

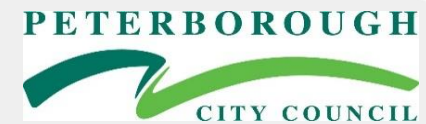
Quarterly Performance Report

Oct-17

Peterborough Children's Health and Wellbeing

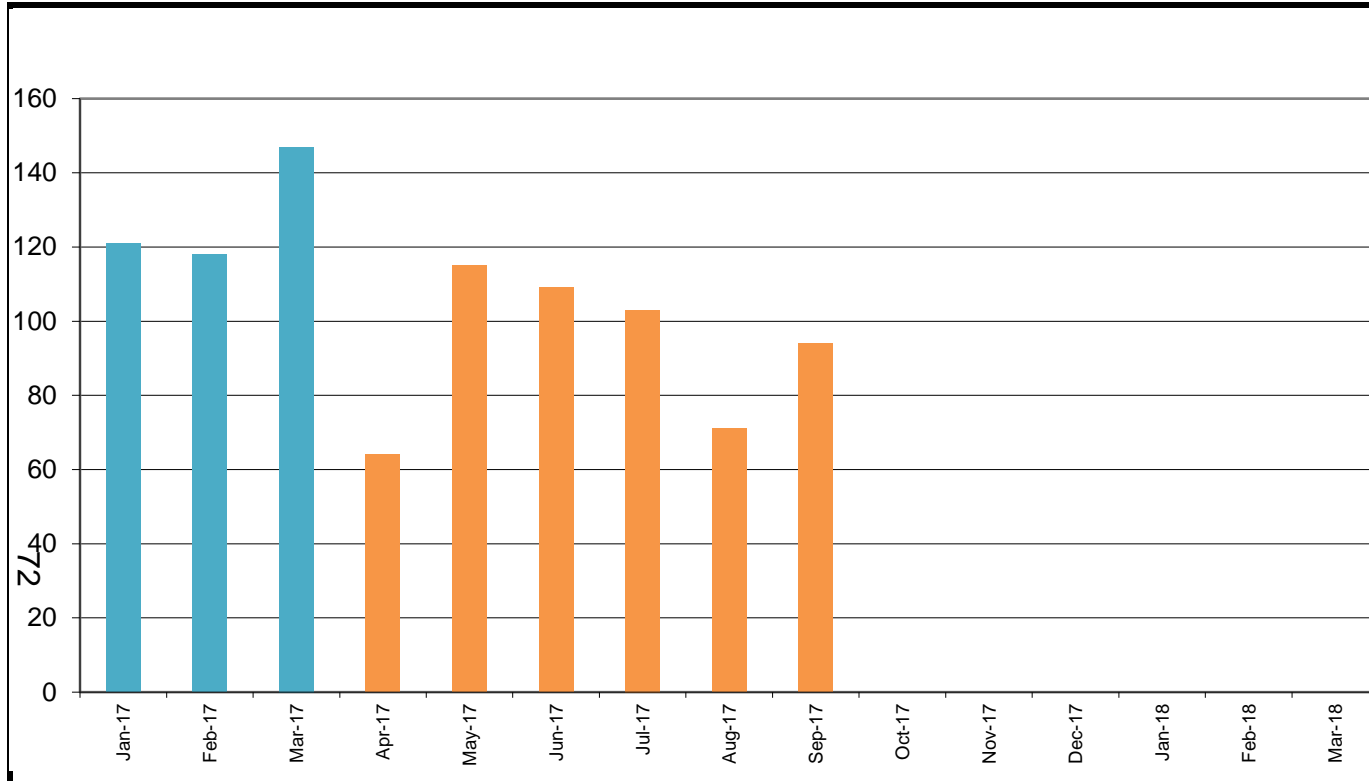


This report details key performance data for Peterborough



1. Healthy Child Programme

Number of first antenatal contacts recorded (Health Visitors)

