

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:
 $(X/Y)*100$

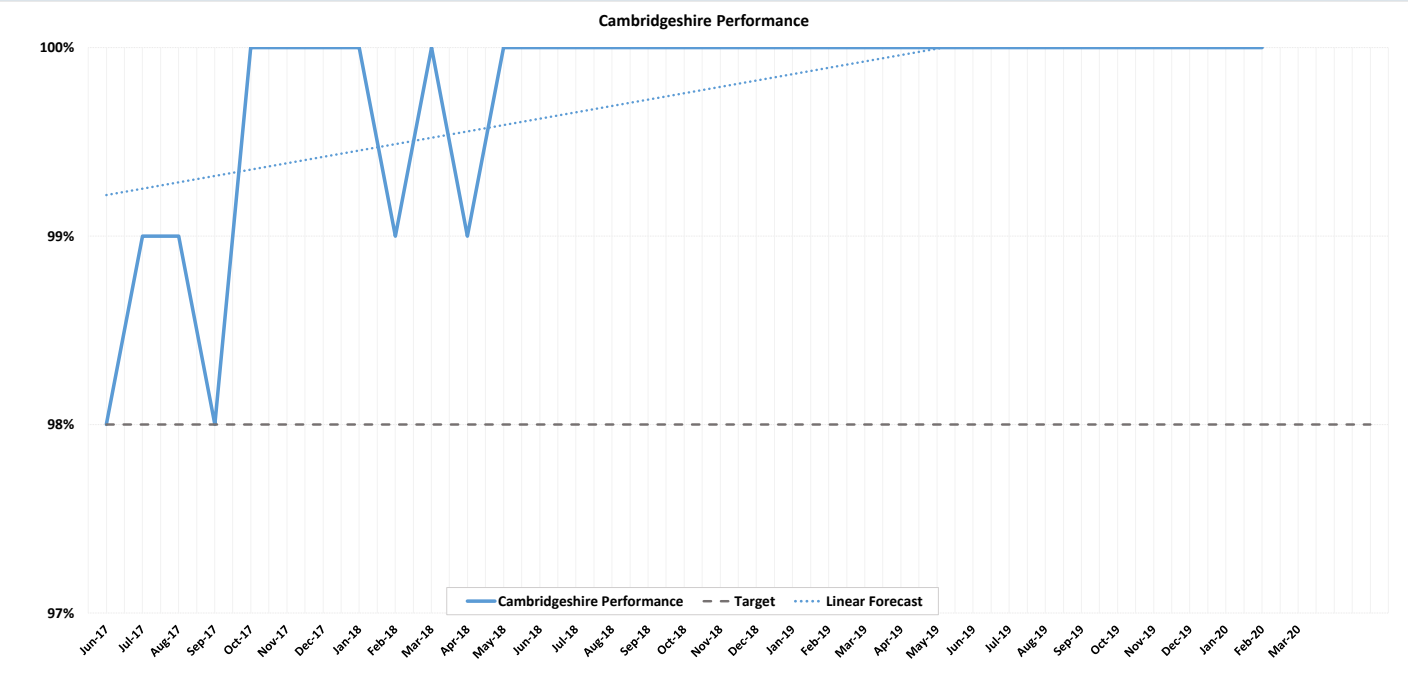
Where:
X: Number of people contacting a sexual health service offered an appointment in 2 working days in a month.
Y: Number of people contacting a sexual health service in a month.

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%	93.0%	↑	↓
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:

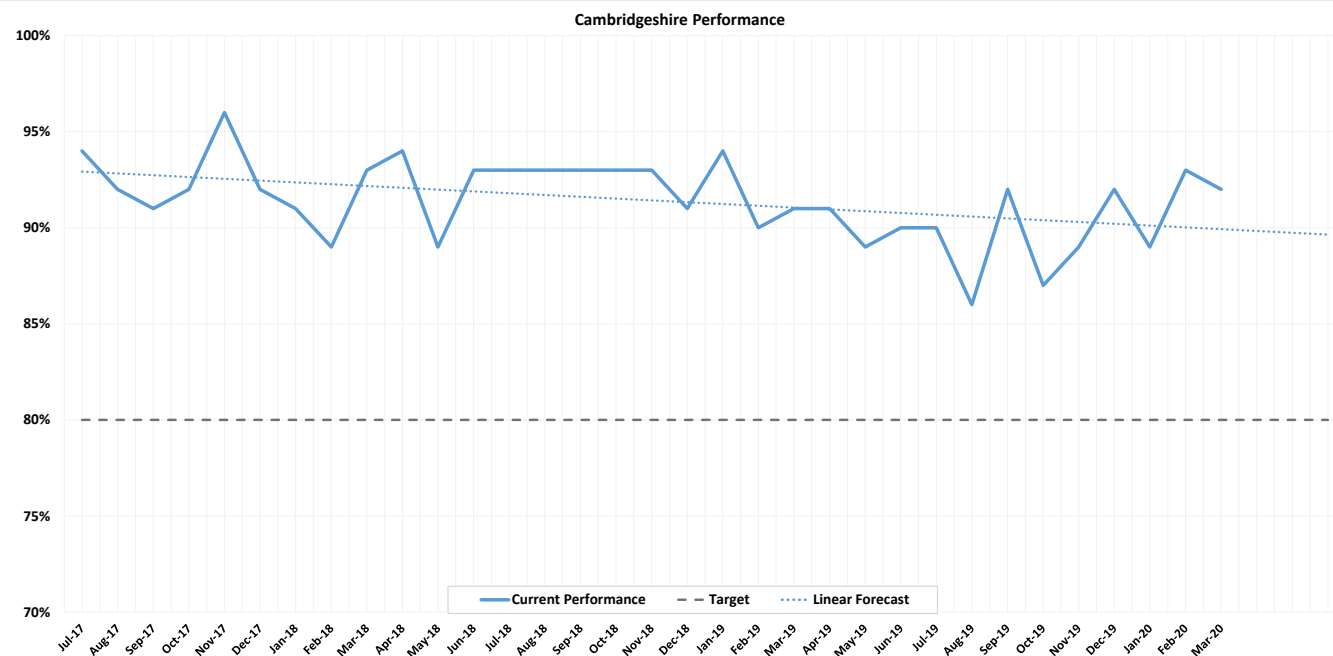
Useful Links

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

The target has been consistently met.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
13500	10647	7646	↑	↑
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

