

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
98.0%	100.0%	100.0%	↑	↔
Statistical Neighbours Mean	England Mean	RAG rating		
N/A	N/A	G		

Indicator Description

Key quality statement for access to Sexual health Services. Prompt access to sexual health services will promote good sexual health and reduce sexual health inequalities. Quick and easy access to support can help to reduce the likelihood of onward transmission of sexually transmitted infections (STIs).

This measure is the percentage of people who contact the service about a sexually transmitted infection who are offered an appointment within 2 working days, with a 98% target threshold.

NICE guidance suggests that people contacting a Sexual Health Service about a sexually transmitted infection should be offered an appointment within 2 working days. The outcome measure is set to reflect this.

Calculation:
 $(X/Y) \times 100$

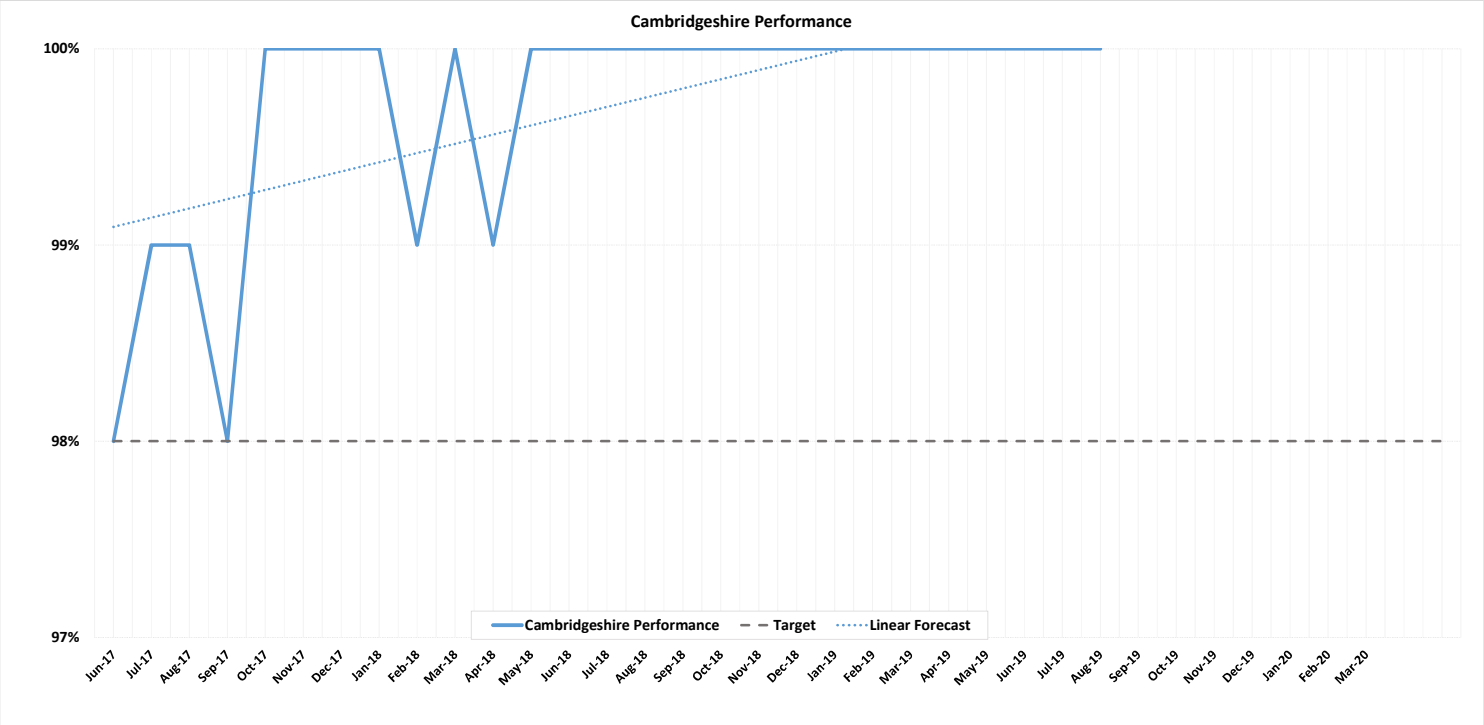
Where:
X: Number of people contacting a sexual health service offered an appointment in 2 working days in a month.
Y: Number of people contacting a sexual health service in a month.

Source: NICE

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>

Nice Guidance Quality Statement 4
<https://www.nice.org.uk/guidance/qs178/chapter/Quality-statement-4-Access-to-sexual-health-services>



Commentary

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
80.0%	92.0%	86.0%	↑	↑
Statistical Neighbours Mean	England Mean	RAG rating		
N/A	N/A	VG		

Indicator Description

Key quality statement for access to Sexual health Services. Prompt access to sexual health services will promote good sexual health and reduce sexual health inequalities. Quick and easy access to support can help to reduce the likelihood of onward transmission of sexually transmitted infections (STIs).

This measure is the percentage of those offered an appointment (as per above) who then go on to be seen within 48 hours of contacting the service.

This is a BASHH standard and is a recommended outcome within the Integrated Sexual Health Service National Specification template.

Calculation:
 $(X/Y) \times 100$

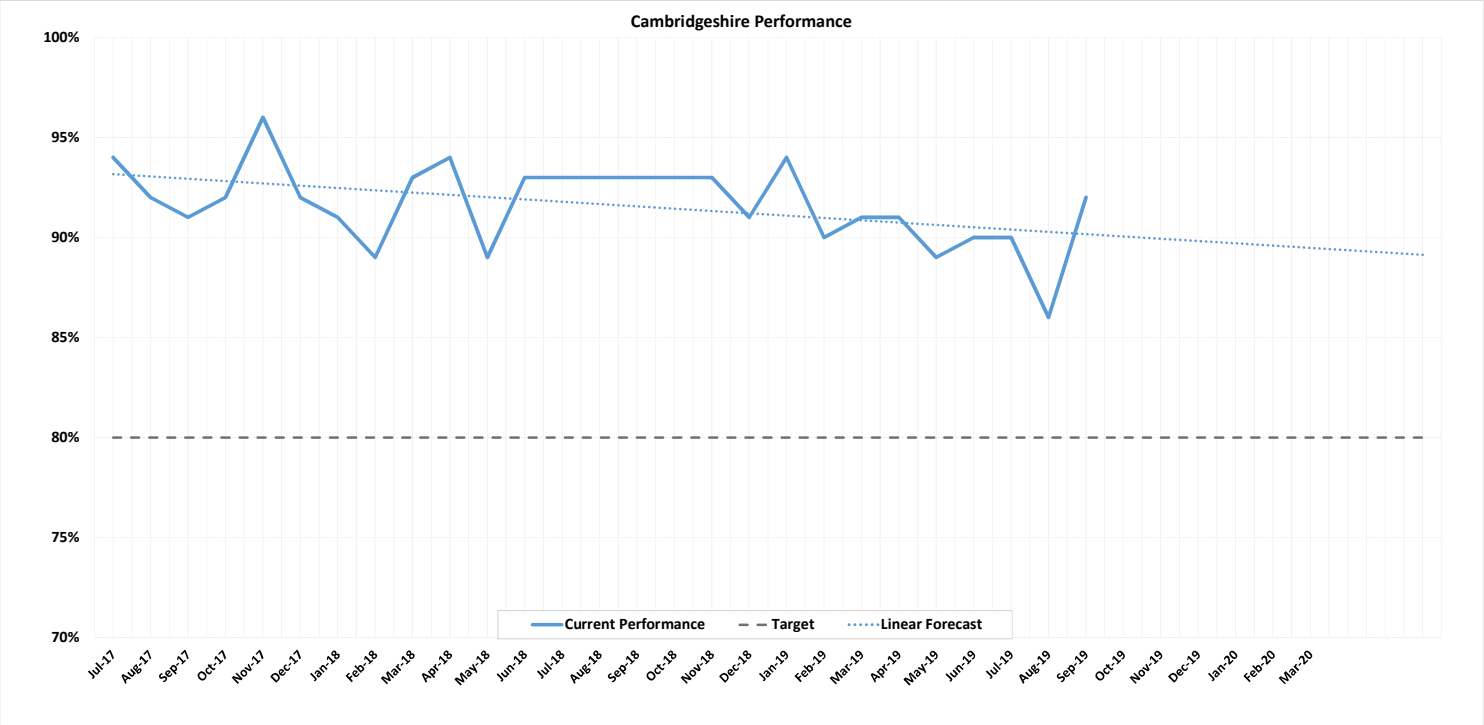
Where:
X: The number of people offered a appointment with a sexual health service seen within 48 hours.
Y: The number of people offered an appointment with a sexual health service.