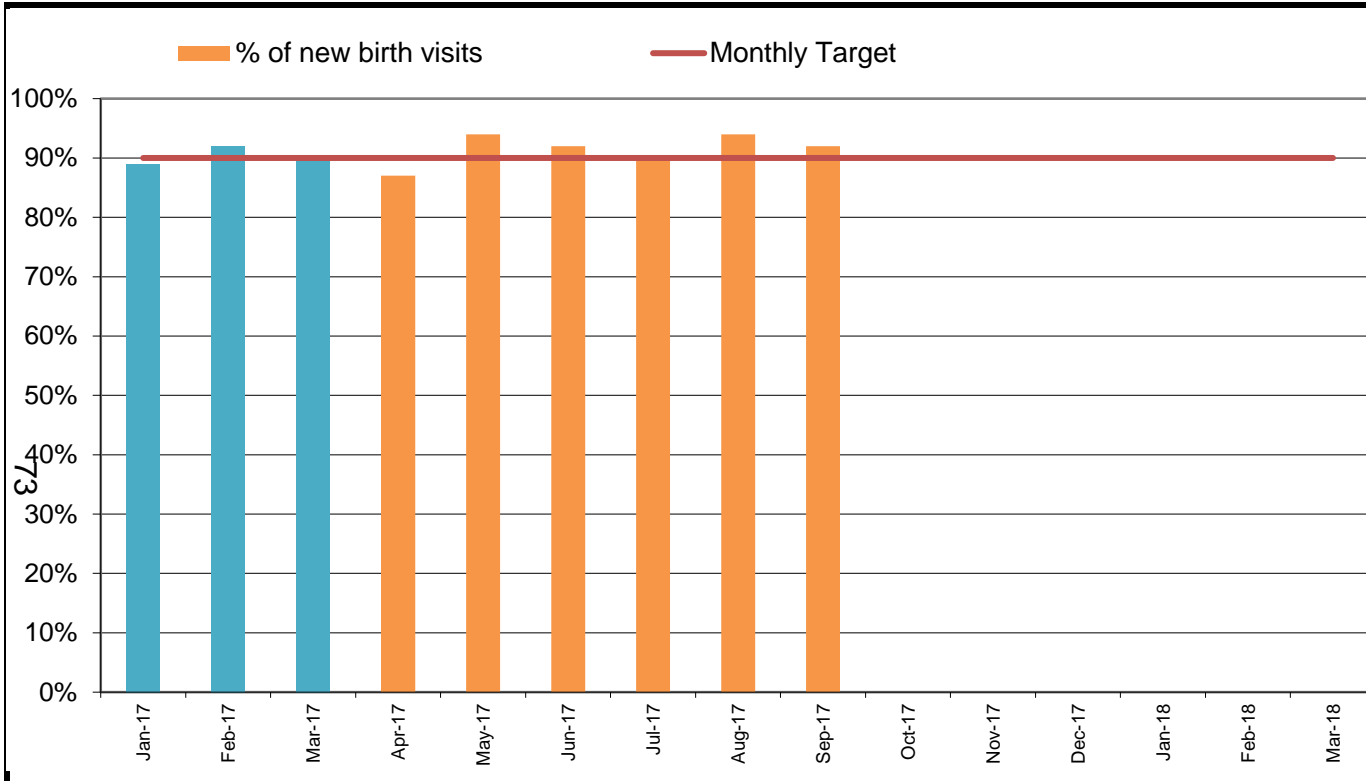


Direction of travel ↓	Target
Eastern Region	RAG N/A
<p>The antenatal contact is a promotional, listening contact, offering support as directed by the parents. It enables health visitors to offer early support, introduce the services and support parents in terms of preparing for parenthood.</p>	

Performance data for the ante natal contacts is not available nationally because of the difficulties with getting the relevant denominator. Although the health visitor checks are mandated there is no national target and these are agreed locally with the provider. The number of antenatal contacts being recorded continues to fluctuate. This is due to capacity issues across the workforce due to vacancies. This visit is prioritised for first time mums and families where there are identified vulnerabilities. Health Visitors are working with Maternity services to ensure that the most vulnerable women are identified and encouraged to take up the offer of an antenatal contact.

