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Performance Report

Quarter 2

2022/23 financial year

Adults and Health Committee

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Key



Data Item	Explanation
Target / Pro Rata Target	The target that has been set for the indicator, relevant for the reporting period
Current Month / Current Period	The latest performance figure relevant to the reporting period
Previous Month / previous period	The previously reported performance figure
Direction for Improvement	Indicates whether 'good' performance is a higher or a lower figure
Change in Performance	Indicates whether performance is 'improving' or 'declining' by comparing the latest performance figure with that of the previous reporting period
Statistical Neighbours Mean	Provided as a point of comparison, based on the most recently available data from identified statistical neighbours.
England Mean	Provided as a point of comparison, based on the most recent nationally available data
RAG Rating	<ul style="list-style-type: none"> • Red – current performance is off target by more than 10% • Amber – current performance is off target by 10% or less • Green – current performance is on target by up to 5% over target • Blue – current performance exceeds target by more than 5% • Baseline – indicates performance is currently being tracked in order to inform the target setting process • Contextual – these measures track key activity being undertaken, to present a rounded view of information relevant to the service area, without a performance target. • In Development - measure has been agreed, but data collection and target setting are in development
Indicator Description	Provides an overview of how a measure is calculated. Where possible, this is based on a nationally agreed definition to assist benchmarking with statistically comparable authorities
Commentary	Provides a narrative to explain the changes in performance within the reporting period
Actions	Actions undertaken to address under-performance. Populated for 'red' indicators only
Useful Links	Provides links to relevant documentation, such as nationally available data and definitions

Indicator 230: Number of new client contacts for Adult Social Care per 100,000 of the population

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December 2022

Pro Rata Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	2422.5	1214.7	Increasing
Statistical Neighbour Mean	England Mean	RAG Rating		
4477.9	4450.5	TBC		

Indicator Description

Effective community prevention and information services should minimise the number of people needing to contact adult social care directly. A marked growth in the number of contacts might show that universal community services are not meeting need. Conversely a marked reduction might suggest that we are not providing the right pathways into adult social care for those who do need it.

This measure only includes requests for support relating to new clients. In line with statutory reporting guidance, the definition of "new" is that the client is not in receipt of any long term support at the time the contact was made.

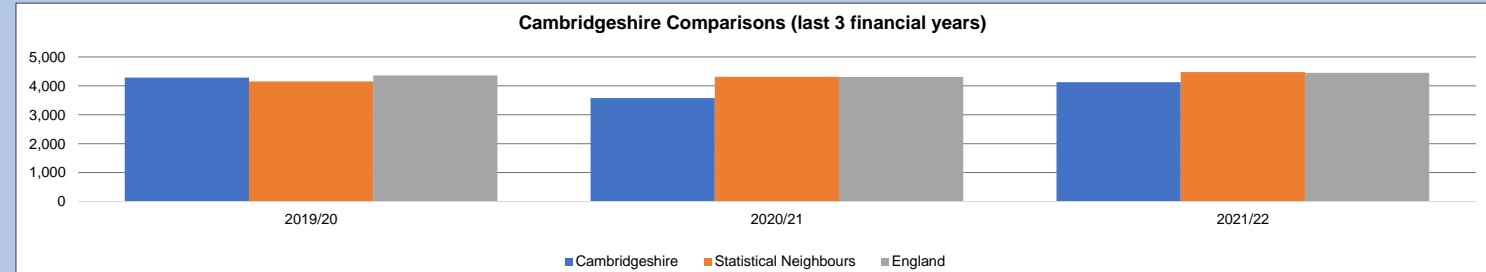
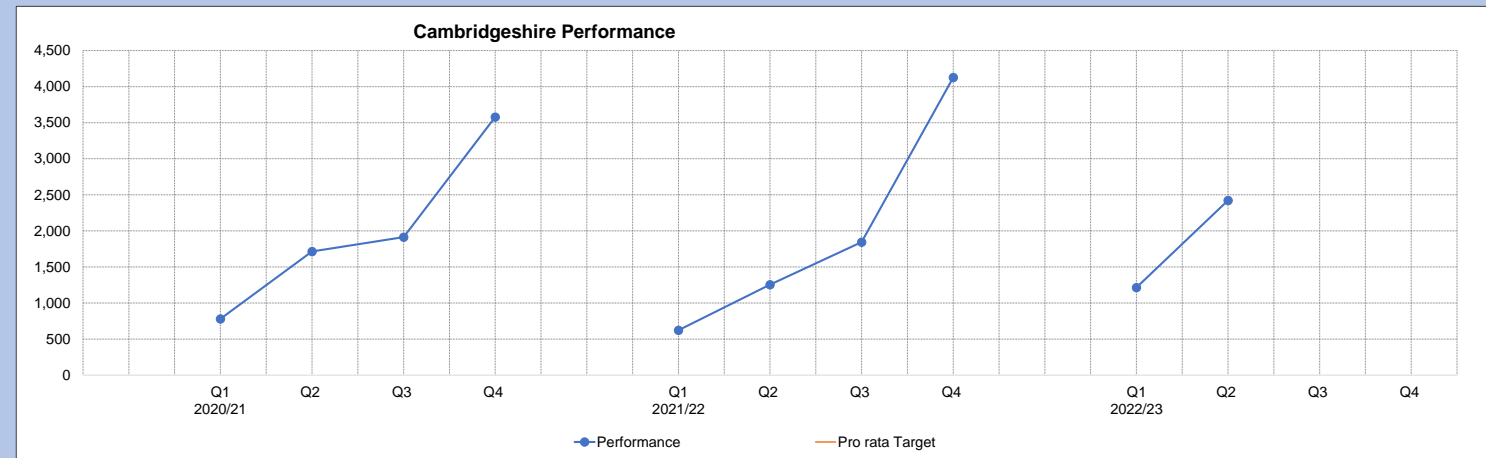
Calculation:

$$(X/Y) \times 100,000$$

Where:

X = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

Y = 18+ population

**Commentary**

In the last two financial years Cambridgeshire has had a slightly lower number of new client contacts per 100,000 of population compared to statistical neighbours and the England average, although this is not a statistically significant.

Cambridgeshire has a slightly higher number of new client contacts recorded in Q1 and Q2 in the current financial compared to the previous two financial years. In part this is attributable to the new reporting processes implemented in the latter part of the 2021/22 financial year, as well as normal statistical variation. However there has been a level of increase in new client contacts that is felt to be linked to need in the community. In part this might be due to proactive work with primary care social prescribers to increase awareness of prevention and early intervention services such as lifeline alarms, but it is suspected to be in part due to increasing need, reflected in the increase numbers off new client assessments for care and support being undertaken.

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards. We are working with the Integrated Care System to enable electronic referral from GP and social prescribing systems, to improve to make the referral route easier and to increase the quality of referral information received, this will also allow for better reporting of the number of referrals being received from primary care.

Indicator 231: % of new client contacts not resulting in long term care and support

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December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	88.1%	88.7%	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
91.7%	91.8%	TBC		

Indicator Description

This indicator complements indicator 230 as it shows whether change in contact numbers are from people needing long term care, or people whose needs could be met with preventative or low level community support. It helps us understand what might be driving a growth or reduction in contacts.

This measure only includes requests for support relating to new clients. In line with statutory reporting guidance, the definition of "new" is that the client is not in receipt of any long term support at the time the contact was made.

Calculation:

$(X/Y) \times 100$

Where:

X = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b) that do not result in the need for long term care and support

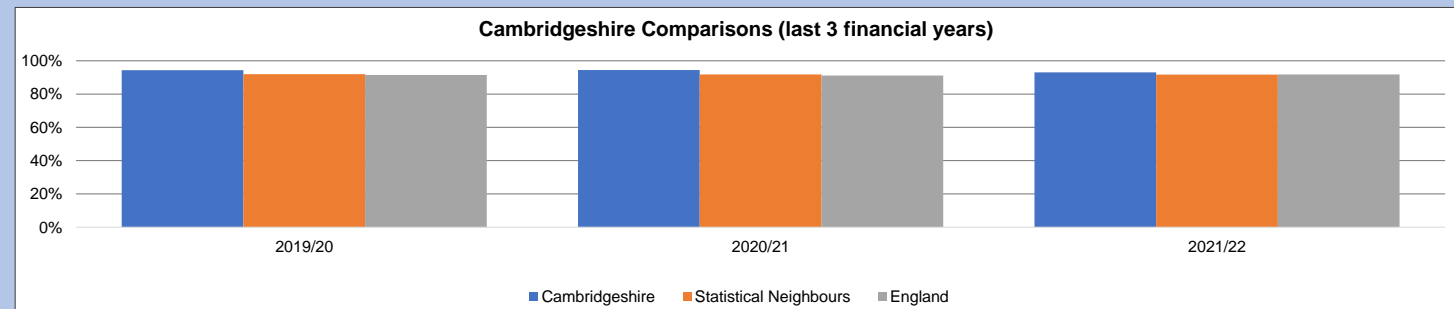
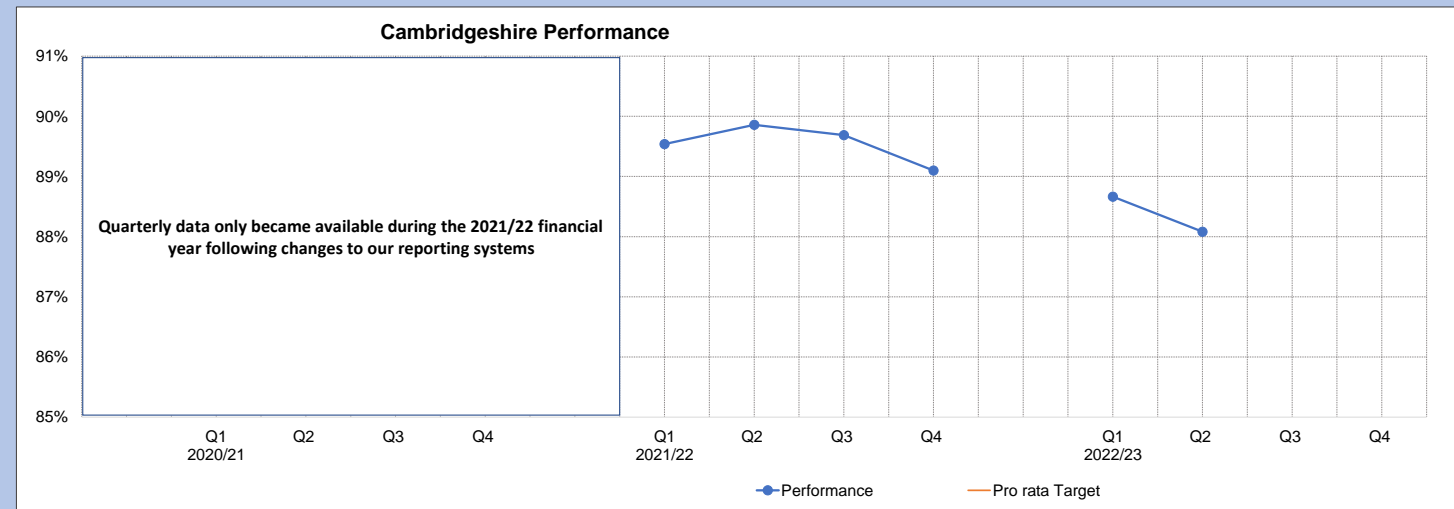
Y = Total number of new requests for support from people aged 18+ as defined by SALT guidance (tables STS001 1a and STS001 1b)

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

**Commentary**

The percentage of new client contacts not resulting in long-term care and support has shown a decreasing trend over the last year and is now below national and statistical neighbour averages. When interpreted in conjunction with indicator 230, which is showing an increase in the number of new client contacts as compared to the same period last year, this suggests the increase in the number of new contacts is being predominantly driven by an increase in need for long-term care and support.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards

Indicator 140: Proportion of people receiving reablement who did not require long term support after reablement was completed

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December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	86.8%	88.5%	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
79.3%	77.6%	TBC		

Indicator Description

This indicator shows the proportion of new clients who received short term services during the year, where no further request was made for ongoing support. Reablement support has best results for those who can be prevented from requiring long term care and support. However, it can also benefit people in receipt of long-term care and support by supporting improvement and enhancing their level of independence. Setting a target too high on this indicator can be a perverse incentive to reduce the service for those with more complex needs. A target should be set that reflects a balance of use. This indicator can be viewed alongside the trends on new clients with long term service outcomes (indicator 231) to ensure that more complex cases are not being diverted straight into long term care.

Short term support is designed to maximise independence. Therefore, it will exclude carer contingency and emergency support. This stops the inclusion of short term support services which are not reablement services.

Calculation:

$(X/Y) \times 100$

Where:

X = Number of new clients where the sequel to "Short Term Support to maximise independence" was "Ongoing Low Level Support", "Short Term Support (Other)", "No Services Provided - Universal Services/Signposted to Other Services", or "No Services Provided - No identified needs".

Y = Number of new clients who had short term support to maximise independence. Clients with a sequel of either early cessation due to a life event, or who have had needs identified but have either declined support or are self funding are not included in this total.

