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Corporate Performance Report

Quarter 2

2018/19 financial year

Health Committee

Business Intelligence
Cambridgeshire County Council
business.intelligence@cambridgeshire.gov.uk

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 Quality Standards (QS 178) 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. The British Association for Sexual Health and HIV (BASHH) also endorses this in its Quality Standards.

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

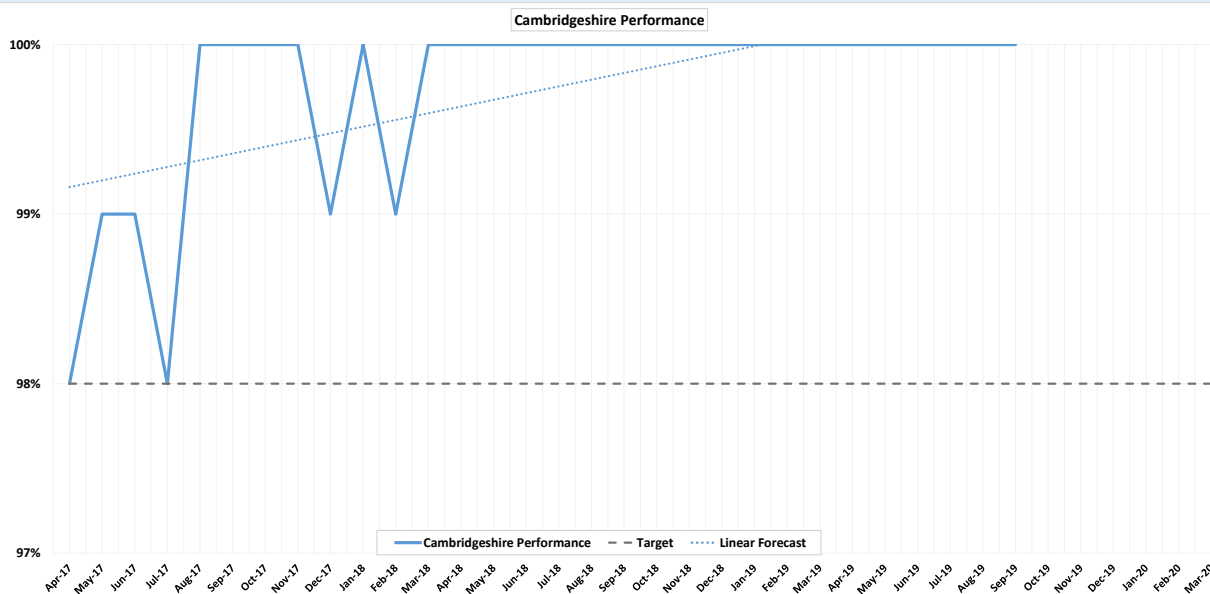
Useful Links

LG Inform:

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

<https://www.bashh.org/guidelines>

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



Commentary

This target is consistently met.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
80.0%	92.0%	89.0%	↑	↑
Statistical Neighbours Mean	England Mean	RAG rating		
N/A	N/A	B		

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 British Association for Sexual health and HIV (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 an 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

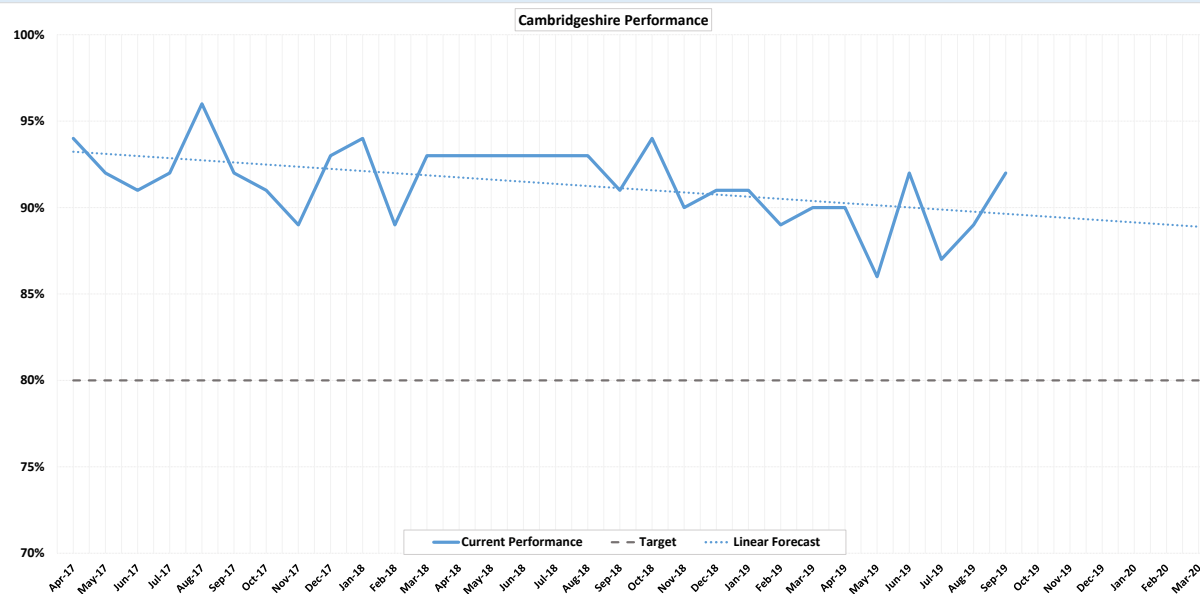
Useful Links

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**

This target is consistently met.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
4500	3134	4512	↑	↓
Statistical Neighbours Mean	England Mean	RAG Rating		
N/A	N/A	R		

Indicator Description

An NHS Health Check is a national Programme. It provides a way of engaging people in an early conversation about their health, risks and lifestyle changes. It is risk assessment for the early detection of risk factors relating to Diabetes, Hypertension, Cardiovascular Disease and provides an opportunity to discuss Dementia Awareness.

