

Public Health Key Performance Indicators

To: Adults and Health Committee

Meeting Date: 5 October 2023

From: Jyoti Atri, Director of Public Health

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: The Committee receives Public Health performance reports at future meetings containing information on agreed indicators

Recommendation: Adults and Health Committee are asked to:

Note and comment on the performance information outlined in this report and recommend any remedial action, as necessary.

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1. Background

1.1 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

1.2 This report presents performance against the selected KPIs for Public Health commissioned services at the end of Quarter 1, June 30th 2023.

2. Main Issues

2.1 These indicators reflect our high value contracts that are primarily 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 Committee (CYP) Committee they are included here as priority indicators. There are 9 priority indicators in this set and performance against targets is also set out in Appendix One.

2.2 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 Performance in a number of areas has been affected by system issues. Performance against health checks and smoking cessation has been affected by post pandemic pressures on primary care. We are working on alternative methods of delivery to bring activity back up to required levels. There have been longstanding national issues with the recruitment of health visitors which is affecting performance against mandatory checks. We are working with our service provider to identify alternative staffing models so that the checks can be completed in a timely manner.

2.3 Drug and Alcohol Treatment Services

Indicator	FY 21/22	National average (latest Q) baseline	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Status
201: Treatment Completion % Achievement against target for drug and alcohol service users who successfully complete treatment. (Benchmarked against national average) Above target but decreasing	21.84%	20.32%	21.76%	21.25%	22.23%	21.11%	Green
Commentary on performance Q1 23/24 data is not yet available. The Cambridgeshire commissioned Drug and Alcohol Treatment Service provided by Change Grow Live, continues to perform well against national indicators. The 'successful completion' rate above is based on the performance of four 'drug cohorts' within the treatment system. There has been a slight decline in Q4 which primarily is due to a drop in the 'alcohol' cohort completion rate which is being investigated. The national Office for Health Improvement and Disparities (OHID) is currently piloting a new performance measure which is more reflective of 'treatment progress' reflecting the smaller gains made by this patient cohort (who present with complex issues and vulnerabilities) which will be available for 23/24 data							

2.4 Health Behaviour Change Services (lifestyles)

Indicator	FY 22/23	Q1 23/24	FY 23/24	Status
53: NHS Health Checks (cardiovascular disease risk assessment) Achievement against target set for completed health checks. A local target was set but this is below the national target. The ambition is to work over the next three years to meet the national target of 37,000 p.a. Target: 20,000 Below target but improving	13,763 (69% of annual target)	3738 (75% of annual target)		Red

<p>56: Stop Smoking Services: % achievement against target for smoking quitters who have been supported through a 4-week structured course. Target: 2234 quitters. Below target</p>	<p>31% 683 quitters</p>	<p>Data not available at this time</p>		<p>Red</p>
<p>82: Tier 2 Weight Management Services: % achievement of the target for Tier 2 Weight Management adult service users who complete the course and achieve a 5% weight loss. Target: 30% of those in treatment Above target and improving</p>	<p>49%</p>	<p>45%</p>		<p>Blue</p>
<p>237: Health Trainer: (Structured support for health behaviour change): % achievement against target for adult referrals to the service received from deprived areas. Target: 30% Exceeding target and improving.</p>	<p>35%</p>	<p>30%</p>		<p>Green</p>

Commentary on performance

Indicator 53: NHS Health Checks NHS Health Checks are primarily delivered in GP practices. Delivery was significantly impacted by the pandemic with only 46% of the local target achieved in 21/22, this increased to 69% in 22/23. Delivery continues to improve despite many practices still struggling with backlogs, capacity issues and other pressures. Year to date 3738 NHS Health Checks have been completed, which is 75% of the trajectory target. The commissioning of NHS Health Checks has been diversified with GP Federations* delivering on behalf of some practices and the Behaviour Change Services increasing its opportunistic NHS Health Checks along with supporting practice delivery. Other models are being explored to encourage increased activity.

*A GP Federation is a group of general practices or surgeries forming an organisational entity and working together within the local health economy.