Source: Integrated Sexual Health National Specification

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>

Integrated Sexual Health National Specification
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731140/integrated-sexual-health-services-specification.pdf



Commentary

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
4500	2964	4512	↑	↓
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	R		

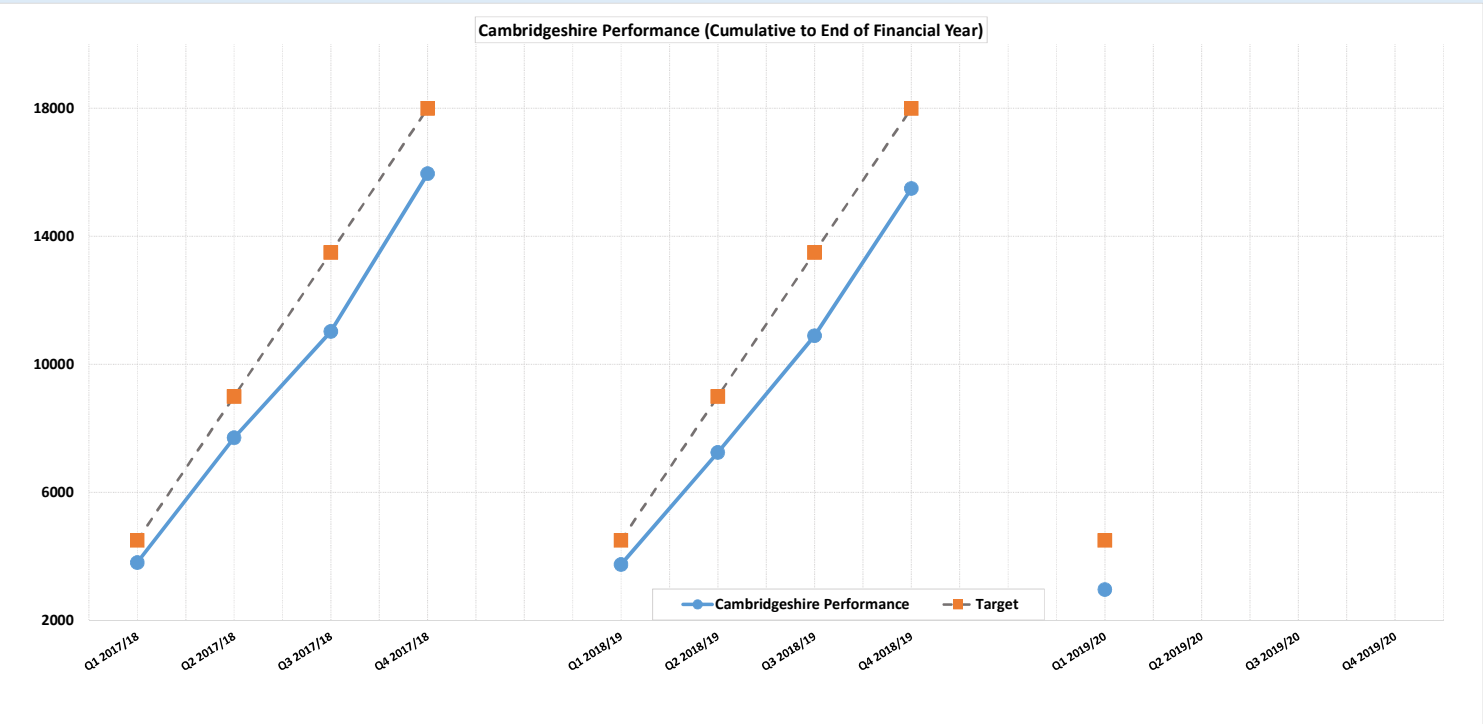
Indicator Description

This measure is the number of people within the eligible population who receive an NHS health check via their GP Practice.

Targets are set based on the eligible population for an NHS health check, as outlined in the NHS Health Check programme guidance. The Local Authority's Public Health Intelligence Team support with the target setting distribution across all GP practices.

Calculation:
Number of health checks completed within a financial quarter.

Source: NHS Health Check National Guidance



Commentary

Performance this quarter is lower (at 66% of target for the period) than for 2018/19 (86% of the target achieved). This reflects the efforts made to support GP practices to trawl their data systems to ensure that all data is reported. NHS Health Checks is a core programme for Public Health as it provides a way of engaging people in an early conversation about their health, risks and lifestyle changes. It also includes potential early detection of risk factors relating to Diabetes, Hypertension, CVD and provides an opportunity to discuss Dementia Awareness.

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>

NHS Health Check National Guidance
<https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
360	384	142	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

Smoking remains a Public Health Priority area, it remains the main cause of preventable illness in England.

This measure uses the number of individuals receiving stop smoking support via a set programme, who are confirmed as smokefree at 4 weeks post set quit date.

4 week quitters are counted based on the number of individuals accessing a stop smoking programme (via GP, Pharmacy or integrated lifestyle provider), who are confirmed as being smokefree 4 weeks after setting a quit date. Targets are calculated by the Public Health Intelligence team based on the national guidance, considering the estimated number of smokers.

Calculation:
Number of 4 week quitters.