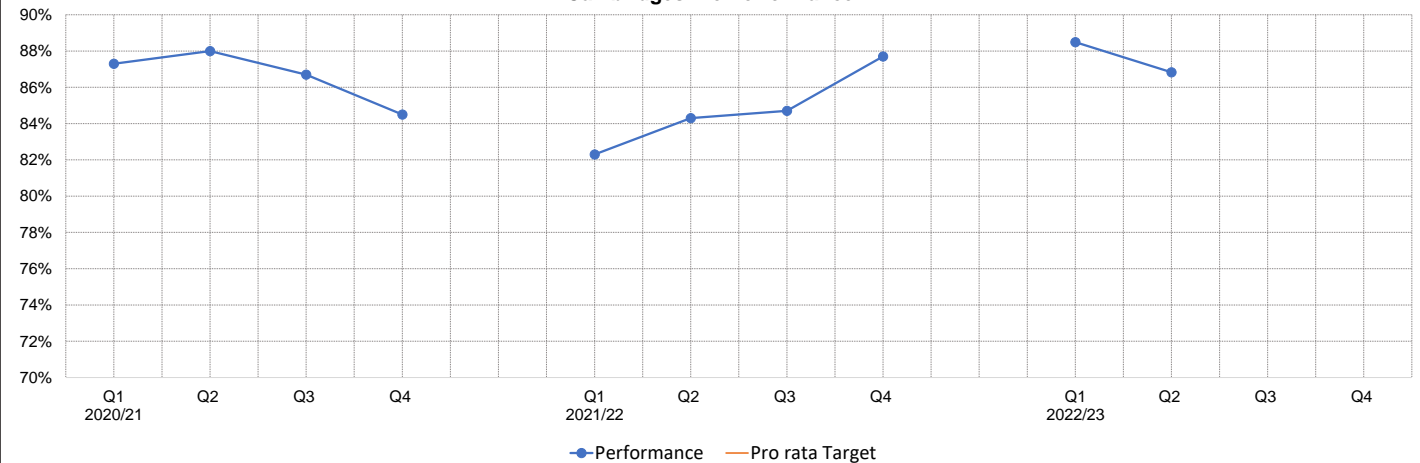
Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

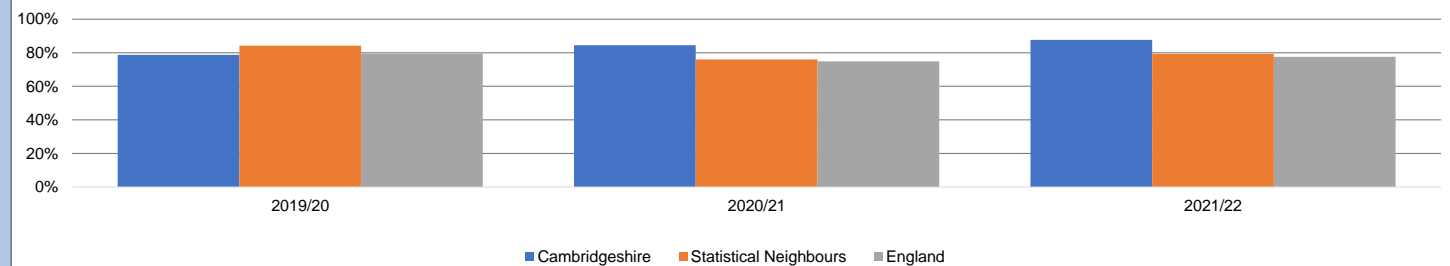
[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

Cambridgeshire Performance



Cambridgeshire Comparisons (last 3 financial years)



Commentary

The proportion of people not requiring long-term support after a period of reablement remains consistently high, and well above the national and statistical neighbour average. The slight drop in performance in quarter 2 was due to clearly of a small backlog in long term assessments by the reablement team in September, which meant more people left the service to move into long term packages during that month. There is currently no further backlog in assessment waits within the team.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards

Indicator 126: Proportion of people using social care who receive direct payments

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December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	18.4%	18.0%	Improving
Statistical Neighbour Mean	England Mean	RAG rating		
27.6%	26.7%	TBC		

Indicator Description

Direct payments provide people with more choice and control over how they meet their care and support needs.

The scope of this indicator is limited to people who receive long term support only. These include people whose self directed support is most relevant. This will better reflect the council's progress in delivering personalised services for users and carers.

Both measures for self directed support and direct payments have also been split into two. They will focus on users and carers separately. This measure reflects the proportion of people who receive a direct payment either through a personal budget or other means.

Calculation:

$(X/Y) \times 100$

X = The number of users receiving direct payments and part direct payments at the end of the period.

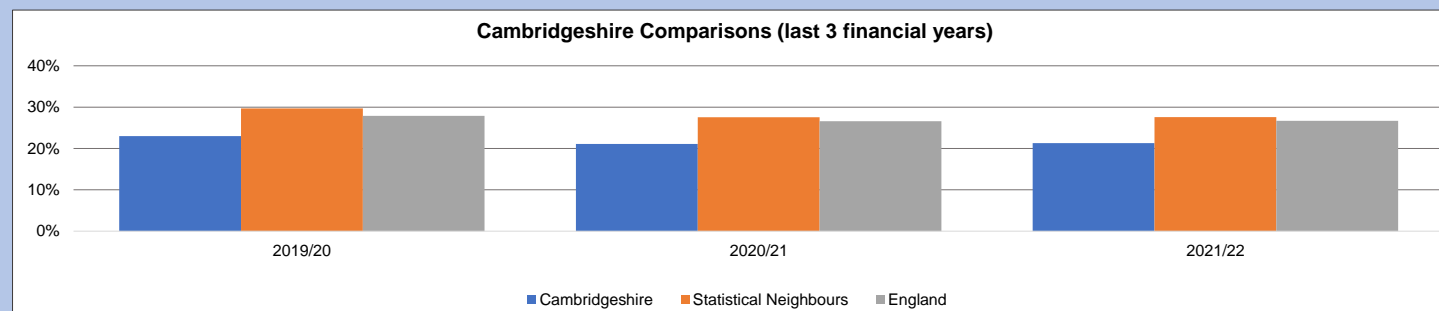
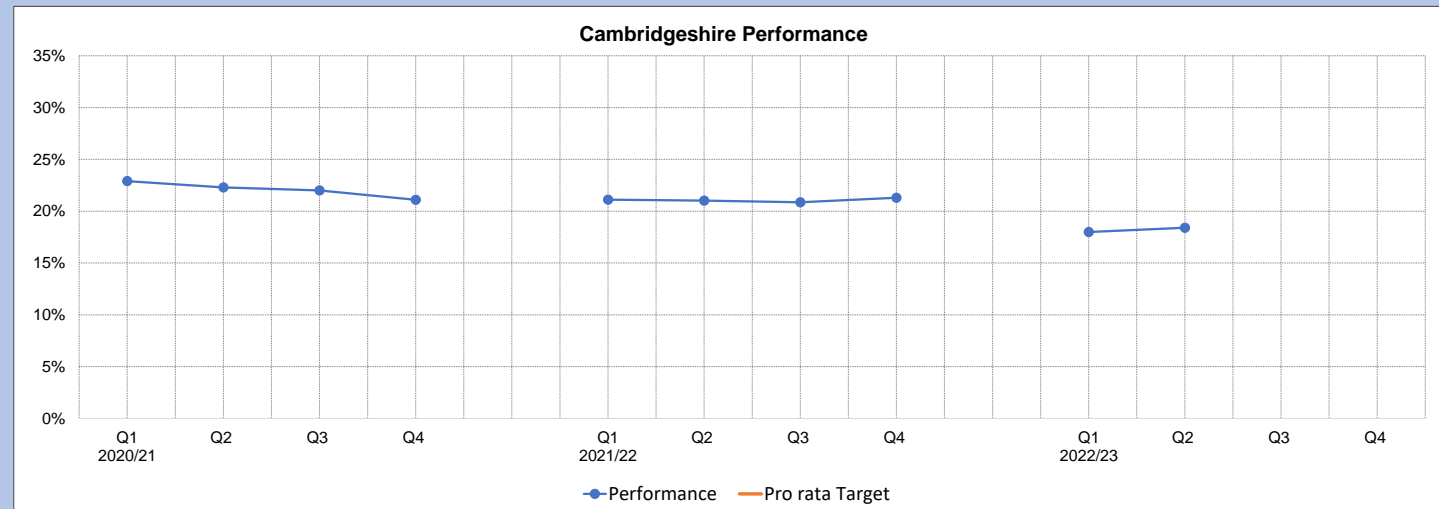
Y = Clients aged 18 or over accessing long term support at the end of the period.

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

The percentage of people receiving direct payments continues to be low in comparison to national and statistical averages, reflecting the challenge in making direct payments an attractive solution. It should be noted though, that the drop in performance compared to previous financial years is mostly driven by an increase in the number of people using social care rather than the number of people receiving direct payments which has remained relatively stable.

Our work with Community Catalyst around micro enterprises seeks to build more opportunities for people to use direct payments to access care and support opportunities local to them.

During this year the Council will be introducing Individual Service Funds, a personal budget managed by a provider of the persons choice rather than held by themselves. This alongside the work to developed place based micro-enterprises within the Care Together programme should help to build on the range of options available.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards. We now have a programme manager in place to oversee the work to increase direct payments and hopefully this will support progress to begin to deliver a noticeable impact.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↓	25.1%	32.9%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
41.3%	45.0%	TBC		

Indicator Description

It is a statutory duty to review long term care and support plans at least once a year. Regular reviews can help safeguard from risk, but also support personalisation by continuing to support people to connect to their communities and make the most of the local assets.

Calculation:

$$(X/Y)*100$$

Where:

X = Number of people receiving long-term support for over 12 months who had not received a review in the last 12 months

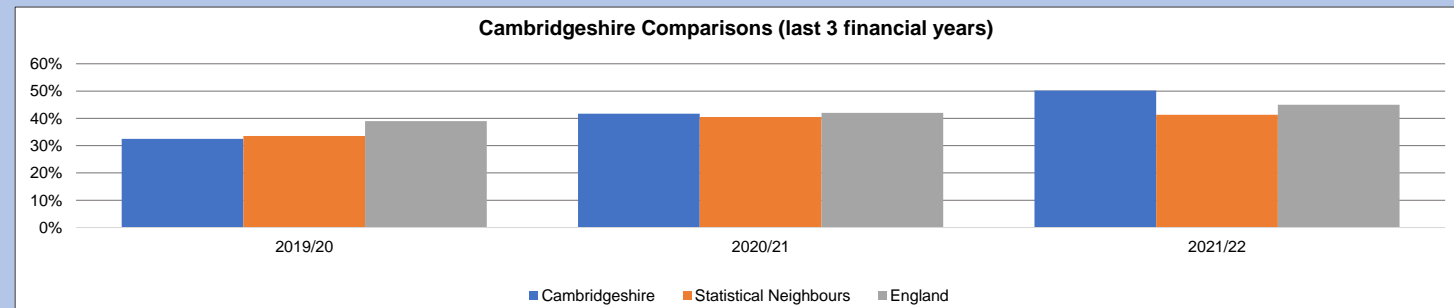
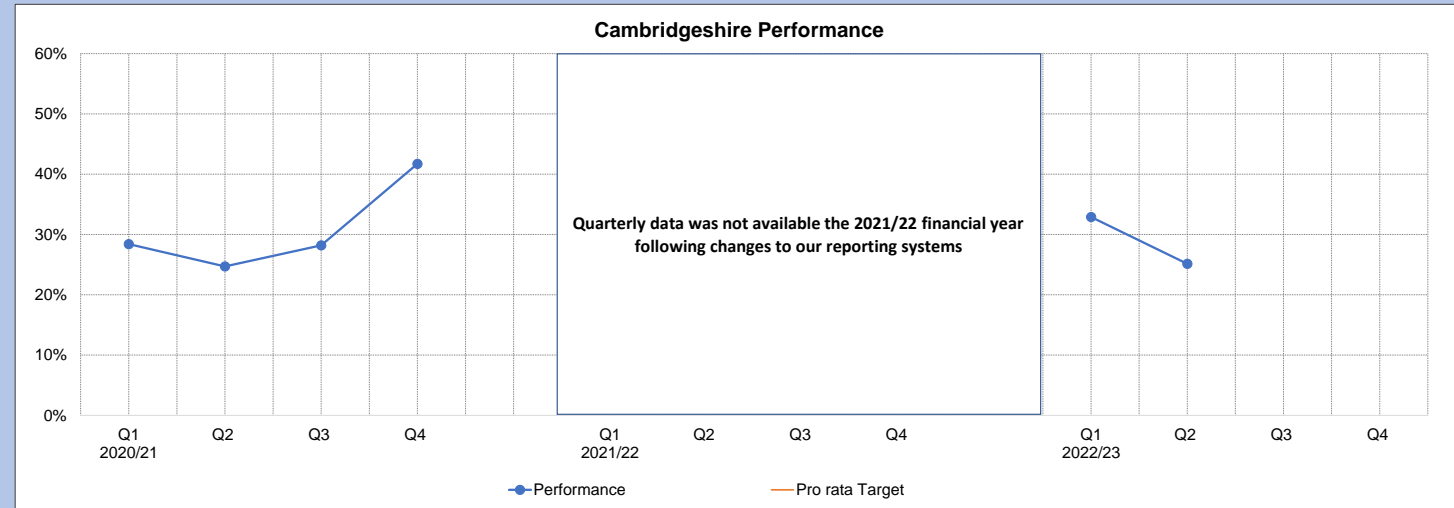
Y = Total number of people receiving long-term support for over 12 months at the end of the period

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

We continue to have reporting gaps for statutory reviews with new dashboards currently under development meaning not all the data needed to inform these indicators is available for routine use by staff, however, there has been a significant level of activity undertaken to clear review backlogs that built up during the pandemic and recent performance is showing an increase.

