

Nottinghamshire County Public Health Services Performance Report



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

Quarter 1 2018/19							
Service Name	Indicator or Quality Standard	2017/18 final figures for comparison	2017/18 Q1	Annual plan 2018/19	Plan to Date	Q1	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	28,540	7,705	32,874	8,219	5,941	5,941
	No. of patients offered who have received health checks	19,065	4,076	21,697	5,424	5,049	5,049
Integrated Sexual Health Services	Total number of filled appointments						
	Sherwood Forest Hospital NHS Trust	23,381	6,111	23,543	5,886	5,791	5,791
	Nottingham University Hospital NHS Trust	16,217	3,854	15,387	3,847	3,890	3,890
	Doncaster and Bassetlaw Hospitals NHS Trust	8,130	2,062	9,486	2,372	2,102	2,102
	Total	47,728	12,027	48,416	12,104	11,783	11,783
	Quality Standard 60 % of new service users accepting a HIV test						
	Sherwood Forest Hospital NHS Trust	39%	37%	>60%	>60%	76%	76%
	Nottingham University Hospital NHS Trust	66%	62%	>60%	>60%	53%	53%
	Doncaster and Bassetlaw Hospitals NHS Trust	53%	62%	>60%	>60%	58%	58%
	Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test						
	Sherwood Forest Hospital NHS Trust	66%	49%	>75%	>75%	86%	86%
	Nottingham University Hospital NHS Trust	70%	72%	>75%	>75%	71%	71%
	Doncaster and Bassetlaw Hospitals NHS Trust	66%	69%	>75%	>75%	63%	63%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC						
	Sherwood Forest Hospital NHS Trust	47%	49%	>30%	>30%	44%	44%
	Nottingham University Hospital NHS Trust	38%	38%	>30%	>30%	40%	40%
	Doncaster and Bassetlaw Hospitals NHS Trust	49%	52%	>30%	>30%	49%	49%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,297	313	1,600	400	235	235
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	2,197	748	2,000	500	400	400
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	904	231	-	162	263	263
	Number of unplanned exits	751	160	-	-	135	135
	Number of service users in the service (last day of quarter) Including transferred in	Rolling	9,734	10,394	5,771	6,582	6,582
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	292	85	300	75	37	37
	Quality standard 80% Planned exit from treatment	98%	97%	80%	80%	94%	94%
Smoking Cessation	Number of people setting a quit date	3729	975	-	-	519	-
	% actually quit - Russell standard	60%	55%	>40%	>40%	75%	-
	Pregnant Smokers who successfully quit	74	18	500	125	23	23
	Under 18 Smokers who successfully quit	42	9	200	50	1	1
	Routine and Manual Workers	648	173	1,500	375	144	144
	All other smokers who successfully quit	1,468	333	2,800	700	219	219
	Total	2,232	533	5,000	1,250	387	350
Illicit Tobacco Services	Number of inspections	124	30	75	19	41	41
	Number of Seizures	45	18	37	9	9	9
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	1,058	227	260	65	175	175
	Number of children supported	87	23	108	27	24	24
	Maternity	43	4	104	26	16	16
	Adults triaged to other 12 week weight management	New KPI 2018/19	New KPI 2018/19	1,778	445	424	424
	Number of tier 1 prevention projects	New KPI 2018/19	New KPI 2018/19	65	16	35	35
	Number of tier 1 prevention sessions	New KPI 2018/19	New KPI 2018/19	376	94	194	194
Domestic Abuse Services	No of adults supported	1,881	458	2,088	522	536	536
	No of children, young people & teenagers supported	510	132	622	156	156	156
Seasonal Mortality	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	391	94	259	65	160	160
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	319	50	187	47	51	51
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	8,197	2,150	7,128	1,782	2,227	2,227
	Number of health care support and interventions undertaken	6,500	1,572	5,445	1,361	1,996	1,996
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	85%	86%	95%	95%	88%	88%
	Percentage of 6-8 week reviews completed	87%	90%	95%	95%	86%	86%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	86%	82%	95%	95%	89%	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	78%	77%	95%	95%	81%	81%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	236	15	200	50	51	51
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	257	95	200	50	60	60
Homelessness	Hostel Accomodation Number exited in a planned way	New service	New Service	-	-	31	31
	Hostel Accomodation % exited in a planned way	New service	New Service	>80%	>80%	70%	70%
	Move on Accomodation Number exited in a planned way	New service	New Service	-	-	36	36
	Move on Accomodation % exited in a planned way	New service	New Service	>80%	>80%	100%	100%
Resilience Building in Schools	North: Number of children undertaking a daily resilience building activity at school	2679	Service commenced Q2 2017/18	2500	625	53	2732
	North: Number of prioritised schools signed up to the service	14	Service commenced Q2 2017/18	14	14	0	14
	South: Proportion of staff trained report increase in understanding of mental health and resilience	100%	Service commenced Q2 2017/18	80%	80%	100%	100%
	South: Number of children engaged in insights gathering for audits and action plan implementation	148	Service commenced Q2 2017/18	90	90	0	90