Useful Links

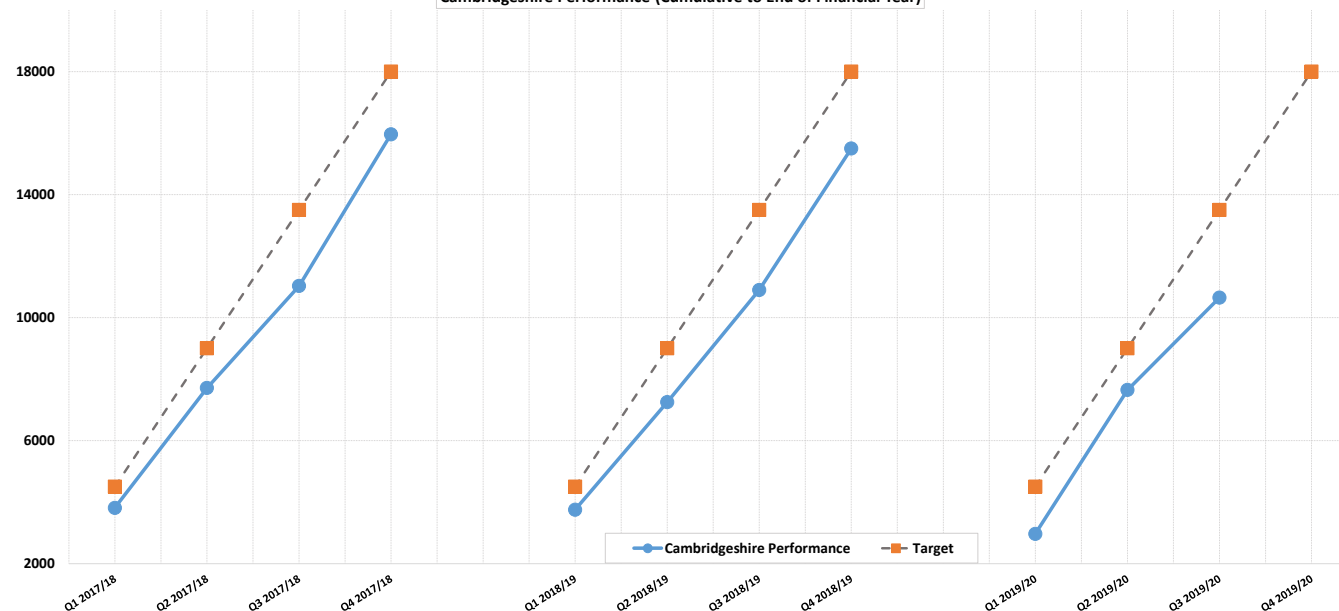
LG Inform:

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

NHS Health Check National Guidance

<https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

Cambridgeshire Performance (Cumulative to End of Financial Year)



Commentary

Performance this quarter is slightly lower (at 79% of target for the period) than for 2018/19 (81% of the target for the period). For Quarter 4 data trawls in GP practices are undertaken which in previous years contributes to improvement in performance. 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. The majority of the activity is commissioned from GP practices with some outreach work being undertaken the commissioned Lifestyle Service.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
1332	1072	912	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	R		

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 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.

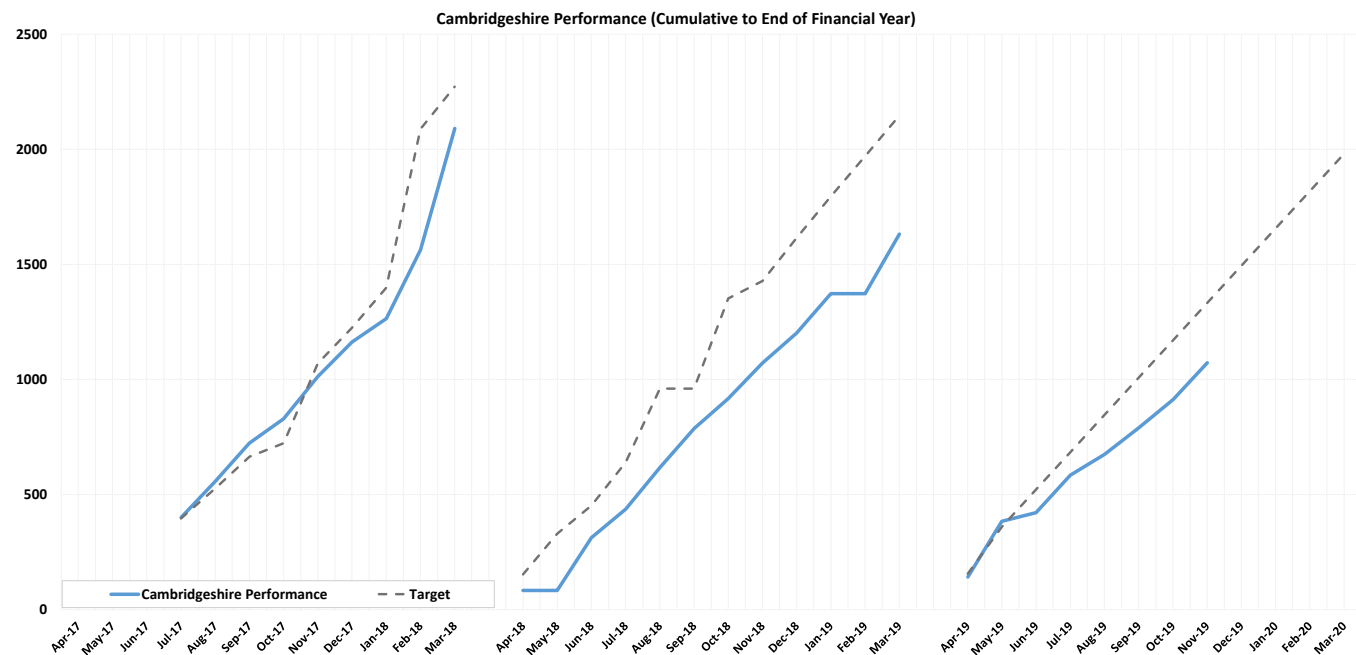
Useful Links

LG Inform:

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

NSCST Stop Smoking Guidance

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



Commentary

Stop Smoking performance data is always two months behind the reporting period due to the intervention taking two months in total. The latest data is for November. Performance is the same as November 2018/19. Stop Smoking Services activity provided by GP practices has fallen in recent years that is reported as a consequence of 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.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
56.0%	55.4%	54.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
49.0%	47.0%	A		