This measure is the number of people within the eligible population (aged between 40 and 74 years of age without any diagnosed ongoing condition) who receive an NHS Health Check via their GP Practice or through the outreach NHS Health Checks undertaken by the Lifestyle Services with hard to reach groups or populations with high rates of cardio-vascular disease.

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

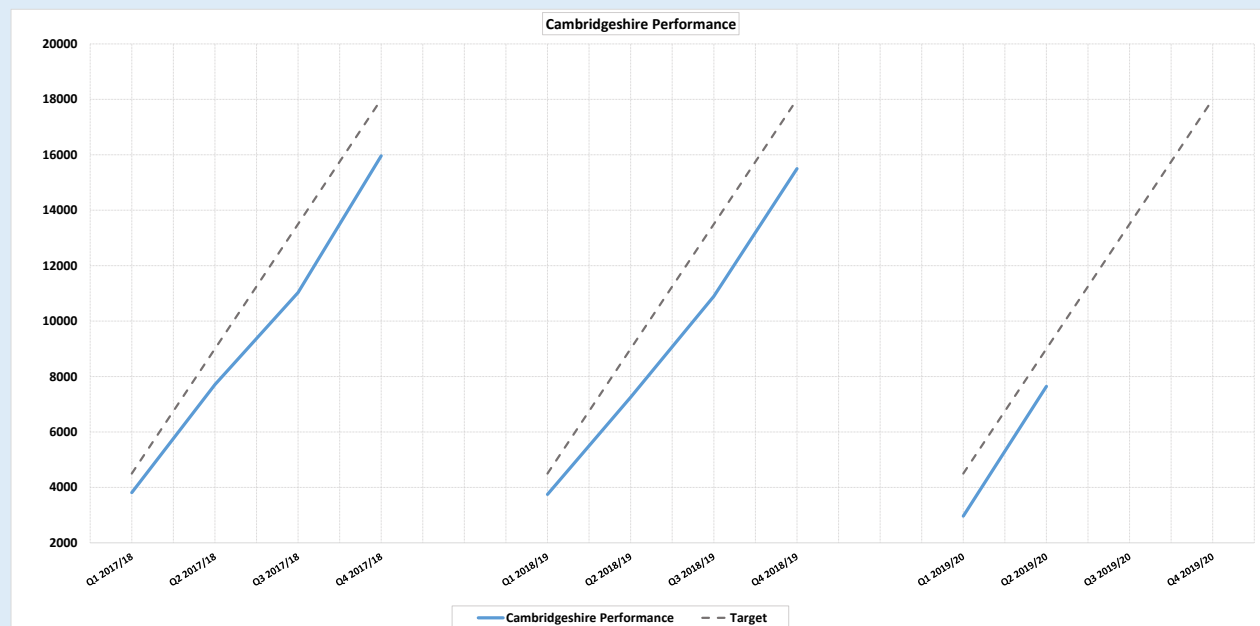
Useful Links

LG Inform:

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

NHS Health Check National Guidance

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



Commentary

Activity is down this quarter at 66% of target for the period compared for 2018/19 when 86% of the target achieved. This represents capacity pressures in GP practices and improvements in data quality and collection processes that means that the data is now more robustly validated.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
846	674	584	↑	↑
Statistical Neighbours Mean	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 accessing a stop smoking programme (via GP, Pharmacy or integrated lifestyle provider), who set a quit date which is followed by 4 weeks of an evidence based structured programme of support. The measure refers to the those who are confirmed as being quit after 4 weeks.

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: National Centre for Smoking Cessation and Training (NSCST) Stop Smoking Guidance

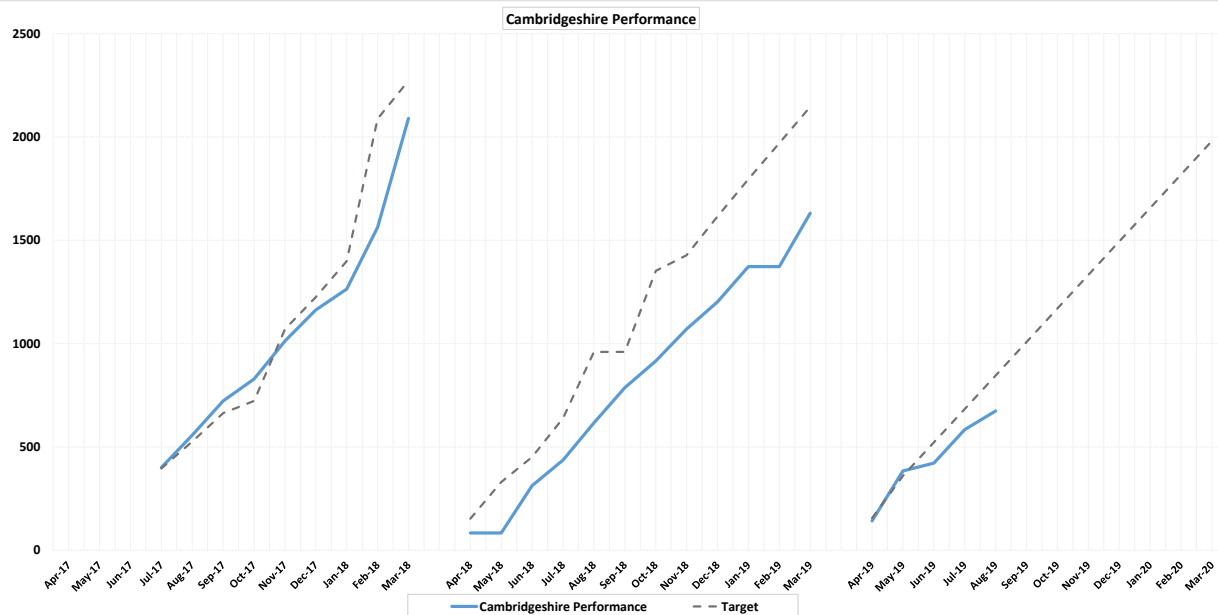
Useful Links

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

The number of quitters for Q2 is incomplete as the data for those setting quit dates during September is not available until December. However capacity issues in GP practices makes it challenging for them meet their targets.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
56.0%	54.0%	53.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
49.0%	47.0%	A		