1. Healthy Child Programme

10-14 Day New Birth Visits Uptake within 14 days

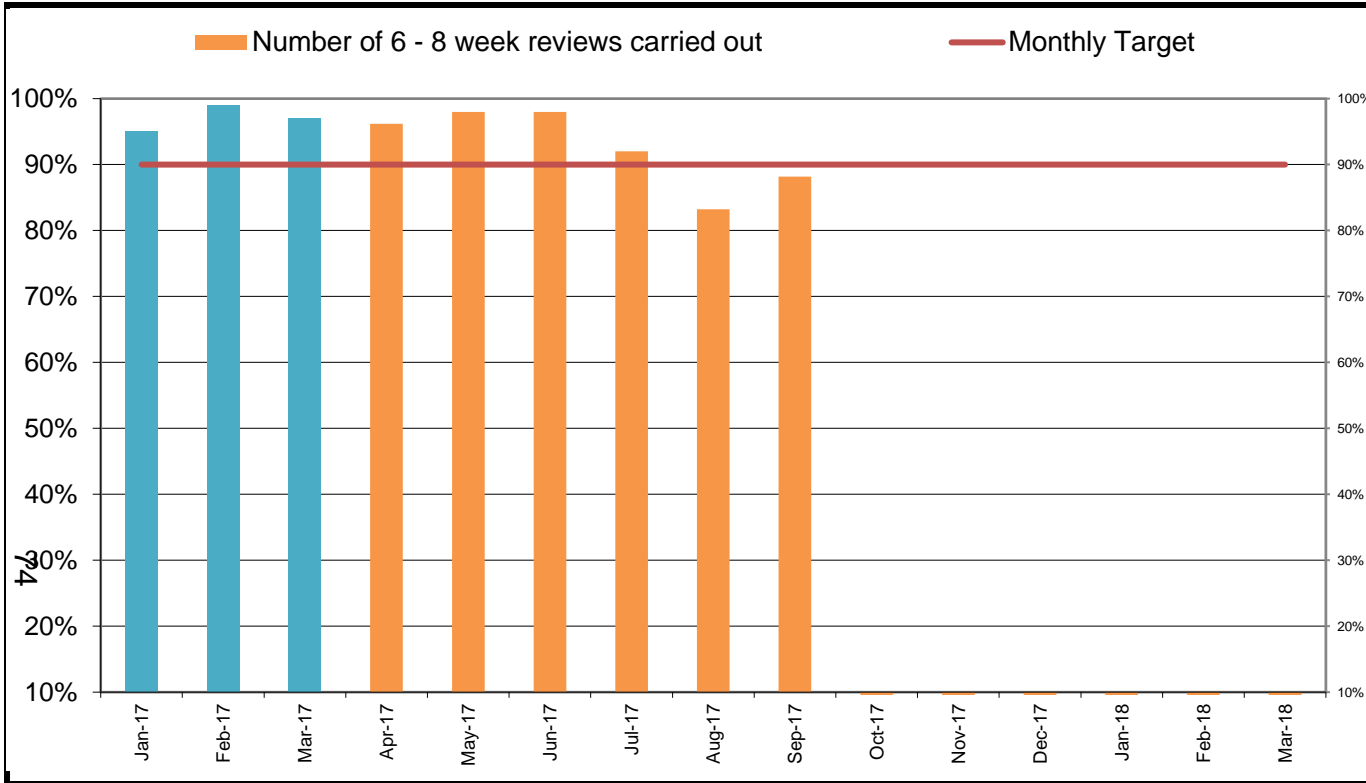


Direction of travel	Target
↔	90%
Eastern Region	RAG
	G
<p>The new birth visit is a face to face review and will include the provision of information on a range of subject areas including infant feeding, assessing maternal mental health, SIDS prevention including safe sleep, information about the immunisation schedule, outcome of screening including hearing,</p>	

The number of 10 - 14 new birth visits has remained constant and within target of 90% visits.