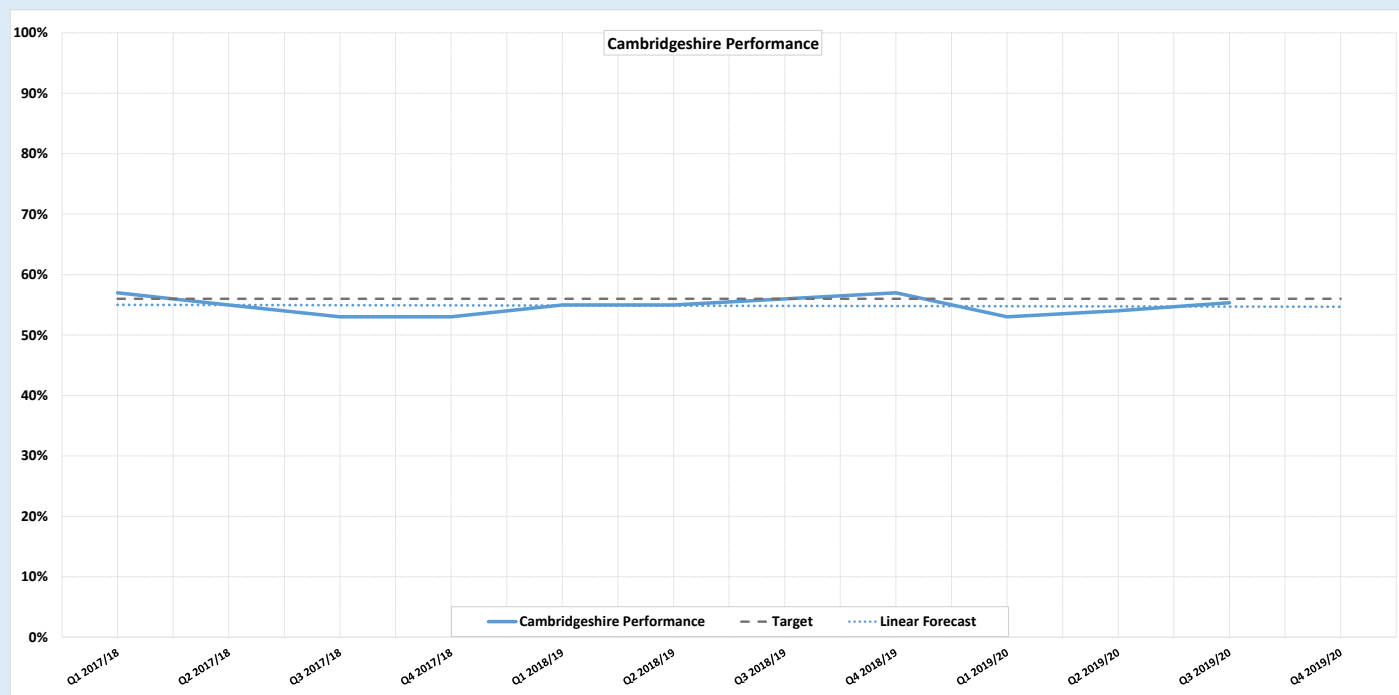
Indicator Description

There has been substantial research published demonstrating the positive outcomes breastfeeding can have on mother and infant outcomes. It is recommended that mothers exclusively breastfeed. Breastmilk is associated with a number of benefits such as a reduction in the risk of infections, obesity and diabetes in the infant coupled with a reduced risk of ovarian/breast cancer in the mother. Breastfeeding is also known to have a positive impact on mother and infant attachment and enhance the quality of relationships between parents and their babies and will positively influence a child's future life chances. This indicator was calculated by: Numerator: Number of infants recorded as being totally and partially breastfed at 6-8wks Denominator: Total number of infants due 6-8wk check.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>;
<https://www.gov.uk/government/collections/breastfeeding-statistics>



Commentary

This is a challenging target and county-wide breastfeeding statistics are presently below the 56% target by 0.6%, although performance continues to significantly exceed the national average of 47%. Breastfeeding prevalence rates, which comprise of both exclusive breastfeeding and mixed feeding vary greatly across the county. Broken down by districts, prevalence for Q3 stand at 65% in South Cambridgeshire, 73% in Cambridge City, 54% in Huntingdonshire, 53% in East Cambridgeshire, and 30% in Fenland. To address low prevalence rates in Fenland, there has been the commencement of 2 new weekly infant feeding clinics in Wisbech and March to better support families experiencing difficulties. In addition to support offered through the Health Visitors, a new community breastfeeding peer support service to improve breastfeeding initiation and duration rates has been commissioned across both Fenland and Peterborough to address inequalities against this indicator, which will come into effect from 1st April 2020. Within the new contract, the Provider (National Childbirth Trust) will conduct an extensive co-production exercise with local families and stakeholders to determine how best to support the unique needs of this community. 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%	36.4%	29.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	41.0%	R		

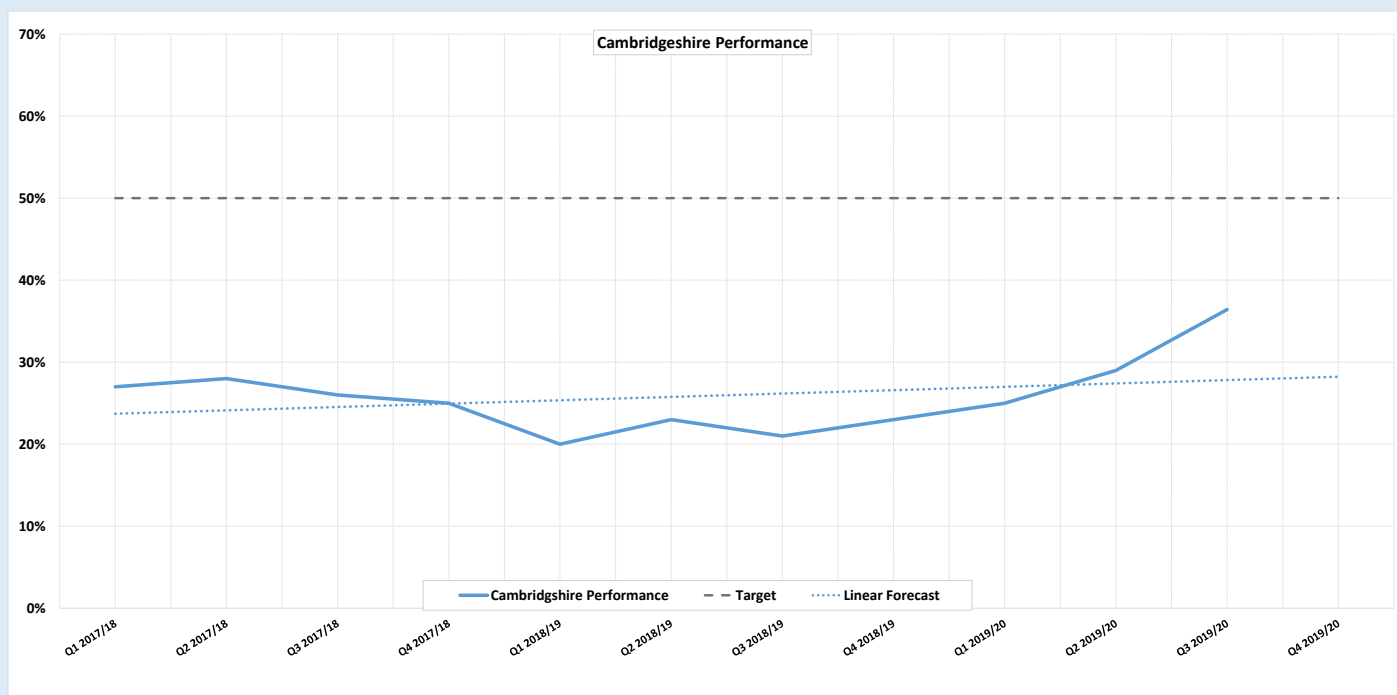
Indicator Description

The antenatal contact is a promotional, listening contact, offering support as directed by the parents. It enables health visitors to offer early support, introduce the services and support parents in terms of preparing for parenthood. This contact is particularly targeted towards vulnerable women and precedence is placed on ensuring vulnerable groups are identified and offered an antenatal visit by their Health Visitor. Performance data for the antenatal contacts is not available nationally because of difficulties with getting the relevant denominator (monthly birth rate are used as a denominator in this instance). Although checks are mandated, there are no national targets and these are agreed locally with the Provider. This contact is calculated by: Numerator - total number of mothers seen at 28 weeks or above. Proxy denominator based on average annual birth rate.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

