

Public Health Performance Report: Quarter 3 2023/24

To: Adults and Health

Meeting Date: 7 March 2024

From: Executive Director of Public Health

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 3, 2023/24.

The Committee is asked to consider and comment on the Public Health Performance Report.

Recommendation: The Committee is asked to:

- a) Acknowledge the performance 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 services do impact health inequalities this is not detailed in the report.

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 October 2023.

3. Main Issues

- 3.1 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.

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.

Drug and Alcohol Services

Indicator	FY 22/23	National average (latest Q)	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Status
201: % Achievement against target for drug and alcohol service users who successfully complete treatment. (Benchmarked against national average)	21.2%	20.3%	21.8%	21.2%	22.2%	21.1%	Blue
<p>Please note that performance data is extracted from the national dataset (NDTMS). The 23/24 drug/alcohol treatment data are restricted statistics and as such must not be released into the public domain until an agreed published date. Recent performance data is available to commissioners and is used for local performance monitoring and service planning. Q1 & Q2 23/24 performance data for this indicator remains strong and the Cambridgeshire service, provided by CGL, is performing above national average.</p>							

Health Behaviour Change Services

Indicator	FY 22/23	Q1 23/24	Q2 23/24	Q3	Q4	Status
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 the service. Consistently well above target.	49%	45%	54%	47%		Blue
237: Health Trainer: (Structured support for health behaviour change): % achievement against target for adult referrals to the service received from deprived areas. Target: 30% Remains consistently on target.	35%	30%	33%	30%		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>	<p>683 quits. (31% of annual target)</p>	<p>180 quits. (38% of quarterly target)</p>	<p>158 quits. (33% of quarterly target)</p>	<p>Not yet available</p>		<p>Red</p>
<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: 20,000 Below target but improving</p>	<p>13,763 (69% of annual target)</p>	<p>3,960 (79% of quarterly target)</p>	<p>4,778 (96% of quarterly target)</p>			<p>Red</p>

Commentary on performance:

Indicator 82: Tier 2 Adult Weight Management.

Referrals into the Tier 2 services continue to be very high with 1,159 referrals received in Q3 against a target of 492 (236% of target). This is associated with the continuation of the enhanced specification whereby GP practices receive a financial incentive for each referral to a weight management service. However, referrals were slightly lower in Q3 than Q2, which is a positive impact of regular communications with primary care about demand pressures in Tier 2 and alternative referral options.

The target number of referrals commencing on a course was considerably below target in Q3 (185 against a target of 419, 44%), although remaining at 89% YTD. This was largely due to the fact that this covered November and December which are historically difficult months for engagement with weight management services, with most individuals choosing to start the intervention in the new year. The provider has modelled to compensate for this, with additional courses within Q4 to catch up by the end of year.

The percentage of completers achieving 5% weight loss continues to far exceed the target of 30%, with 47% achieving a 5% weight loss in Q3.

Indicator 237: Health Trainer.

Referrals into the Health Trainer service were slightly below target for Q3, with 614 referrals received against a target of 689 (89%). However, the YTD actual sits at 98% of the target. 30% of referrals received were from the 20% most deprived areas which is exactly on target and sits above the YTD target at 32%.

Indicator 56: Stop Smoking Services

Stop Smoking performance data are always two months behind the reporting period. This is due to the intervention taking two months in total to complete. It means that the complete 23/24 quarter 3 data are not available. During quarter 2 23/24 the Behaviour Change Service/Stop Smoking Service achieved 33% of its trajectory 4-week quitter target.

GP practices are still experiencing demand pressures and are finding it challenging to provide stop smoking services. In addition, two of the main smoking cessation pharmacotherapies (Champix and Zyban) have been withdrawn due to safety issues, and there have been national shortages of multiple nicotine replacement therapies. Although this is now resolving. These issues combined are impacting the overall 4-week quit numbers. New stop smoking projects are being developed in Fenland and the NHS Neighbourhood Managers have committed support to promote and develop local clinics.

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.

Programme recovery continues to improve with Q2 data indicating 4,778 NHS Health Checks were completed, which is 96% of the quarterly target and a year-to-date trajectory at 87%.