Source: NSCST Stop Smoking Guidance

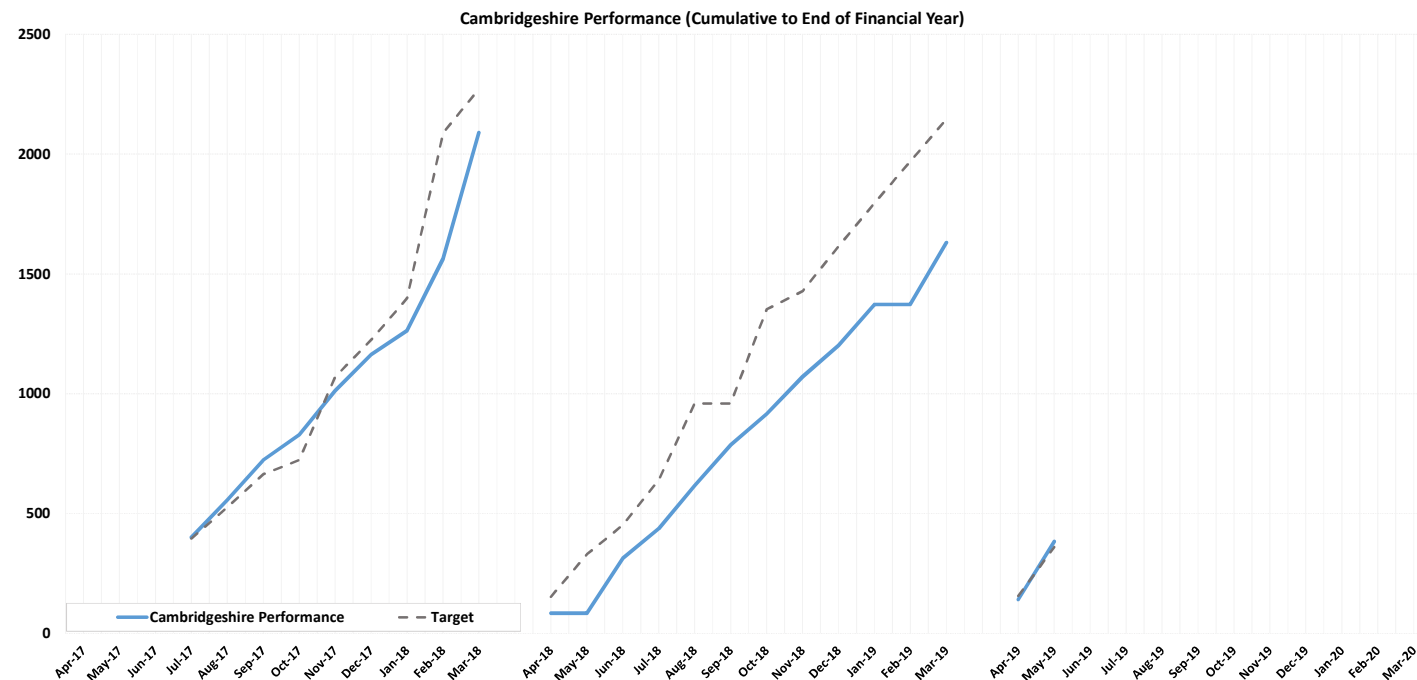
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

NSCST Stop Smoking Guidance

https://www.ncsct.co.uk/usr/pub/Guidance_on_stop-smoking-interventions-and-services.pdf



Commentary

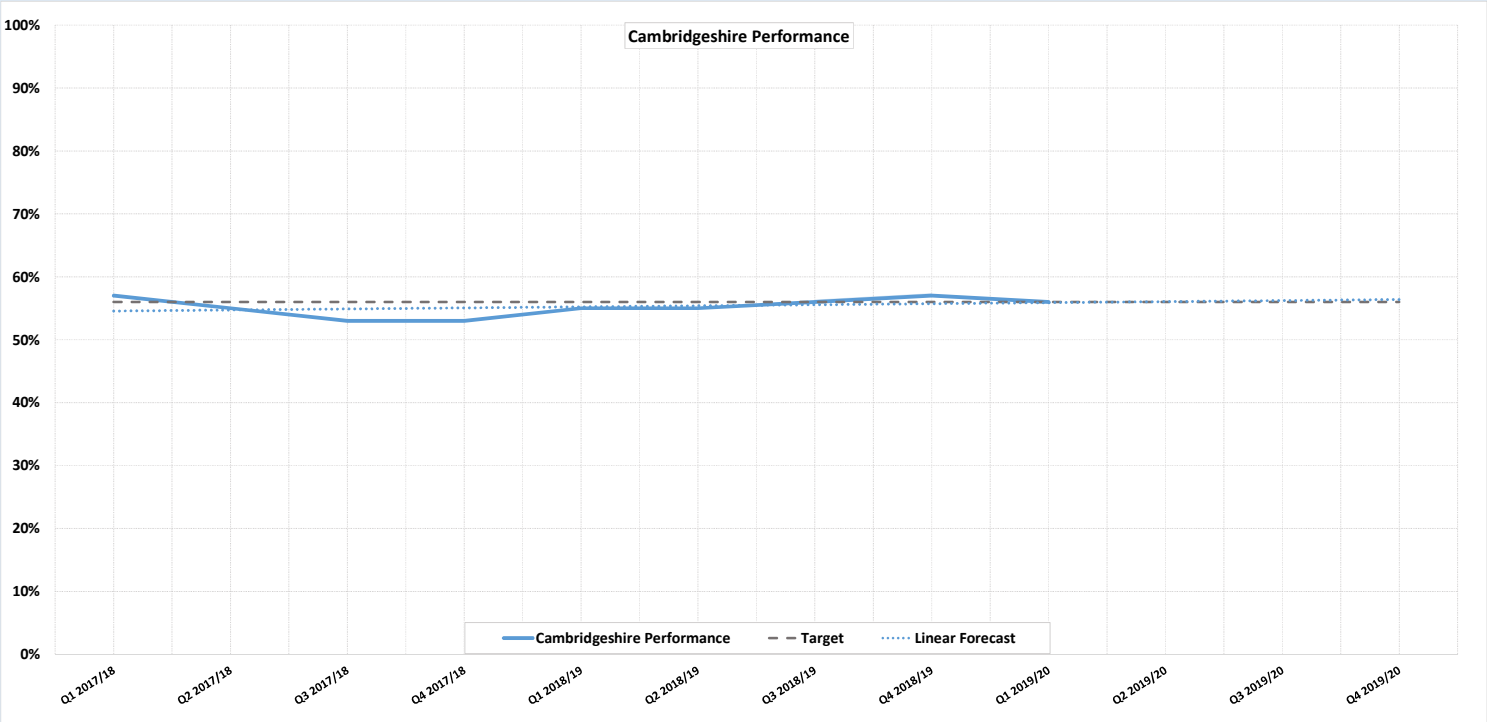
Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
56.0%	56.0%	57.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
N/A	N/A	G		

Indicator Description

TBC

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>



Commentary

Despite being a challenging target and experiencing a 1 percentile decrease this quarter, county breastfeeding statistics remain on target at 56% target, which significantly exceeding the national average of 45%. Breastfeeding prevalence rates, which comprise of both exclusive breastfeeding and mixed feeding vary greatly across the county. Broken down by districts, prevalence for Q1 stand at 66% in South Cambridgeshire, 65% in Cambridge City, 55% in both Huntingdonshire and East Cambridgeshire, and 39% in Fenland. The Health Visiting service remains Stage 3 UNICEF Baby Friendly accredited, which demonstrates quality of care in terms of support, advice and guidance offered to parents/carers and the excellent knowledge that staff have in respect of responsive feeding.

