

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

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	<b>NHS Health Checks</b>	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. <a href="http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx">http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</a>
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	<b>Integrated Sexual Health Services</b>	<p>Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.</p> <p>A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none"> <li>• Chlamydia (47%),</li> <li>• Genital warts (17%),</li> <li>• Genital herpes (7%),</li> <li>• Gonorrhoea (7%).</li> </ul> <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. <a href="http://www.fsrh.org">www.fsrh.org</a> <a href="http://www.bashh.org">www.bashh.org</a>.</p> <p>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"> <li>• A reduction in under 18 conceptions</li> <li>• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)</li> <li>• A reduction in people presenting with HIV at a late stage of infection.</li> </ul> <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> <li>• Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health</li> <li>• Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions <ul style="list-style-type: none"> <li>• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health</li> </ul> </li> <li>• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk</li> </ul> <ul style="list-style-type: none"> <li>• A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000 <ul style="list-style-type: none"> <li>• An increase in the number of people accessing HIV screening, particularly from those groups most at risk</li> </ul> </li> <li>• A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV</li> <li>• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups <ul style="list-style-type: none"> <li>• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM</li> </ul> </li> <li>• 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"> <li>• A reduction in unintended pregnancies in all ages</li> <li>• Increased quality standards across Nottinghamshire and Bassetlaw.</li> </ul> </li> </ul>
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	<b>Young Peoples Sexual Health Service - C Card</b>	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	<b>Alcohol and Drug Misuse Services</b>	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	<b>Young People's Substance Misuse Service</b>	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)	<b>Tobacco Control and Smoking Cessation</b>	<p>Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none"> <li>• Stopping smoking</li> <li>• Preventing the uptake of smoking</li> <li>• Reducing harm from tobacco use</li> </ul>
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	<b>Illicit Tobacco Services</b>	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	<b>Obesity Prevention and Weight Management (OPWM)</b>	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	<b>Domestic Abuse Services</b>	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	<b>Social Exclusion</b>	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	<b>Public Health Services for Children and Young People aged 0-19</b>	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	<b>Oral Health Promotion Services</b>	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	<b>Children's Centres</b>	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	<b>Supporting People: Homelessness Support</b>	The aims of this service are: <ul style="list-style-type: none"> <li>- To address homelessness, support people back to independence and prevent repeat homelessness</li> <li>- To reduce the adverse effects of homelessness on individual and population health and wellbeing</li> <li>- To improve the health and wellbeing of homeless service users</li> <li>- To promote social inclusion</li> </ul>
4.09	Excess under 75 mortality rate in adults with serious mental illness	<b>Mental Health</b>	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	<b>Reduction in statutory homelessness</b>	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 Quarter 3 2020/21