There is no national target set, although it continues to be a mandated visit. Across the county a local target was set for 50%, with a longer term goal of achieving 90% of all antenatal contacts by 2020. Service transformation has accounted for Health Visitors attempting to complete antenatal contacts for all families has been worked against from April 2019. Overall performance against this target remains below expectations and is proving challenging, however clear improvements are being made, highlighted by the upward trajectory. If exception reporting is accounted for, consisting of those booked but not attended, this increases to a quarterly average of 42%. Disaggregated into districts, there continues to be significant variance: Both Huntingdonshire and Fenland completed 55% of contacts therefore reaching the target and is a recognisable achievement; Cambridge City achieved 11% of contacts; East Camb achieved 22% and South Cambs managed to complete 19% of contacts. Reasoning cited for this disparity continues to be pressures in the South Locality team, which covers East Cambs, Cambs City and South Cambs. The locality moved out of Business Continuity Planning (BCP) measures in the autumn, however performance has not improved as expected. Investigation by the Programme Lead revealed that this is also down to historical localised working practices and a significant amount of disruption within the Leadership team, meaning organisational/culture change is factor impacting performance. To address the situation, an action/recovery plan is being developed, which will be submitted to commissioners to enable a close monitoring of improvements.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	92.2%	92.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	88.0%	G		

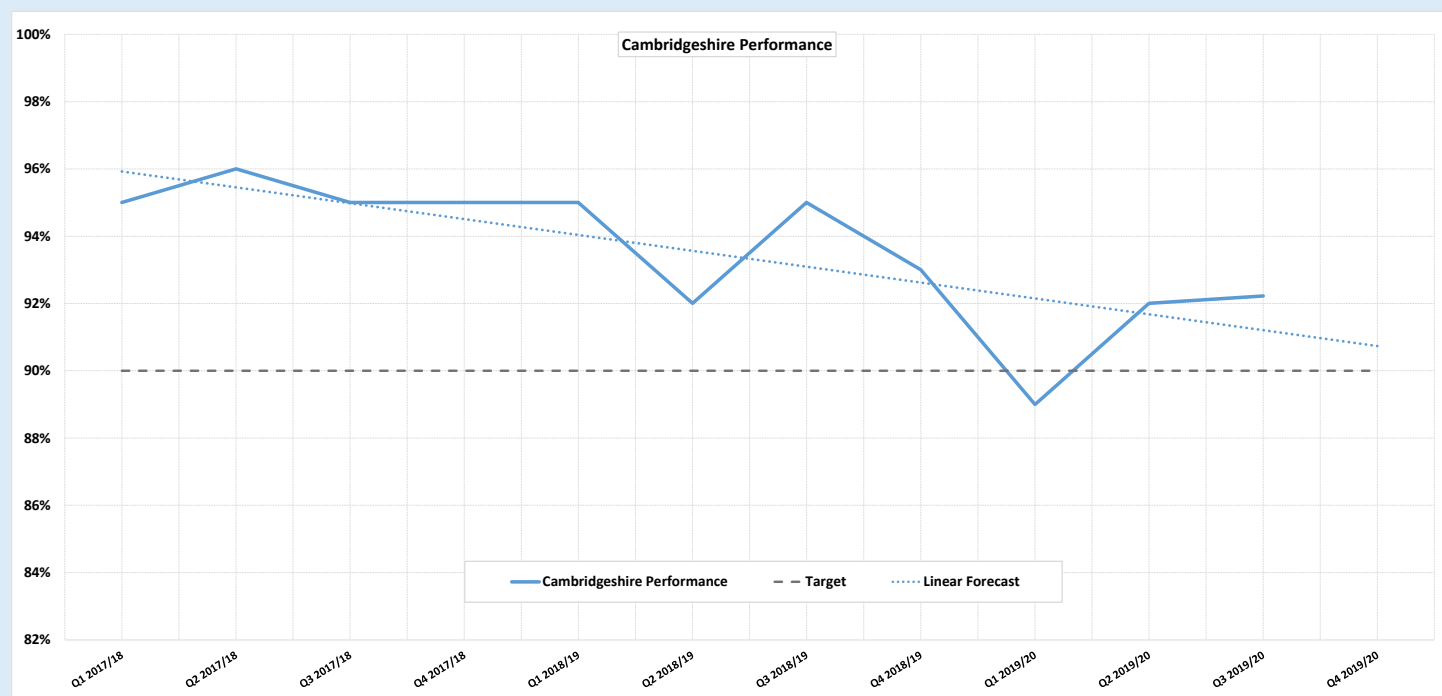
Indicator Description

The new birth visit is a face to face review and will include the provision of information on a range of subject areas including infant feeding, SIDS prevention and safe sleep, the immunisation schedule and outcomes of all screening and NIPE examination results; they will check the new born blood spot status if this was not conducted by the Midwifery team. The Health Visitor will also assess maternal mental health and the baby's growth and development. This indicator is calculated by:
 Numerator: Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visits (NBV) undertaken within 14 days from birth, by a Health Visitor with mother (and ideally father)
 Denominator: Total number of infants who turned 30 days in the quarter.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

The proportion of 10 - 14 day new birth visits completed within 14 days of birth has continued to show improvement this quarter by a further 0.2% and is continuing to exceed the target. If those completed after 14 days are accounted for, the quarterly average increases to 97%, which whilst being 1% below the overall target for completed visits (98%) indicates a majority of families are receiving this contact. The provider reports that in order to achieve continuity of care between the antenatal assessment and the new birth review, in some instances the new birth review has needed to take place outside of the 14 day target to accommodate this best practice.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	93.4%	90.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	86.0%	G		