* Performance to be validated.

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	<p>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.</p> <p>http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</p>
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 • 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	<p>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.</p>
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	<p>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</p>
2.03	Smoking status at time of delivery (maternity)		<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</p>

2.09	Smoking prevalence - 15 year olds	Tobacco Control and Smoking Cessation	<p>downward trend in prevalence through this newly commissioned model. Our local network for smoking cessation will deliver 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"> • Stopping smoking • Preventing the uptake of smoking • Reducing harm from tobacco use
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 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:</p> <ul style="list-style-type: none"> • 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 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
1.01	Children in low income families	Resilience Building in Schools	<p>The providers Each Amazing Breath (EAB) CIC, 'Take 5 at School Programme' in the north and west of the County and Young Minds (YM), 'Academic Resilience Approach' in the South of the County, develop and deliver an evidence-based resilience programme in schools that will improve the emotional health, wellbeing and resilience of children and young people in 30 Nottinghamshire schools. It is a whole school approach, this means school leaders, staff, children and young people which may include approaches such as training the trainer and pupils and students as coaches, mentors or teachers. The programmes are sustainable and will enable schools to have the understanding, the knowledge, skills and resources to continue independent delivery of the programme via a whole schools approach and to have maximum impact for children and young people after the direct contract activity ends</p>
1.03	Pupil absence (from School)		
1.05	16-18 year olds Not in Employment, Education Training		
2.23	Self-reported wellbeing		

		Denominator
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	1853
	Percentage of 6-8 week reviews completed	1834
	Percentage of 12 month development reviews completed by the time the child turned 15 months	1990
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	2329

Integrated Sexual Health Services	Quality Standard 60 % of new service users accepting a HIV test	
	Sherwood Forest Hospital NHS Trust	1087
	Nottingham University Hospital NHS Trust	1219
	Doncaster and Bassetlaw Hospitals NHS Trust	707
	Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test	
	Sherwood Forest Hospital NHS Trust	Data not a
	Nottingham University Hospital NHS Trust	465
	Doncaster and Bassetlaw Hospitals NHS Trust	354
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC	
	Sherwood Forest Hospital NHS Trust	1016
	Nottingham University Hospital NHS Trust	288
	Doncaster and Bassetlaw Hospitals NHS Trust	582

Young People's Substance Misuse Service	Quality standard 80% Planned exit from treatment	50
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Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	1853
	Percentage of 6-8 week reviews completed	1834
	Percentage of 12 month development reviews completed by the time the child turned 15 months	1990
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	2329

Homelessness	Hostel Accommodation % exited in a planned way	44
	Move on Accommodation % exited in a planned way	36

Q1		Q2			Q3			Q4			
Numerator	%	Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	%	Denominator
1638	88%			#####			#####			#####	1853
1577	86%			#####			#####			#####	1834
1766	89%			#####			#####			#####	1990
1880	81%			#####			#####			#####	2329

826	76%			#####			#####			#####	1086.84
641	53%			#####			#####			#####	1219
410	58%			#####			#####			#####	707

vailable	#####			#####			#####			#####	#VALUE!
329	71%			#####			#####			#####	465
223	63%			#####			#####			#####	354

447	44%			#####			#####			#####	1015.91
116	40%			#####			#####			#####	288
285	49%			#####			#####			#####	582