1. Healthy Child Programme

6 - 8 week reviews

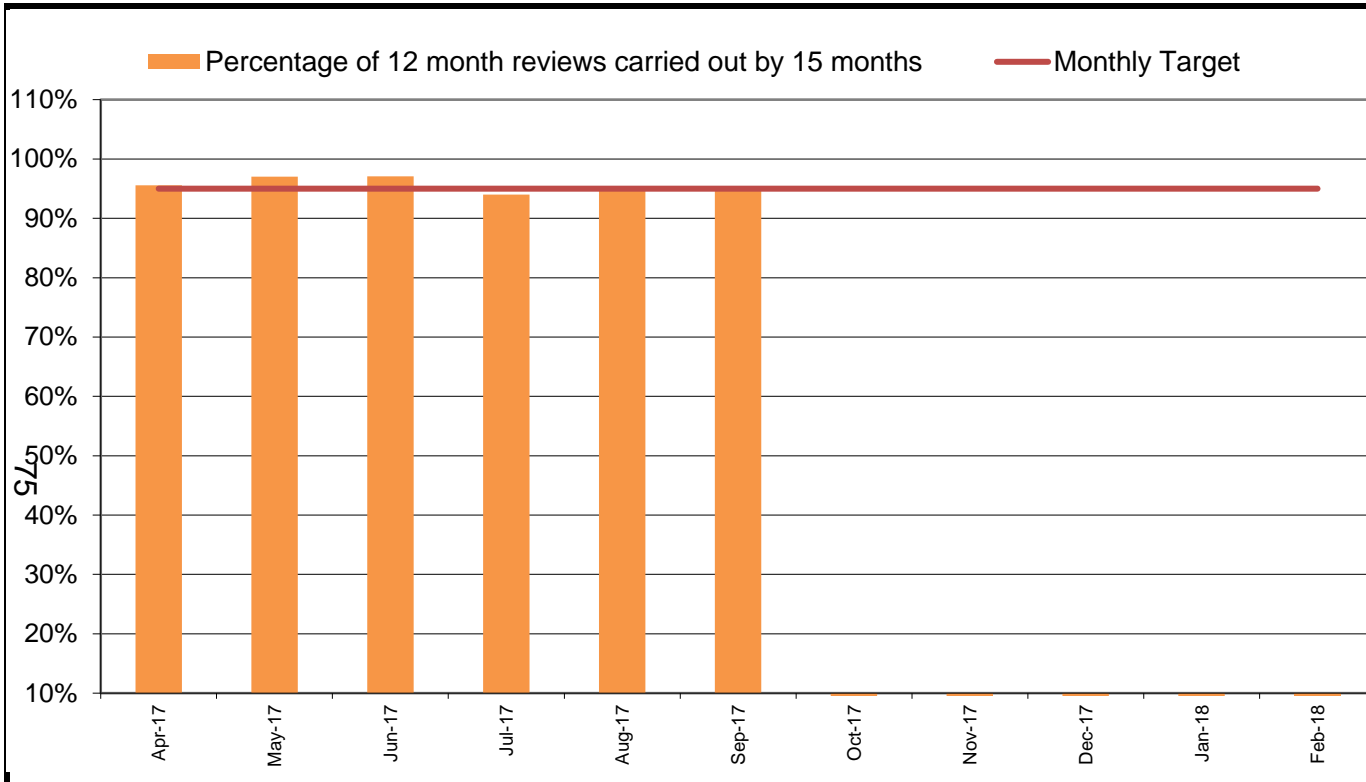


Direction of travel	Target
↔	90%
Eastern Region	RAG
	G
<p>This visit is crucial for assessing the baby's growth and well-being alongside the health messages, including breastfeeding, immunisations, sensitive parenting and for reporting on specific issues such as sleep. The health visitor will review general health and provide contact details for the local health clinic and children's centres, where the mother can access a range of support. The visit, in addition to the 6 - 8 week medical review which is often completed by the GP, forms part of the child surveillance programme.</p>	

The target for the 6 - 8 week review visit continues to be met and the numbers of reviews being carried out at this stage remains consistent, often exceeding the 90% target established for 17/18; However there has been a slight decrease this quarter owing to staff vacancies and sickness. If the proportion of infants seen after 8 weeks, for a 6 - 8 week check is accounted for, this figure increases to a quarterly average of 95.5%. This does mean that women and children are being seen during this period, but in some cases it is slightly later than the 8 week target.