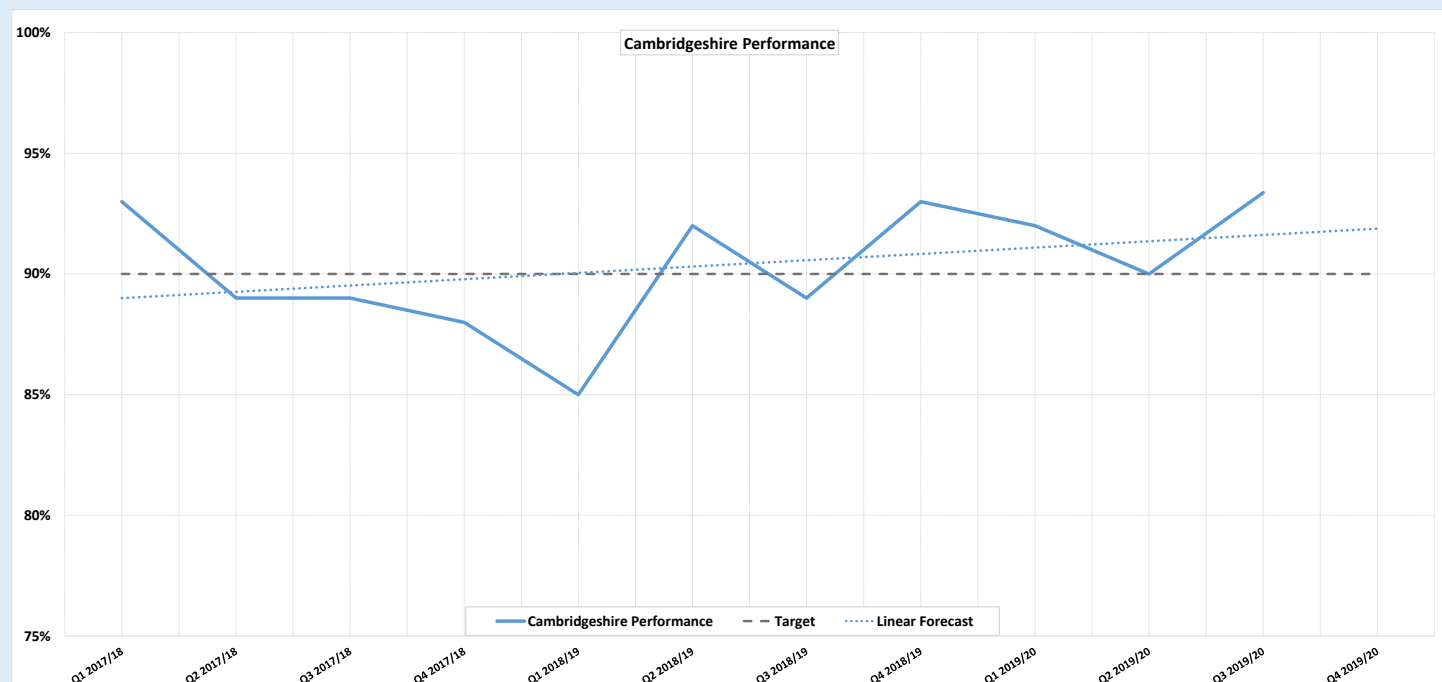
Indicator Description

This visit is crucial for assessing the baby's growth and wellbeing alongside providing core health messages, including breastfeeding, immunisations, sensitive parenting and for supporting on specific issues such as sleep. The Health Visitor will review their general health and provide contact details for the local health clinics and children's centres, where the mother can access a range of support. The visit, in addition to the 6 - 8 week medical review, which is often completed by the GP, forms part of the Child Surveillance Programme. This indicator is calculated by: Numerator: The number of children due a 6-8 weeks review by the end of the quarter who received a 6-8 weeks review by the time they turned 8 weeks, Denominator: Total number of infants turning 8 weeks old during reporting period.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

Performance for the 6 - 8 week review has recovered from slight decrease in Q2 and is moving closer to achieving the 95% target, which is positive. This target has been increased in line with national specification guidance and in order to meet the requirements of Public Health England breastfeeding status validation rules, which is predominantly captured during this visit. It is anticipated that this upward trajectory will continue throughout Q4 with the target being achieved by year end.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
95.0%	89.4%	81.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	84.0%	A		

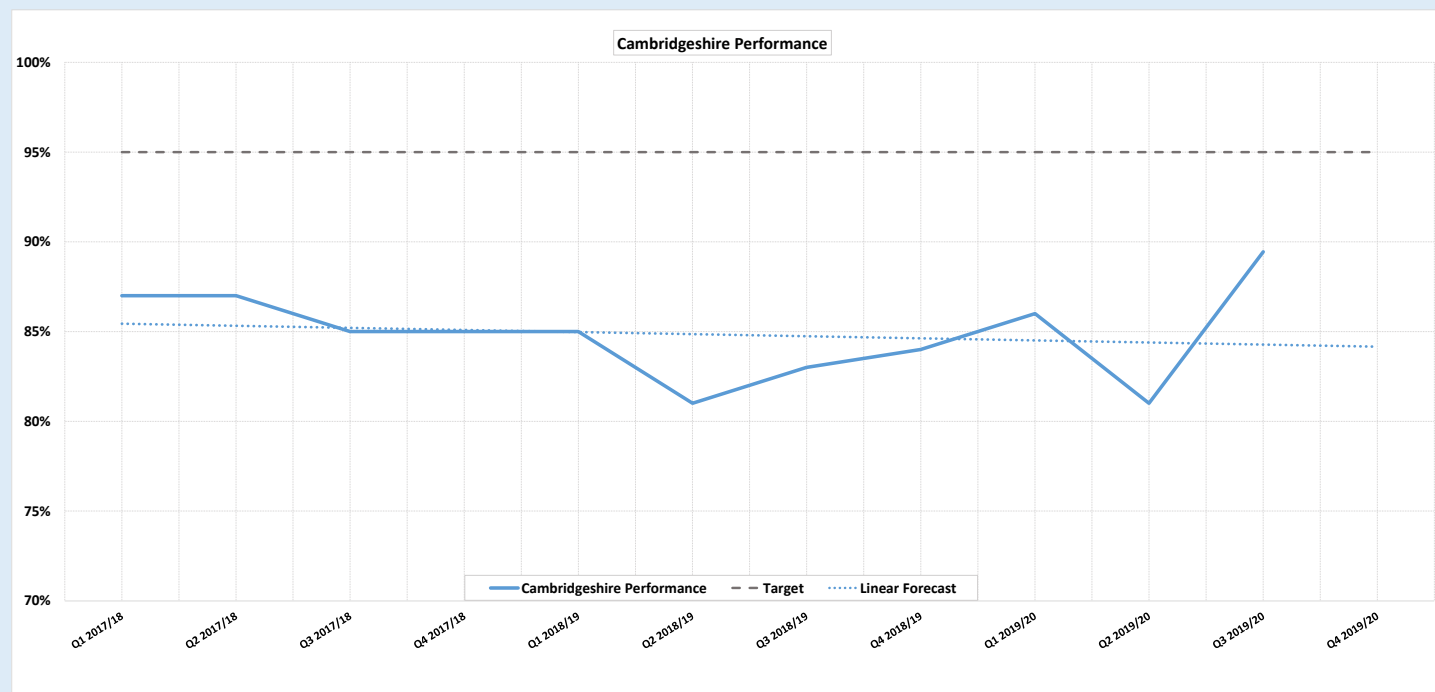
Indicator Description

The 12 month review includes an assessment of the baby's physical, emotional and social development, as well as offering support to parents and providing information on a range of topics such as attachment, development, parenting and overall health promotion (oral hygiene, healthy eating, injury and accident prevention, safety). This indicator is calculated by: Numerator: Total number of children who turned 15 months in the quarter, who received a 12 month a review by the age of 15 months. Denominator: Total number of children who turned 15 months, in the appropriate quarter.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

Performance has improved by 8.4% this quarter to 89.4%, which is positive; by comparison 77% 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 97% of families having this review by the time the child turns 15 months, meaning appointments are attempted for a high majority of families. Of all appointments offered this quarter, 49 were not wanted by the family and 100 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 46 contacts were 'not recorded'. When district variance is considered, 95% of contacts were completed in Fenland, 86% were completed in Cambs City, 92% completed in East Cambs, 90% completed in Huntingdonshire, and 87% in South Cambridgeshire.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	52.5%	42.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	78.0%	R		