Indicator 56: Stop Smoking Services Stop Smoking performance data is two months behind the reporting period. This is due to the intervention taking two months in total to complete. This means the complete 23/24 Q1 data is not available at this time. During Q4 22/23 the Behaviour Change Service/Stop Smoking Service achieved 113% of its trajectory 4-week quitter target which is the first time during 22/23 the service had achieved its trajectory target. However, due to low performance in previous quarters it only achieved 91% of its overall year target. GP practices are still experiencing demand pressures and are finding it challenging to provide stop smoking services. In addition to this two of the main smoking cessation

pharmacotherapies (Champix and Zyban) have been withdrawn due to safety issues plus there have been national shortages of multiple nicotine replacement therapies. These issues combined are impacting the overall 4-week quit numbers.

Indicator 82: Tier 2 Adult Weight Management. Referrals into the Tier 2 services continue to be very high with 1633 referrals received in Q1 of 2023/24 against a target of 586. This is due to the continuation of the enhanced specification whereby GP practices receive a financial incentive for each referral to a weight management service. The target number of referrals commencing on a course has been exceeded in Q1 (574 against a target of 498). The percentage of completers achieving 5% weight loss continues to exceed the target of 30%, with 45% achieving a 5% weight loss in Q1.

Indicator 237: Health Trainer. Referrals into the Health Trainer service are on target for Q1 with 839 referrals received against a target of 820. 30% of these referrals are from the 20% most deprived areas which is in line with the target. This target is being consistently achieved.

2.5 Healthy Child Programme

Indicator	FY 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Status
57: Breastfeeding % Of infants breastfeeding at 6-8 weeks (need to achieve 95% coverage to pass validation). Local target: 57% Achieving target and fluctuates	56%	57%				Green
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. Local target: 90% Below target but improving	40% (96% including checks outside of 14 days)	75% (If those completed after 14 days are included, this increases to 96%)				Red

60: Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks. Local target: 95% Below target	38%	39% (If those completed after 8 weeks are included, this increases to 93%)				Red
62: Health visiting mandated check - Percentage -of children who received a 2-2.5-year review. Local target: 90% Below target but improving	54%	72% (If those completed after 2.5yrs are included, this increases to 81%)				Red

Commentary on Performance

Indicator 57: The overall breastfeeding prevalence of 57% is higher than the national average of 49% and is meeting the locally agreed stretch target. Breastfeeding rates, which include both exclusive breastfeeding and mixed feeding, do continue to vary greatly across the county. Broken down by districts, breastfeeding for 2023/24 Q1 stand at 78% in Cambridge City, 65% in South Cambridgeshire, 52% in East Cambridgeshire, 52% in Huntingdonshire, and 38% in Fenland. A new process is in place to ensure telephone follow-up and cross referencing against GP records to ensure the service obtains the status of >95% coverage, which is required to meet OHID national reporting data validation criteria and 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.

In October 2022, we also launched a 5-year [Infant Feeding strategy](#) which sets out our ambitions to improve the quality of support provided to parents across the continuum of their infant feeding journey and an action plan has been developed 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.

#FreeToFeed, a campaign to help breastfeeding mothers feel confident and relaxed feeding their baby in public is being expanded and co-production work with local families surrounding the promotion of this is taking place.

Commissioners are also in the process of recommissioning a new joint Infant Feeding and Perinatal Mental Health Peer Support service across the districts of Huntingdon & Fenland to address inequalities and to mirror the NWAFT geographical footprint. The new service, which will encompass infant feeding and emotional wellbeing peer support will launch on 1st October

2023, alongside a breastfeeding equipment hire scheme and workforce infant feeding training for child and family centre staff.

Indicators 59 (new birth visit) & 60 (6-8 week check):

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 new birth visits, if those completed after 14 days are included, the quarterly average increases to **96% for the Q1** period. All new birth visits are now taking place **face to face as part of a home assessment** and reassuringly many families do receive a quality in-person contact for these mandated reviews, as evidenced in the total number of reviews completed for these contacts. For 6-8 week checks if completed after 8 weeks are included, this increases to **93%**.

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 (extended to 21 days) and 6-8 check (extended to 12 weeks) contact can be completed and the provider is still working hard to bring these checks back in to timescale. This is evidenced by the significant improvement in Q1 performance, despite the high level of vacancies being reported and increased targeted and safeguarding workload.