Since March 2022 an external agency has been commissioned to work through the backlog of reviews for clients receiving long-term services. This additional capacity has significantly increased the number of reviews being completed; in 2021-22 there were an average of 294 reviews completed per month, this has increased to an average of 480 reviews completed per month for the first 6 months of the current financial year (2022-23). The increase of reviews being completed has resulted in a higher percentage of those receiving long-term services having had a review in the last 12 months.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards. The work of the external review agency is coming to an end and action plans are being developed to plan in scheduling reviews in order to mitigate against backlogs building up once more, once the additional capacity is removed.

Indicator 233: Number of carers assessed or reviewed in the year per 100,000 of the population.

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December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	38.5	17.1	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
440.8	1398.3	TBC		

Indicator Description

Reviews are also an important time to make contact with carers to check that they remain able to offer their critical support. Assessments and reviews can be done jointly or separately from the cared for person. It is an opportunity to support carers to continue their caring role but also to plan for the future.

Calculation:

$$(X/Y) \times 100,000$$

Where:

X = Total number of carers with a carers assessment or review in the period

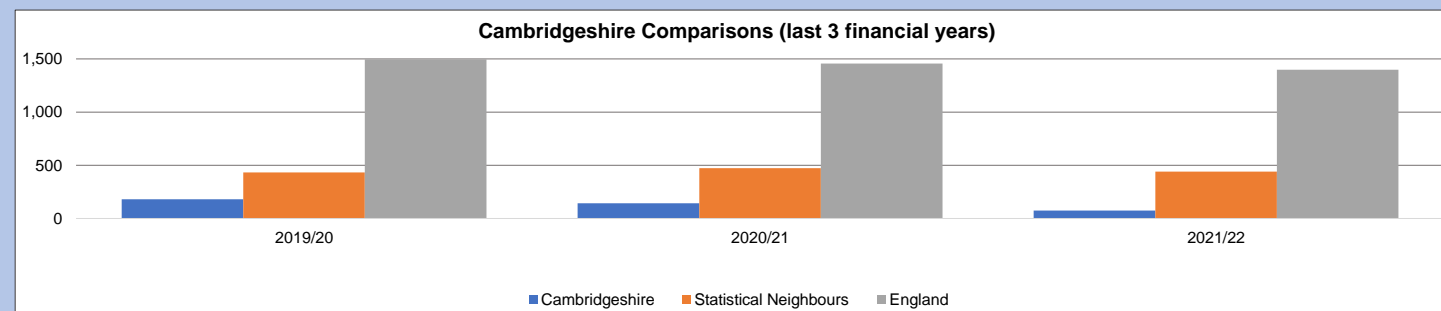
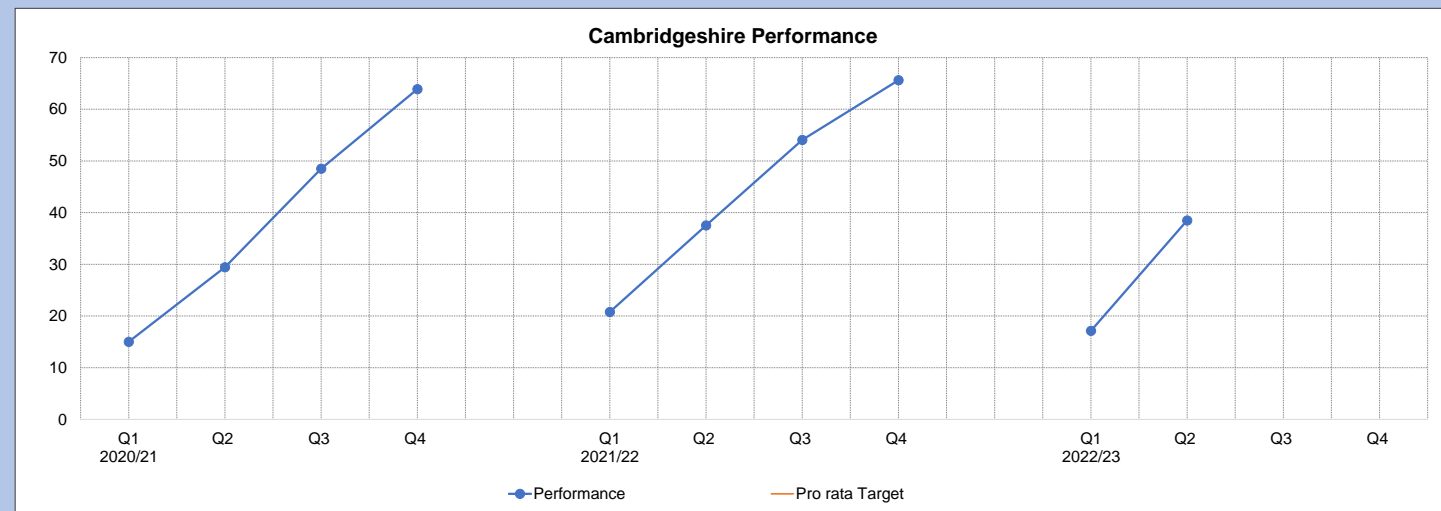
Y = 18+ population

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)



Commentary

A move away from carers assessments - by default to a more constructive and timely conversation – accounts for the lower volume of carers assessments. This should be seen alongside our carers conversation and carers triage activity. In quarter two we have completed:

- 112 carers assessments
- 28 carers reviews
- 762 carers conversation steps
- 1850 carers conversations considering the carers needs whilst supporting the person being cared for

The number of carers assessed or reviewed in the period is significantly below the national average, and the average of our statistical neighbours. This is due to how carer activity is recorded in Cambridgeshire and a reflection of our process. Activity by teams supporting carers can be recorded as carers conversations (on average 687 conversations were completed per month so far in 2022-23), which would not be counted in the above measure. The number of carers assessed or reviewed is comparable with previous years and reflects a similar rate.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards

Indicator 234: % total people accessing long term support in the community aged 18-64

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December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	90.0%	89.4%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
82.4%	84.7%	TBC		

Indicator Description

We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages helps monitor equity between client groups.

Calculation:

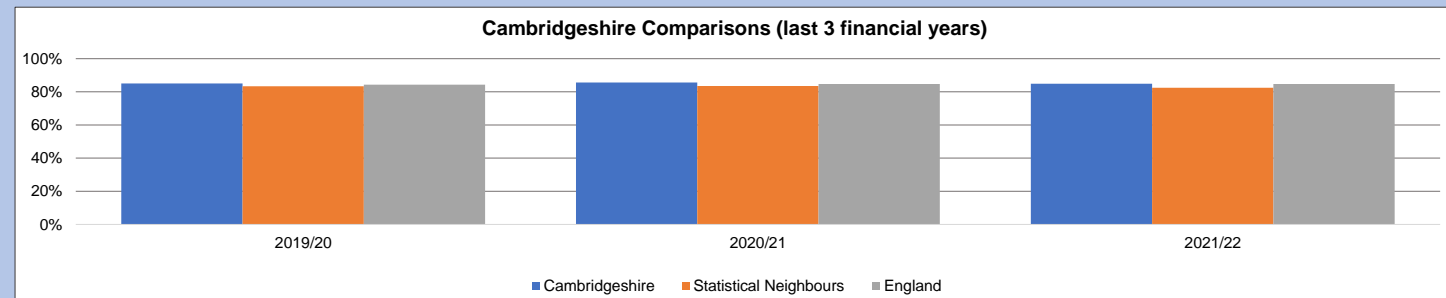
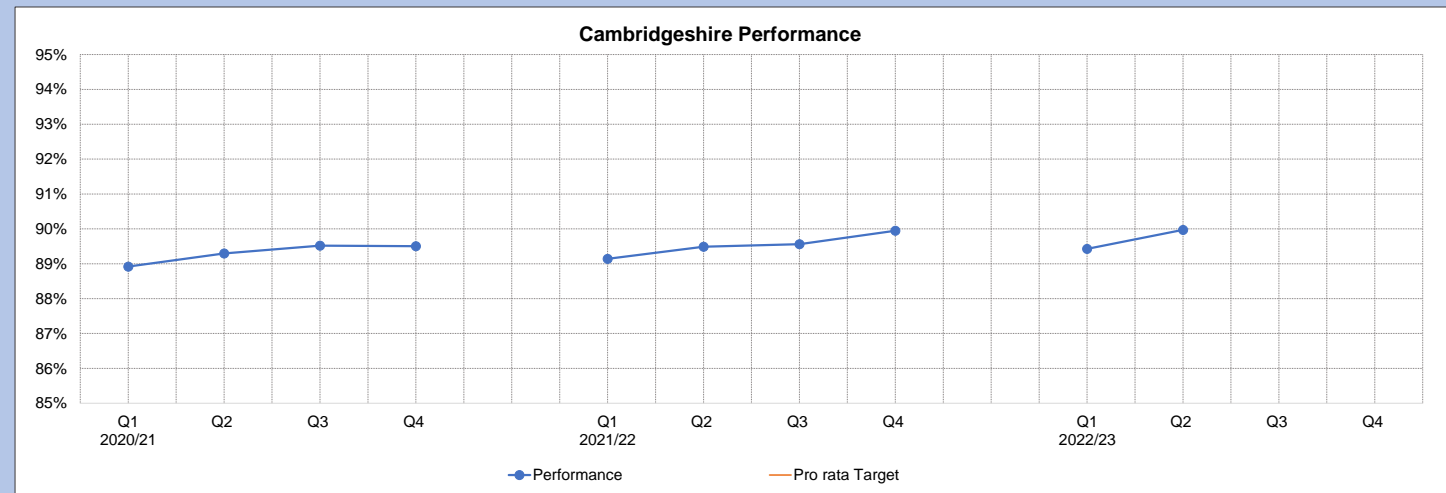
$$(X/Y)*100$$

Where:

X = Total number of people accessing long-term support in the community aged 18-64

Y = Total number of people accessing long-term support aged 18-64

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)
[The local area benchmarking tool from the Local Government Association](#)
[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)


Commentary

The number of people aged 18-64 receiving long-term support has increased slightly over the last 12 months (rising from 2,378 at the end of September 2021 to 2,493 at the end of September 2022 - an increase of 115). The proportion supported in a community setting has increased very slightly this quarter to just over 90%.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards

Indicator 235: % total people accessing long term support in the community aged 65 and over

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December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	62.7%	60.8%	Improving
Statistical Neighbour Mean	England Mean	RAG rating		
59.3%	62.4%	TBC		

Indicator Description

We want people to be supported in a community setting whenever that is best for them. Community settings include sheltered housing and extra care housing. Residential and nursing homes are the right choice for those with the most complex needs but good performance on this indicator should reflect partnership working with housing to provide alternatives for housing with support. Using an indicator that splits ages helps monitor equity between client groups.

Calculation:

$$(X/Y)*100$$

Where:

X = Total number of people accessing long-term support in the community aged 65 and over

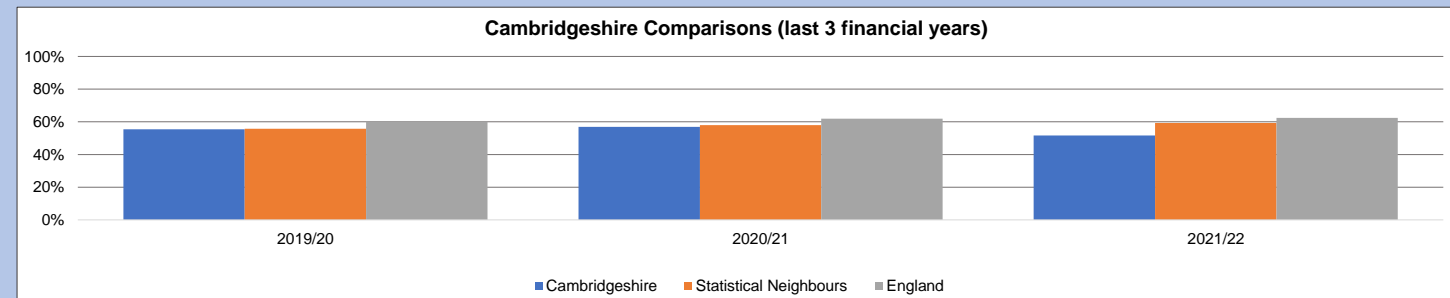
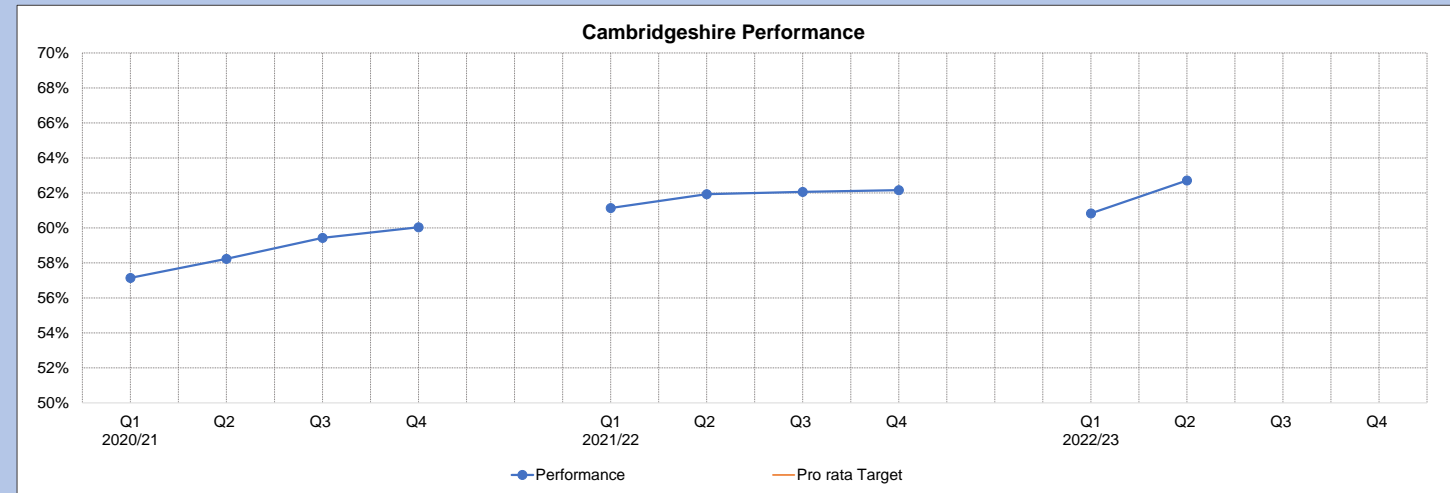
Y = Total number of people accessing long-term support aged 65 and over

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

**Commentary**

The number of people aged 65+ receiving long-term support has decreased slightly over the last 12 months (dropping from 4,634 at the end of September 2021 to 4,602 at the end of September 2022 – a decrease of 32). The proportion supported in a community setting remains relatively constant at 62.7%

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards

Indicator 236: Percentage of Cases where Making Safeguarding Personal (MSP) questions have been asked[Return to Index](#)

December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	83.5%	85.6%	Declining
Statistical Neighbour Mean	England Mean	RAG Rating		
81.6%	79.7%	TBC		

Indicator Description

It is important when undertaking a safeguarding enquiry that the person to whom it relates is engaged and is able to say what they want as an outcome, where they have capacity to do so. This indicator monitors how well we are involving people in this way.

