

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 9
7 NOVEMBER 2023	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Ishfaq Hussain, Cabinet Member for Adult Services and Public Health.	
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PUBLIC HEALTH ANNUAL PERFORMANCE REPORT 22-23

RECOMMENDATIONS	
FROM: Jyoti Atri, Director of Public Health	Deadline date: 7 November 2023
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> Notes and comment on the Portfolio Holder Annual Performance Progress for Public Health including updates on public health service performance against key performance indicators. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee at the request of the Adults and Health Scrutiny Committee group representatives, as part of the 2023/24 Committee's work programme

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Adults and Health Scrutiny Committee with an overview of the performance of Public Health in 2022/23 and key areas of progress.

2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council –

- 1.Public Health;
- 2.The Health and Wellbeing

2.3 *How do public health services link to the Children in Care Promise* – several public health services have a focus of supporting children in care to maintain a healthy lifestyle and help children in care to look after their physical and mental health (Promise 6). This is especially relevant to the Healthy Child Program, substance misuse services for young people and other behaviour change services. All of our services are also committed to the other children in care promises. [Children in care - Peterborough City Council](#)

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
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4. BACKGROUND AND KEY ISSUES

4.1 Background

This report presents performance against Key Performance Indicators (KPIs) for Public Health commissioned services for 2023/24 and any notable progress for the first six months of 2023/24, including the Performance Management Framework KPIs.

These indicators reflect our high value contracts that are primarily preventative or provide treatment e.g., Healthy Child Program, Drugs and Alcohol Treatment Service, Sexual and Reproductive Health Services and Integrated Behaviour Change services. Performance is measured by a mixture of locally set targets and national where applicable.

Key issue

Funding is a key challenge for Peterborough Public Health, with Peterborough residents receiving less per head in the public health (PH) grant than they should based on need. The total PH grant for Peterborough is currently £11.9m or £55.22 per head¹, compared to £73.12 per head for CIPFA comparators. This equates to PH grant under-funding of approximately £4m or at least one third of the value of the PH grant.

The gap between need and level of funding in Peterborough has also been clearly and independently identified in work by the Health Foundation and Institute of Fiscal Studies² as well as local analysis.

One of the main reasons for the underfunding in public health in Peterborough is the level of population growth, especially in children. Peterborough saw a population growth of 17.5% between 2011 and 2021, which is one of the fastest in the county. Peterborough has had three times the growth in children and young people compared to England; with 5-9 year olds seeing the highest growth in the county at 37% (13% for England) and 10-14 year olds seeing a 37% growth (11% for England).

Unfortunately, Peterborough still has high levels of poverty with a quarter of our children in relative poverty, leading to higher need. This level of poverty and need is not reflected in the PH grant allocation but is reflected in some of the poorer outcomes we see for children in Peterborough when compared nationally.

4.2 Integrated Behaviour Change Services (Lifestyles)

The Integrated Behaviour Change Services in Peterborough are provided by Everyone Health and delivered under the Healthy You branding. It is shared service with Cambridgeshire County Council through a Partnership and Delegation agreement. The service provides Tier 2 and Tier 3 adult weight management, health trainers and stop smoking services. Service delivery is a mixture of virtual and face to face delivery, providing a flexible approach which is welcomed by service users.

Tier 2 Weight Management Services

The Tier 2 Weight Management Service works towards a 30% target for the number of people who complete a 12-week course and achieve a 5% weight loss. It includes both diet and physical activity interventions.