1. Healthy Child Programme

12 month review by 15 months

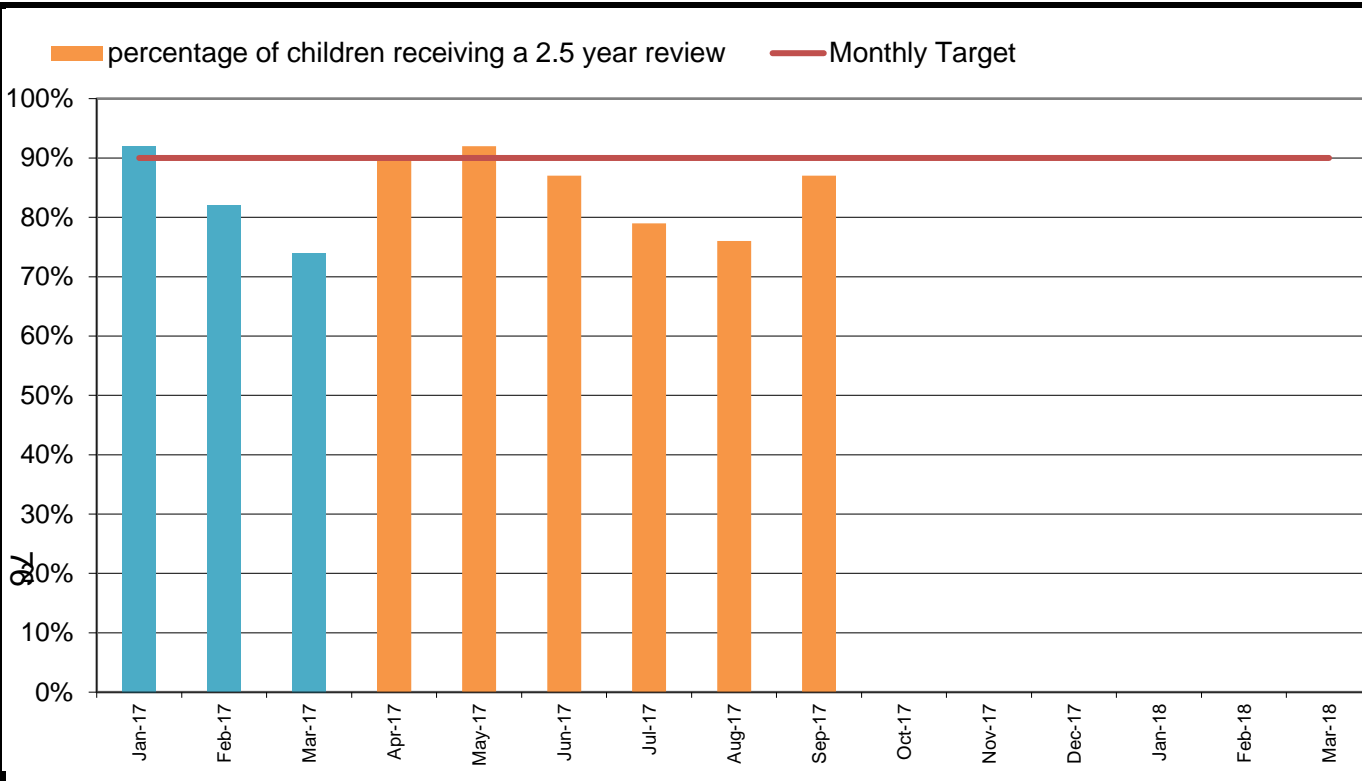


Direction of travel	Target
↔	95%
Eastern Region	RAG
	G
<p>The 12 month review includes: an assessment of the baby's physical, emotional and social development, offers support to parents providing information on attachment, development and parenting issues, monitor growth, health promotion (dental health, healthy eating, injury and accident prevention, safety issues), check newborn bloodspot status</p>	

The number of 12 month visits completed by 15 months remains relatively steady, and within the 95% target established for this year.

1. Healthy Child Programme

2.5 year check - (Health Visitors) - Percentage of children given 2-2.5 year review