Service Name	Indicator or Quality Standard	2020/21 Q1	2020/21 Q2	2020/21 Q3	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	149	3,077	2,989	6,215
	No. of patients offered who have received health checks	103	766	1,217	2,086
Integrated Sexual Health Services	<b>Total number of filled appointments</b>				
	Sherwood Forest Hospital NHS Trust	2,496	4,518	4,755	11,769
	Nottingham University Hospital NHS Trust	2,213	3,507	2,723	8,443
	Doncaster and Bassetlaw Hospitals NHS Trust	1,684	2,086	2,251	6,021
	<b>Total</b>	<b>6,393</b>	<b>10,111</b>	<b>9,729</b>	<b>26,233</b>
	<b>Quality Standard 60 % of new service users accepting a HIV test</b>				
	Sherwood Forest Hospital NHS Trust	12%	20%	51%	20%
	Nottingham University Hospital NHS Trust	10%	19%	27%	33%
	Doncaster and Bassetlaw Hospitals NHS Trust	2%	14%	17%	14%
	<b>Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test</b>				
	Sherwood Forest Hospital NHS Trust	35%	48%	52%	48%
	Nottingham University Hospital NHS Trust	50%	49%	36%	65%
	Doncaster and Bassetlaw Hospitals NHS Trust	66%	67%	57%	67%
	<b>Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC</b>				
Sherwood Forest Hospital NHS Trust	46%	52%	56%	52%	
Nottingham University Hospital NHS Trust	55%	55%	60%	60%	
Doncaster and Bassetlaw Hospitals NHS Trust	40%	42%	40%	42%	
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	10	47	110	167
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	16	61	111	188
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children	2,983	3,126	3,007	3,085
	Number of successful completions (YP and Adults and Parents)	241	371	357	969
	Number of unplanned exists (Adults, YP and parents)	164	271	0	435
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date	389	510	479	1,378
	Smoking Cessation: % of clients quit at 4 weeks following quit date	58%	65%	67%	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	Insufficient data			
	Adult Weight Management: The % of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	Insufficient data			
	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	4	7	0	11
	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	57%	54%	0%	37%
Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	131	211	185	527	
Illicit Tobacco Services	Number of inspections	0	4	4	8
Domestic Abuse Services	Number of eligible referrals who have engaged and accepted support	893	538	506	1,937
	Children of survivors	520	222	34	776
	Number of training events delivered (specialists courses, seminars, briefings, conferences)	0	15	3	18
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	91%	95%	95%	95%
	Percentage of 6-8 week reviews completed	88%	92%	92%	92%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	93%	89%	85%	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	99%	99%	99%	99%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	14	63	35	112
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	4	3	32	39
Homelessness	Hostel Accommodation Number exited in a planned way	21	35	38	94
	Hostel Accommodation % exited in a planned way	88%	80%	93%	86%
	Move on Accommodation Number exited in a planned way	14	38	24	76
	Move on Accommodation % exited in a planned way	82%	100%	86%	92%

**District Level Data**

		Quarter 1							Total
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	
<b>All Age Substance Misuse Service</b>	Total numbers in Treatment Adult and Children	573	802	470	361	314	265	198	2983
	Number of successful completions (YP and Adults and Parents)	38	73	34	36	34	16	10	241
	Number of unplanned exits (Adults, YP and parents)	36	48	21	14	16	19	10	164
<b>Integrated Wellbeing Service</b>	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	59	59	74	58	48	37	35	370
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	16%	16%	20%	16%	13%	10%	9%	100%
	Adult Weight Management : The number of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	5	3	4	5	6	8	1	32
	Adult Weight Management : The % of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	16%	9%	13%	16%	19%	25%	3%	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	3	0	0	0	4
	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	25%	0%	0%	75%	0%	0%	0%	100%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	25	19	19	12	16	17	16	124
<b>Healthy Families</b>	Number of New Birth Visits (NBVs) completed within 14 days	232	241	270	297	235	224	216	1715
	Number of 6-8 week reviews completed	193	234	277	272	207	222	230	1635
	Number of 12 month development reviews completed by the time the child turned 15 months	240	271	296	263	223	243	221	1757
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	239	242	347	291	242	233	279	1873
<b>Homelessness</b>	Hostel Accommodation Number exited in a planned way	6	5		2		8		21
	Hostel Accommodation % exited in a planned way	29%	24%		10%		38%		100%
	Move on Accommodation Number exited in a planned way	3	4		2		5		14
	Move on Accommodation % exited in a planned way	21%	29%		14%		36%		100%

		Quarter 2							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
<b>All Age Substance Misuse Service</b>	Total numbers in Treatment Adult and Children	599	819	497	374	336	277	224	3126
	Number of successful completions (YP and Adults and Parents)	81	95	53	37	34	34	37	371
	Number of unplanned exits (Adults, YP and parents)	47	75	22	24	37	31	35	271
<b>Integrated Wellbeing Service</b>	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	90	86	89	56	62	74	46	503
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	18%	17%	18%	11%	12%	15%	9%	100%
	Adult Weight Management : The number of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	3	2	11	0	8	3	5	32
	Adult Weight Management : The % of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	9%	6%	34%	0%	25%	9%	16%	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	2	0	1	0	2	1	1	7
	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	29%	0%	14%	0%	29%	14%	14%	100%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	28	21	42	25	33	32	26	207
<b>Healthy Families</b>	Number of New Birth Visits (NBVs) completed within 14 days	241	266	321	274	221	244	239	1806
	Number of 6-8 week reviews completed	256	236	282	297	231	236	233	1771
	Number of 12 month development reviews completed by the time the child turned 15 months	243	197	342	248	236	227	281	1774
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	210	195	283	202	227	230	252	1599
<b>Homelessness</b>	Hostel Accommodation Number exited in a planned way	4	10		8	12			34
	Hostel Accommodation % exited in a planned way	7%	58%		13%	22%			100%
	Move on Accommodation Number exited in a planned way	7	7		10	14			38
	Move on Accommodation % exited in a planned way	18%	18%		26%	37%			99%