Commissioners are working closely with the Provider to explore innovative ways to bring these back into timescale as a priority area in the service's 2023/24 Annual Development Plan. The provider is currently utilising bank and agency staff, revising non-front-line duties and focusing on front-line clinical duties, actively recruiting to roles and training a 2023 cohort of school nurses and health visitors. We are also using a new demand and workforce modelling tool to understand the capacity needed to maintain a safe and quality service for families, looking at a skill-mix model that will be feasible to recruit to. Commissioners are also reviewing the current service specification, including reviewing all guidance, evidence and other LA services ahead of recommissioning in 2025.

Indicator 62 (2-2.5 year check): Although checks completed within timescales are at 72%, if those completed after 2.5yrs are included, this increases to **81%**. Commissioners agreed with providers to prioritise this contact as part of the 2022/23 Annual Development Plan as it is recognised that this cohort will be the first children born in lockdown to have this development assessment. The Provider has successfully achieved all incentive milestones set for improving performance against this contact as set out in the development plan, which is commendable. Part of the measures to improve coverage 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.

3. Alignment with ambitions

- 3.1 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, but these are not covered in this performance report.
- 3.2 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.
- 3.3 Health inequalities are reduced
- The services do impact health inequalities this is not detailed in the report.
- 3.4 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.
- 3.5 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.
- 3.6 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.
- 3.7 Children and young people have opportunities to thrive
- The services do support children to thrive but this not detailed in this report.

4. Significant Implications

4.1 Resource Implications

The following bullet points set out details of implications identified by officers:

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

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet point sets out details of significant implications identified by officers:

- Any procurement actions arising from this report will be undertaken with the support and approval of the Procurement team and conform to Contract Procedure Rules

4.3 Statutory, Legal and Risk Implications

The following bullet point set out details of significant implications identified by officers:

- Any implications arising from this report, for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Adult and Health Committee before proceeding

4.4 Equality and Diversity Implications

The following bullet point set out details of significant implications identified by officers:

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

4.5 Engagement and Communications Implications

The following bullet point set out details of significant implications identified by officers:

- Any engagement and communication implications will be identified before any service developments are implemented.

4.6 Localism and Local Member Involvement

The following bullet point set out details of significant implications identified by officers:

- Services will require the ongoing support of local communities and members to support and maximise service delivery.

4.7 Public Health Implications

The report above sets out details of significant implications in paragraphs 1.4, 1.5, 1.6.

4.8 Climate Change and Environment Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Positive/neutral/negative Status: Neutral

Explanation: Not factored into this performance report

4.8.2 Implication 2: Low carbon transport.

Positive/neutral/negative Status: Neutral

Explanation: Not factored into this performance report

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.

Positive/neutral/negative Status: Neutral

Explanation: Not factored into this performance report

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Positive/neutral/negative Status: Neutral

Explanation: Not factored into this performance report

4.8.5 Implication 5: Water use, availability and management:

Positive/neutral/negative Status: Neutral

Explanation: Not factored into this performance report

4.8.6 Implication 6: Air Pollution.

Positive/neutral/negative Status: Neutral

Explanation: Not factored into this performance report

4.8.7 Implication 7: Resilience of our services and infrastructure, and supporting vulnerable people to cope with climate change.

Positive/neutral/negative Status: Neutral

Explanation: Not factored into this performance report

Have the resource implications been cleared by Finance? Yes
Name of Financial Officer: Justine Hartley 31/8/23

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? Yes
Name of Officer: Claire Ellis 30/8/23

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes
Name of Legal Officer:

Have the equality and diversity implications been cleared by your EqIA Super User? Yes
Name of Officer: Jyoti Atri 29/9/23

Have any engagement and communication implications been cleared by Communications? Yes
Name of Officer: Simon Cobby 31/8/23

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes
Name of Officer: Jyoti Atri 29/9/23

Have any Public Health implications been cleared by Public Health? Yes
Name of Officer: Jyoti Atri 24/8/23

If a Key decision, have any Climate Change and Environment implications been cleared by the Climate Change Officer?

Name of Officer: Not Applicable

5. Source documents guidance

5.1 None