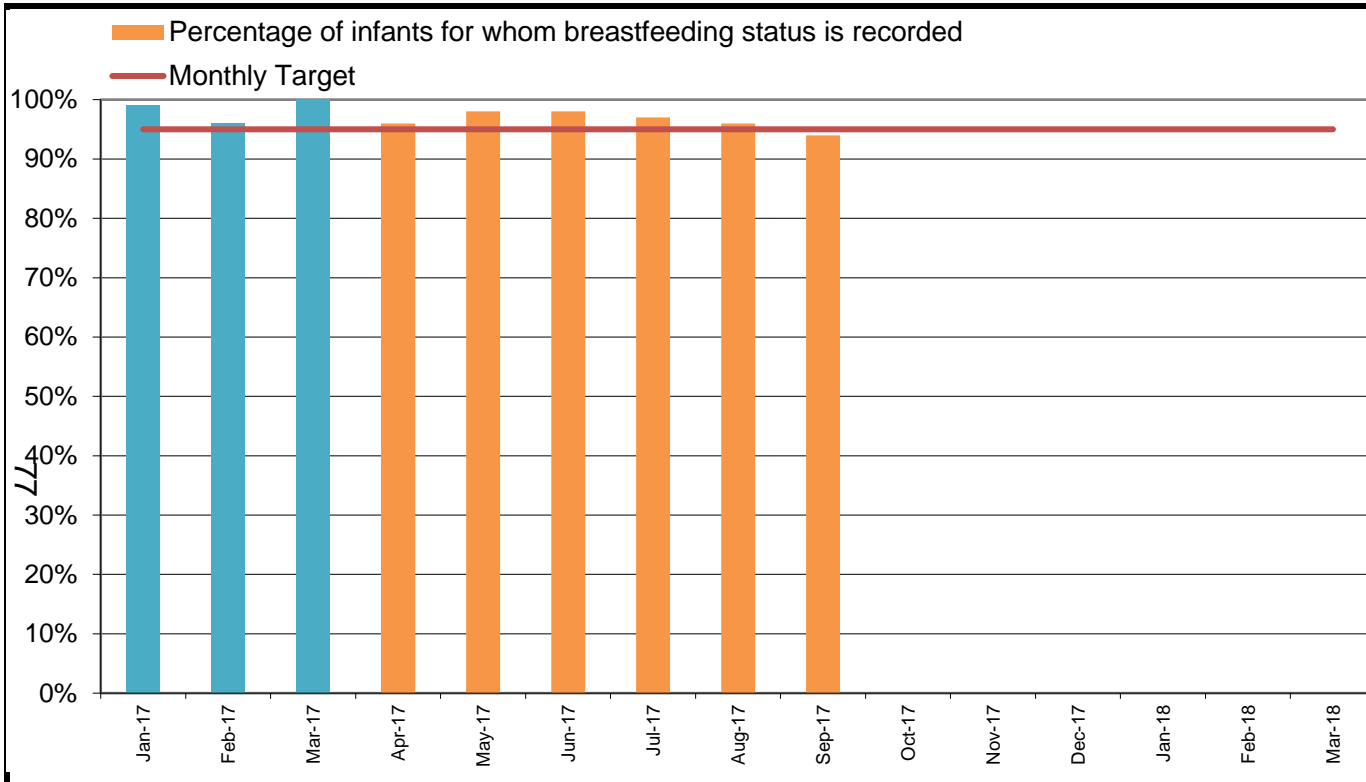


Direction of travel	Target
↓	90%
Eastern Region	RAG
	A
<p>The 2 year check includes the review with parents of the child's, emotional, social behavioural and language development using the ASQ3 and respond to any concerns, offer guidance on behaviour management, promote language development, encourage the take up of early education particularly the two year old funded offer, and general health promotion (dental health, healthy eating, injury and accident prevention, toilet training)</p>	

The number of two year old checks being completed by 30 months had increased in the quarter, although is falling below the 90% target. This is due to capacity issues, relating to vacancies, staff sickness and maternity leave. Recruitment has been undertaken, and plans are in place to continue recruitment of health visiting staff. However, this is challenging, with low numbers responding to job adverts. This impacts on the delivery of all mandated visits including the two year old check.

1. Healthy Child Programme

Percentage of infants for whom breastfeeding status is recorded at 6-8 weeks from birth (%)

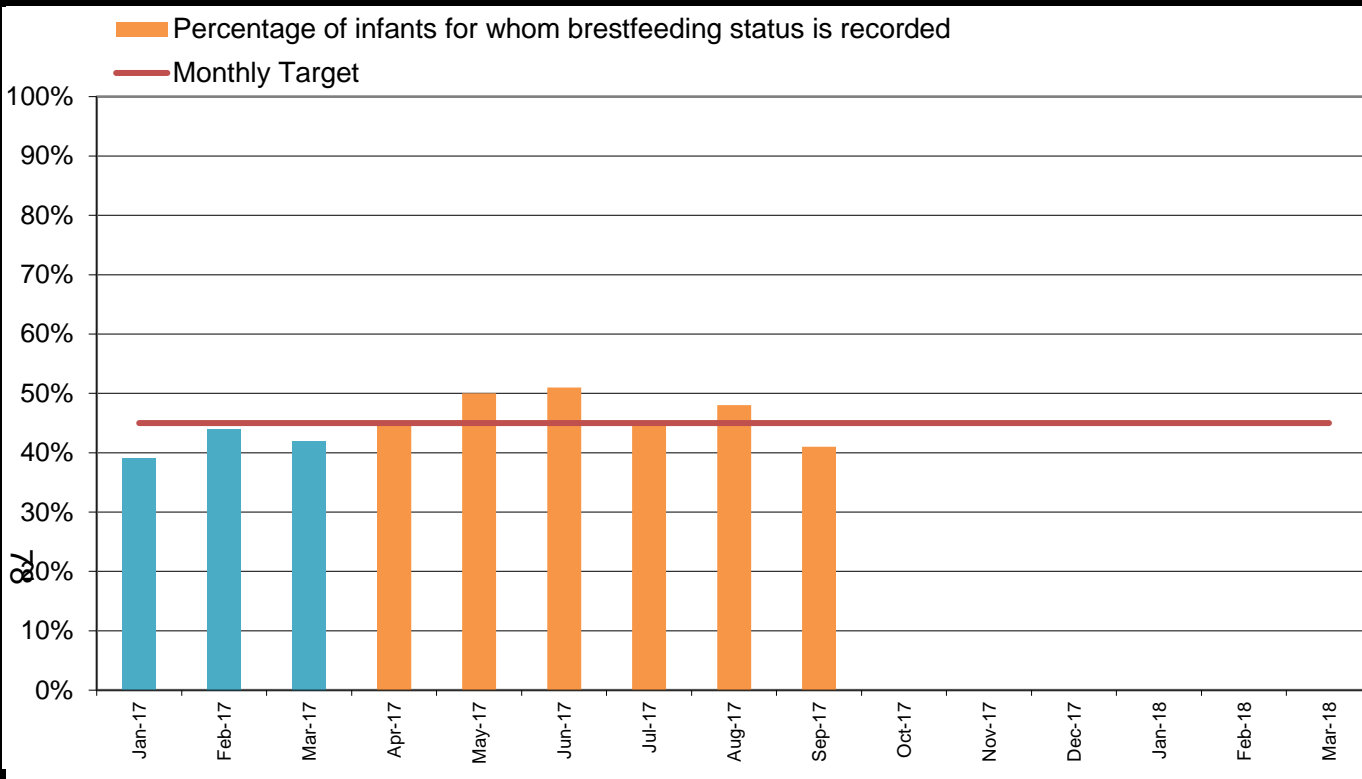


Direction of travel	Target
↔	95%
Eastern Region	RAG
	G
<p>Research indicates that breastmilk has multiple health benefits for the child and the act of breastfeeding has improved bonding between mother and baby. Peterborough is part of the UNICEF Baby Friendly Initiative which requires the data collection and recording of the breastfeeding status of mothers by Midwifery and Health visiting teams to ensure standards are being met.</p>	