Calculation:

$$(X/Y)*100$$

Where:

X = The number of concluded enquiries where the adult or adult's representative was asked what their desired outcomes were

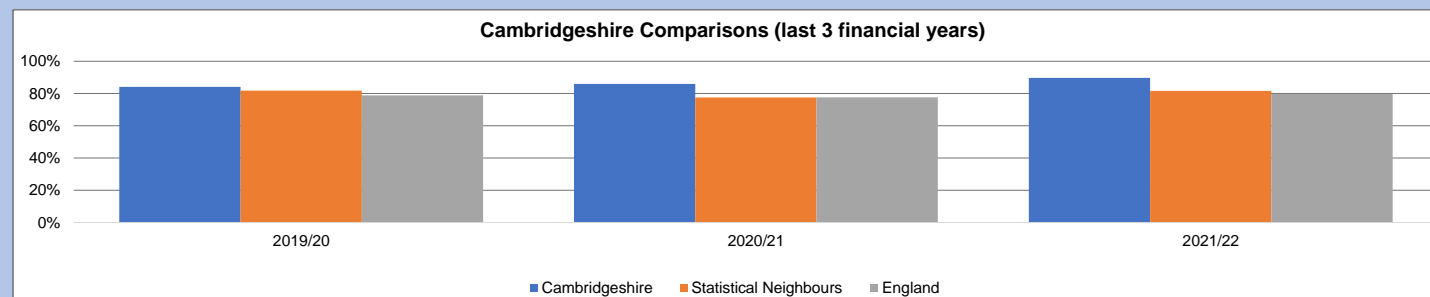
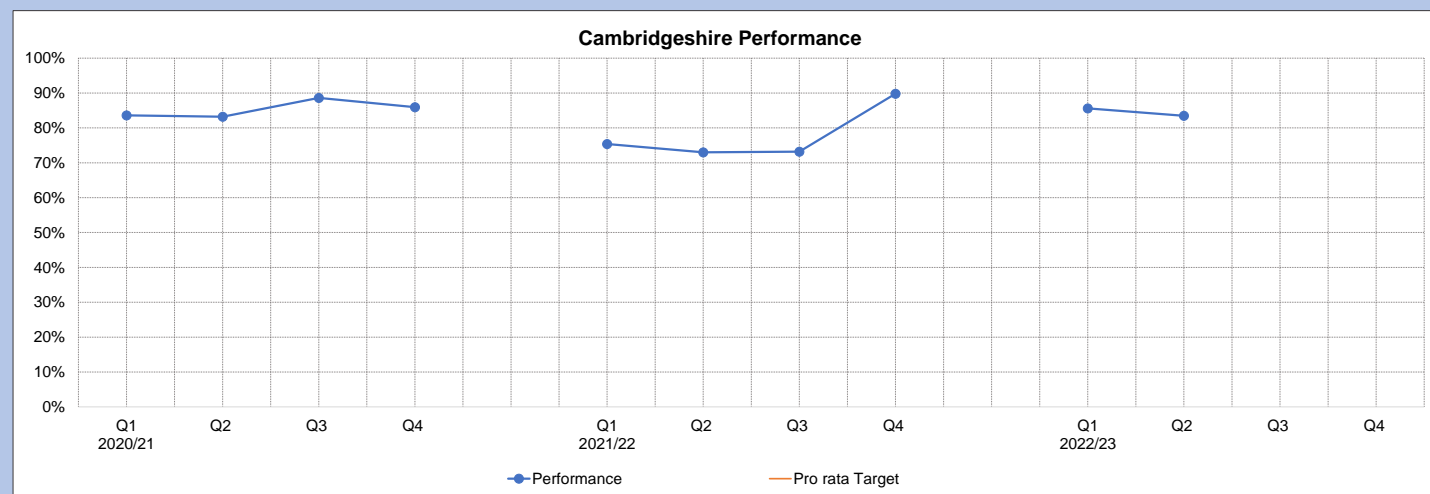
Y = The number of concluded enquiries

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

**Commentary**

Performance in this area continues to be high and comparable with national and statistical neighbour averages.

We continue to have reporting gaps for safeguarding. New dashboards are currently in their final testing phase meaning not all the data needed to inform these indicators is available for routine use by staff, however, with the information available performance against this indicator suggest that the Making Safeguarding Personal agenda is fully imbedded in the safeguarding process.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards

Indicator 105: Percentage of those able to express desired outcomes who fully or partially achieved their desired outcomes

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December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	96.9%	95.7%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
97.1%	95.4%	TBC		

Indicator Description

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

As part of the statutory reporting of safeguarding cases, those adults at risk may be asked what their desired outcomes of a safeguarding enquiry are. Where desired outcomes have been expressed, after completion of the safeguarding enquiry, the achievement of these outcomes is reported. This data is collected as part of the statutory Safeguarding Adults Collection.

This indicator links to indicator 236 and monitors how well we have been able to support the person to achieve the outcomes they wanted from the safeguarding enquiry.

Calculation:

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

Where:

X = The number of concluded enquiries where outcomes were either achieved or partially achieved.

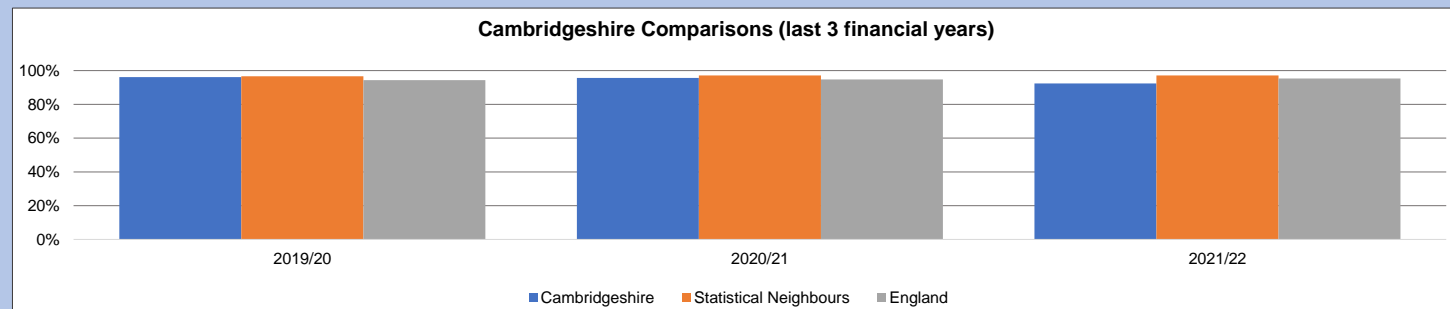
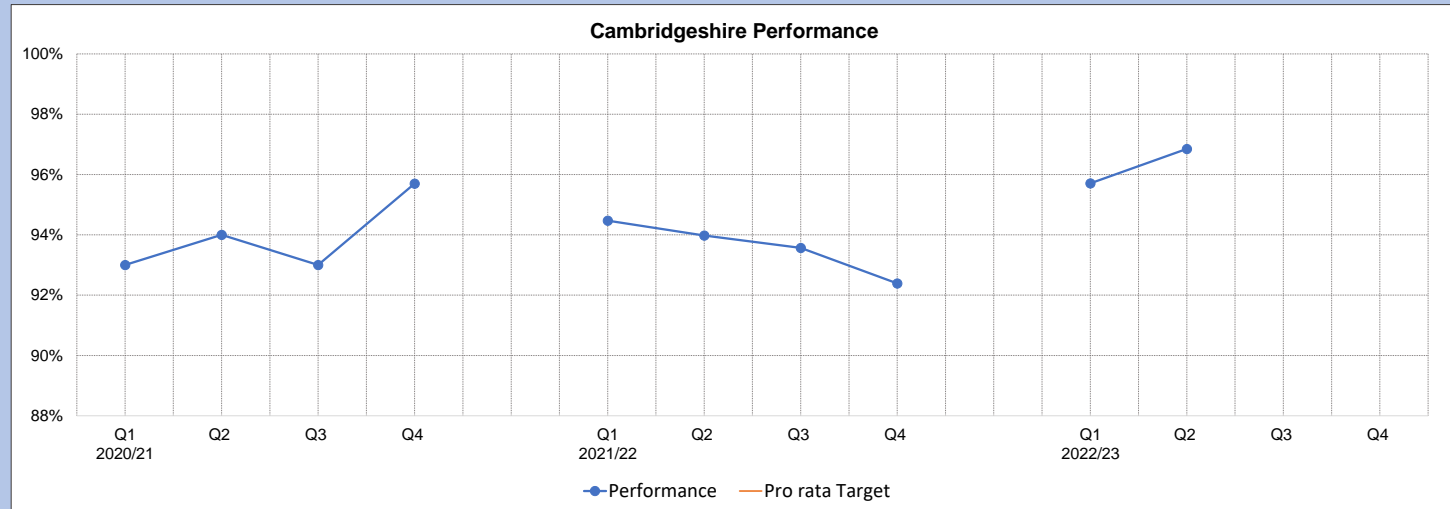
Y = The number of concluded enquiries where the adult(s) expressed desired outcomes.

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

**Commentary**

Performance in this area continues to be high and comparable with national and statistical neighbour averages. This financial year has shown a slight improvement in performance compared to previous years.

We continue to have reporting gaps for safeguarding. New dashboards are currently in their final testing phase meaning not all the data needed to inform these indicators is available for routine use by staff, however, with the information available performance against this indicator suggest that the Making Safeguarding Personal agenda is fully imbedded in the safeguarding process.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards

Indicator 229: Percentages of safeguarding enquiries where risk has been reduced or removed

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December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
TBC	↑	90.0%	88.9%	Improving
Statistical Neighbour Mean	England Mean	RAG Rating		
92.0%	91.2%	TBC		

Indicator Description

This indicator tracks the effectiveness of safeguarding enquiries in reducing or removing risk. It should be viewed alongside indicators 236 and 105, which reflect the desired outcomes of the person at risk. This is to ensure that there is not a perverse incentive to go against the person's wishes and eliminate risk when that person has capacity to decide on a level of risk that is acceptable to them.

