

Public Health Performance Monitoring Report: Quarter 2 2024/25

To: Adults and Health Committee

Meeting Date: 12 December 2024

From: Executive Director of Adults, Health and Commissioning

Electoral division(s): All

Key decision: No

Forward Plan ref: Not applicable

Executive Summary: The report describes the performance of the main Public Health commissioned services for Quarter 2 2024/25.

Recommendation: The Committee is asked to:

- a) acknowledge the performance and achievements.
- b) support the actions undertaken where improvements are necessary.

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1. Creating a greener, fairer, and more caring Cambridgeshire

1.1 Public Health commissioned services reflect the seven strategic ambitions to varying degrees. There is strong alignment with ambitions addressing health inequalities, supporting people to have healthy, safe, and independent lives, and supporting children to thrive.

1.2 This Report reflects the Council's seven ambitions.

Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes.

- There are implications with the introduction of virtual and digital services into commissioned services, but these are not covered in this performance report.

Travel across the county is safer and more environmentally sustainable.

- There are implications with the introduction of virtual and digital services, but these are not covered in this performance report.

Health inequalities are reduced.

- The Service does address health inequalities and included interventions to address groups that experience poorer sexual and reproductive health outcomes.

People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.

- The services do support people to enjoy healthy, safe, and independent lives through timely support most suited to their needs, but this is not detailed in the report.

Helping people out of poverty and income inequality.

- The services do impact upon poverty and income inequality, but this is not detailed in the report.

Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.

- There are implications for places and communities, but these are not covered in this performance report.

Children and Young People have opportunities to thrive.

- The services do support children to thrive, but this not detailed in this report.

2. Background

- 2.1 The Performance Management Framework sets out that Policy and Service Committees should:
- Set outcomes and strategy in the areas they oversee
 - Select and approve addition and removal of Key Performance Indicators (KPIs) for the committee performance report
 - Track progress quarterly
 - Consider whether performance is at an acceptable level
 - Seek to understand the reasons behind the level of performance
 - Identify remedial action

- 2.2 This report presents performance against the selected KPIs for Public Health commissioned services at the end of Quarter 2, 31st September 2024.

Indicators are 'RAG' rated where targets have been set.

- **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 against the target.

- 2.3 These performance indicators are for the Public Health high value contracts that are preventative or provide treatment e.g., Drugs and Alcohol Treatment Service. They include both locally set targets and national where applicable. There are key performance indicators for the Healthy Child Programme that is funded from the Public Health Grant. As these are not currently monitored by the Children and Young People's (CYP) Committee they are included here as priority indicators. There are nine indicators described in this report.

3. Main Issues

- 3.1 In summary the distribution of rag ratings for the performance of services described in the Report were as follows.

- Blue: 2
- Green: 3
- Amber: 2
- Red: 2

- 3.2 The key areas which have seen substantial improvement are NHS Health Checks and the Healthy Child Programme, with NHS Health Checks exceeding its target for the first time. Tier 2 Weight Management Services continue to achieve above target, driven by a very high demand for services. Currently measures are being taken to manage this high level of demand which exceeds current resources.

- 3.3 The main area of concern is Stop Smoking Services. Smoking rates have fallen considerably in recent years. In Cambridgeshire currently 11.1% of the population are

estimated to smoke. The model for stop smoking services has traditionally been driven by referrals from health services primarily GP practices. However, there are population groups with much higher rates who do not always present in GP practices. For example, the homeless rate is 75%, manual and routine 27%.

- 3.4 New national additional funding has been allocated to local authorities for expanding and developing stop smoking and the wider tobacco control services. These are currently being developed and there will be a focus on population groups that have high rates of smoking and regulatory services to address illegal tobacco sales and vaping.

3.3 Drug and Alcohol Services

| Indicator | FY 2022/23 | National average (latest Q) | Quarter 1 23/24 | Quarter 2 23/24 | Quarter 3 23/24 | Quarter 4 23/24 | Status |
|---|--------------|-----------------------------|-----------------|-----------------|-----------------|-----------------|--------------|
| 201: % Achievement against target for drug and alcohol service users - Treatment Progress Measure (benchmarked against national average) | 48.9% | 48.0% | 49.4% | 48.3% | 48.1% | 48.4% | Green |

Please note that performance data is extracted from the National Drug Treatment Monitoring System (NDTMS). The 2024/25 drug/alcohol treatment data are restricted statistics and as such must not be released into the public domain until the national report is published (Dec 2025). Recent performance data is available to commissioners and is used for local performance monitoring and service planning. The national 'treatment progress' measure includes both successful completions (excluding those that have acute housing problems), those that are drug free in treatment or have a sustained reduction in drug/alcohol use. The Q2 24/25 data available to commissioners for this indicator remains strong, it has dropped slightly but still performing in line with national average and is closely monitored.

