

## Public Health Performance Report: Quarter 4 2023/24

To: Adults and Health Committee

Meeting Date: 27 June 2024

From: Patrick Warren-Higgs, 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 4 2023/24.

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 4, 31st March 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: 3
- Green: 2
- Amber: 1
- Red: 3

3.2 During the COVID-19 pandemic performance fell against all our contracted services. Initially recovery was low but during 2023/24 there has been considerable improvement in performance across all our services with the exception of stop smoking.

3.3 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.

- 3.4 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%.
- 3.5 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.

## Drug and Alcohol Services

Indicator	FY 2022/23	National average (latest Q)	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Status
<b>201: % Achievement against target for drug and alcohol service users who successfully complete treatment. (Benchmarked against national average)</b>	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 2023/24 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. In 2023/24 across Quarters 1, 2 &amp; 3 performance data for this indicator remains strong and the Cambridgeshire service, provided by Change Grow Live (CGL), is performing above national average.</p>							

## Health Behaviour Change Services

Indicator	FY 2022/23	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Status
<b>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.</b>	49%	45%	54%	47%	40%	Blue
<b>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.</b>	35%	30%	33%	30%	38%	Blue

Indicator	FY 2022/23	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Status
<b>56: Stop Smoking Services:</b> % achievement against target for smoking quitters who have been supported through a 4-week structured course. <b>Annual Target: 1906 quitters.</b> <b>Below target</b>	<b>683 quits.</b> <b>(31% of annual target)</b>	<b>180 quits.</b> <b>(38% of quarterly target)</b>	<b>158 quits.</b> <b>(33% of quarterly target)</b>	<b>203 quits</b> <b>(42% of quarterly target)</b>	<b>Not available</b>	<b>Red</b>
<b>53: NHS Health Checks (cardiovascular disease risk assessment)</b> 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. <b>Target: 20,000</b> <b>Above target</b>	<b>13,763</b> <b>(69% of annual target)</b>	<b>3,933</b> <b>(79% of quarterly target)</b>	<b>5,076</b> <b>(102% of quarterly target)</b>	<b>5,526</b> <b>(111% of quarterly target)</b>	<b>5,681</b> <b>(114% of quarterly target)</b>	<b>Green</b>
<b>Commentary on performance:</b> <b>Indicator 82: Tier 2 Adult Weight Management.</b> Referrals numbers into the Tier 2 services continue to be very high with 1,235 referrals received in Quarter 4 against a target of 797 (155% of target), an increase of referrals of 7% on Quarter 3 actual. Referrals were slightly lower in Quarter 3 than Quarter 2, suggesting a positive impact of regular communications with primary care about demand pressures in Tier 2 and alternative referral options. This continued higher than expected referral rate is due to the NHS enhanced specification whereby GP practices receive a financial incentive for a referral to weight management services.  The target number of referrals commencing on a course was below target in Quarter 4, although remaining at 82%. The provider reported that despite the high quantity of referrals, the quality of referrals received has been poor resulting in fewer people starting a course. They have agreed to catch up on the shortfall to meet the 90% target for 2023/24 in the new financial year and to prioritise/triage waiting lists.  The percentage of completers achieving 5% weight loss continues to far exceed the target of 30%, with 40% achieving a 5% weight loss in Quarter 4.  <b>Indicator 237: Health Trainer.</b> The number of referrals into the Health Trainer service for people from deprived areas was on target for Quarter 4. The target percentage was met across all quarters with number of referrals received from deprived areas reaching 987 against a target of 984.						

### **Indicator 56: Stop Smoking Services**

The Stop Smoking service intervention takes two months in total for a service user to complete from initiation date. As a result, the complete data return for all starters in quarter 4 of the 23/24 fiscal year is not yet available.

During Quarter 3 the Behaviour Change Service/Stop Smoking Service achieved 42% of its quarterly 4-week quitter target, showing some improvement over the year.

However, 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, along with national shortages of multiple nicotine replacement therapies, has impacted overall 4-week quit numbers.

A new stop smoking project is being launched in Fenland, specifically targeting the local homeless population with 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 have been actively promoted:

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

Furthermore, we increased communication with partner organisations during the launch of the “Swap to Stop” offer in March 2024. This initiative provides quitters with a free starter vape kit under the national programme. New funding associated with the Smokefree Generation legislation, currently going through Parliament, will be targeted based on guidance for population groups that continue to have high smoking rates.