Indicator Description

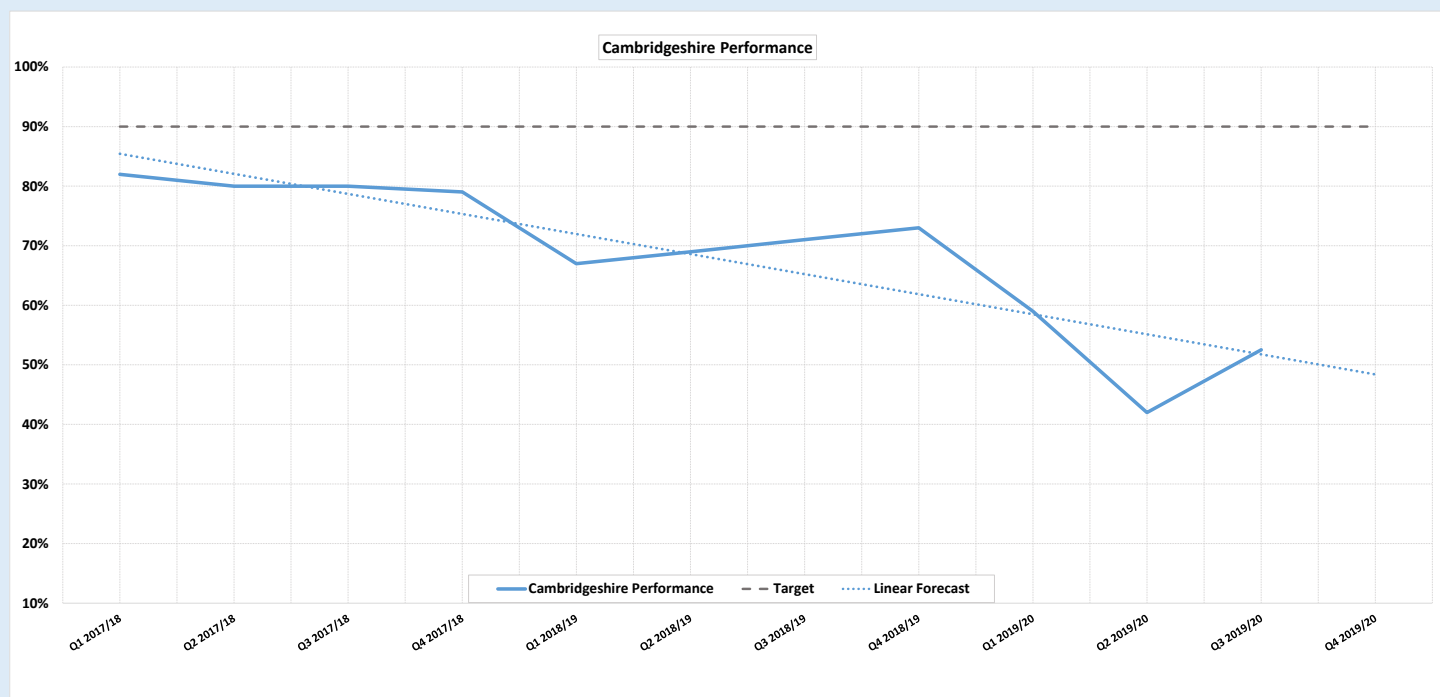
The 2 year check includes the review with parents of the child's, emotional, social, behavioural and language development using the ASQ3. The visit will respond to any concerns, offer guidance on behaviour management, promote language development, encourage the take up of early education and the two year old funded offer, as well as general health promotion (dental health, healthy eating, injury and accident prevention, toilet training). This indicator was calculated by:

Numerator: Total number of children who turned 2.5 years in the quarter who received a 2-2.5 year review, by the age of 2.5 years of age. Denominator: Total number of children who turned 2.5 years, in the appropriate quarter.

Useful Links

LG Inform:

<https://lginform.local.gov.uk/>; <https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-2018-to-2019>



Commentary

Performance has improved by 10.5% this quarter to 52.5%, which whilst commendable is significantly below target and remains concerning. The main cause of performance issues against this target is challenges in the South Locality. 2 year development checks for those who have only universal needs recorded on their records were temporarily suspended during the summer due to low staffing levels, accounting for the low performance in Q2, however this was reversed in the autumn and the team is struggling to reach expected levels of activity – this is being addressed in the recovery plan which is being developed. Disaggregated at district level, 15% of contacts were completed in Cambs City, 23% of contacts completed in South Cambs and 24% of contacts completed in East Cambs. More positively, 91% of contacts were achieved in Fenland and 80% Huntingdonshire. If exception reporting is accounted for, performance would increase to 61.5%. This quarter it was reported that 54 reviews were not wanted and 98 were not attended.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
778	885	789	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

Health Trainer Services provide evidence based behavioural change interventions to support individuals to make lifestyle changes over the course of up to one year. They are part of the Integrated Lifestyle Service and these GP Service Health Trainers are located in the 20% most deprived areas in Cambridgeshire.

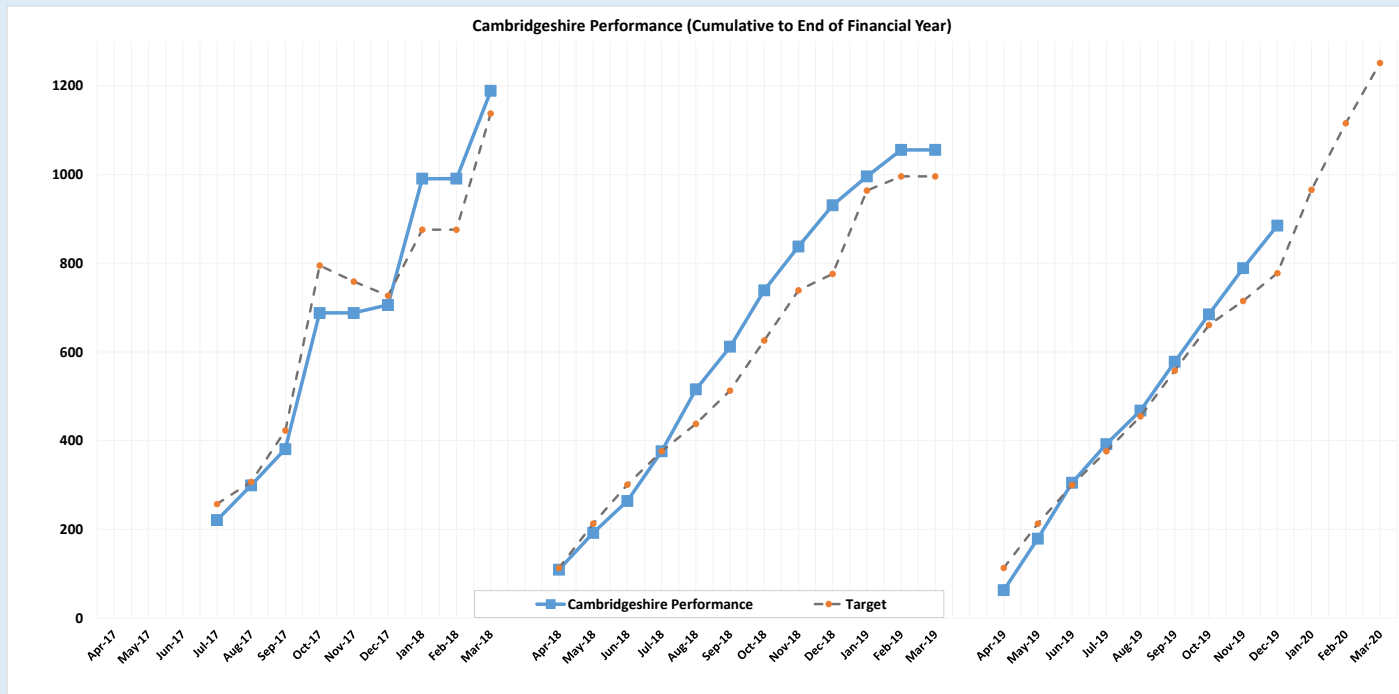
Those supported by Health Trainers develop a Personal Health Plan (PHP) with behavioural change goals.