Health Behaviour Change Services

| Indicator | Full Year 2023/24 | Quarter 1 24/25 | Quarter 2 24/25 | Quarter 3 24/25 | Quarter 4 24/25 | Status |
|--|---|--|---|-----------------------|-----------------------|--------|
| <p>82: Tier 2 Weight Management Services: % achievement of the target for users who complete the course and achieve a 5% weight loss. Target: 30% of those in the service. Consistently well above target.</p> | 48% | 50% | 48% | | | Blue |
| <p>237: Health Trainer: (Structured support for health behaviour change): % achievement against target referrals to the service received from deprived areas. Target: 30% Above target for Q2.</p> | 34% | 28% | 31% | | | Green |
| <p>56: Stop Smoking Services: % achievement against target for smoking quitters who have been supported through a 4-week structured course. Annual Target: 1906 quitters. Below target</p> | 796 quitters. (42% of annual target) | 259 quitters. (54% of quarterly target) | 264 quitters (55% of quarterly target) | | | Red |
| <p>53: NHS Health Checks (cardiovascular disease risk assessment) Achievement against local target set for completed health checks. The ambition is to work over the next three years to meet the national target of 37,000 p.a. Target: 23,500 Above target</p> | 20,216 (101% of annual target) | 5,633 (96% of quarterly target) | 6,411 (109% of quarterly target) | | | Blue |

Commentary on performance:

Indicator 82: Tier 2 Adult Weight Management.

Throughout 2023/24 and into Quarter 1 of 2024/25, referral numbers to Tier 2 services have remained exceptionally high, with 1,368 referrals received against a target of 586—representing 233% of the target and an 11% increase compared to Quarter 1 of the current year. This sustained and significant rise in referrals is largely attributable to the NHS enhanced service specification, which incentivises GP practices to refer patients to weight management services through financial rewards. Additionally, the introduction of weight loss medications, such as Semaglutide (Wegovy), has further driven demand for both Tier 2 and Tier 3 services.

The percentage of completers achieving 5% weight loss continues to far exceed the target of 30%, with 48% achieving a 5% weight loss in Quarter 2.

Indicator 237: Health Trainer.

The number of referrals into the Health Trainer service for people from deprived areas was just above target for Quarter 2 (103% of target). This is positive in response to missing this indicator in Quarter 1, practitioners have attended events in Fenland to raise awareness of the service and the support it can provide. The task for Quarter 3 is to maintain this level of engagement from deprived communities.

Indicator 56: Stop Smoking Services

The Stop Smoking service intervention takes two months in total for a service user to complete from initiation date.

During Quarter 1 24/25 the Behaviour Change Service/Stop Smoking Service achieved 54% of its quarterly 4-week quitter target, following some improvement over the previous year. During Quarter 2 24/25 this has increased to 55%.

GP practices continue to face demand pressures and find it challenging to provide stop smoking services. Additionally, the withdrawal of two main smoking cessation pharmacotherapies (Champix and Zyban) due to safety concerns has impacted overall 4-week quit numbers.

During Quarter 1 24/25 the Allen Carr Easyway to Stop Smoking method has been introduced offering NICE approved smoking cessation seminars in person and online to smokers in Cambridgeshire, which has been promoted through GP's, Integrated Neighbours, and partner organisations in addition to paid social media marketing undertaken by Allen Carr Easyway. There is a high demand for this method of support, since launch at the end of July, 328 smokers have attended and another 64 are booked onto a seminar.

The pilot Fenland Stop Smoking Service specifically targeting the local homeless population which has high smoking rates. This initiative, delivered within the Closer to Communities programme, involves NHS Neighbourhood Managers promoting and developing new face-to-face clinics in collaboration with GP practices to send bulk text messages to smokers.

Locally, several national campaigns are to be actively promoted:

- New Year Quit in January
- National No Smoking Day in March

The “Swap to Stop” initiative provides quitters with a free starter vape kit under the national programme and is popular with smokers making a quit attempt. New funding associated with the Smokefree Generation legislation will be at targeted smokers who are homeless, have poor mental health and those misusing drugs and alcohol, groups that have rates of smoking and poor health outcomes.

Indicator 53: NHS Health Checks

NHS Health Checks are mainly delivered in GP practices, alongside a supplementary, targeted provision provided through our behaviour change service - Healthy You and Cambs GP Network. In 2023/24, 101% of the target was met. In 2024/25, the target has been increased from 20,000 NHS Health Check completed to 23,500, an increase of 17.5%.

The service has demonstrated a strong response to this significant increase in target. During Quarter 1 of 2024/25, achieving 96% of the quarterly target. Performance has further improved in Quarter 2, with 108% of the target achieved. At the mid-year point, the service is exceeding the cumulative half-year target by 2.5%. Furthermore, historical projections indicate that 60% of the annual target will be met during the second half of the programme year, providing confidence that the overall annual targets will be successfully achieved.

