

PERFORMANCE REPORT – QUARTER 3 2019/20 (PUBLIC HEALTH – JOINT COMMISSIONING UNIT)

To: **HEALTH COMMITTEE**

Meeting Date: **19th March 2020**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Key decision:**

Purpose: **To provide performance monitoring information**

Recommendation: **To note and comment on performance information and take remedial action as necessary**

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1 BACKGROUND

- 1.1 This performance report provides information on the status of performance indicators the Committee has selected to monitor in respect of the Healthy Child Programme (indicators 56-62), to understand performance of services the Committee oversees.
- 1.2 The report covers the period of Q3 2019/20, up to the end of December 2019.
- 1.3 The full report is in the appendix. It contains information on
- Current and previous performance and projected linear trend
 - Current and previous targets (not all indicators have targets, this may be because they are being developed or because the indicator is being monitored for context)
 - Red / Amber / Green / Blue (RAGB) status
 - Direction for improvement (this shows whether an increase or decrease is good)
 - Change in performance (this shows whether performance is improving (up) or deteriorating (down))
 - Statistical neighbour performance (only available where a standard national definition of indicator is being used)
 - Indicator description
 - Commentary on the indicator
- 1.4 The following RAGB statuses are being used:
- Red – current performance is 10% or more from target
 - Amber – current performance is off target by less than 10%
 - Green – current performance is on target or better by up to 5%
 - Blue – current performance is better than target by 5% or more
- As agreed by General Purposes Committee, “Blue” has replaced “Very Green” as the colour grading for indicators exceeding target by 5% or more.
- Red and Blue indicators will be reported to General Purposes Committee in a summary report.
- 1.5 Information about all performance indicators monitored by the Council Committees will be published on the internet at <https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/> following the General Purposes Committee meeting in each quarterly cycle.
- 1.6 The appendix provides a narrative report on performance of services funded by the public health grant in other Council directorates through a memorandum of understanding.

2 CURRENT PERFORMANCE

2.1 Current performance of indicators monitored by the Committee is as follows:

Status	Number of indicators	Percentage of total indicators with target
Red	4	
Amber	2	
Green	9	
Blue	0	
No target	0	

2.2 Narrative in respect of indicators whereby RAGB status is red.

Indicator 58: Percentage of first face-to-face antenatal contact with a Health Visitor at >28 weeks.

Target	Q3 Performance	Q2 Performance	Direction of Travel	Change in performance
50%	36.4%	29%	↑	+7.4%

There is no National target and a 50% target has been set locally. Improvements are being made, evidenced by the upwards trajectory against the Q2 position and performance is being closely monitored by commissioners at monthly meetings with the provider. When exemption reporting, which includes those contacts which were offered but not attended/wanted by the service user, are included, overall quarterly performance increases to 42%.

Indicator 62: Percentage of children who received a 2 -2.5 year review

Target	Q3 Performance	Q2 Performance	Direction of Travel	Change in performance
90%	52.5%	42%	↑	+10.5%

As above, there is no National target and a 90% target has been set locally. Nationally performance against this indicator stands at 78% at the end of Q2. There had been a temporary suspension of this contact in the South Locality due to low staffing levels, however this has now been addressed and further improvements in achieving this target are expected in Q4. Of note, with exemption reporting, which includes those contacts which were offered but not attended/wanted by the service user, overall quarterly performance increases to 61.5%.

Indicator 53: Number of NHS Health Checks completed

Target	Q3 Performance	Q2 Performance	Direction of Travel	Change in performance
1,800	10,647	7,646	↑	+3001

Although the numbers of health checks has increased performance is slightly lower at 79% of the target for Q3 than for 2018/19 when it stood at 81% of the period target. In Q4 data trawls in GP practices take place which in previous years have contributed to improvement in performance. However changes in the configuration of primary care and ongoing capacity issues in GP practices makes target achievement challenging. Individuals are invited to receive their health checks though identification of eligibility from GP practice records. The majority of activity is commissioned from GP practices with some outreach work being undertaken by the Lifestyle Service which targets hard to reach high risk populations. Health Checks are a mandated Public Health programme and is an important route for engaging people in an early conversation about their health and lifestyle. It also includes the early detection of risk factors for diabetes, cardiovascular disease and an opportunity to discuss dementia awareness.

Indicator 56: Smoking cessation – four week quitters

Target	Q3 Performance	Q2 Performance	Direction of Travel	Change in performance
1,980	1072 - Until the end of November	790	↑	+282

This measure uses the number of individuals receiving stop smoking support via a set programme, who are confirmed as smokefree at 4/6 weeks post set quit date. This means that there is a delay of two months in reporting. Data up until the end of November was available at the time of compiling this report and is comparable to the November 2018/19 number. Stop Smoking Services activity provided by GP practices has fallen in recent years that is associated with competing pressures on GP staff. Lifestyle Service staff provide stop smoking services in some practices to ensure patients can access services. Promotional efforts including the Missing Moments campaign is focussed upon more deprived areas and certain groups where smoking rates are higher.

Source Documents	Location
None	