Calculation:

$$(X/Y)*100$$

Where:

X = The number of enquiries where the risk had been reduced or removed when the enquiry concluded

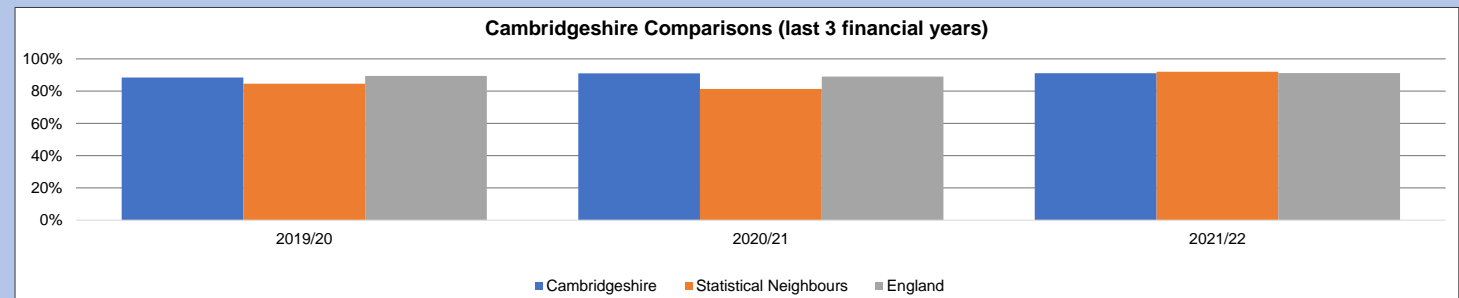
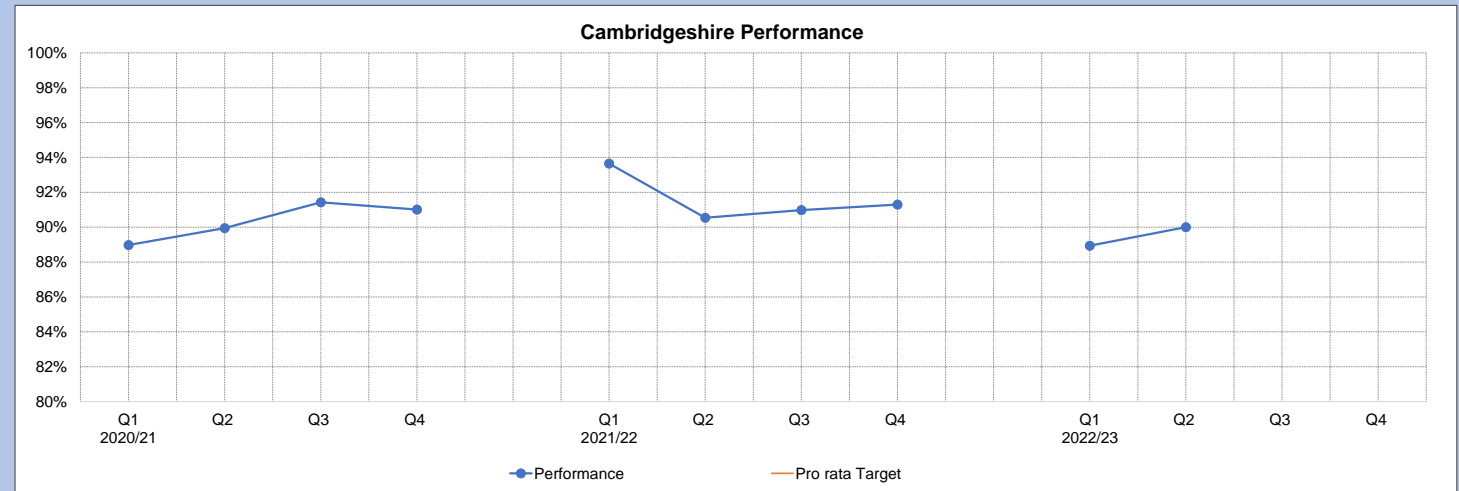
Y = The number of concluded enquiries where a risk was identified

Useful Links

[Measures from the Adult Social Care Outcomes Framework from NHS Digital](#)

[The local area benchmarking tool from the Local Government Association](#)

[The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:](#)

**Commentary**

Performance in this area continues to be high and comparable with national and statistical neighbour averages.

We continue to have reporting gaps for safeguarding. New dashboards are currently in their final testing phase meaning not all the data needed to inform these indicators is available for routine use by staff, however, with the information available performance against this indicator suggest that the Making Safeguarding Personal agenda is fully imbedded in the safeguarding process.

Actions

Data contained in this report will be used to inform a target setting process and targets will be reported from Q3 onwards

Indicator 201: Achievement against target for drug and alcohol service users who successfully complete treatment

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December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
20.7%	↑	21.76%	21.84%	Declining
Statistical Neighbour Mean		England Mean		RAG rating
N/A		N/A		Green

Indicator Description

Baseline period: Completion period: 01/04/2017 to 31/03/2018

Latest Period: Completion period: 01/04/2018 to 31/03/2019

Benchmarking comparison: (all substance groups): Opiates, Non-opiates, Alcohol & Non-opiates and Alcohol.

Direction of travel: Current data measured against the baseline (B). Due to rounding small differences, it may not be visible in displayed percentages, but are taken into account in direction of travel calculation.

Calculation:

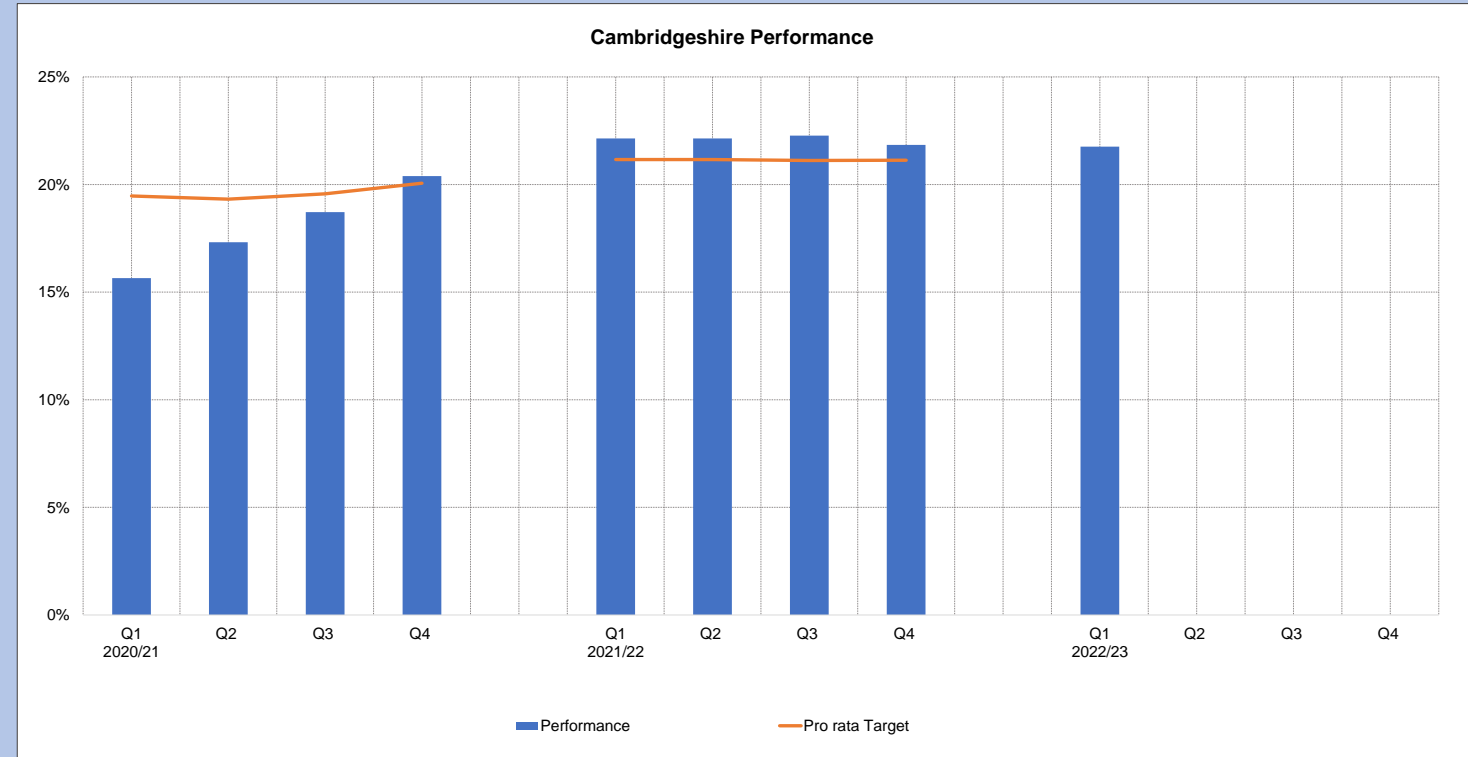
 $(X/Y) \times 100$

Where:

X = Successful completions.

Y = Total individuals in treatment.

Useful Links

[National Drug Treatment Monitoring System statistics webpage](#)

Commentary

The Adult Drug and Alcohol Treatment Service is provided by Change Grow Live. The Service provides data to the national reporting tool, the National Drug Treatment Monitoring System. However, this is only available for public viewing up to quarter 4 2018/19. Locally collected data is available, but there are variations between these and the national figures. Work is being undertaken to fully understand these variations. We aim to be able to present more real time data in the next reporting period.

Following a competitive procurement, a new provider was commissioned. The new contract started in October 2018 (Q3 18/19). The re-commissioning involved substantial restructuring of service delivery which had a predicted impact on performance, which reached its lowest level in the summer of 2019. Performance increased over the covid pandemic period and has now stabilised. Please note that this performance figure is an 'average' successful completion figure across 4 main drug types namely opiates, non-opiates, alcohol and alcohol/non-opiates.

Actions

Indicator 82: % achievement for Tier 2 Weight Management adult service users who complete the course and achieve a 5% weight loss[Return to Index](#)

December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
30.0%	↑	56.0%	42.0%	Improving
Statistical Neighbour Mean		England Mean		RAG rating
N/A		N/A		Blue

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.

This indicator shows the percentage 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 initial body weight, at the end of an evidence based structured intervention.

Calculation:

$$(X/Y)*100$$

Where:

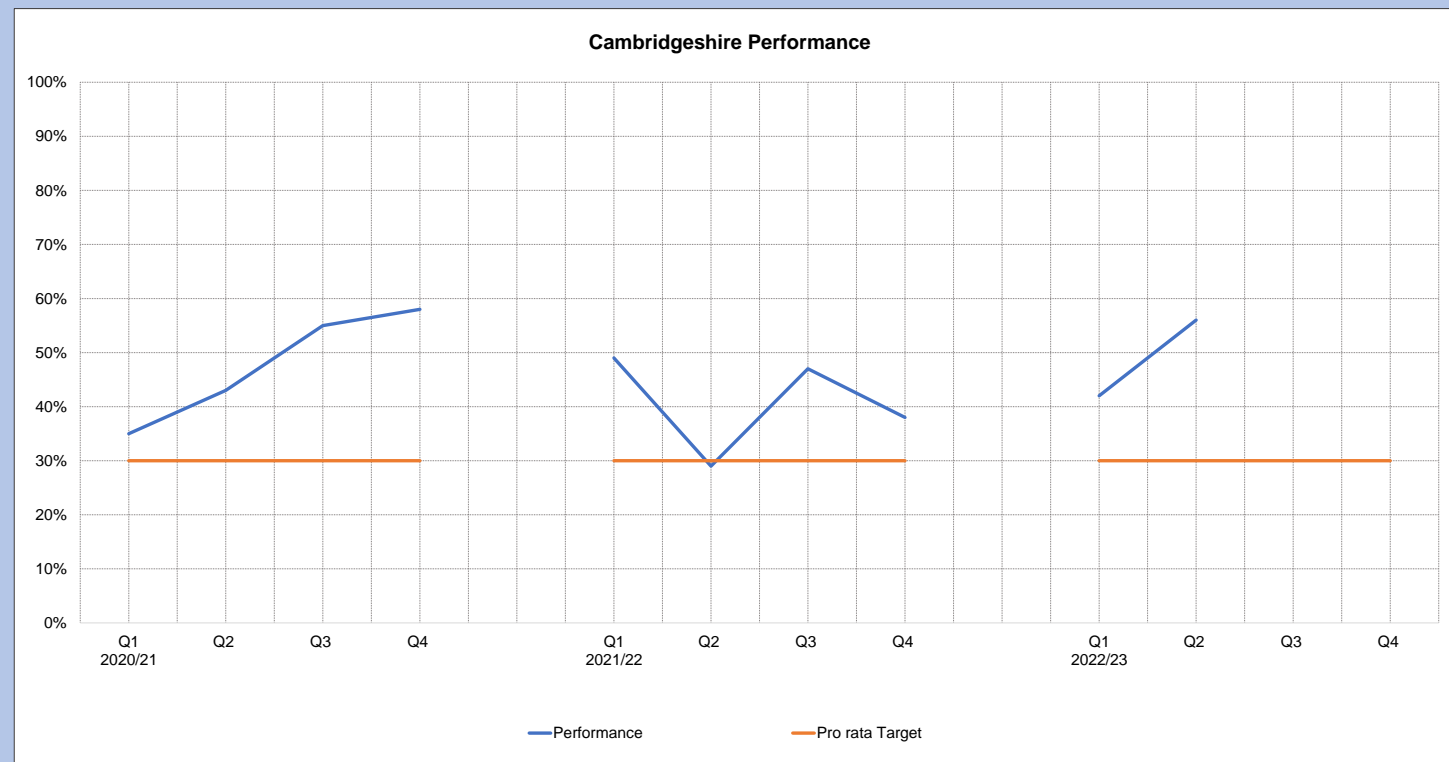
X = The number of Tier 2 clients recruited who complete the course and achieve 5% weight loss.

Y = the number of Tier 2 clients recruited.

Source: NHS Key Performance Indicators Tier 2.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)
[National Institute for Health Care Excellence weight management public health guidelines](#)

**Commentary**

This service has been performing on track, with the number achieving the 5% weight loss above target for Q1 and Q2 22/23.

Since July 2021, there has been a NHS enhanced GP specification whereby payment is made to GPs for each referral to a weight management service. This has significantly increased referral numbers, which the provider has managed well. However additional funding from the Office for Health Improvement and Disparities and additional Public Health Reserve has helped the Service to meet the increased demand.

Management of the increased demand has also been helped by the Service delivery model which is a combination of face-to-face and virtual programmes. This has increased the accessibility of the programme, as a virtual offer removes barriers such as transport, time constraints and childcare, whilst a community offer is still available to those who prefer face-to-face sessions or have limited technology access. Where the service is delivered virtually, weight loss is self-reported.

Actions

The number of face-to-face programmes will be increased to offer the service in a greater range of locations across Cambridgeshire.

A new digital pilot will be rolled out in November 2022 which will allow participants to work through the programme at a time most suited to them.