		Quarter 3							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
<b>All Age Substance Misuse Service</b>	Total numbers in Treatment Adult and Children	573	762	506	363	336	272	195	3007
	Number of successful completions (YP and Adults and Parents)	61	67	82	46	43	26	32	357
	Number of unplanned exits (Adults, YP and parents)	0	0	0	0	0	0	0	0
<b>Integrated Wellbeing Service</b>	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	85	73	75	59	50	68	53	463
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	18%	16%	16%	13%	11%	15%	11%	100%
	Adult Weight Management : The number of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	3	1	4	3	3	2	6	22
	Adult Weight Management : The % of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	14%	5%	18%	14%	14%	9%	27%	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	0	0	0	0	0	0	0
	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%	0%	0%	0%	0%	0%	0%	0%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	19	24	27	21	33	29	32	185
<b>Healthy Families</b>	Number of New Birth Visits (NBVs) completed within 14 days	267	238	285	292	217	278	254	1831
	Number of 6-8 week reviews completed	267	272	319	266	200	275	231	1830
	Number of 12 month development reviews completed by the time the child turned 15 months	217	199	294	239	245	238	244	1676
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	222	202	240	219	230	241	259	1613
<b>Homelessness</b>	Hostel Accommodation Number exited in a planned way	7	11		7		12		37
	Hostel Accommodation % exited in a planned way	19%	30%		19%		32%		100%
	Move on Accommodation Number exited in a planned way	7	5		2		10		24
	Move on Accommodation % exited in a planned way	29%	21%		8%		42%		100%

Denominator/Numerator		Q1			Q2			Q3			Total		
		Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	Average %
Integrated Sexual Health Services	<b>Quality Standard 60 % of new service users accepting a HIV test</b>												
	Sherwood Forest Hospital NHS Trust	252	31	12%	496	101	20%	189	97	51%	937	229	24%
	Nottingham University Hospital NHS Trust	230	23	10%	534	104	19%	560	149	27%	1324	276	21%
	Doncaster and Bassetlaw Hospitals NHS Trust	450	10	2%	439	62	14%	487	85	17%	1376	157	11%
	<b>Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test</b>												
	Sherwood Forest Hospital NHS Trust	142	50	35%	164	78	48%	244	128	52%	550	256	47%
	Nottingham University Hospital NHS Trust	?	?	50%	?	?	49%	?	?	36%	#VALUE!	#VALUE!	#VALUE!
	Doncaster and Bassetlaw Hospitals NHS Trust	229	150	66%	241	162	67%	178	102	57%	648	414	64%
	<b>Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC</b>												
	Sherwood Forest Hospital NHS Trust	498	231	46%	579	299	52%	526	295	56%	1603	825	51%
Nottingham University Hospital NHS Trust	53	29	55%	119	66	55%	136	81	60%	308	176	57%	
Doncaster and Bassetlaw Hospitals NHS Trust	340	137	40%	379	158	42%	442	178	40%	1161	473	41%	
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	1884	1715	91%	1905	1806	95%	1923	1831	95%	5712	5352	94%
	Percentage of 6-8 week reviews completed	1849	1635	88%	1933	1771	92%	1993	1830	92%	5775	5236	91%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	1880	1757	93%	1987	1774	89%	1964	1676	85%	5831	5207	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	1901	1873	99%	1612	1599	99%	1636	1613	99%	5149	5085	99%
Homelessness	Hostel Accommodation % exited in a planned way	24	21	88%	44	35	80%	41	38	93%	109	94	86%
	Move on Accommodation % exited in a planned way	17	14	82%	38	38	100%	28	24	86%	83	76	92%