¹ Based on 2021 census estimates for population

² [How much was spent on public services in your area in 2022-23? | Institute for Fiscal Studies \(ifs.org.uk\)](https://www.ifs.org.uk/publications/1044)

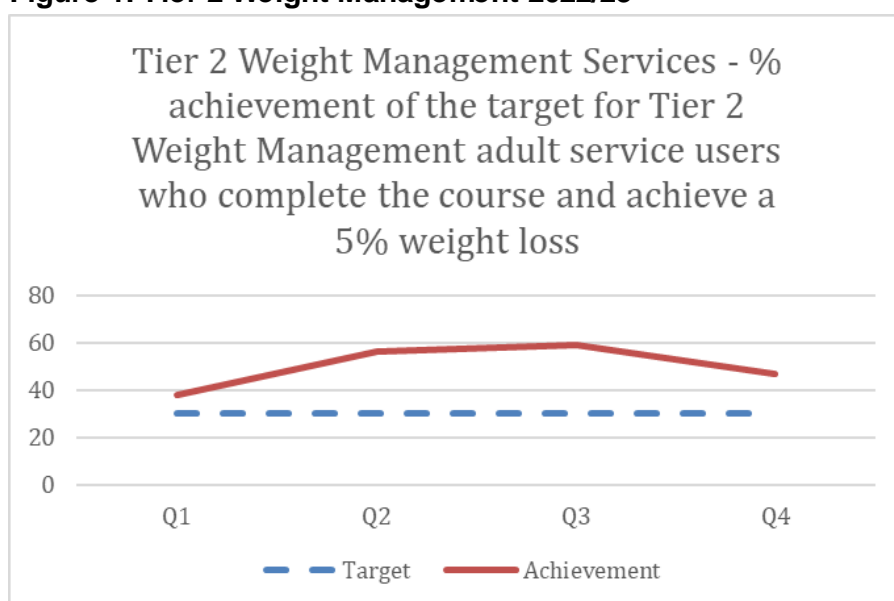
Everyone Health provides a Tier 2 service but also sub-contracts making more options available. The Tier 2 service provides three service options available to patients:

- Healthy You in-house programme (face-to-face and online).
- Slimming World
- Weight Watchers.

22/23 Performance:

The number of referrals into the Tier 2 Weight Management service has been high. It is likely this is mainly due to a scheme introduced by NHS England to financially incentivise GP practices to refer patients for weight management support. Despite the significant increase in referral numbers (2468 referrals in 22/23 against a target of 827) the service performed well, with outcomes for those completing the course well above the target. In 2022/23 45% of completers achieved a 5% weight loss, this exceeded the national recommended target of 30%.

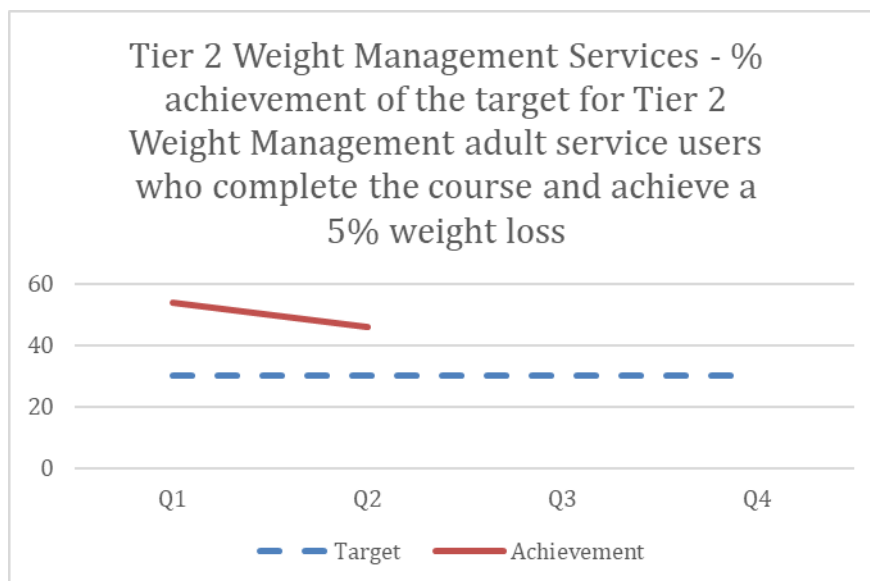
Figure 1: Tier 2 Weight Management 2022/23



23/24 Progress:

The number of referrals into the Tier 2 Weight Management service continues to be high in 23/24 (1608 referrals in Q1-Q2 against a target of 373) which has resulted in a waiting time for referrals of around 12 months. However as seen throughout 22/23, the percentage of completers achieving 5% weight loss is consistently above the target of 30%.