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
30%	↑	34.0%	34.0%	Unchanged
Statistical Neighbour Mean	England Mean	RAG Rating		
#N/A	#N/A	Blue		

Indicator Description

This indicator is the proportion of referrals to the Health Trainer Service that live in the 20% most deprived areas of Cambridgeshire

The target proportion (%) is 30% of the total number of referrals

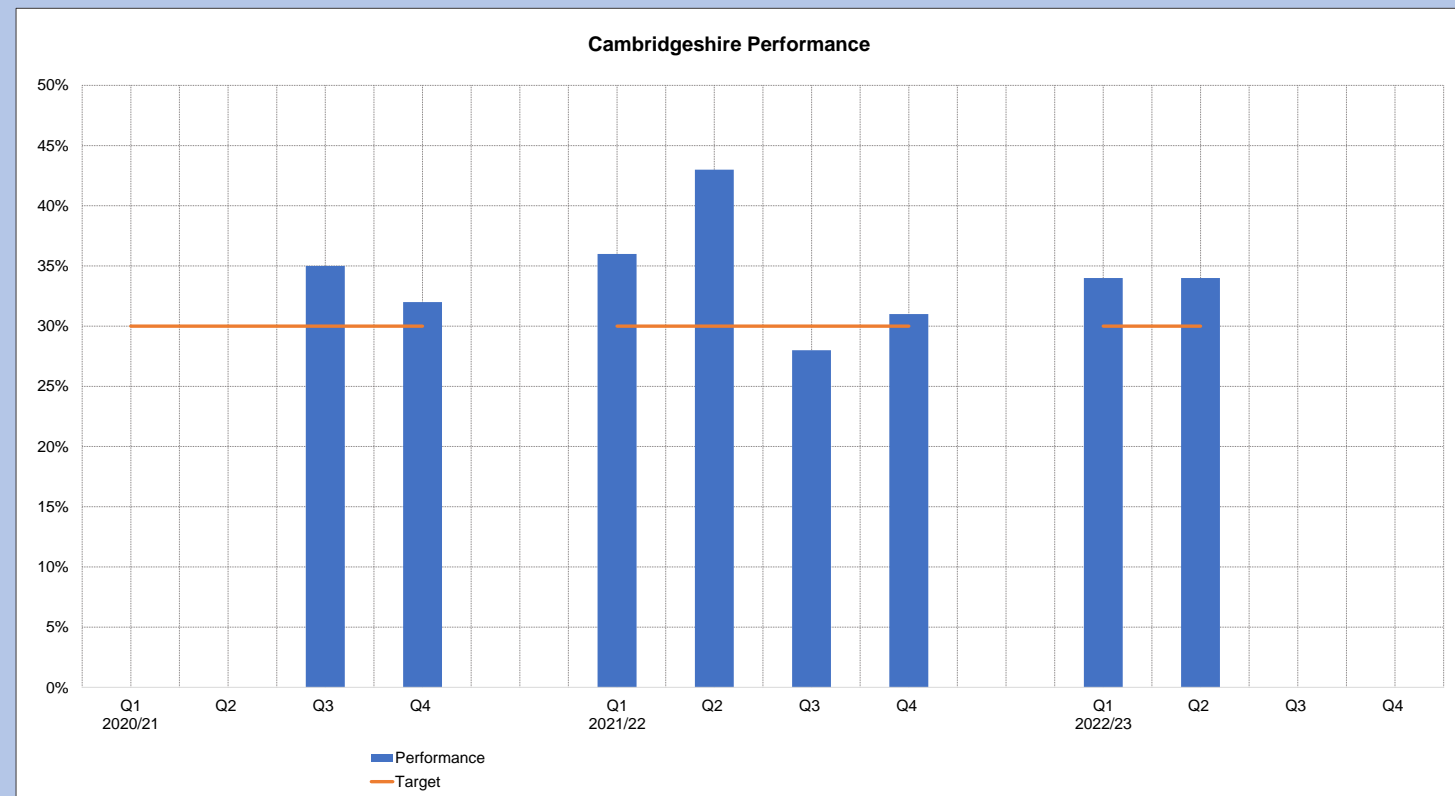
.

If an individual is referred who lives in the 20% most deprived areas (Quintile 1 postcode) then they are considered a referral from an area of high deprivation.

Health Trainers support people to make healthy behaviour changes. They are one of the services that make up the Behaviour Change Services (Lifestyle).

Useful Links

https://webarchive.nationalarchives.gov.uk/ukgwa/20150905035103/http://www.ons.gov.uk/ons/dcp14858_179140.xml

**Commentary**

This data for this indicate us not available for the first two quarters of 2020/21 due to a change in contract. During the COVID-19 pandemic performance fell but the Service has recovered quickly and is now meeting its target.

Actions

The Behaviour Change Service is establishing new working relationships with Primary Care Networks (PCN) in the areas of high deprivation to increase referrals

In addition the Service is locating more face-to-face clinics in areas of high deprivation to increase accessibility for the people who live in those areas.

Indicator 56: % achievement against target for smoking quitters who have been supported through a 4-week structured course[Return to Index](#)

December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
100%	↑	25.8%	36.2%	Declining
Statistical Neighbour Mean		England Mean		RAG rating
N/A		N/A		Red

Indicator Description

Smoking remains a Public Health priority area. It remains the main cause of preventable illness in England.

This indicator is calculated as the number of individuals accessing a stop smoking programme (through a GP, pharmacy or behaviour change service (lifestyle), who set a quit date which is followed by 4 weeks of an evidence based, structured, programme of support. The indicator refers to those who are confirmed as quitting after 4 weeks.

Targets are made by the Public Health Intelligence team. This is based on the national guidance and based on the estimated number of smokers.

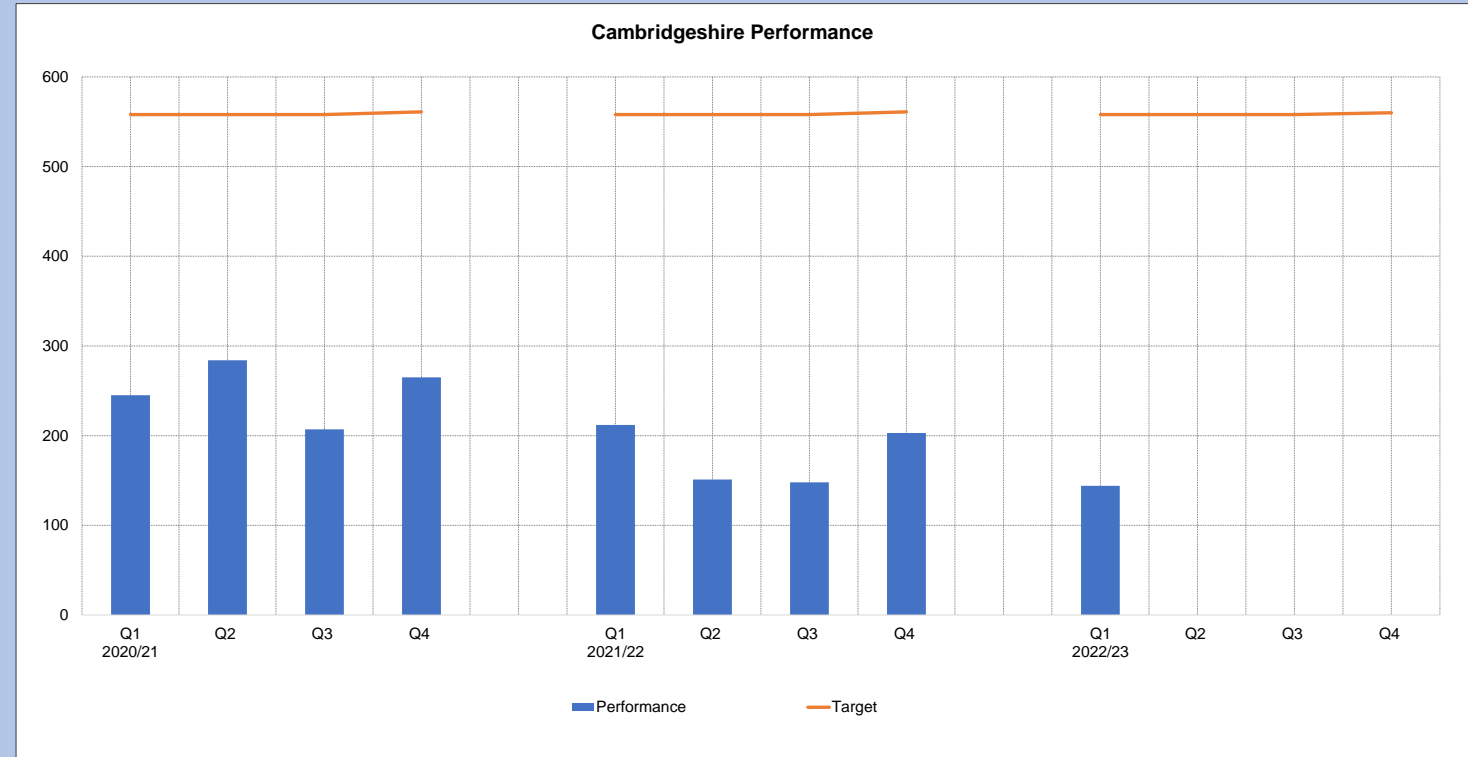
Calculation: Number of 4 week quitters.

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

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[The National Institute for Health Care Excellence \(NICE\) stop smoking interventions guidelines](#)

**Commentary**

Stop Smoking performance data is always two months behind the reporting period. This is due to the intervention taking two months in total to complete. This means the complete quarter 2 data is not available at this time.

In Cambridgeshire stop smoking services that is the provision of a structured 4 week quit attempt are provided by GP practices, community pharmacies and the Behaviour Change Service (lifestyle). The target includes quits from all the providers.

During the COVID-19 pandemic stop smoking services stopped in GP practices and community pharmacies. It fell but did not stop in the period. None of the services have fully recovered and the target is not being met by any of them.

GP practices are still experiencing demand pressures and find it challenging to provide stop smoking services.

During quarter 1 22/23 the Behaviour Change Service/Stop Smoking experienced significant staffing changes with several staff retiring or changing roles, this meant they had reduced capacity to provide stop smoking support during quarter 1. A new data collection system was also introduced in this quarter which initially made it more challenging to proactively follow-up patients who had cancelled their appointments/dropped out of the service. These two items together meant that the Behaviour Change Service did not achieve its quarterly target which has also had an impact on the overall numbers.

Actions

The Behaviour Change Service has successfully recruited to the vacant posts and its new system has been updated so that they can easily follow-up patients who have dropped out of the service. They are also establishing new working relationships with the Primary Care Networks (PCNs) to support stop smoking clinics and 'road show' events to increase awareness of the stop smoking services for Cambridgeshire residents.

The Behaviour Change team has increased engagement with both Pharmacies and GP Practices to support the providers to increase activity to pre-Covid levels. The Service staff will continue to support GP practices and deliver on-site services. This has been achieved by ensuring their patients can have easy access to services, both in "safe" face to face contact and also virtually.

Indicator 53: NHS Health Checks (cardiovascular disease risk assessment) Achievement against target set for completed health checks

[Return to Index](#)

December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
10000	↑	3097	2450	Improving
Statistical Neighbour Mean		England Mean		RAG rating
N/A		N/A		Red

Indicator Description

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

This is measured as the number of people aged between 40 and 74 years of age, without any diagnosed ongoing condition, who receive an NHS Health Check through their GP Practice or through the outreach NHS Health Checks. The latter are undertaken by the Lifestyle Services with hard to reach groups or populations with high rates of cardiovascular disease.

Targets are set based on the eligible population for an NHS Health Check. This is outlined in the NHS Health Check programme guidance. The local authority's Public Health Intelligence Team support with target setting across all GP practices.

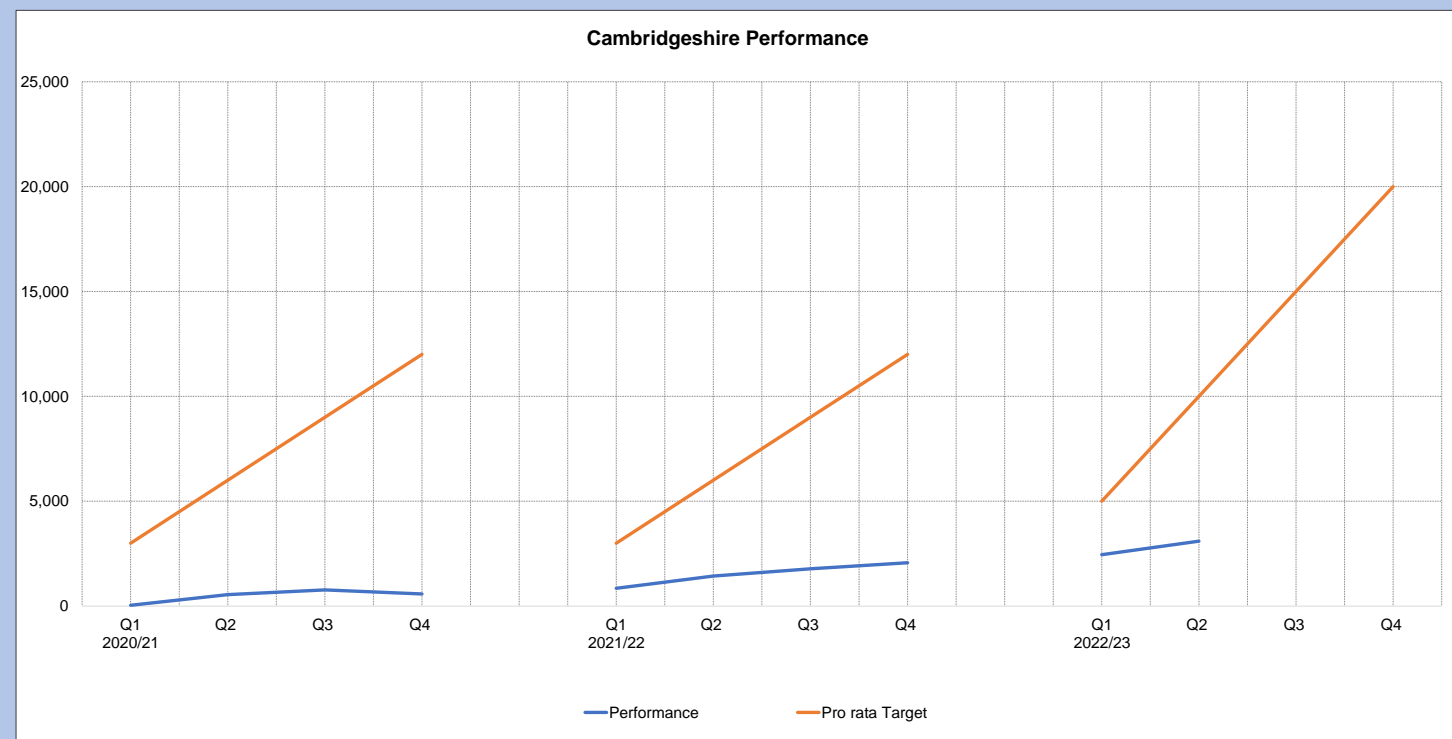
Calculation: Number of health checks completed within a financial quarter.