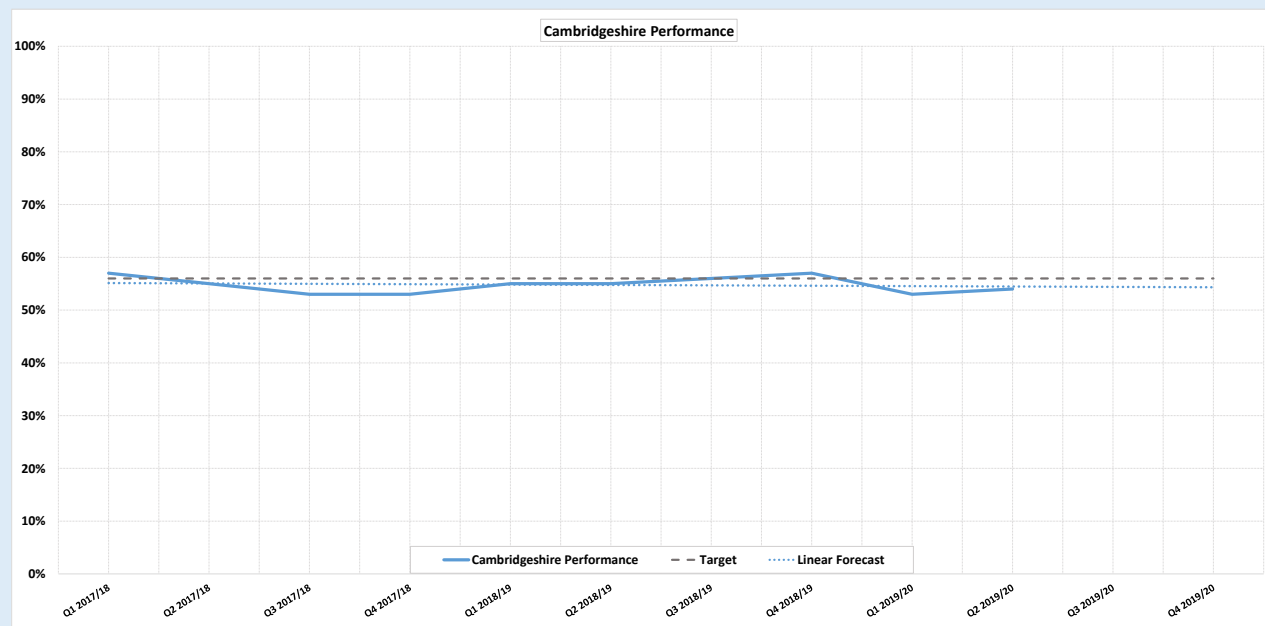
Indicator Description

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 slightly below the 56% target, 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 Q2 stand at 63% in South Cambridgeshire, 65% in Cambridge City, 56% in Huntingdonshire, 57% in East Cambridgeshire, and 36% 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%	29.0%	25.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	41.0%	R		