Figure 2: Tier 2 Weight Management 2023/24



Tier 3 Adult Weight Management

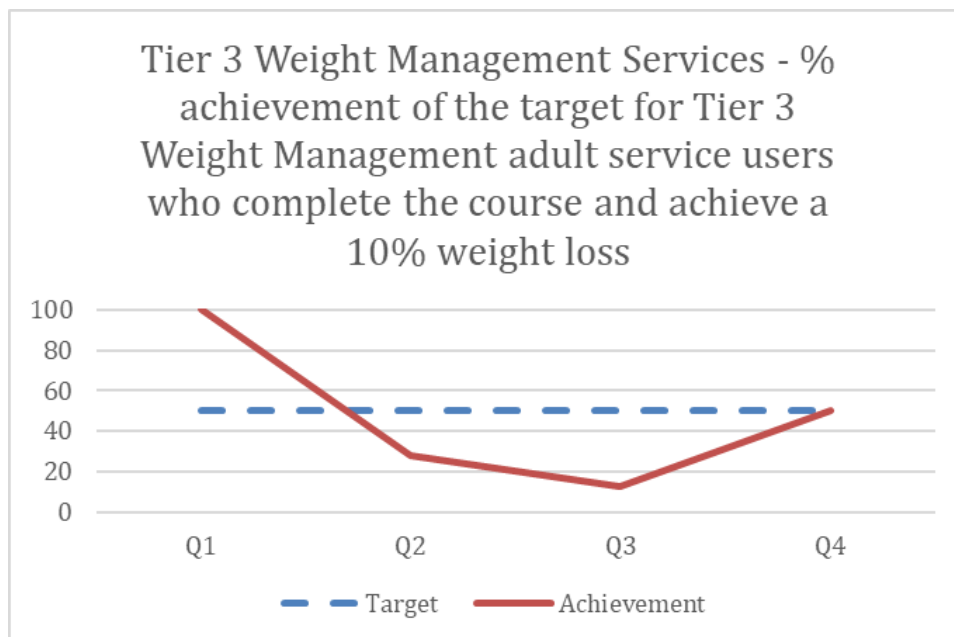
The Tier 3 adult weight management service was delivered by Everyone Health in 22/23 and included an additional two sub-contracted service options. All three options below are supported by a multidisciplinary team in line with NICE guidance:

- Fresh Start – This is Everyone Health’s internal offer, which involves a low carbohydrate programme delivered via a virtual group.
- Cambridge University Hospitals (CUH) (Addenbrookes) CUH deliver a medically supervised obesity service referred to as the Intensive Weight Management Programme (IWMP), designed to help patients with more complex medical needs. Clinics are delivered both virtually and face to face.
- Oviva – The ‘Way to Wellness Programme supports patients to follow a choice of diet plans or a Total Diet Replacement programme (TDR). Support is virtual over the phone, video or via a mobile app.

22/23 performance

Throughout 22/23, 51% of programme completers achieved 10% weight loss against a target of 50%. Referrals to Tier 3 Adult Weight Management were on target throughout 22/23 (202 referrals in 22/23 against a target of 200)

Figure 3: Tier 3 Weight Management 2022/23



24/24 performance

In order to increase both capacity and patient choice within Tier 3, additional funding from the Integrated Care Board (ICB NHS) enabled the commissioning of additional Tier 3 provision. The successful provider for this contract was MoreLife and the contract started on 1st September 2023.

Everyone Health chose to stop subcontracting Oviva in April 2023, and also remodelled their in house Fresh Start offer to better meet patient needs and their KPI's.