The commissioning of NHS Health Checks has been diversified with GP Federations* and the behaviour change services - *Healthy You* - supporting the delivery on behalf of some practices; as well as offering opportunistic NHS Health Checks in the community. Based on historical performance data it is expected that Q3 delivery will be, at least, on target and that Q4 will significantly exceed target, as it is the busiest quarter of the year. On this basis, a year-end 10% over-achievement has been modelled.

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

Healthy Child Programme

Indicator	FY 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	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% Below target but rising quickly</p>	40%	75% (Rising to 96% including those completed after 14 days)	85% (Rising to 97% including those completed after 14 days)	87% (Rising to 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% Below target but rising quickly</p>	38%	39% (Rising to 93% including those completed after 8 weeks)	77% (Rising to 95% including those completed after 8 weeks)	83% (Rising to 96% 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% Below target but improving</p>	54%	72% (Rising to 81% including those after 2.5 years old)	73% (Rising to 80% including those after 2.5 years old)	74% (Rising to 80% including those after 2.5 years old)		Red
<p>57: % of infants breastfeeding at 6 weeks</p> <p>Local Target: 56% Need to achieve 95% coverage to pass validation.</p>	56%	57%	60%	62%		Green

Commentary on performance:

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

The Health Visiting service have been working hard to bring key contacts with families back into nationally set timescales following timescales being stretched as a pandemic response.

Performance data for Quarter 3 shows that 87% of families now receive their new birth visit within 14 days, up from just 40% in Q4 last year.

There has also been a significant improvement at the 6-8 week contact with 83% now been seen within 8 weeks. This indicator was at 39% in Q1 of this year.

For both these key contacts, the overall percentage of families seen remains high at 96% respectively when you include those families seen later than the mandated period.

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

The improvements on the delivery of this contact that were seen throughout 22/23 have been maintained during the first 3 quarters of 23/24. We are currently working with our provider colleagues and public health intelligence team to take a detailed look at the results from the Ages and Stages Questionnaire development assessments that form a part of this check to identify any health inequalities.

The learning from this work will form part of the Children's JSNA that will be completed next April.

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

The overall breastfeeding prevalence of 62% 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 however continue to vary greatly across the county.

Broken down by districts, breastfeeding rates for 2023/24 Q3 stand at 76% in Cambridge City, 66% in South Cambridgeshire, 63% in East Cambridgeshire, 59% in Huntingdonshire, and 47% in Fenland.

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. Highlights from that during this period include:

The Children and Young People's JSNA is still underway, and we have been working with the data team at CCS to see if we can identify any trends in the data. Indicators we are looking at include age of parent, ethnicity, place in family, etc. We are also able to see any changes in feeding status between 10 days and 6-8 weeks. There is more work to do to fully understand the data, and we will share the learning at the infant feeding network to identify any actions needed to improve our offer.

The infant feeding team is now nearly up to full capacity with the additional posts.

Introducing solid food workshops have been mostly well attended and the feedback received has been overwhelmingly positive. Introducing Family Foods workshops are now up and running across Cambridgeshire and Peterborough.

The new peer support contract with the National Childbirth Trust (NCT) has gone live, and as it is now offering integrated support around infant feeding and emotional health and wellbeing, peers in the hospital are able to initiate support conversations with all consenting service users on the hospital wards. This is enabling support to be given on both subjects without a new parent having to label themselves as breastfeeding. Peer Supporters are now regularly in attendance on the wards at Hinchingsbrooke as well as at Peterborough hospital.

The NCT have launched the new infant feeding website to help families locate support in Cambridgeshire and Peterborough. [Peterborough & Cambridgeshire Infant Feeding Support \(pbcinfantfeeding.org\)](http://pbcinfantfeeding.org). They have rebranded to 'NCT Birth Feeding and You' after engaging with local families and their preferences and are looking at how the website can be developed further to improve accessibility, i.e., built in translating functions.

Sessions of the infant feeding awareness training have been run for staff in Child and family centres. Both have been fully booked and there are further fully booked sessions planned.

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 and the Healthy Child Programme, both have had considerable improvements on the 2022/23 performance and are moving closer to target. 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.

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