Source: NHS Health Check National Guidance

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Health Check National Guidance from the National Health Service](#)

**Commentary**

NHS Health Checks are mandatory for the Local Authority to commission/provide. However it is collaborative delivery with GP practices, as eligible GP practice patients are invited from their patient lists. In Cambridgeshire most of the NHS Health Checks are provided by GP practices but the Behaviour Change Service also provides opportunistic NHS Health Checks.

During the COVID-19 pandemic GP practices were told by Department of Health and Social Care/NHS England/Public Health England that NHS Health Checks were not a priority and there were periods when GPs stopped all NHS Health Check activity. Also the Behaviour Change Services did not undertake any NHS Health Checks during the pandemic. Consequently no local targets were set for primary care for 2020/21. Recovery started in 2021/22 but due to GP practice pressures including vaccination demands numbers were slow to recover.

In 2022/23, delivery continued to improve in GP practices. However, many practices are still struggling with backlogs, capacity issues and other pressures, and so we are seeing a very mixed response in performance across GP practices and areas of the county.

Actions

Public Health has commissioned local GP Federations, to deliver on behalf of GP practices (from Quarter 3). (GP Federations are groups of practices that come together to deliver services and provide additional capacity)

We have commissioned GP Federations to deliver catch up NHS Health Checks and help practices to meet their targets. Incentive payments will also be paid for meeting targets.

We are also commissioning the Behaviour Change Service to undertake NHS Health Checks on behalf of GP practices and to increase the number of opportunistic NHS Health Checks. Starting in November 2022, practices will also be receiving personalised performance reports across all Public Health commissioned services.

Indicator 59: Health visiting mandated check - Percentage of births that receive a face to face New Birth Visit within 14 days, by a health visitor[Return to Index](#)

December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
90.0%	↑	40.0%	42.0%	Declining
Statistical Neighbour Mean	England Mean (2021/22)	RAG Rating		
87.0%	83.0%	Red		

Indicator Description

The new birth visit is a face to face review. This includes providing information on a range of topics including infant feeding, Sudden Infant Death Syndrome prevention and safe sleep, the immunisation schedule and outcomes of all screening and Newborn and Infant Physical Examinations. The Health Visitor will also assess maternal mental health and the baby's growth and development.

Calculation:

$$(X/Y)*100$$

Where:

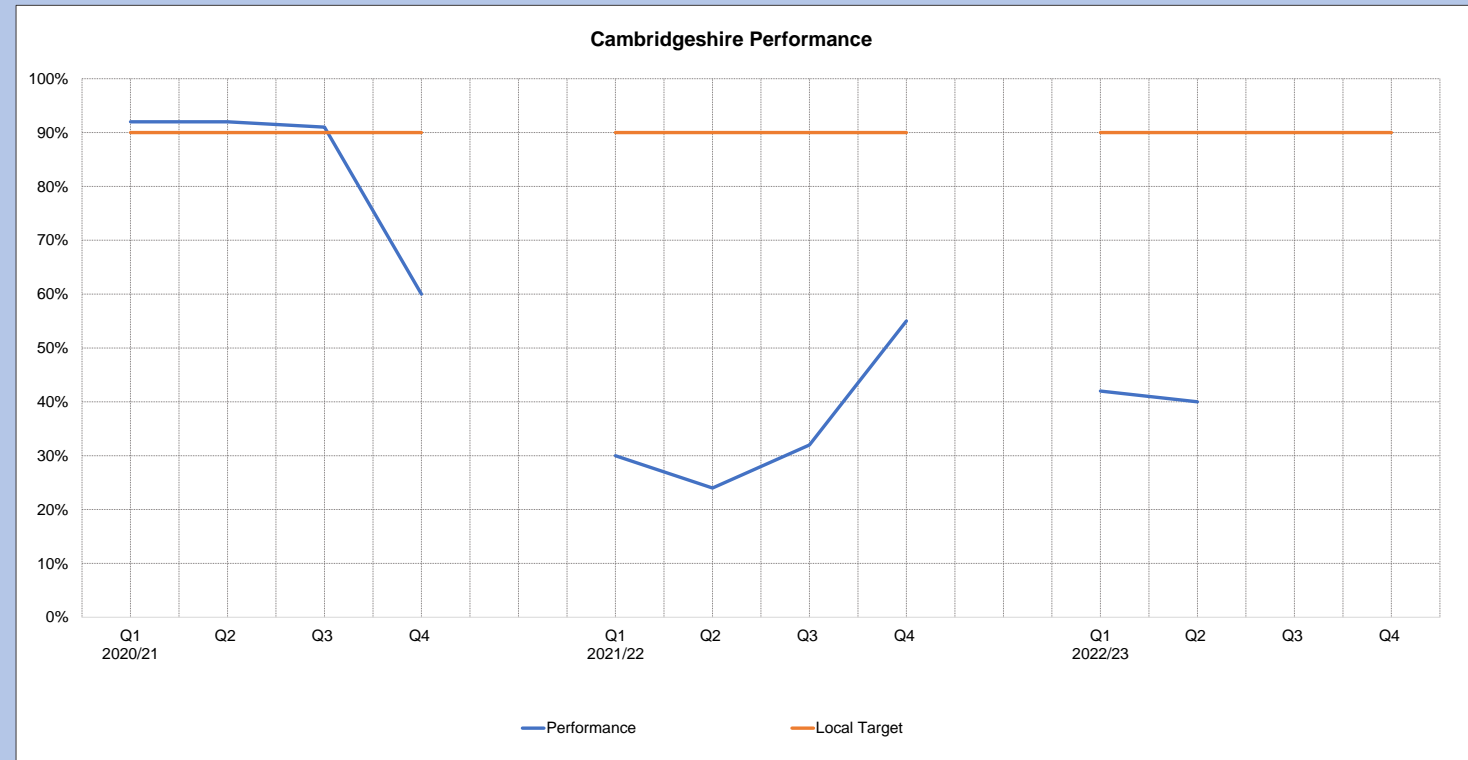
X = Total number of infants who turned 30 days in the quarter who received a face to face New Birth Visits undertaken within 14 days from birth. Visits must be undertaken by a Health Visitor with mother (and ideally father).

Y = Total number of infants who turned 30 days in the quarter.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Public Health England health visitor service delivery statistics 2018 to 2019](#)

**Commentary**

Initially instigated as part of Covid-19 response measures and as a mitigation measure to address capacity pressures within the service, Commissioners agreed jointly with the provider to allow a delay in the timeframe within which the new birth visit (stretched to 21 days) and 6-8 check (stretched to 12 weeks) contact could be completed. The provider is working hard to bring these back into timescale however continues staffing pressures have impacted the ability to achieve this as quickly as anticipated. Therefore a lot more families are being seen than reported in these figures. Commissioners work closely with the provider to ensure a high coverage level across all mandated contacts and if contacts completed outside of timescale were also included in this data, coverage would be significantly higher. For this indicator, if those completed after 14 days are included, the quarterly average increases to 96%. This is 2% below the overall 98% target for completed visits, but indicates that most families are receiving this contact, albeit after the 14th day. All new birth visits are now taking place face to face as part of a home assessment.

Actions

The provider will continue to progress efforts to bring all mandated contacts back within timescale, this includes an exercise with professional leads to review the appointment booking process to improve diary management.

Indicator 60: Health visiting mandated check - Percentage of children who received a 6 to 8 week review by 8 weeks[Return to Index](#)

December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
95.0%	↑	37.0%	32.0%	Improving
Statistical Neighbour Mean	England Mean (2021/22)	RAG Rating		
77.0%	82.0%	Red		

Indicator Description

This visit is crucial for assessing the baby's growth and wellbeing. It also helps provide core health messages. These include breastfeeding, immunisations, sensitive parenting and for supporting on specific issues such as sleep.

The Health Visitor will review the baby's general health and provide contact details for local health clinics and children's centres where the parents can access a range of support. The visit, in addition to the 6 to 8 week medical review (which is often completed by the GP) and forms part of the Child Surveillance Programme.

Calculation:

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

Where:

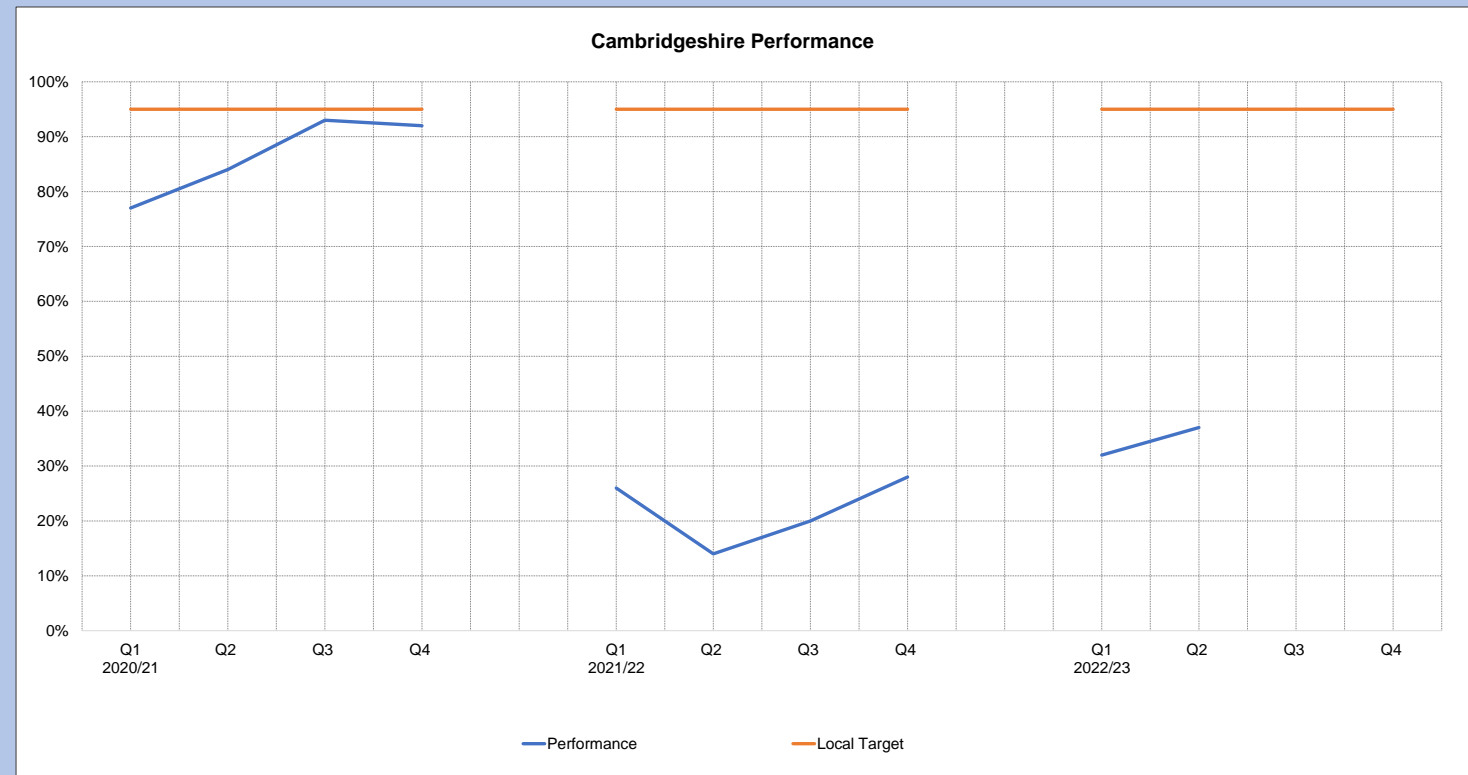
X = The number of children due a 6 to 8 weeks review by the end of the quarter who received a 6 to 8 weeks review by the time they turned 8 weeks.