As a result, from September 2023, there are now four Tier 3 interventions which have significantly increased capacity within the Tier 3 service as well as offering greater patient choice:

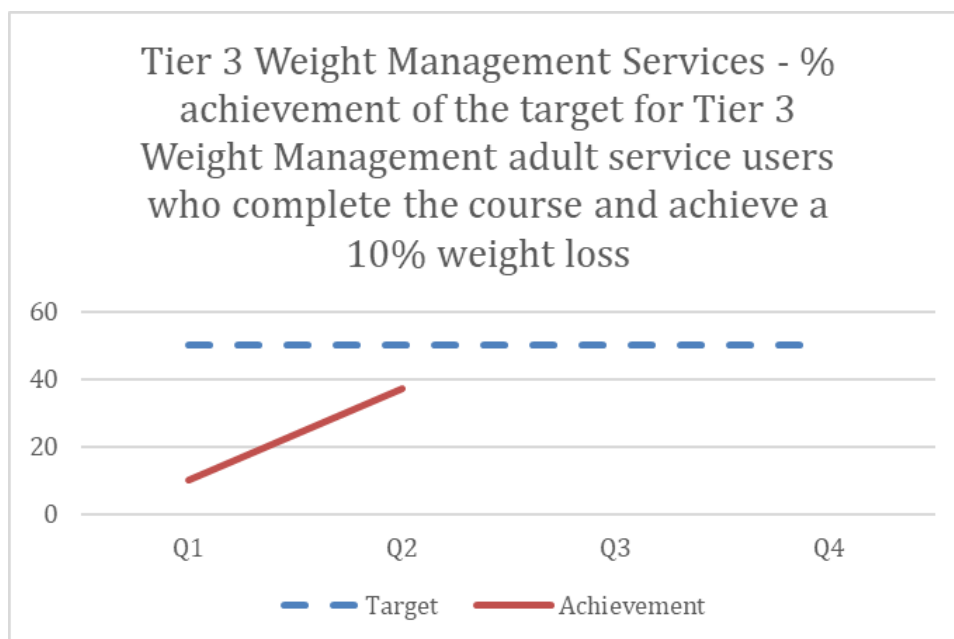
- Everyone Health:
 - Fresh Start in house offer
 - CUH (Addenbrookes) medically supervised intensive weight management programme
- MoreLife:
 - In house fully digital offer
 - In house face to face groups in the community

As seen in Tier 2 Adult Weight Management, referrals to Tier 3 Adult Weight Management have been very high throughout Quarter 1 and Quarter 2 in 22/23 (142 referrals in 22/23 against a target of 46 which already exceeds the yearly target of 93). As in Tier 2, this is likely to be caused by the enhanced specification as well as the recent availability of the new weight loss drugs, such as Wegovy. (Which can currently only be accessed via a Tier 3 service)

Due to the number of referrals exceeding capacity of the service there is now a wait of 5 months for a initial appointment, during which the patient selects their intervention of choice. Following this appointment, the wait time to start an intervention is as follows:

- Fresh Start: 1-2 months
- Morelife: no wait
- Addenbrookes (CUH): 2 years

Figure 4 Tier 3 Weight Management 2023/24



The Public Health Team is working with partners across the system to address the demand pressures in Tier 2 and 3 weight management services. However, it will be challenging to address this large increase in demand.

4.3 Primary Care Public Health Commissioned Services

Public Health commissions Public Health Services through individual contracts general Practice and Community Pharmacy providers. Services include:

GP Services:

- Stop Smoking Services
- Long Acting Reversible Contraception
- NHS Health Checks

Pharmacy Services:

- Emergency Hormonal Contraception (EHC)
- Nicotine Replacement Therapy Voucher
- Smoking Cessation

All 17 GP practices and 42 Community Pharmacies are offered a contract, provided they meet the clinical requirements for delivering the services.

Covid 19 had an impact on Public Health commissioned services delivered from GP practices and Pharmacies in Peterborough with a reduction in activity seen in all services. Activity within most services has increased in 22/23. However, GP practices and Community Pharmacies are still experiencing significant demand pressures for their services and find it challenging to provide some services i.e., stop smoking services.

GP Services

NHS Health Checks

The performance of NHS Health Checks is measured against a national benchmark for the number of completed NHS Health Checks. NHS Health Checks are cardiovascular risk assessment for those aged between 40 and 74 years of age and not already diagnosed with a related condition. Gp practice's identify eligible patents and send them an invitation to have an NHS Health Check.