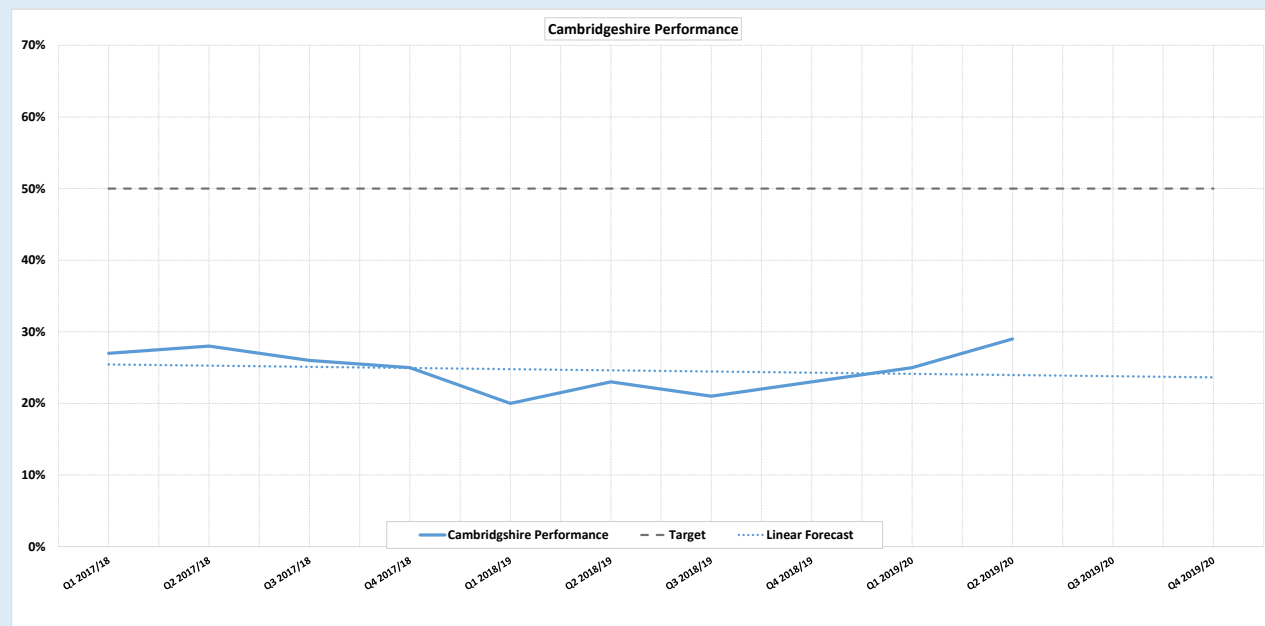
Indicator Description

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

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 90% antenatal contacts and an improvement target has been set from April 2019. Since April there has been a 9% improvement of antenatal contacts achieved across the service in comparison to quarter 4 2018/19 performance. 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: Huntingdonshire completed 54% of contacts therefore reaching the target and is a recognisable achievement; Fenland achieved 48% of contacts; Cambridge City achieved 10% of contacts; East Cambs achieved 11% and South Cambs managed to complete 12% of contacts. Reasoning cited for this disparity continues to be staffing pressures in the South Locality team, which covers East Cambs, Cambs City and South Cambs. During this quarter this team remained in Business Continuity measures, which has impacted on their performance across all mandated contacts. The staffing position is close to being addressed, with a number of new Health Visitors joining the team during September. Once these employees have completed their induction, the Business Continuity Plan will begin to be reversed and therefore performance will be expected to show improvements from quarter 3 onwards. The Provider has submitted trajectory plans against this indicator for all locality teams, enabling commissioners to more closely monitor improvement.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	92.0%	89.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	88.0%	G		

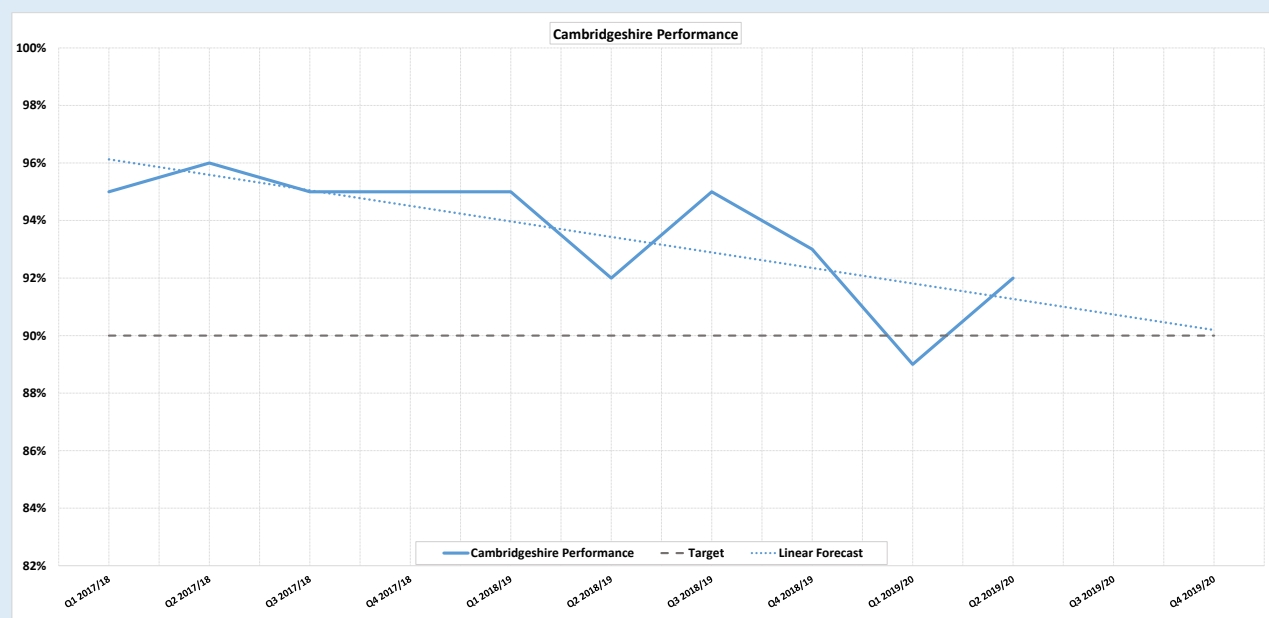
Indicator Description

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 improved this quarter by 3% and is now exceeding target following a slight dip in Q1. 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%	90.0%	92.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	86.0%	G		