Y = Total number of infants turning 8 weeks old during reporting period.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Public Health England health visitor service delivery statistics 2018 to 2019](#)

**Commentary**

Initially instigated as part of Covid-19 response measures and as a mitigation measure to address capacity pressures within the service, Commissioners agreed jointly with the provider to allow a delay in the timeframe within which the new birth visit (stretched to 21 days) and 6-8 check (stretched to 12 weeks) contact could be completed. The provider is working hard to bring these back into timescale however continues staffing pressures have impacted the ability to achieve this as quickly as anticipated. Therefore a lot more families are being seen than reported in these figures. Commissioners work closely with the provider to ensure a high coverage level across all mandated contacts and if contacts completed outside of timescale were also included in this data, coverage would be significantly higher. For this indicator, if those completed after 8 weeks are included, the quarterly average increases to 95% demonstrating that most families are receiving this contact, albeit after the 8th week, with a high proportion being completed within 10 weeks. All 6-8 week visits are now taking place face to face as part of a home visit.

There is an understanding that this is a challenging target to meet. Therefore, it has been agreed that if the provider can show the ability to sustain 95% 6 to 8 week Breastfeeding Coverage target, this could potentially be scaled back to 90% as there is no nationally set target. This quarter has been the first time this 95% breastfeeding coverage target has been achieved since pre-pandemic and needs to be monitored further until any decision is made.

Actions

The provider will continue to progress efforts to bring all mandated contacts back within timescale, this includes an exercise with professional leads to review the appointment booking process to improve diary management. There is also a piece of work required to better understand how this contact aligns to the GP 6-8 week contact for all new-borns.

Indicator 62: Health visiting mandated check. Percentage of children who received a 2 to 2.5 year review by the age of 2.5 years

[Return to Index](#)

December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
90.0%	↑	42.0%	48.0%	Declining
Statistical Neighbour Mean	England Mean (2017/18)	RAG Rating		
N/A	68.0%	Red		

Indicator Description

The 2 year check includes the review with parents of the child's, emotional, social, behavioural and language development using the Ages & Stages Questionnaires (ASQ). 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).

Calculation:

$(X/Y) \times 100$

Where:

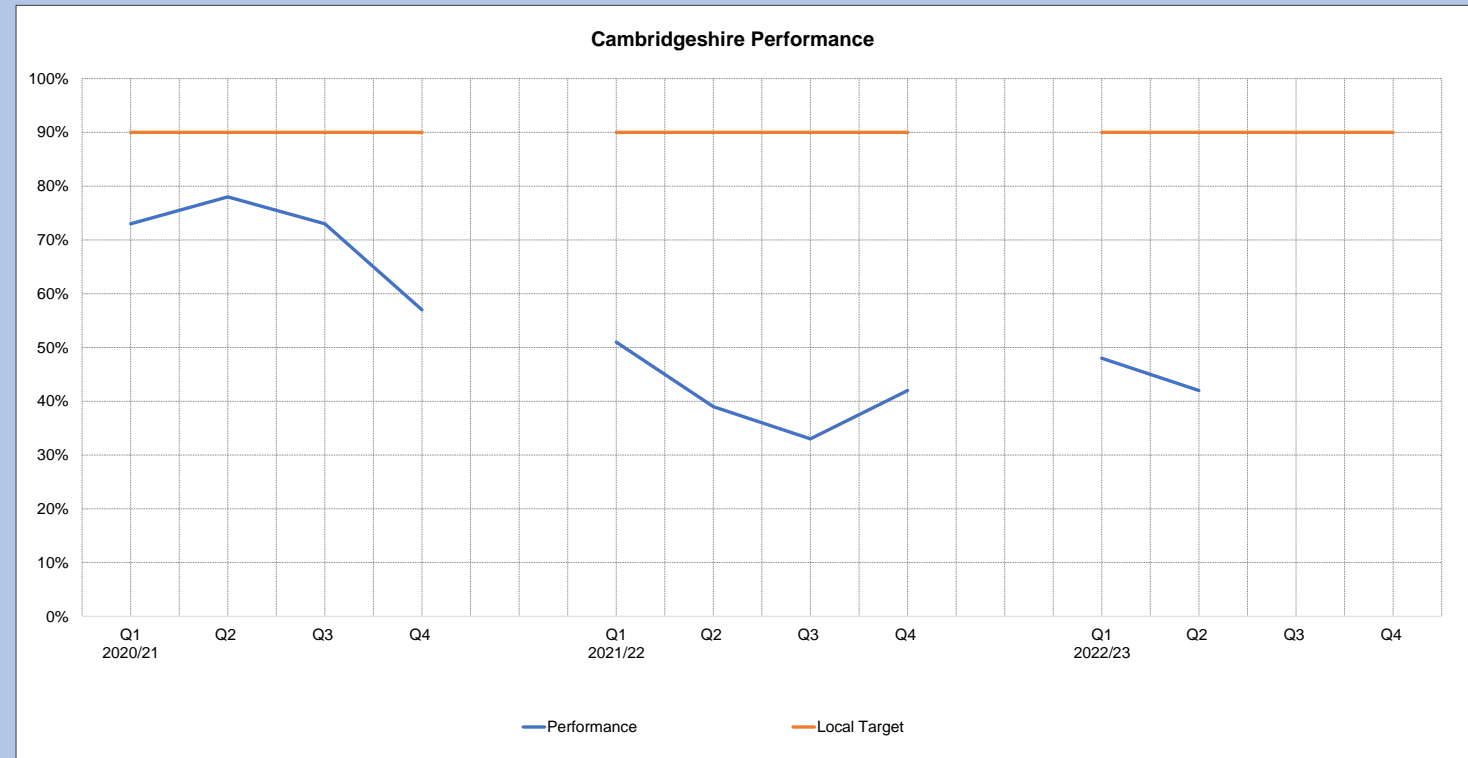
X = Total number of children who turned 2.5 years in the quarter who received a 2-2.5 year review, by the age of 2.5 years of age.

Y = Total number of children who turned 2.5 years, in the appropriate quarter.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Public Health England health visitor service delivery statistics 2018 to 2019](#)



Commentary

Performance against this contact has been challenging over recent years and commissioners have agreed with providers to prioritise this contact as part of the Annual Development Plan as it is recognised that this years cohort will be the first children born in lockdown to have this development assessment. Part of the measures to improve coverage have also included the launch of an innovative pilot of a multi-agency approach to this deliver this with Child and Family Centres and Early Years to enable a broader number of practitioners undertake this review with supervision and oversight of the Healthy Child Programme - this is completed in a group based setting within a child & family centre and offers a more holistic review of the child and wider support available to the family. It is important to note that this is only for universal families and a traditional home-based or virtual review is completed for more vulnerable families or based on parental choice. An early evaluation of the pilot has been conducted and improvements are starting to show, although it is not clear in this data as a number of reviews have been completed after 2.5 years. If these were included in the data, the Q2 average would increase to 71%, which is substantially higher than the figure reported.

Actions

Further improvements are expected as part of the Annual Development Plan and there are key actions arising from the pilot early evaluation to apply learning and also expand this to other parts of the county. Presently this pilot is operating in Cambridge City and Peterborough, with plans to roll this out in the Sawtry and St Neots area of Huntingdonshire from February 2023.

Indicator 57: % Of infants breastfeeding at 6-8 weeks (need to achieve 95% coverage to pass validation)[Return to Index](#)

December 2022

Target	Direction for Improvement	Current Quarter	Previous Quarter	Change in Performance
56.0%	↑	58.0%	52.0%	Improving
Statistical Neighbour Mean		England Mean (2021/22)		RAG Rating
57.0%		49.0%		Green

Indicator Description

There has been a lot of research published demonstrating the positives outcomes breastfeeding can have on mother and infant. It is recommended that mothers exclusively breastfeed. Breastmilk is associated with several benefits. These include a reduction in the risk of infections, obesity and diabetes in the infant, and a reduced risk of ovarian/breast cancer in the mother.

Breastfeeding is also known to have a positive impact on mother and infant attachment that can enhance the quality of relationships between parents and their babies. This will positively influence a child's future life chances.

Calculation:

$(X/Y) \times 100$

Where:

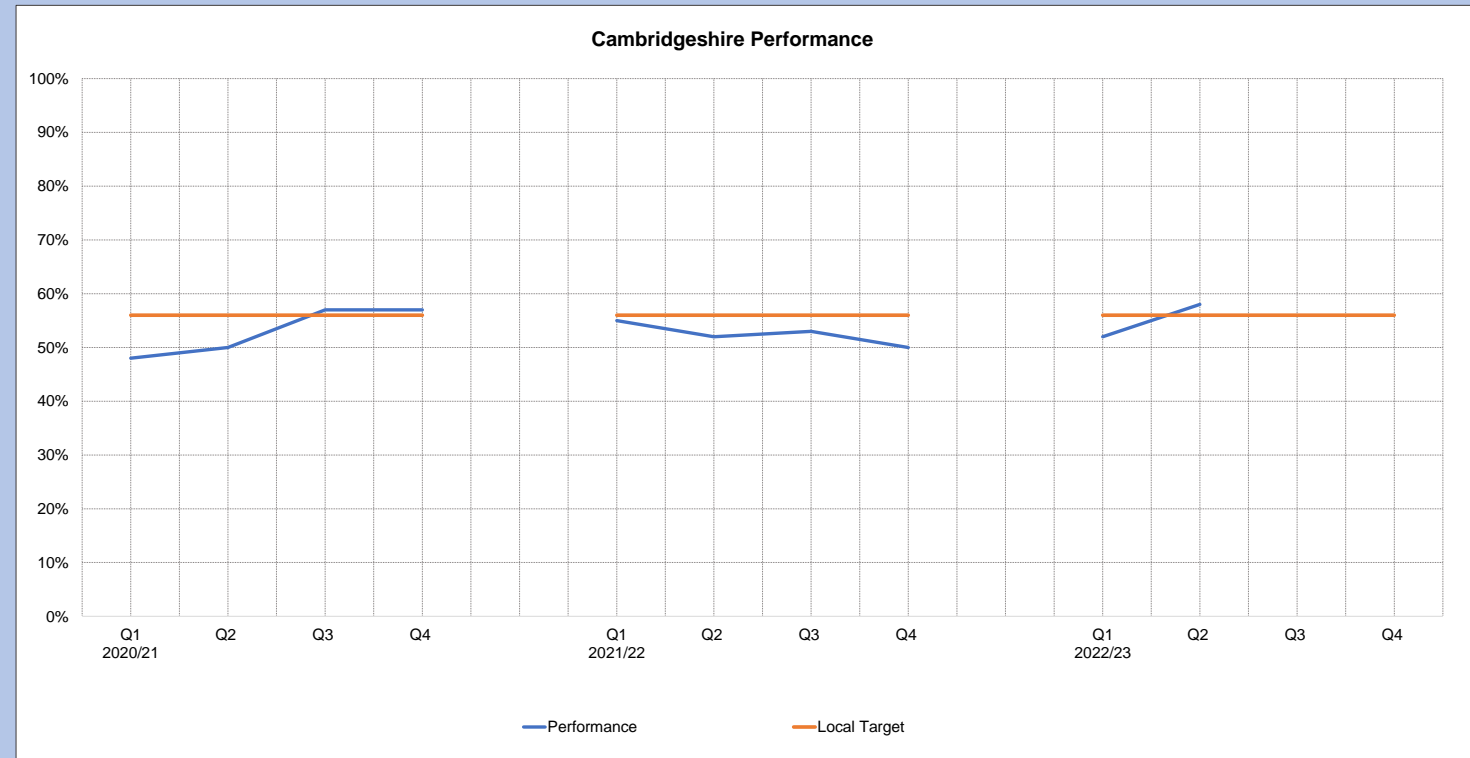
X = Number of infants recorded as being totally and partially breastfed at 6 to 8 weeks

Y = Total number of infants due 6 to 8 week check.

Useful Links

[The local area benchmarking tool from the Local Government Association](#)

[Public Health England breastfeeding statistics webpage](#)

**Commentary**

This is a challenging, locally set target. It considers the national average currently stands at 47%. County-wide performance breastfeeding statistics tends to fluctuate but continues to exceed the England Average and we have witnessed an increase in breastfeeding rates this quarter. It is also important to note that for the first time since pre-pandemic, the breastfeeding coverage rate has exceeded 95%, which is positive as we now meet the OHID validation criteria for getting these statistics published nationally. This has been achieved through the introduction of a new methodology for capturing the feeding status for those mothers who did not have this recorded as part of their 6-8 week review. Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, do however continue to vary greatly across the county. Broken down by districts, breastfeeding for 2022/23 quarter 2 stand at 74% in Cambridge City, 68% in South Cambridgeshire, 64% in East Cambridgeshire, 51% in Huntingdonshire, and 40% in Fenland.

The Health Visiting service remains Stage 3 UNICEF Baby Friendly accredited. This shows quality of care in terms of support, advice and guidance offered to parents/carers. It also shows the excellent knowledge staff have in respect of responsive feeding. The Health Visiting specialist infant feeding team continues to face a high level of demand and have subsequently appointed three additional Infant Feeding Advisors to manage this.

Actions

To address low breastfeeding rates in Fenland, a weekly infant feeding clinic had been set up to help better support families experiencing difficulties, as well as home visits and a virtual offer to maximise access. Along with support offered through Health Visitors, there is also a community breastfeeding peer support service commissioned in the district and is provided through the NCT. In October 2022, we also launched the new 5-year Infant Feeding strategy (<https://cambridgeshireinsight.org.uk/wp-content/uploads/2022/11/Cambridgeshire-and-Peterborough-Infant-feeding-Strategy-2022-27.pdf>) which sets out our ambitions to improve the quality of support provided to parents across the continuum of their infant feeding journey. Work is now underway to develop an action plan against this strategy which aligns to the Family Hubs transformation programme delivery plan across Peterborough and Cambridgeshire, where support for infant feeding is a core priority area. Specific actions around this workstream will be firmed up over the coming months, including a decision on future commissioning intentions for the community peer support service which ends 1st October 2023.