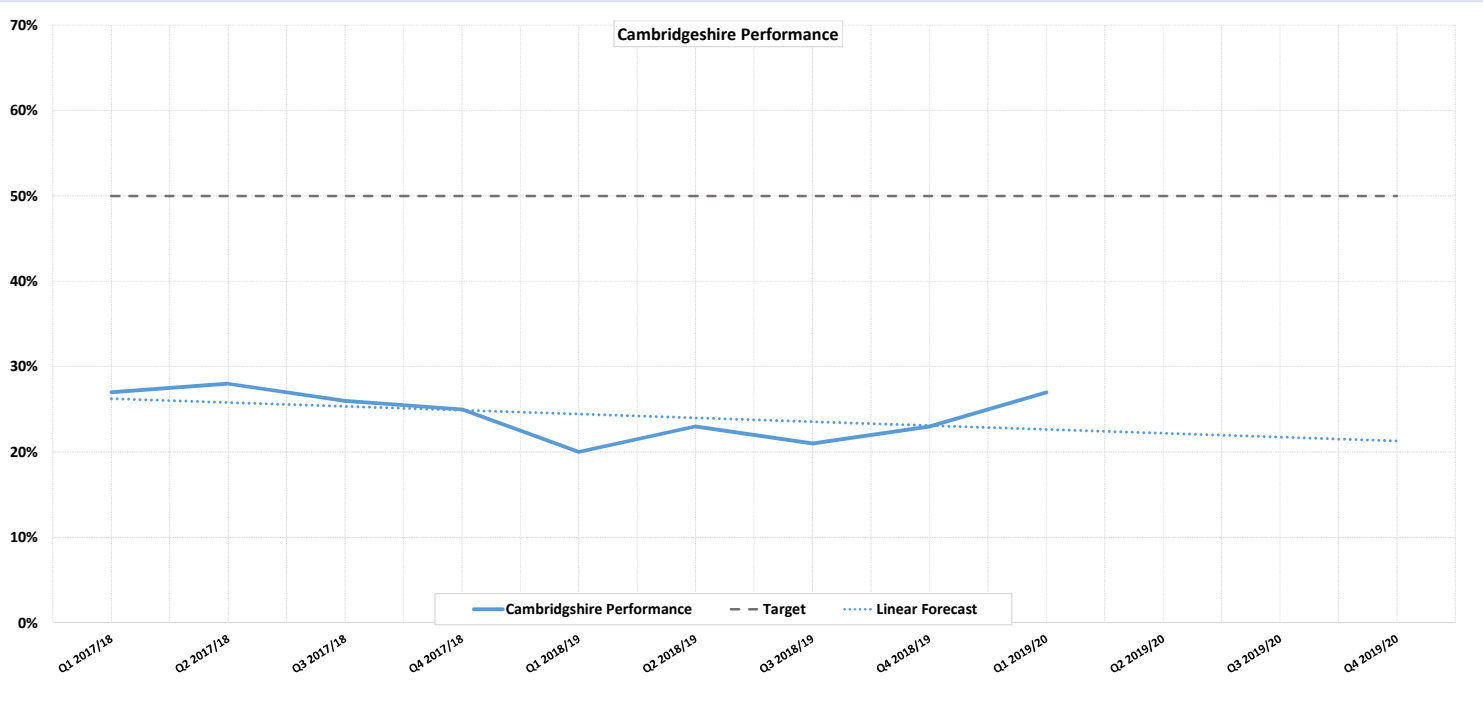
Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
50.0%	27.0%	23.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
N/A	N/A	R		

Indicator Description

TBC

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>



Commentary

In Cambridgeshire a local target has been set for 50%, with the longer term goal of achieving a target of 90% by 2020. Service transformation, which has included use of the Benson Modelling tool to determine workforce required to deliver the service, has accounted for Health Visitors to be completing all antenatal contacts and will start to be worked against from April 2019. Quarter 1 shows an increase of 5% of antenatal contacts achieved across the service in comparison to quarter 4 performance and month on month improvements - reaching 30% in June. If exception reporting is accounted for, consisting of those booked but not attended, this increases to a quarterly average of 35%. Disaggregated into districts, there continues to be significant variance: Fenland completed 52% of contacts (70% including exception reporting) therefore reaching the target and is a recognisable achievement; Huntingdonshire achieved 47% of contacts (58% including exception reporting); Cambridge City achieved 10% of contacts (12% including exception reporting); East Cambs and South Cambs both achieved 8% (11% including exception reporting). Reasoning cited for this disparity continues to be staffing pressures in the South Locality team, which covers East Cambs, Cambs City and South Cambs. These are being addressed and work is underway to streamline the waiting list to aid assessment and contact planning as well as improving communication with Maternity services. Monthly face to face HV/Midwifery meetings are being established to discuss identified vulnerable pregnant women and there is ongoing development to embed an electronic notification process. The provider reports that the locality is committed to improving the volume of antenatal contacts completed and to address the situation in the immediacy, the student nursing cohort have recently started their consolidation of learning, with specific concentration on delivery of antenatal contacts in the area.

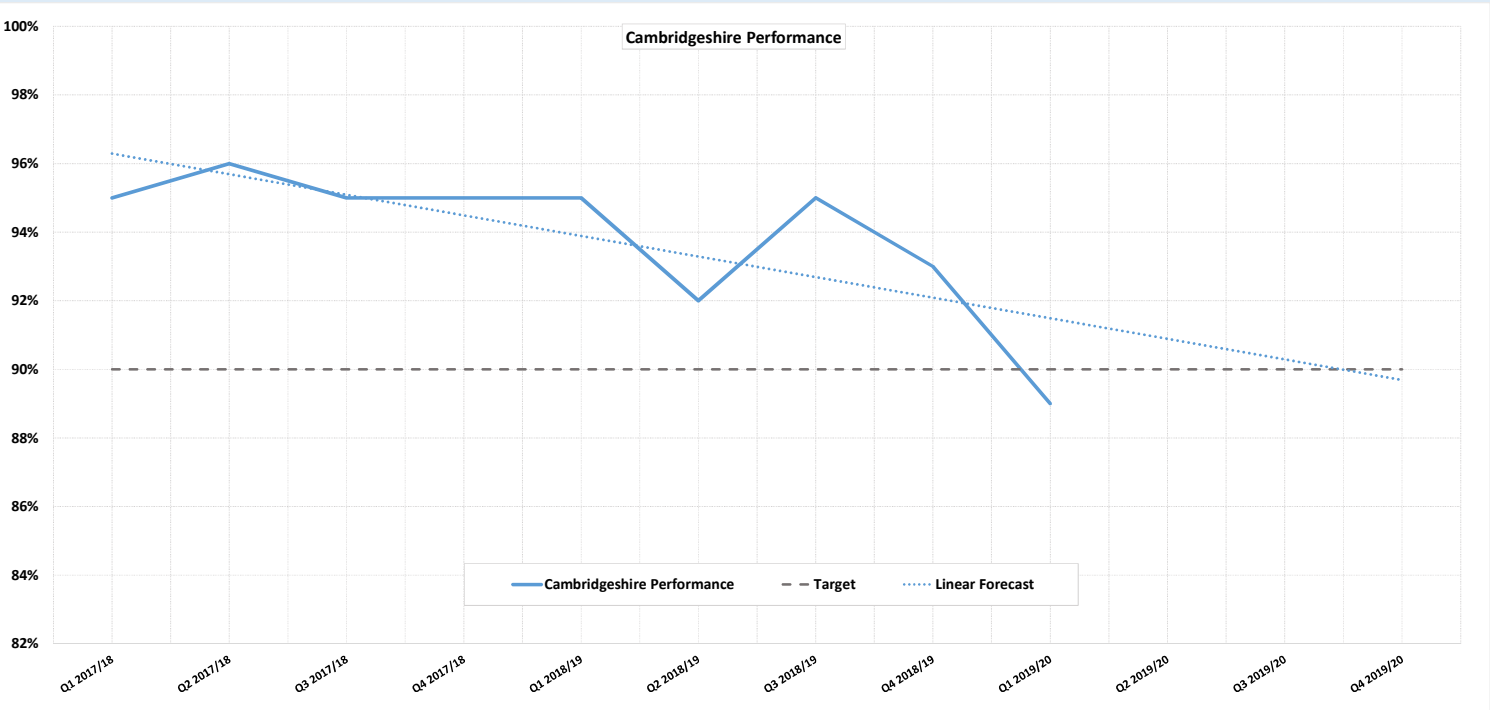
Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	89.0%	93.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
N/A	N/A	A		

Indicator Description

TBC

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>



Commentary

The proportion of 10 - 14 day new birth visits completed within 14 days of birth has decreased this quarter by 4% and is now standing at 1% below target. If those completed after 14 days are accounted for, the quarterly average increases to 96%, which whilst being 2% below the overall target for completed visits (98%) indicates a majority of families are receiving this contact.