The recording of the breastfeeding is being maintained - which ensures the accuracy of the breastfeeding prevalence data

1. Healthy Child Programme

Prevalence of breastfeeding (totally plus partially) at 6-8 weeks from birth (%)

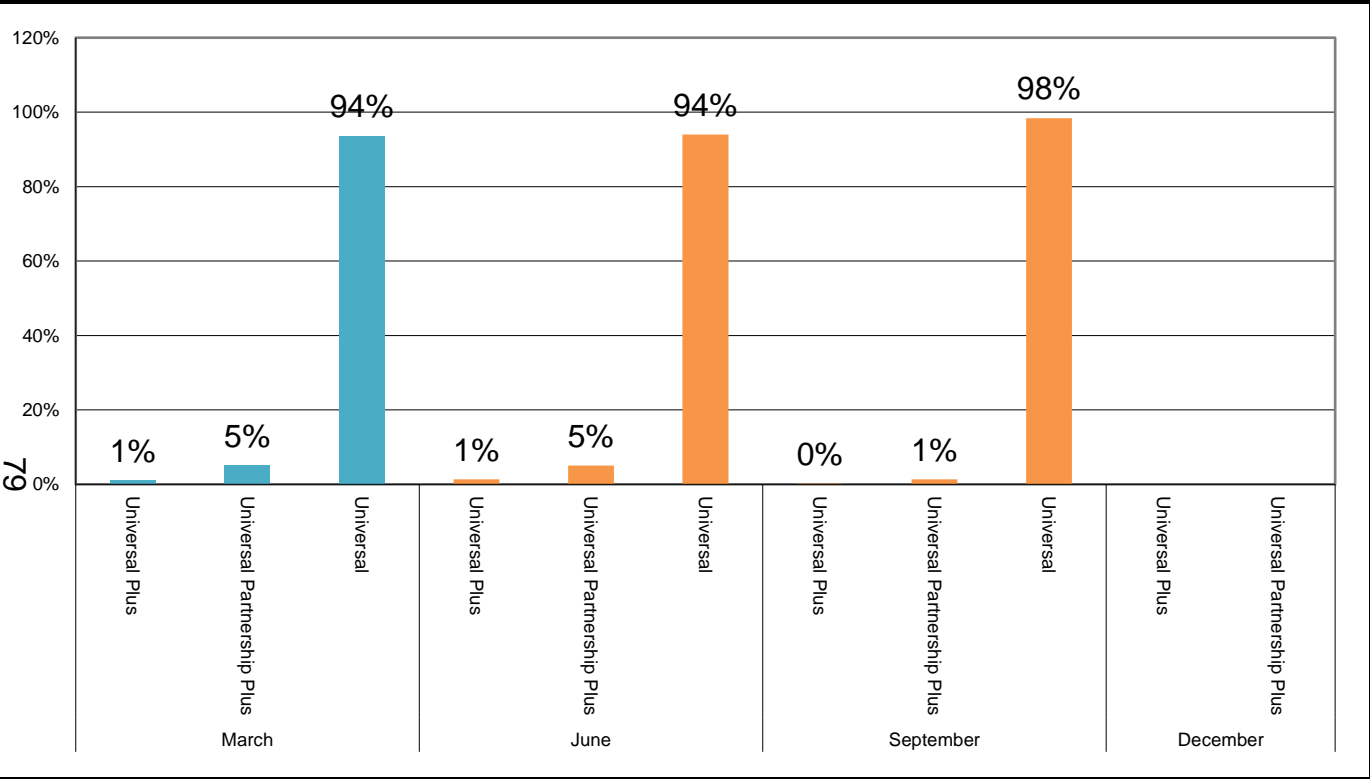


Direction of travel	Target
↔	45%
Eastern Region	RAG
	G

The proportion of women breastfeeding at 6-8 weeks from birth remains steady with a quarterly average of 45%, mirroring the national average. It has been reported that new reporting system may have impacted on Septembers figures and will need to be monitored. Through the Infant Feeding Strategy group there is a co-ordinated approach between Midwifery, Health, and Children’s Centres to ensure consistent messages are being delivered to women. The group also collects data on breastfeeding throughout a mothers journey to establish trends and target support where drop-offs are identified.

