastic changes which has helped him lose 5% of his weight. He has reduced his caffeine intake by going from 10 cups of coffee a day to 2 cups, which has helped with his sleep. He has gone from eating processed foods to cooking all his meals from scratch and is even trying new recipes from our handbook. He has swapped sugar and crisps to bananas, oranges and strawberries. He is now walking for 30 minutes a day and using the resistance band we sent him to exercise at home. MR has struggled with his alcohol intake, as he's received alcohol support via telephone and has reduced his audit C score from 15 to 4.

Smoking cessation SB attended the Face-to-Face clinic at Bellamy. SB is a 50-year-old female who was smoking 10 cigarettes or roll ups per day. SB said she wanted to quit smoking for health reasons as she has COPD, Asthma, and diabetes. SB said she has quit smoking previously for short periods of time but struggles to maintain the quit. SB said she is unsure if she can quit, and I said I would work with her to achieve her goal of a smoke free life. SB is also partially deaf, so I ensured I spoke clearly and wrote down information. I always checked SB had understood. SB attended an appointment one Friday and told me she felt unwell. I could see SB was not well at all, so I called an ambulance. The paramedics arrived quickly and praised me for how quickly I acted. SB was dangerously unwell and was admitted to hospital. SB came to see me a couple of weeks later to thank me and to continue with the program.

Through informed choice SB was using Nicorette gum to assist with her quit but stopped using all NRT after a few weeks as SB felt she didn't need it. SB's CO reading at the first appointment was 22 and at the final appointment it was 2. SB has now been smoke free for 26 weeks and said she is feeling much brighter. SB has noticed her breathing is not as bad and she is coughing less. SB also said she is noticing the financial benefits too which has helped her. SB said she is feeling really happy.

Homelessness

Both Hostel and Move on accommodation percentage exited in a planned way targets continue to be well met by the provider. The number of people leaving hostel and move on continues to be lower than ideal. This is reflective of system wide challenges relating to the availability of appropriate housing to move people on to and subsequent 'silting up' of service provision. The provider is actively engaged in wider systems work to identify the range of supported accommodation required to meet local needs. Work is ongoing with local housing authorities to ensure all options for moving people on from the service are thoroughly explored.

Substance Use

Successful completions within the service are increasing with 19.78% completion rate in March 2024 compared to the Change Grow Live (CGL) national performance of 19.28%, 2525 adults are currently in treatment and 119 young people. The service is currently 22% over capacity as compared to the original contract numbers.

Story of Difference:

The housing team continue to go from strength to strength with the team receiving 351 referrals to date and 158 people have engaged with the team. There are 56 evictions that have been prevented with the support of this team. Noting the low housing stock in Nottinghamshire the impact of this team's worker on the wider system is evident.

Domestic Abuse

Vital signs reporting for Domestic Abuse Support Services has improved and this has led to an increase in baseline data. Domestic Abuse Support Services have supported 645 new survivors in quarter one. This is an increase from the previous quarter. Services remain under pressure as referrals are increasing as is the complexity of survivor need. Services have been asked by commissioners to identify the ceiling of need before mitigations are required and a system is being established to ensure reporting processes are in place and mitigations and risk is fully considered.

Story of difference

Mum and daughter attended the 'hands are not for hurting' eight-week therapeutic group work course. This is delivered to mum and child separately but at the same time.

Offering a safe space for children, to provide them with the opportunity to disclose, process and understand the abuse they have witnessed. In addition, to help Mothers understand their child's experiences, thoughts and feelings in relation to the abuse and to help rebuild the communication pathways between parent and child.

Child on the programme had witnessed physical and emotional abuse within the family home by father (perpetrator) to mother (survivor).

Survivor feedback to service "I just wanted to say thank you for everything you have done on the course. I really feel like I have benefitted so much over the last 8 weeks, and you have given me some of my confidence back that I lost a long time ago. Made me feel confident as a Mum and made me realise things were not my fault and I would still be stuck in a rut".

Child feedback to service "I have enjoyed coming to the group and making new friends. I like the food and would like to have done more drawing".

Programmes like this are key to supporting survivors to rebuild their lives.

Health Protection

Health protection assurance is a statutory duty of the County Council, led by the Director of Public Health (DPH). The multi-agency Nottingham and Nottinghamshire Health Protection Board is the overarching

forum for ensuring that relevant organisations have appropriate plans in place and that necessary actions are being taken. The Board is accountable to the Nottinghamshire Health and Wellbeing Board.

In line with its assurance role the Board held a workshop in September 2023, to identify opportunities and gaps to improve health protection and reduce health inequalities across the County and City. Based on the outcomes from the workshop an action plan was agreed which is being jointly led by partners across health and local government and progress reported through the Health Protection Board and up to the County and City Health and Wellbeing Boards.

On 24th July, the HWB formally approved the Health Protection Annual Report for the previous year which provides assurance that arrangements and outcomes for health protection in Nottinghamshire are satisfactory. Report available at [Democratic Management System > Meetings \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk/DEMOCRATIC-Management-System->Meetings) Item 5.

B) Vital Signs and Risk

The departmental vital signs indicators identified within Public Health are statutory duties, market sustainability and workforce. Quarter 1 2024/25 performance for these are detailed in Appendix C to support the narrative above.

C) Workforce

Appendix C covers the workforce vital signs data. This will be reviewed for Quarter 2, when Public Health moved into the Place department.

Specific Public Health quarter 1 2024/25 workforce updates include;

- a successful Staffing Committee to appoint a Public Health Consultant in May 2024 (this was to replace a team member that had retired).
- All other current vacancies being recruited for and with a continual source of good quality candidates for the posts.
- The Director of Public Health role is continuing to be covered by Vivienne Robbins on an interim basis until permanent recruitment for the post will be carried out in the autumn.

D) Financial Position as at 30 June 2024

Prev Forecast variance £000	Change in Variance £000	Department	Annual Budget £000	Actual Spend £000	Year-End Forecast £000	Latest Forecast Variance £000
	(64)	Communities and Public Health Public Health	4,788	(4,076)	4,633	(155)
	(64)	Communities and Public Health Total	4,788	(4,076)	4,633	(155)
	64	Transfers To (From) Reserves Communities and Public Health Public Health Reserves	(4,788)	(164)	(4,633)	155
	64	Communities and Public Health Total	(4,788)	(164)	(4,633)	155
	0	PLACE DEPARTMENT	0	0	0	0

The above table is the position at period 3 budget monitoring for the financial year 2024/25. The Public Health ringfenced budget is currently underspent in year by £155k, which is 0.03% of the overall budget. A detailed plan to spend the existing Public Health reserves was approved at Cabinet in July 2024. Further detail is available in the link attached. [Democratic Management System > Meetings \(nottinghamshire.gov.uk\)](#) Item 10.