47	94%			#####			#####			#####	50
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1638	88%			#####			#####			#####	1853
1577	86%			#####			#####			#####	1834
1766	89%			#####			#####			#####	1990
1880	81%			#####			#####			#####	2329

31	70%			#####			#####			#####	44
36	100%			#####			#####			#####	36

Total	
Numerator	Average %
1638	88%
1577	86%
1766	89%
1880	81%

826	76%
641	53%
410	58%

0	#####
329	71%
223	63%

447	44%
116	40%
285	49%

47	94%
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1638	88%
1577	86%
1766	89%
1880	81%

31	70%
36	100%

Making the economic case for prevention

Posted by: John Newton and Brian Ferguson, Posted on: 6 September 2017

It is widely acknowledged that poor lifestyle behaviors as well as wider determinants of health place a significant burden on public finances now and in the future, and the evidence shows that a large number of prevention programmes represent value for money. Therefore there is a strong economic case for greater action.

For example, our work shows that moving a person from unemployment into employment would save £12,035 per person over a 1-year period.



Another example we can use to make the economic case is analysis of a targeted supervised tooth brushing programme*. This initiative provides a return of £3.66 for every £1 invested after 5 years and £3.66 after 10 years. On the occasion we are taking into account NHS savings, increased earnings for the local economy and improved productivity.

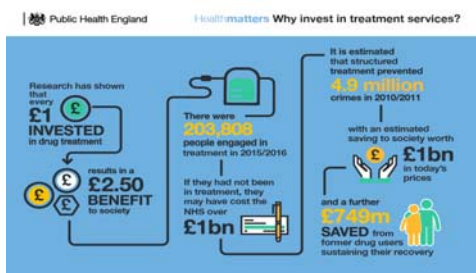
There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and QALYs are considered. When limiting the health effects (measured by QALYs), there is still a saving of £1.80 for every £1 spent.

Every £1 spent on drug treatment services saves society around £2.50 in reduced NHS and social care costs and reduced crime in the short-term (85% due to reductions in offending).

And as we recently flagged as part of a suite of mental health resources, initiatives which prevent mental health problems can yield a good return on investment. We looked at interventions such as school-based resilience programmes, workplace stress programmes and support for people in debt.

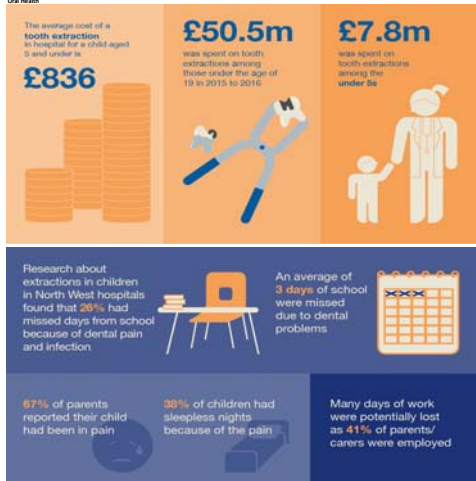


Drug treatment not only saves lives, it provides value for money to local areas:



<http://publichealthmatters.blog.gov.uk/2017/05/06/making-the-economic-case-for-prevention/>

Oral Health



Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.

From a business perspective it may be summarised as the net social and environmental benefits (and value) generated by an organisation to society through its corporate and community activities reported either as financial or non-financial (or both) performance.

Useful links:

<https://www.nice.org.uk/media/default/About/what-we-do/NICE-guidance/NICE-guidelines/Public-health-guidelines/Additional-publications/Cost-impact-proof-of-concept.pdf>

It is estimated that up to 80% of premature deaths from CVD can be prevented through better public health. All current blood pressure guidelines agree that support for behaviour change to address modifiable risk factors (smoking, alcohol, inactivity, obesity and poor diet) should be the first step in preventing high blood pressure.

There is robust evidence that taking action to lower blood pressure can reduce the risk it poses to health. A major systematic review found that in the populations studied, every 10mmHg reduction in blood pressure resulted in the following reductions:



http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/572554/Tackling_high_blood_pressure_in_update.pdf