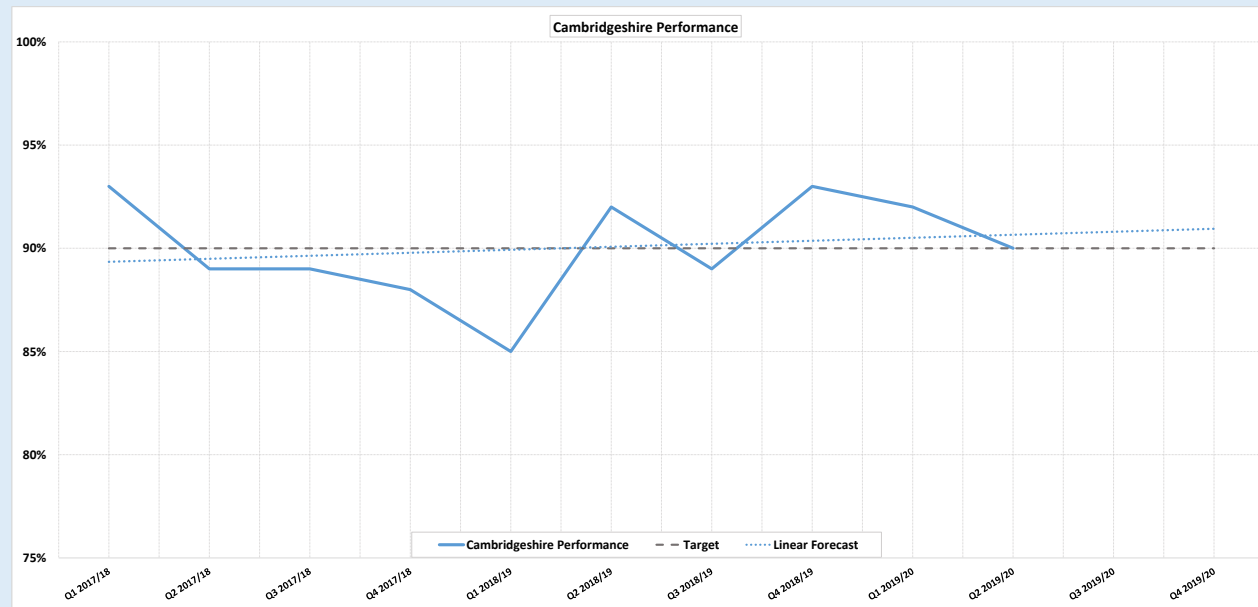
Indicator Description

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 remained steady and within or above target, despite a minor 2% decrease in performance against the Q1 2019/20 position.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
95.0%	81.0%	86.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	84.0%	R		

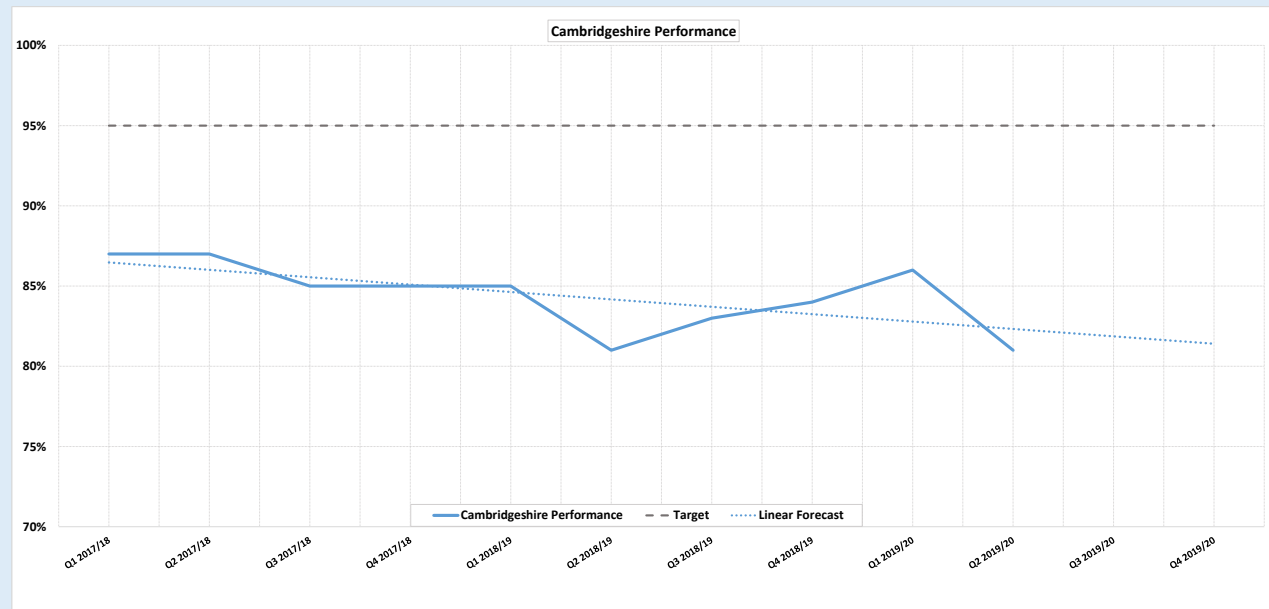
Indicator Description

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 decreased by 5% this quarter, standing at 81%; by comparison 79% 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 92% of families having this review by the time the child turns 15 months. Of all appointments offered this quarter, 43 were not wanted by the family and 109 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 195 contacts were 'not recorded'. When district variance is considered, 95% of contacts were completed in Fenland, 65% were completed in Cambs City, 76% completed in East Cambs, 87% completed in Huntingdonshire, and 85% in South Cambridgeshire. Administrative support challenges in the South Locality had an adverse impact on the ability to plan appointments during September - the provider is currently exploring recruitment options to the vacant posts.

Target	Current Quarter	Previous Quarter	Direction for Improvement	Change in Performance
90.0%	42.0%	59.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2018/19)	RAG Rating		
N/A	78.0%	R		