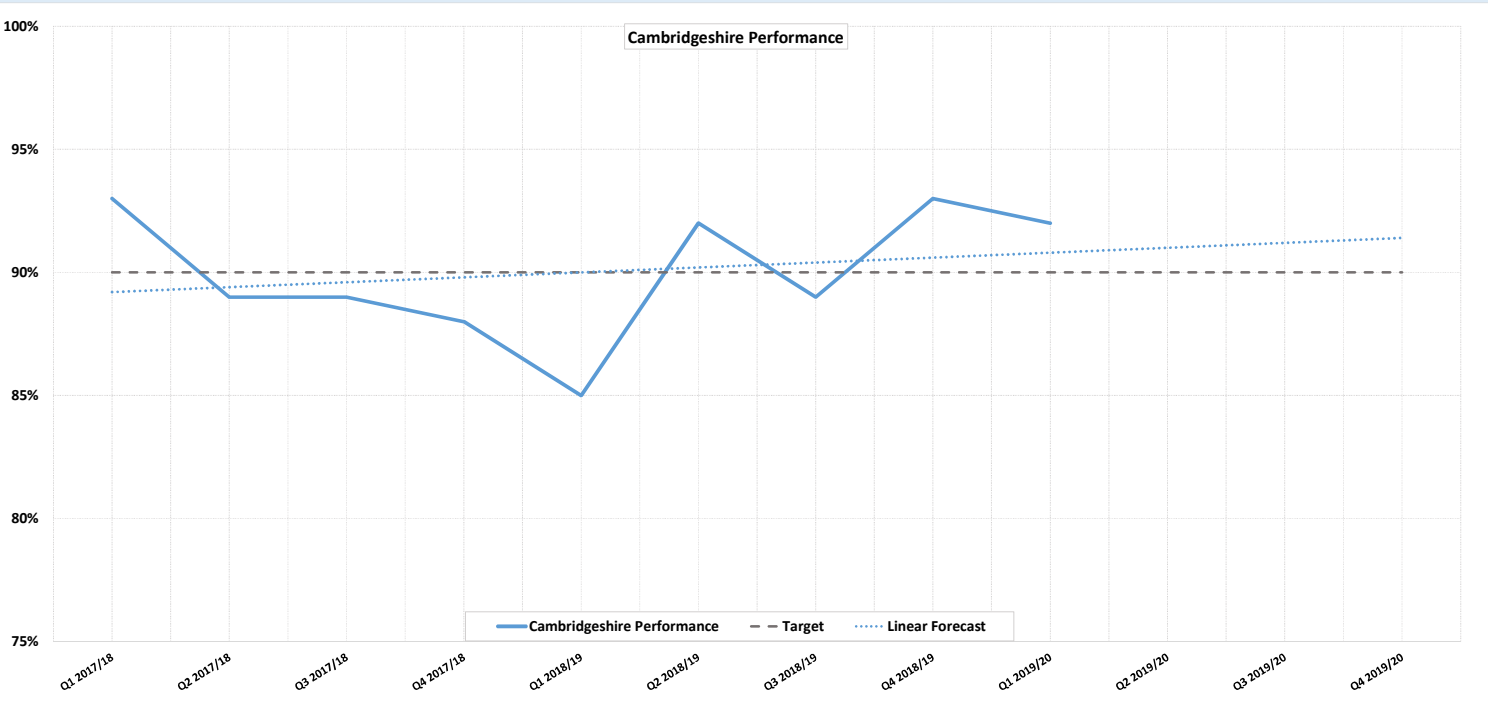
Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	92.0%	93.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
N/A	N/A	G		

Indicator Description

TBC

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>



Commentary

Performance for the 6 - 8 week review has remained steady and above target, despite a 1% decrease in performance against the Q4 2018/19 position.

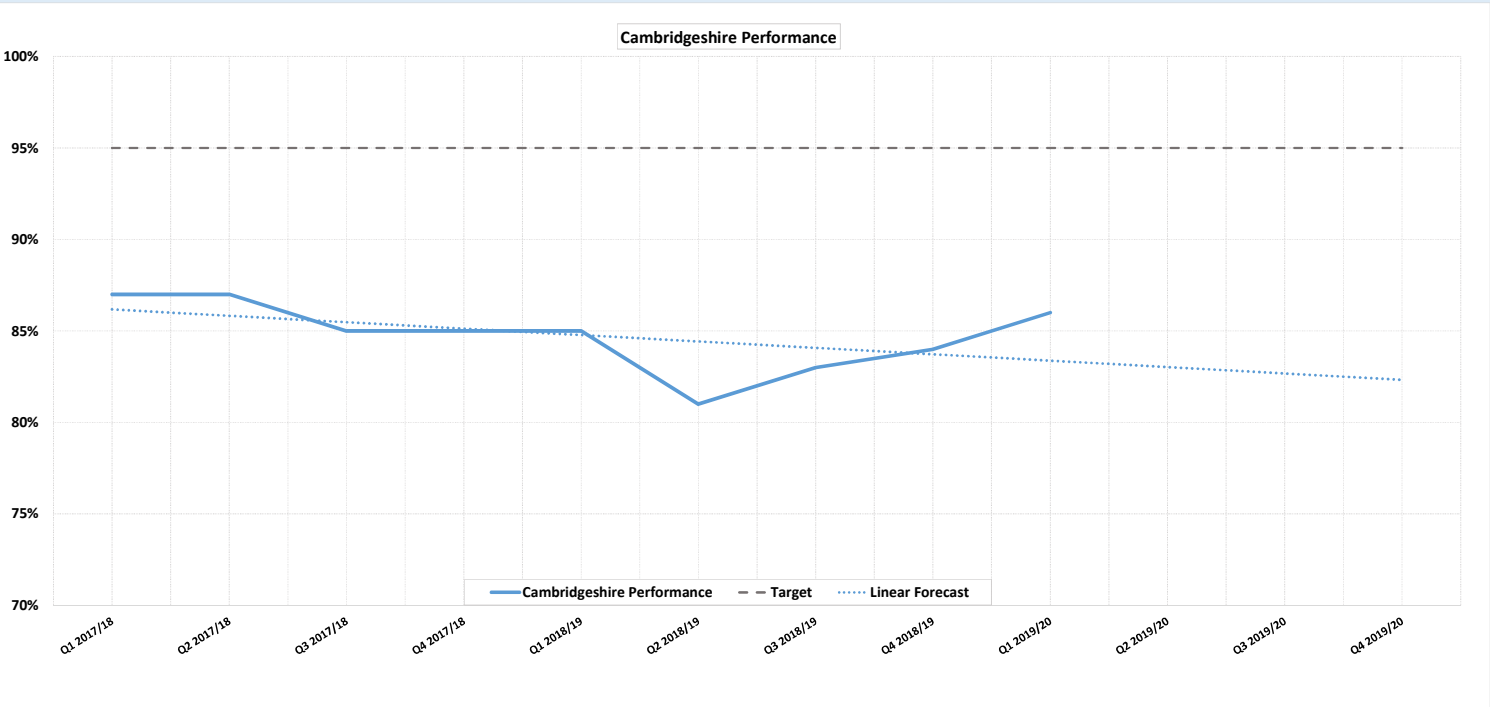
Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
95.0%	86.0%	84.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
N/A	N/A	A		

Indicator Description

TBC

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>



Commentary

Performance has increased by 2% this quarter, standing at 86%; by comparison 76% of families received this visit by the time the child turned 12 months old. The inclusion of exception reporting would increase the quarterly performance to 94% of families having this review by the time the child turns 15 months. Of all appointments offered this quarter, 78 were not wanted by the family and 77 were not attended. Assurances are in place to ensure vulnerable families (those on Universal Plus or Universal Partnership Plus pathways) are receiving this contact and an escalation plan is in place if these mandated visits are missed. A further 107 contacts were ‘not recorded’. When district variance is considered, 95% of contacts were completed in Fenland, 79% were completed in Cambs City, 86% completed in East Cambs, 85% completed in Huntingdonshire, and 87% in South Cambridgeshire