22/23 Performance:

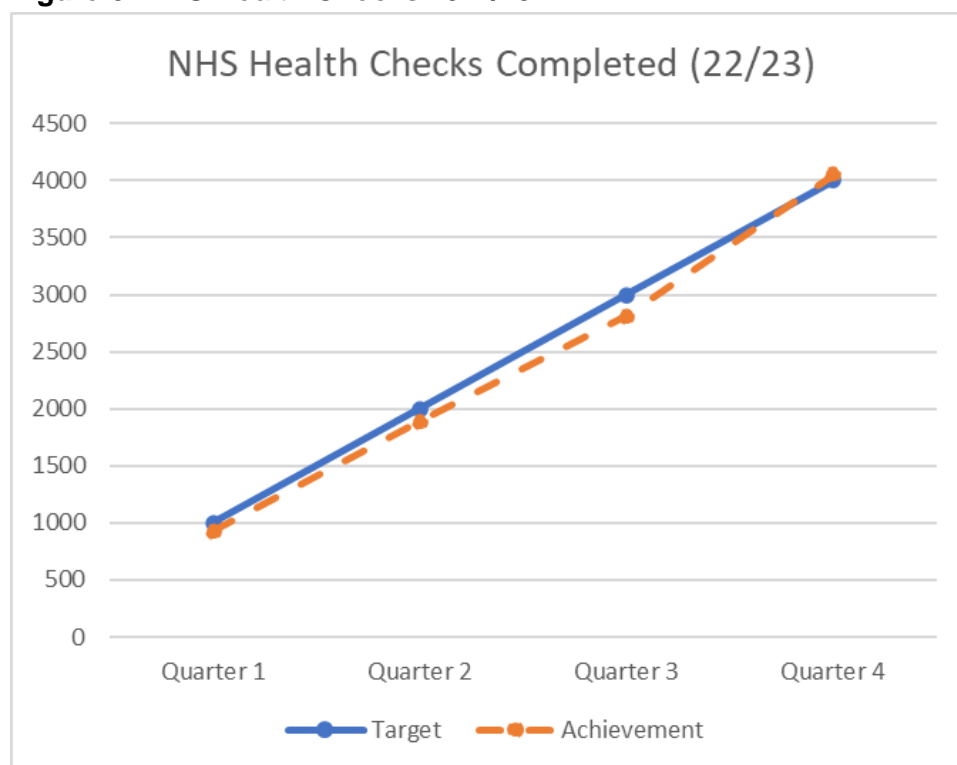
NHS Health Checks in Peterborough are provided by GP practices and the Everyone Health Behaviour Change Service (lifestyle) which provides opportunistic NHS Health Checks. Across all providers 4053 NHS Health Checks were completed, compared to our local target of 4000.

During Covid-19 NHS Health Checks were paused, however activity has since returned to pre-pandemic levels. Footfall in outreach areas was hugely impacted by the pandemic, but it continues to increase, allowing the Healthy You service to reach high-risk residents once again.

To encourage increased activity an incentive scheme for achieving targets was offered to GP practices during 22/23, which includes using the Healthy You service to support their delivery where necessary.

A local target was established some years ago due to funding pressures. Although this local target was achieved in 22/23, this is below the national expectation of 10,612 per annum. The target has been increased incrementally for the next three years to achieve 75% of the national ambition. At this level of coverage there is significant impact on cardiovascular disease rate. Peterborough has a high cardiovascular disease rate compared to the national other similar areas, but to meet the national expectation additional funding will be required.