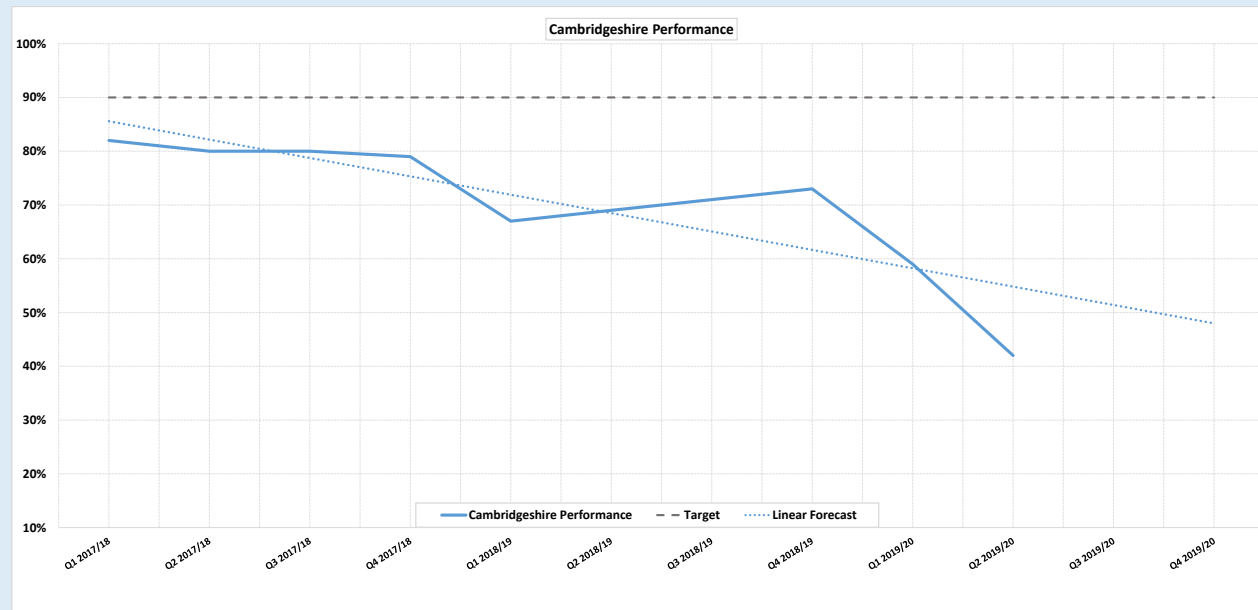
Indicator Description

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 declined by a further 15% this quarter from 73% in Q4 2018/19 to 42% of contacts being completed. The main cause of performance issues against this target is staffing and capacity challenges in the South Locality and the need to implement stage 4 of the Business Continuity Plan across this team. This has resulted in the implementation of a number of short term mitigation measures within the locality, including 2 year development checks for those who have only universal needs recorded on their records being suspended during the summer - these families are sent a self-assessment ASQ and asked to contact the Duty Desk with any concerns regarding their child's development. Consequently the number of contacts/assessments being completed by the HCP team has reduced substantially and is impacting on overall figures - this quarter 793 families received this revised offer. The BCP measures have started to be reversed from October and re-instating the full offer will be prioritised and significant improvements are expected for Q3 - Childcare settings have already been informed of this. This quarter however, broken down at district level, 13% of contacts were completed in Cambs City; 12% of contacts completed in South Cambs; 14% of contacts completed in East Cambs. More positively, 87% of contacts were achieved in Fenland and 84% Huntingdonshire. If exception reporting is accounted for, this quarter it was reported that 46 reviews were not wanted and 163 were not attended.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
558	578	468	↑	↑
Statistical Neighbours Mean	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 GP Service Health Trainers are located in the 20% most deprived areas in Cambridgeshire.

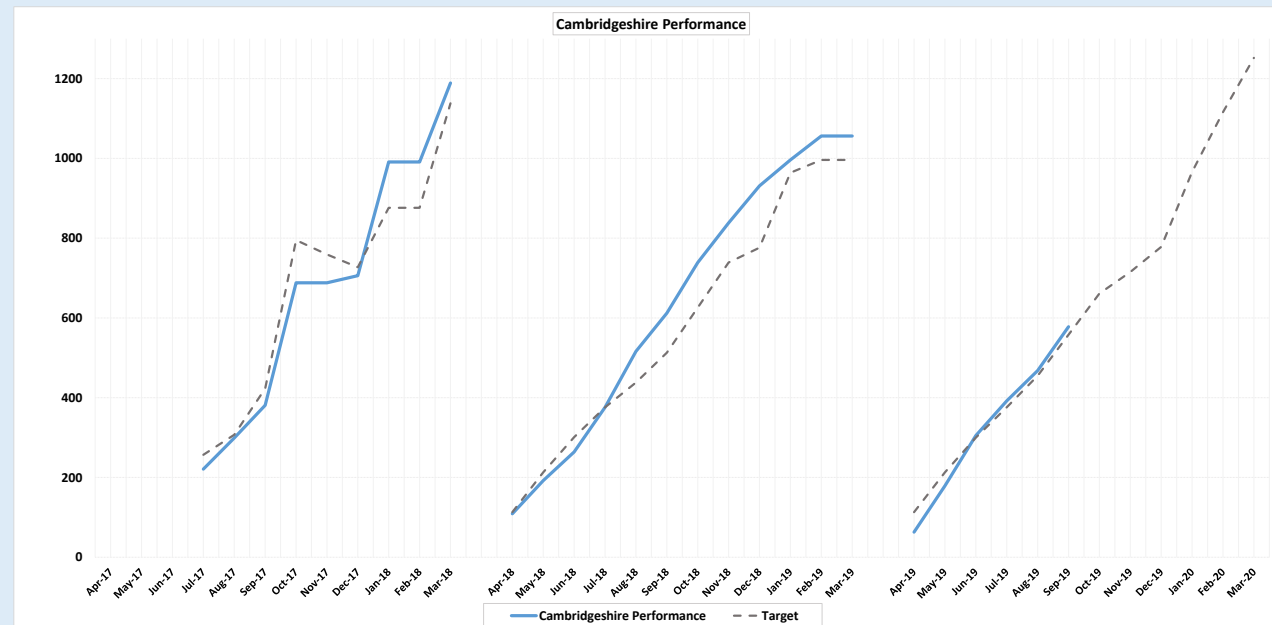
Those supported by Health Trainers develop a Personal Health Plan (PHP) with behavioural change goals.

This measure refers to those who complete their PHPs .

Useful Links

LG Inform:

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

**Commentary**

Performance is on target.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
310	319	289	↑	↑
Statistical Neighbours Mean	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.