1. Healthy Child Programme

Caseload by Pathway - school nursing service



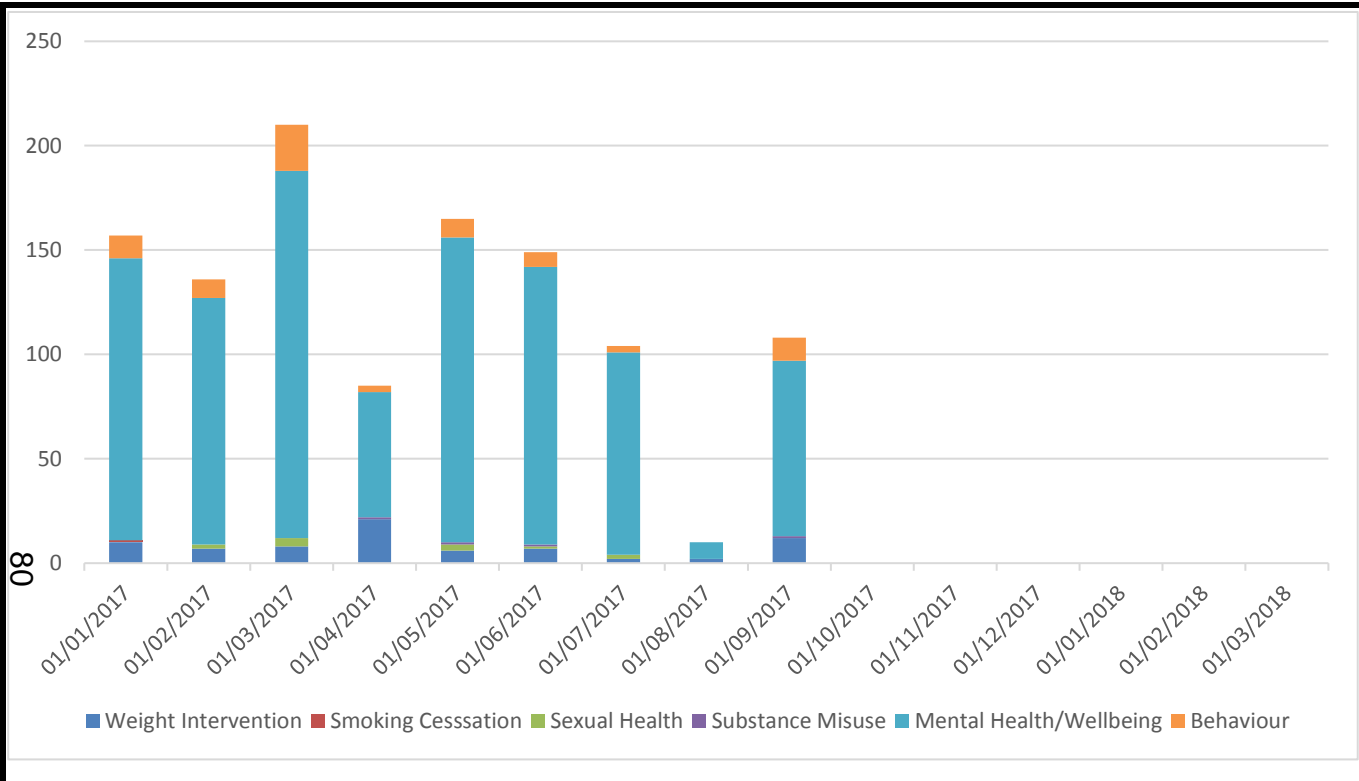
Direction of travel	Target
-	n/a
Eastern Region	RAG
	n/a

The data is showing that the predominant pathway by which children are referred onto the Healthy Child Programme continues to be the Universal pathway. However, the School Nursing workforce report that a significant amount of work is completed for safeguarding vulnerable children.



3. Mental Health Needs

School Nurse Interventions - key themes



Direction of travel	Target
	n/a
Eastern Region	RAG
<p>Work has been done on the School Nursing services to promote the detailing and recording of the types of interventions School Nurses were having with children and young people. Taking this into consideration will help to identify and focus future work in the needed areas and targets will be set following the establishment of a baseline.</p>	

Analysis of the types of interventions conducted by school nursing staff indicates that issues pertaining to mental health and wellbeing are the predominant reason for a young person needing School Nursing interventions. Fewer numbers were recorded in August due to the summer holidays and figures presented in this report are representative of face-to-face contacts and not inclusive of calls that come through the duty desk. The school nurses are reporting their use of new services established through CAMHS transformation such as the web sites Keep Your Head and Kooth. Discussions are underway to scope out whether it would be beneficial to introduce CHAT Health to support school nurses with their caseload.