### **Indicator 53: NHS Health Checks**

NHS Health Checks are mainly delivered in GP practices. The COVID-19 pandemic severely impacted upon delivery with only 46% of the local target achieved in 21/22. There was an improvement in 2022/23 when 69% of the target was met. The recovery was secured through commissioning the GP Federations\* to provide NHS Health Checks alongside our behaviour change service, *Healthy You*, increasing its provision on behalf of GP practices; as well as offering opportunistic NHS Health Checks in the community.

Over the four Quarters, there has been ongoing improvement and recovery, resulting in the annual 2023/24 target of 20,000 completed NHS Health Checks being exceeded at 20,216 (101%).

\*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 2022/23	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Status
<p><b>59:</b> 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><b>Local target: 95%</b> <b>Below target but improved significantly from 22/23</b></p>	40%	75% (96% including those completed after 14 days)	85% (97% including those completed after 14 days)	87% (96% including those completed after 14 days)	87% (96% including those completed after 14 days)	Amber
<p><b>60:</b> Health visiting mandated check – percentage of children who received a 6–8-week review by 8 weeks.</p> <p><b>Local target: 95%</b> <b>Below target but improved significantly from 22/23</b></p>	38%	39% (93% including those completed after 8 weeks)	77% (95% including those completed after 8 weeks)	83% (96% including those completed after 8 weeks)	75% (94% including those completed after 8 weeks)	Red
<p><b>62:</b> Health visiting mandated check - Percentage -of children who received a 2-2.5-year review.</p> <p><b>Local target: 90%</b> <b>Below target but improved significantly from 22/23</b></p>	54%	72% (81% including those completed after 2.5 years old)	73% (80% including those completed after 2.5 years old)	74% (80% including those completed after 2.5 years old)	72% (81% including those completed after 2.5 years old)	Red
<p><b>57: % of infants breastfeeding at 6 weeks</b></p> <p><b>Local Target: 56%</b> <b>Exceeded target</b></p>	56%	57%	60%	62%	60%	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 them being stretched during the COVID 19 pandemic. In 2023/24 all indicators were better than in 2022/23. Performance data for Quarter 4 shows that 87% of families now receive their new birth visit within 14 days, up from just 40% last year.

There has also been a significant improvement at the 6-8 week contact with 75% now been seen within 8 weeks. This indicator was at 39% in Quarter 1 of this year.

It is reassuring that for both these key contacts, the overall percentage of families seen remains high at 96% and 94% respectively when families seen later than the recommended period are included. Sickness within the team has meant that sometimes the checks happen outside timescales as we try to maintain continuity of care with the same professional and a face-to-face contact. This is appreciated by families, as evidenced by the example feedback below:

*'Laura has been amazing from day one! As a first-time mum everything can be so daunting especially with my history of baby loss and fertility trouble. But Laura made my journey on this a lot easier especially postpartum. I was lucky enough to have Laura at all of my health visit check-ups including the pregnancy antenatal one. Having the same person on all of these visits made it so much easier to talk about problems, worries ask for advice etc. because it had more continuity about it...'*

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

The improvements in the delivery of this contract seen throughout 2022/23 have been maintained during 2023/24. We are currently working with our provider colleagues and the Public Health Intelligence team to take a detailed look at the results from the Ages and Stages Questionnaire (ASQ) development assessments that form a part of this check to identify any health inequalities. The learning from this work is forming part of the Children's Joint Strategic Needs Assessment (JSNA) that will be completed in July 2024.

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

The overall breastfeeding prevalence of 60% is higher than the national average of 49% and East of England Region average (53.4%) 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 Quarter 4 stand at 73% in Cambridge City, 49% in South Cambridgeshire, 63% in East Cambridgeshire, 55% in Huntingdonshire, and 43% in Fenland.

We continue to move forward on the actions identified in the [Infant Feeding strategy](#) which we report on as part of the Best Start in Life/Family Hubs transformation programme. Highlights from that during this period include:

The Children and Young People's JSNA is currently underway, and we have been working with the data team at Cambridgeshire Community Services (Healthy Child Programme Provider) to see if we can identify any trends in the data. Indicators we are looking at include age of parent, ethnicity, birth order, 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 with partners to identify any actions needed to improve our offer. Key findings so far include deprivation and younger parental age being associated with lower breastfeeding rates.

In April, we held an infant feeding workforce day in Cambridgeshire to bring together relevant staff to highlight the importance of supporting parents with infant feeding. Staff were very engaged, and we are using the learning from the day to refresh the infant feeding action plan to ensure delivery of the strategy is progressed further. We are setting up smaller working groups focusing on specific aspects of the infant feeding strategy to help move this piece of work forward.

“Introducing solid food” workshops have been 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) is now live in Fenland and is now offering integrated support around infant feeding and emotional health and wellbeing, peers in the hospital are able to initiate supportive 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 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, 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.

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