The allocation of additional funding from the Department of Health and Social Care for 13,500 workplace cardiovascular disease checks, delivered using innovative, digital technology and supported by the Healthy You Behaviour Change Service, will be a significant boost to achieving the increased annual target. Since its inception in late September and through the end of Quarter 2, over 1,000 self-service health kiosk checks have been successfully completed in local workplaces, it is expected that around 5% of these will go on to complete a full face-to-face NHS Health Check.

Healthy Child Programme

| Indicator | Full Year 23/24 | Quarter 1 24/25 | Quarter 2 24/25 | Quarter 3 24/25 | Quarter 4 24/25 | Status |
|--|--------------------|--|--|-----------------------|-----------------------|--------|
| <p>59: Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit (NBV) within 14 days, by a health visitor.</p> <p>Local target: 95% (National Benchmark 83.0% in 23/24) Below target but improved and better than National</p> | 84% | 86% (96% including those completed after 14 days) | 89% (96% including those completed after 14 days) | | | Amber |
| <p>60: Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks.</p> <p>Local target: 95%. (National Benchmark 81.8% in 23/24) Below target but in line with national</p> | 69% | 82% (95% including those completed after 8 weeks) | 81% (95% including those completed after 8 weeks) | | | Red |
| <p>62: Health visiting mandated check - Percentage -of children who received a 2-2.5-year review.</p> <p>Local target: 90%. (National Benchmark 78.4% in 23/24) Below target but in line with national</p> | 73% | 72% (80% including those after 2.5 years old) | 78% (82% including those after 2.5 years old) | | | Amber |
| <p>57: % of infants breastfeeding at 6 weeks</p> <p>Local Target: 56% Need to achieve 95% coverage to pass validation Local target achieved</p> | 60% | 62% | 63% | | | Green |

Commentary on performance:

Indicators 59 & 60: Health visiting mandated checks (New Birth Visit & 6-8 check).

Health visiting mandated checks (New Birth Visit & 6-8 check). Performance of the Health Visiting service is traditionally challenging in Quarter 2 with summer holidays impacting staffing capacity and increased cancellations of appointments from families. However, performance this quarter has been maintained or improved across the mandated checks. In Quarter 2, 89% of new birth assessments were completed in 14 days (3% increase in comparison to Q1) as well as 81% of 6–8-week reviews (very slight reduction compared to Quarter 1). When including checks completed outside of timeframes, performance data shows that 96% of families received a New Birth Visit and 95% a 6–8-week check. Vacancy rates continue to be low across Cambridgeshire and current cohort of students all on track to qualify in January.

Indicator 62: Health visiting mandated check (2.2.5-year review).

The improvements on the delivery of this contact that were seen throughout 23/24, and Quarter 1 have been built on in Quarter 2 of 24/25 with a 6% increase to 78% within timescales. Work is planned to understand more about those families not accessing this check through a Health inequalities lens.

Indicator 57: % of infants breastfeeding at 6-8 weeks.

The overall breastfeeding prevalence of 63% is higher than the national average of 52.7% and is meeting the locally agreed stretch target. Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, do however continue to vary greatly across the county and we have worked to partners to continue to expand the support offered in the North of the county over this quarter.

We continue to move forward on the actions identified in the [Infant Feeding strategy](#) which we report on as part of the Family Hubs transformation programme and are support UNICEF Baby Friendly accreditation preparation with infant feeding colleagues within our maternity providers.

4. Alternative Options Considered

Not applicable

5. Conclusion and reasons for recommendations

- 5.1 The performance of the Public Health commissioned services described in this paper is generally positive. The key areas of improvement are NHS Health Checks exceeding its target for two consecutive quarters and the Healthy Child Programme. Tier 2 Weight Management Services continue to overachieve against their target driven by a very high demand. Currently measures are being taken to manage this high level of demand which exceeds current resources.

The main area of concern is Stop Smoking Services Recent national additional funding has been allocated for expanding and developing stop smoking and the wider tobacco control

services. These are currently being developed and there will be focus on population groups that have high rates of smoking and regulatory services to address illegal tobacco sales and vaping.

6. Significant Implications

6.1 Finance Implications

This performance report does not include a financial analysis of the services commissioned.

6.2 Legal Implications

There are no current legal implications in this report.

6.3 Risk Implications

The key risk is the poor performance of the Stop Smoking Services. The measures that are being taken to address these risks are indicated in the report.

6.4 Equality and Diversity Implications

Any equality and diversity implications will be identified before any service developments are implemented.

6.5 Climate Change and Environment Implications (Key decisions only)

All commissioned services are required to ensure that their services minimise any negative impacts and support positive climate and environmental improvements.

7. Source Documents

7.1 None