This measure refers to those who complete their PHPs.

Useful Links

LG Inform:

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



Commentary

The above target performance is being maintained.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
484	504	434	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	G		

Indicator Description

Health Trainer Services provide evidence based behavioural change interventions to support individuals to make lifestyle changes over the course of up to one year. They are part of the Integrated Lifestyle Service and the these Extended Service Health Trainers are located in the areas that are not included in the 20% more deprived areas in Cambridgeshire.

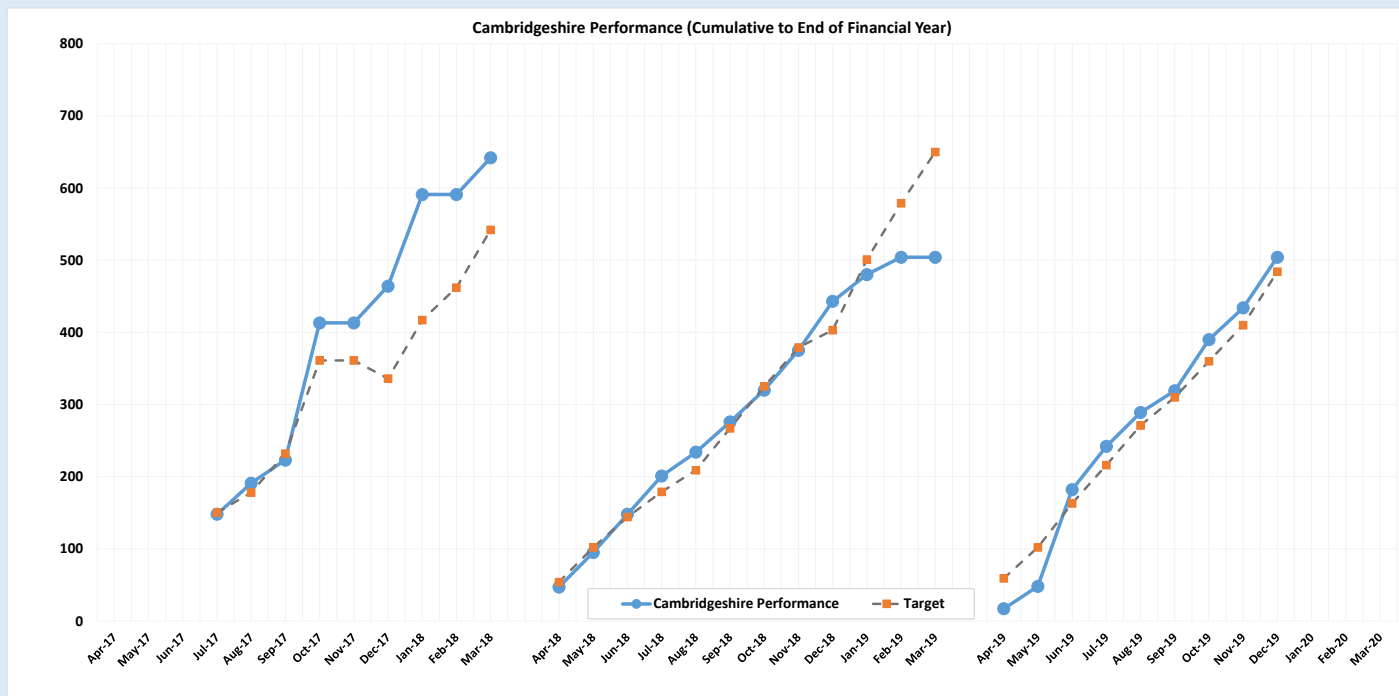
Those supported by Health Trainers develop a Personal Health Plan (PHP) with behavioural change goals.

This measure refers to those who complete their PHPs .

Useful Links

LG Inform:

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



Commentary

The above target performance is being maintained and is higher when compared with the same period in 2018/19

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
30.0%	55.0%	44.0%	↑	↑
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:
 $(X/Y) * 100$

Where:
 X: The number of Tier 2 clients recruited who complete

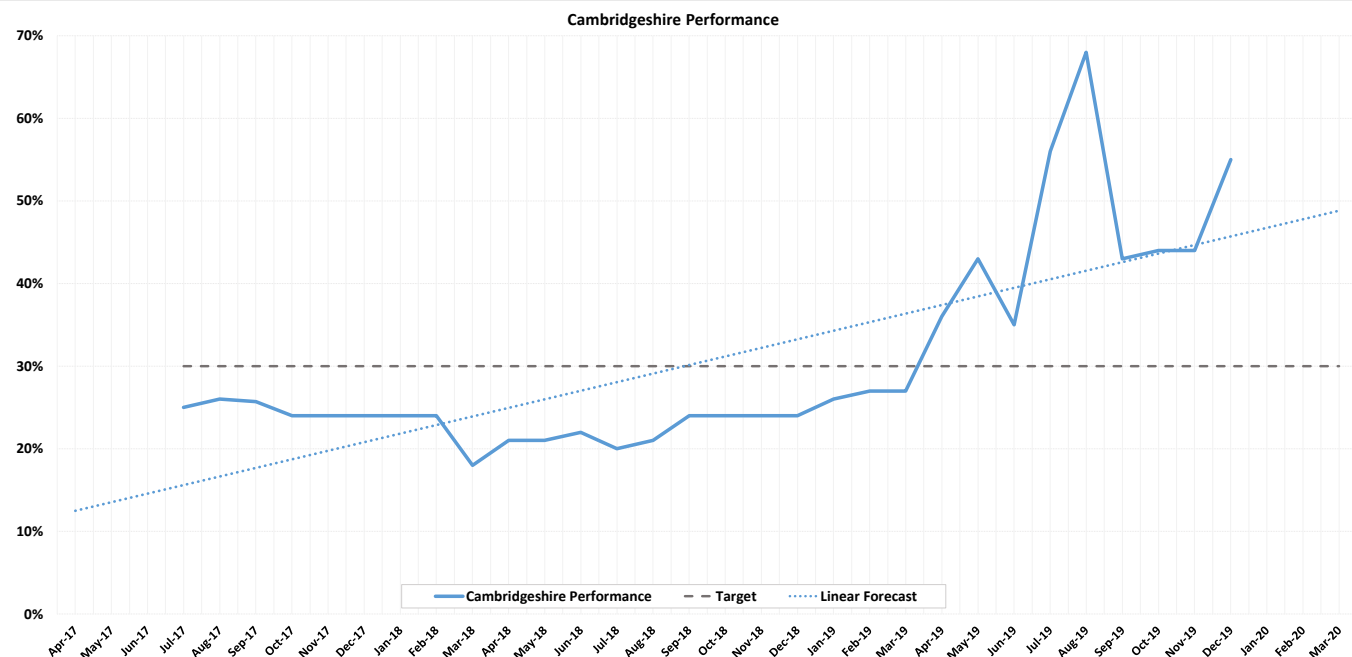
Useful Links

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

The above target performance has been maintained for the past two quarters.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
60.0%	64.0%	50.0%	↑	↑
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