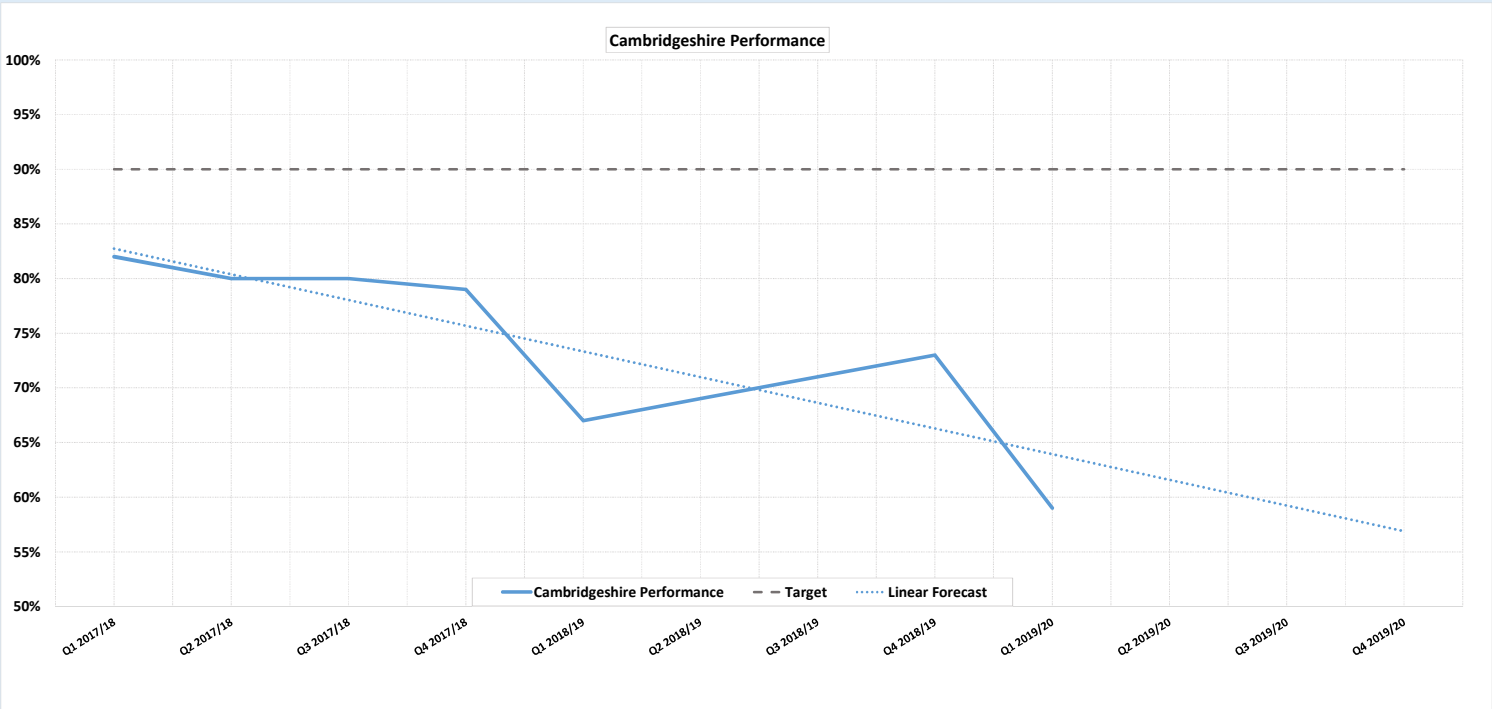
Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	59.0%	73.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
N/A	N/A	R		

Indicator Description

TBC

Useful Links

LG Inform:
<https://lginform.local.gov.uk/>



Commentary

Performance has declined significantly this quarter from 73% to 59% of contacts being completed. The main cause of performance issues against this target is staffing and capacity challenges in the South Locality which has resulted CCS needing to implement stage 4 of the Business Continuity Plan across this team based on their staffing prediction tool generating a result of 61% staffing availability for May/June. This has meant the implementation of a number of short term mitigation measures, including 2 year development checks for those who have only universal needs recorded on their records will also be suspended for the summer in the south locality area with parents sent a self-assessment ASQ and asked to contact the Duty Desk with any concerns. Consequently the number of contacts/assessments being completed by the HCP team has reduced substantially and is impacting on overall figures. It is anticipated that BCP measures will cease by September and business as usual will recommence. This quarter however, broken down at district level, 32% of contacts were completed in Cambs City; 39% of contacts completed in South Cambs; 54% of contacts completed in Huntingdonshire. More positively, 95% of contacts were achieved in Fenland. If exception reporting is accounted for, this quarter it was reported that 64 reviews were not wanted and 75 were not attended. 405 contacts were listed as 'not recorded' and 208 were not offered.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
300	305	63	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	G		

Indicator Description

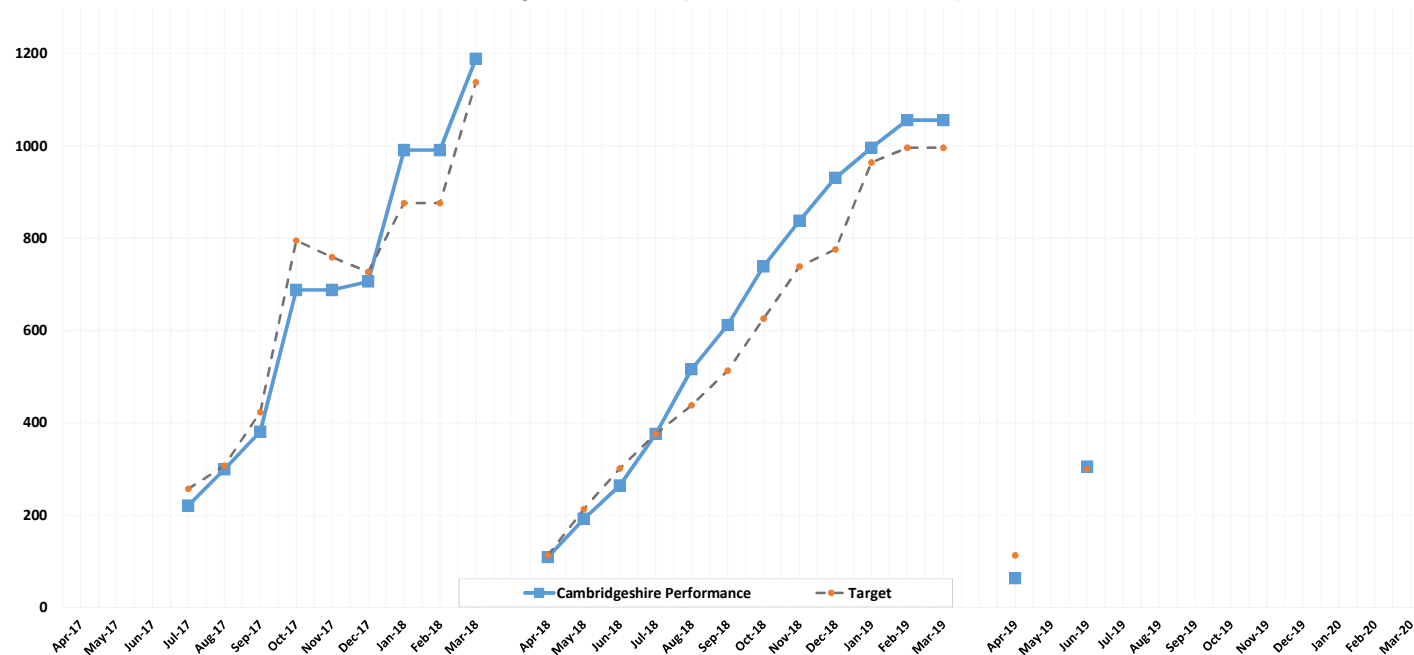
TBC

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Cambridgeshire Performance (Cumulative to End of Financial Year)