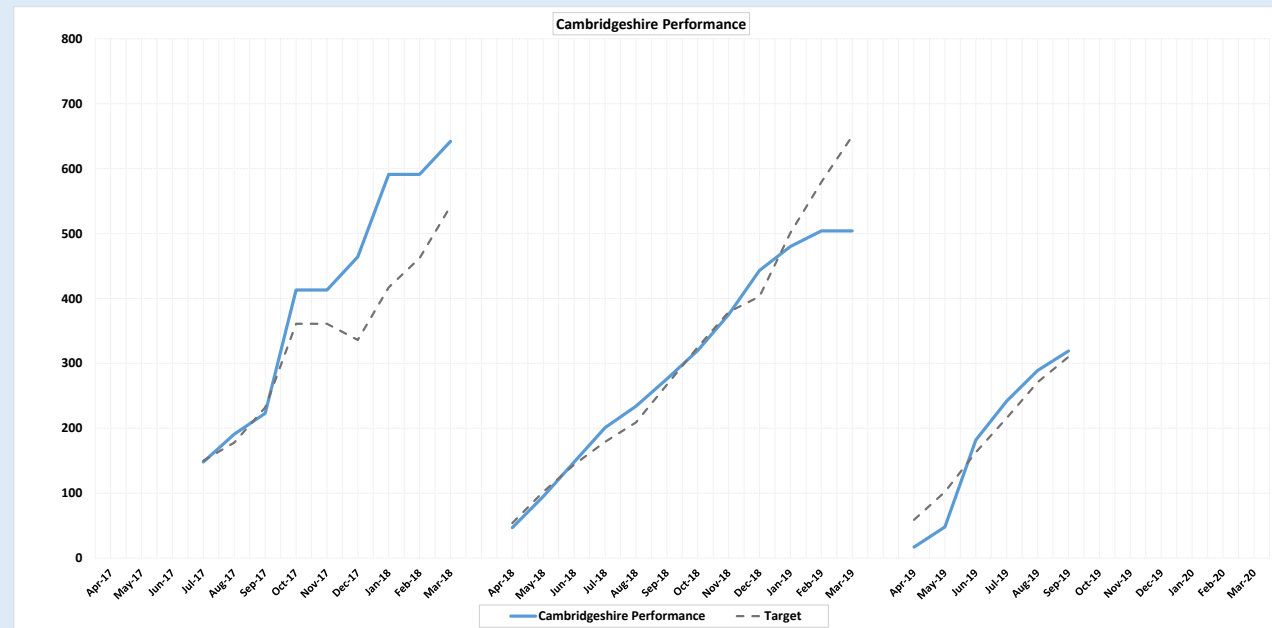
Those supported by Health Trainers develop a Personal Health Plan (PHP) with behavioural change goals.

This measure refers to those who complete their PHPs .

Useful Links

LG Inform:

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

**Commentary**

Performance is on target

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
30.0%	43.0%	68.0%	↑	↓
Statistical Neighbours Mean	England Mean (2017/18)	RAG rating		
N/A	N/A	B		

Indicator Description

Obesity is considered to be public health priority. It is a chronic condition associated with multiple risk factors such as type 2 diabetes or heart disease. The Tier 2 weight management services offers individuals a structured programme to make continued lifestyle changes.

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

NICE Public Health Guidance recommendation for Tier 2 adult weight management is that 30% of all participants lose 5% of their (baseline) initial body weight, at the end of an evidence based structured 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

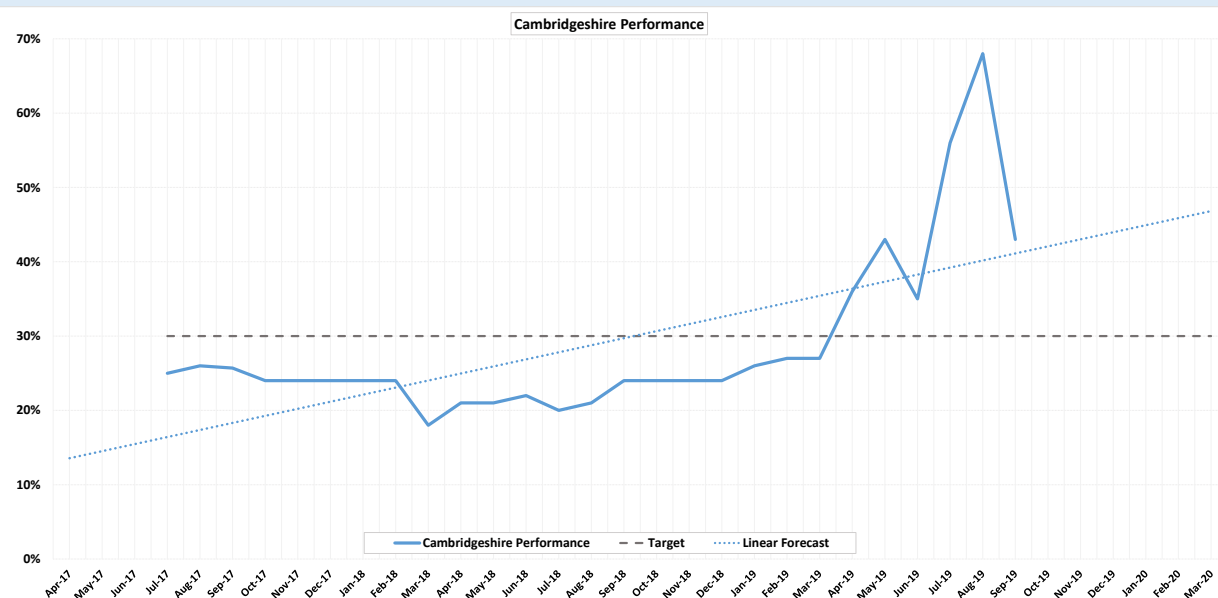
Useful Links

LG Inform:

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

Public Health Key Performance Indicators Tier 2:

<https://www.nice.org.uk/guidance/ph53>



Commentary

This quarter has seen considerable improvement which reflects changes which makes the service offer more flexible. Service user feedback has been positive.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
60.0%	44.0%	63.0%	↑	↓
Statistical Neighbours Mean	England Mean (2017/18)	RAG rating		
N/A	N/A	R		

Indicator Description

Obesity is considered to be public health priority. It is a chronic condition associated with multiple risk factors such as type 2 diabetes or heart disease. The Tier 3 weight management is for individuals who are severely obese and usually have complex health problems. The treatment provides individuals with an intensive structured programme to make continued lifestyle changes for up to one year.