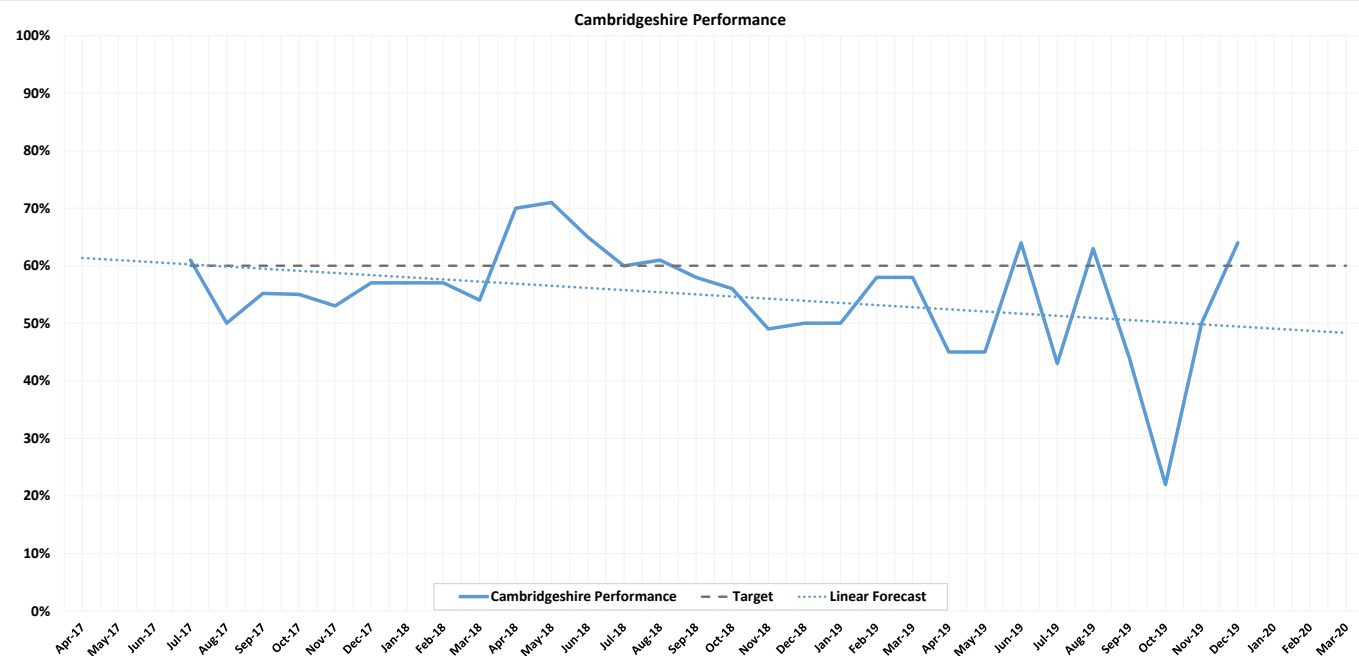
Useful Links

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

The achievement of the Tier 3 weight management service is challenging due to the complex needs of the patients. However performance has improved in Q3. Small numbers mean that a number of very challenging patients can influence achievement against targets.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
250	271	255	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
N/A	N/A	VG		

Indicator Description

Health Trainer Services provide evidence based behavioural change interventions to support individuals to make lifestyle changes over the course of up to one year. They are part of the Integrated Lifestyle Service and the these specialist Health Trainers who provide evidence based interventions to those at risk of falling.

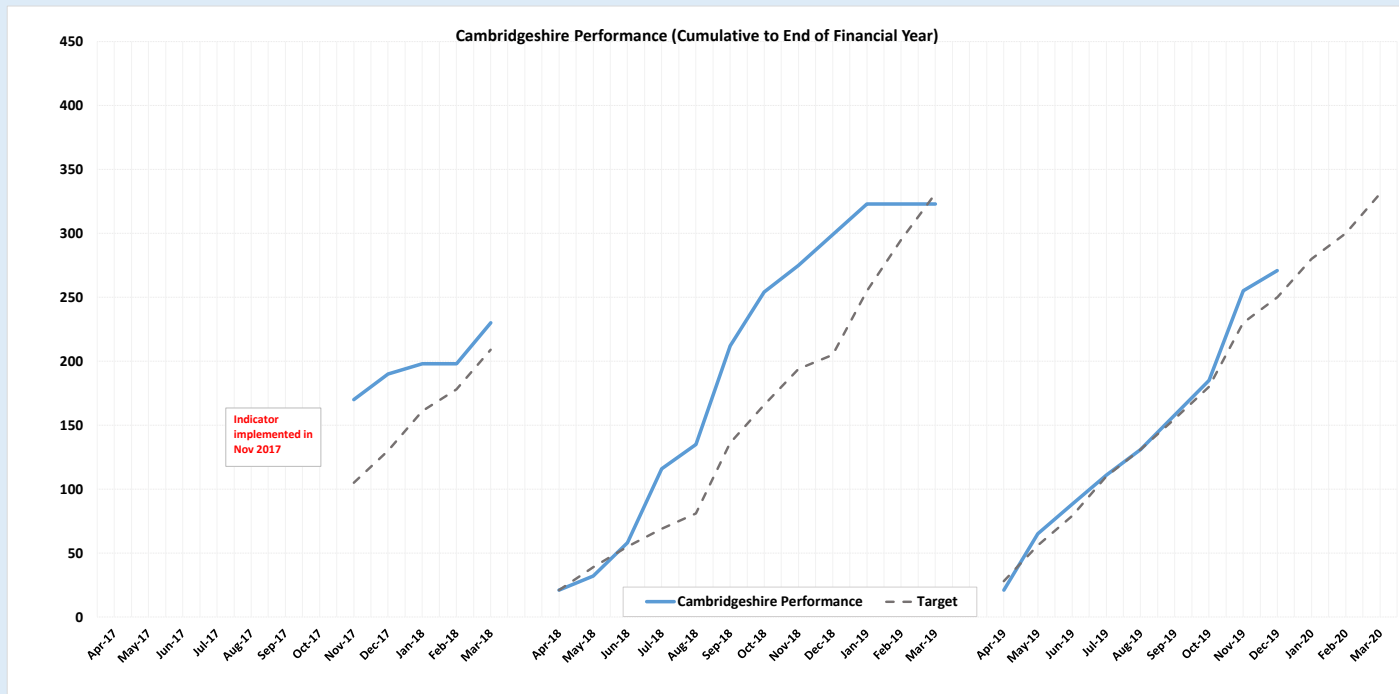
Those supported by Specialist Falls Prevention Health Trainers develop a Personal Health Plan (PHP) with behavioural change goals.

This measure refers to those who complete their PHPs .

Useful Links

LG Inform:

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



Commentary

The above target performance is being consistently achieved.