Commentary

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
163	182	17	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

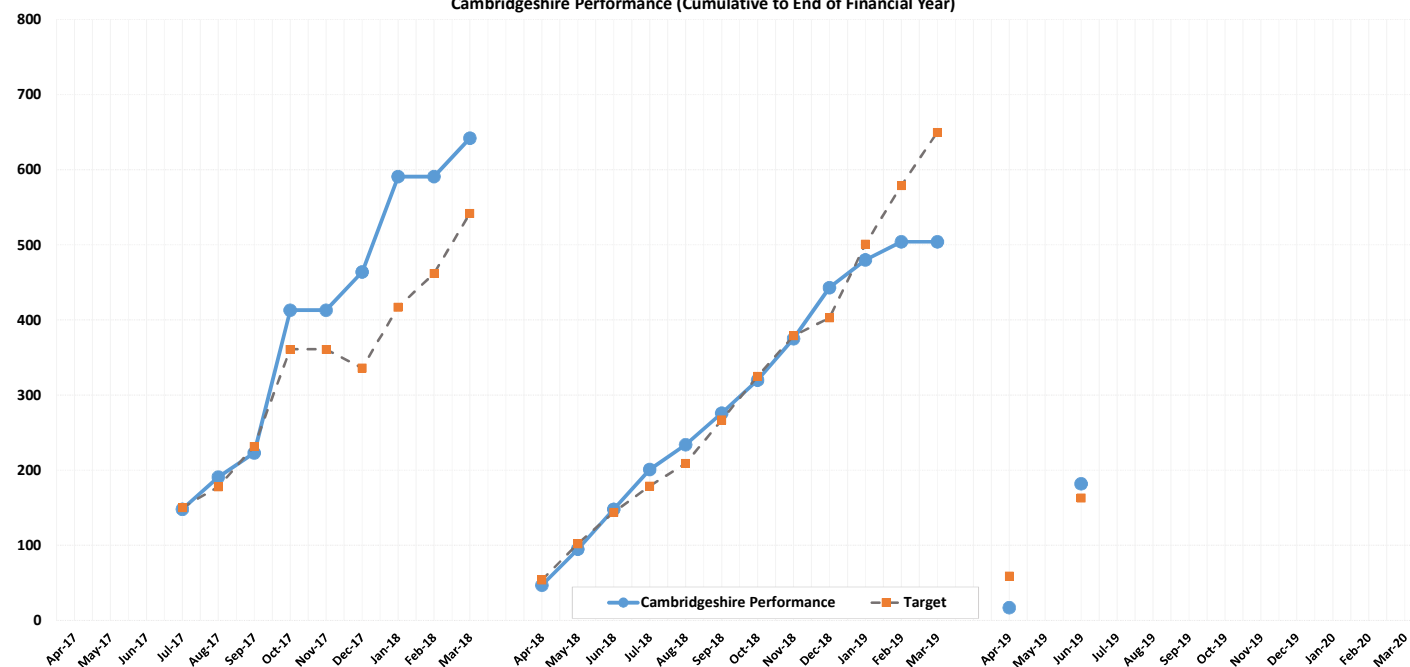
TBC

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Cambridgeshire Performance (Cumulative to End of Financial Year)



Commentary

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
30.0%	35.0%	43.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

Obesity is a chronic condition with multiple risk factors associated such as type 2 diabetes, heart disease etc. The Tier 2 weight management services offers individuals a structured programme to make continued lifestyle changes. This is a significant area of Public health Priority.

% of individuals completing a Tier 2 weight management intervention who have a weight loss of 5%.

PHE KPI recommendations for Tier 2 Adult Weight Management suggests that 30% of all participants will lose a minimum of 5% of their (baseline) initial body weight, at the end of the active intervention.

Calculation:
 $(X/Y) \times 100$

Where:
 X: The number of Tier 2 clients recruited who complete the course and achieve 5% weight loss.

Y: the number of Tier 2 clients recruited.

Source: NHS Key Performance Indicators Tier 2

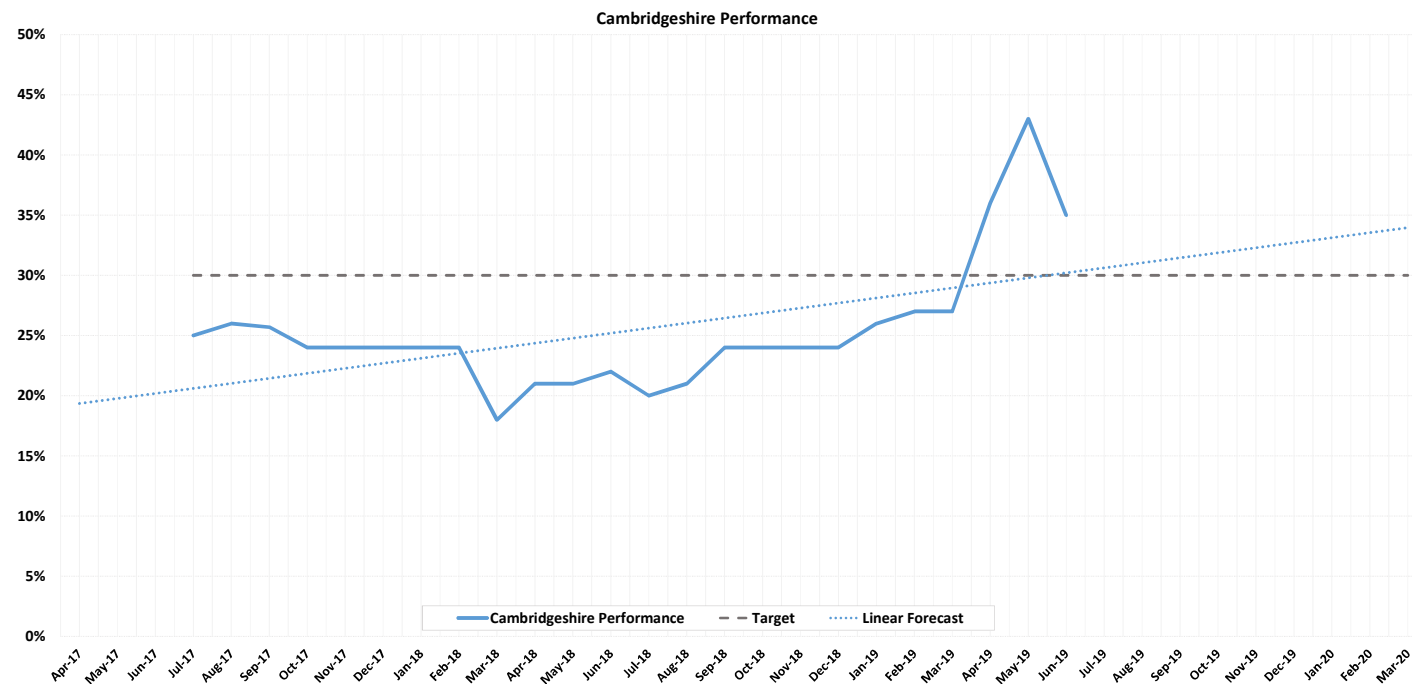
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Public Health Key Performance Indicators Tier 2:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656531/adult_weight_management_key_performance_indicators.pdf



Commentary

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
60.0%	64.0%	45.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

Obesity is a chronic condition with multiple risk factors associated such as type 2 diabetes, heart disease etc. The Tier 3 weight management services offers individuals a structured programme to make continued lifestyle changes. This is a significant area of Public health Priority.