There are recommendations for Tier 3 Adult Weight Management that 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:

$(X/Y) \times 100$

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

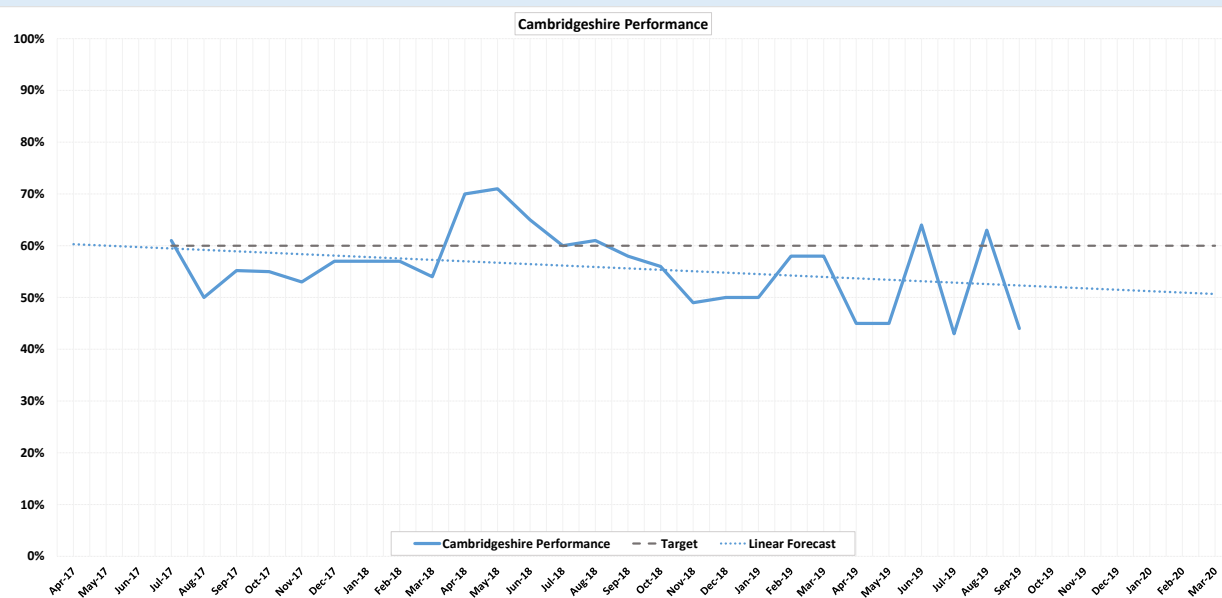
Useful Links

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

The complexity of the issues means that many patients are very challenged to achieve the 10% weight loss as their underlying conditions compromise their efforts. Consequently achievement of the target is variable. New guidance is being developed and this target will be reviewed.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
155	158	131	↑	↑
Statistical Neighbours Mean	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 specialist Health Trainers who provide evidence based interventions to those at risk of falling.

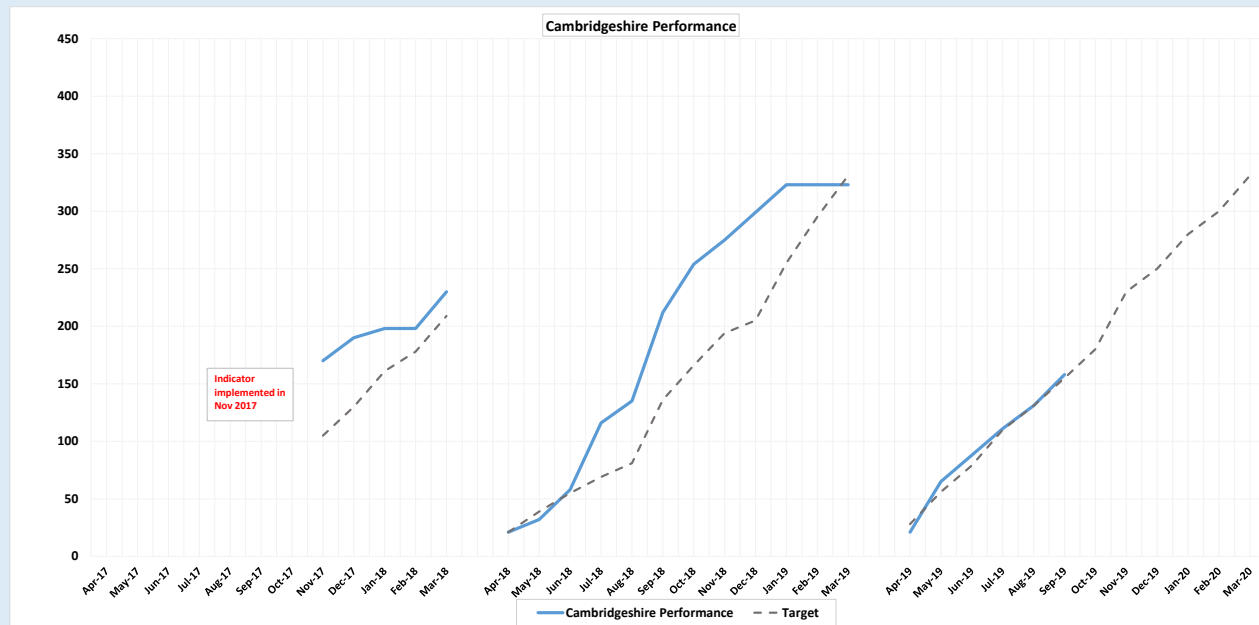
Those supported by Specialist Falls Prevention Health Trainers develop a Personal Health Plan (PHP) with behavioural change goals.

This measure refers to those who complete their PHPs .

Useful Links

LG Inform:

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

**Commentary**

This target has been consistently achieved.