% of individuals completing a Tier 3 weight management intervention who have a weight loss of 10%.

PHE KPI recommendations for Tier 3 Adult Weight Management suggests that 30% of all participants will lose a minimum of 10% of their (baseline) initial body weight, at the end of the active intervention.

Calculation:
 $(X/Y) * 100$

Where:
 X: The number of Tier 3 clients recruited who complete the course and achieve 10% weight loss.

Y: the number of Tier 3 clients recruited.

Source: NHS Key Performance Indicators Tier 2; Qualitative insights into user experiences of tier 2 and tier 3 weight management services

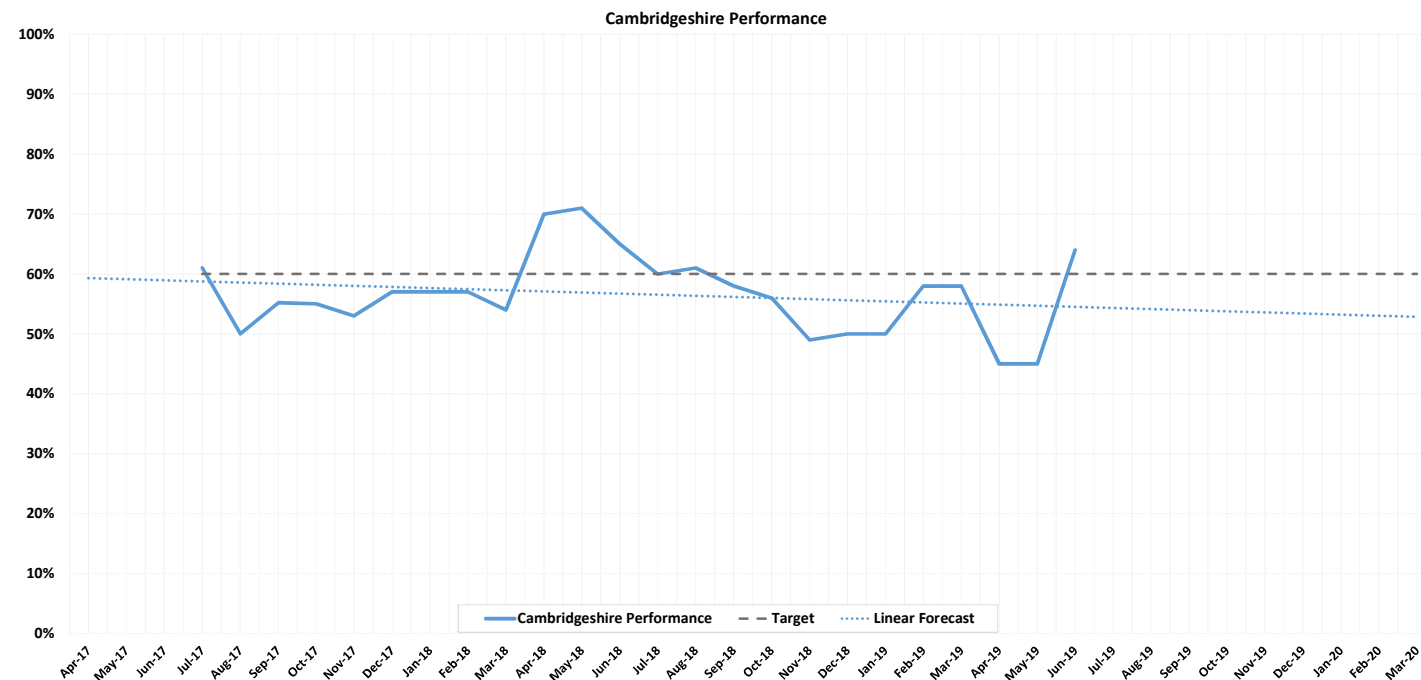
Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Qualitative insights into user experiences of tier 2 and tier 3 weight management services:

https://www.innovationunit.org/wp-content/uploads/PHE-Report_with-discussion.pdf



Commentary

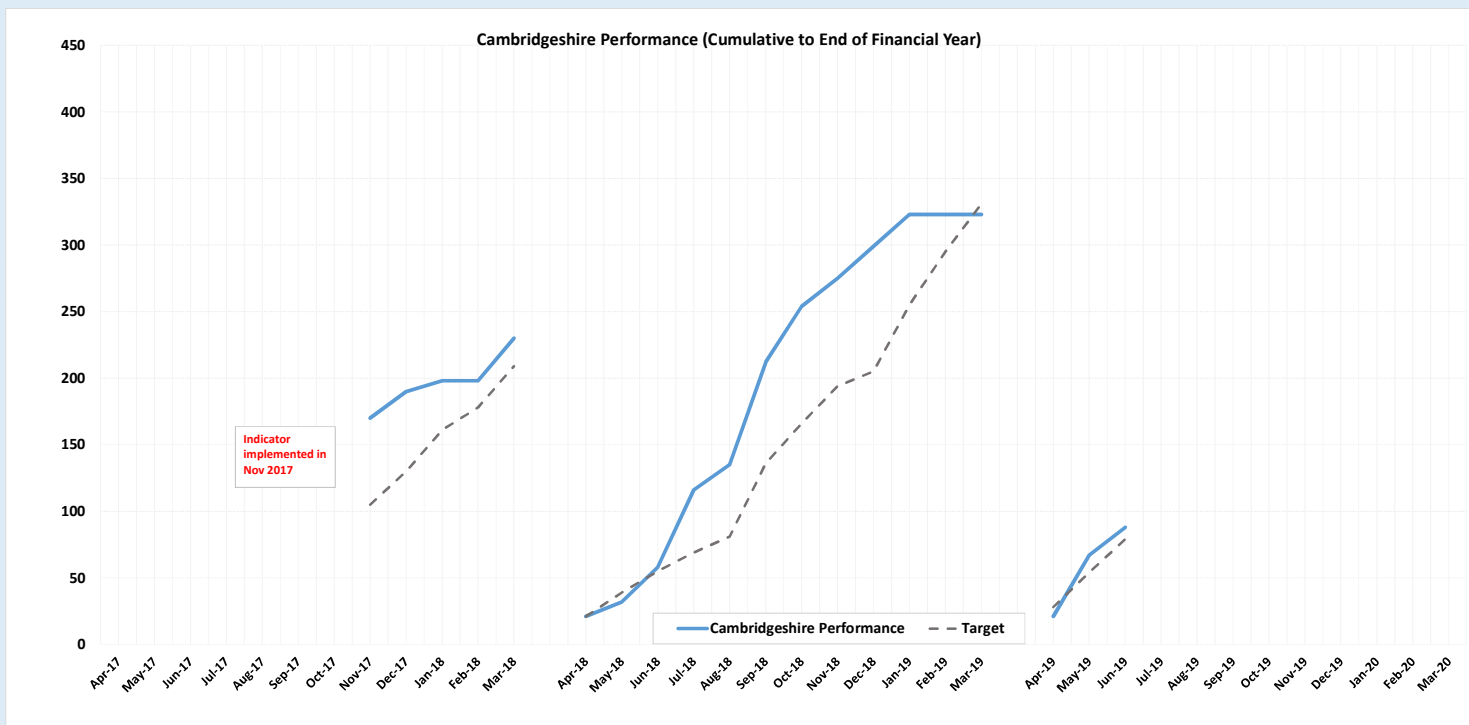
Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
79	88	67	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

TBC

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>

Commentary