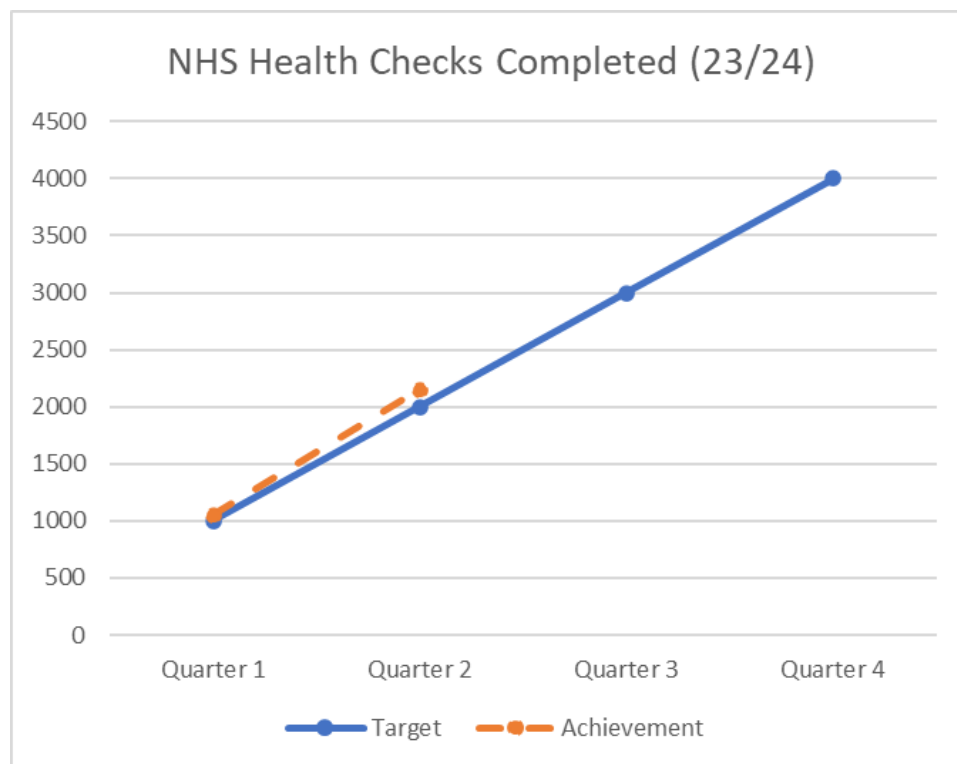
Figure 5: NHS Health Checks 2022/23



23/24 Progress:

During 23/24 NHS Health Checks in Peterborough continued to be provided by GP practices and the Behaviour Change Service (lifestyle). Across all providers 2148 NHS Health Checks have been completed in quarters 1 and 2, compared to our local target of 2000.

Figure 6: NHS Health Checks 2023/24



Stop Smoking Services

Stop Smoking Services offer support for 4 week quit attempt and includes NRT and other smoking medications, that have not been available for the past two years. Performance measures the number of users who quit for at least 4 weeks. They are provided by GP practices, community pharmacies and Everyone Health Behaviour Change Service (lifestyle).

22/23 Performance:

GP Practices are set targets for numbers of smokers helped to quit and any quitters arising from the Everyone Health and pharmacy services contribute to their target. For several years out of the 17 GP practices only three actually deliver stop smoking services and there were only 12 quitters arising directly from GP practices along with eleven from community pharmacies in 2022/23.

Across all providers 1203 quit dates were set in 22/23 and 433 people had stopped smoking at the 4-week stage. This is a 36% success rate which is below the national average of 50%.

During the COVID-19 pandemic stop smoking services stopped in GP practices and community pharmacies. Delivery fell but did not stop in the behaviour change service. None of the services have fully recovered and achievement against target continues to be below expectation.

GP practices are still experiencing demand pressures generally and find it challenging to provide stop smoking services.

During 22/23 the Behaviour Change Stop Smoking Service experienced significant challenges. There were staffing changes with several staff retiring or changing roles, this meant they had reduced capacity to provide stop smoking support throughout 22/23. A new data collection

system was also introduced which initially made it more challenging to proactively follow-up patients who had cancelled their appointments/dropped out of the service. Additionally, the absence of the two smoking medications (Varenicline and Bupropion) throughout 22/23 has meant the only stop smoking aid available for service users was nicotine replacement therapy. Along with the ongoing pressures in GP practices and community pharmacies there was substantial impact on performance and the targets were not met.

Figure 7: Stop Smoking Services target 2022/23



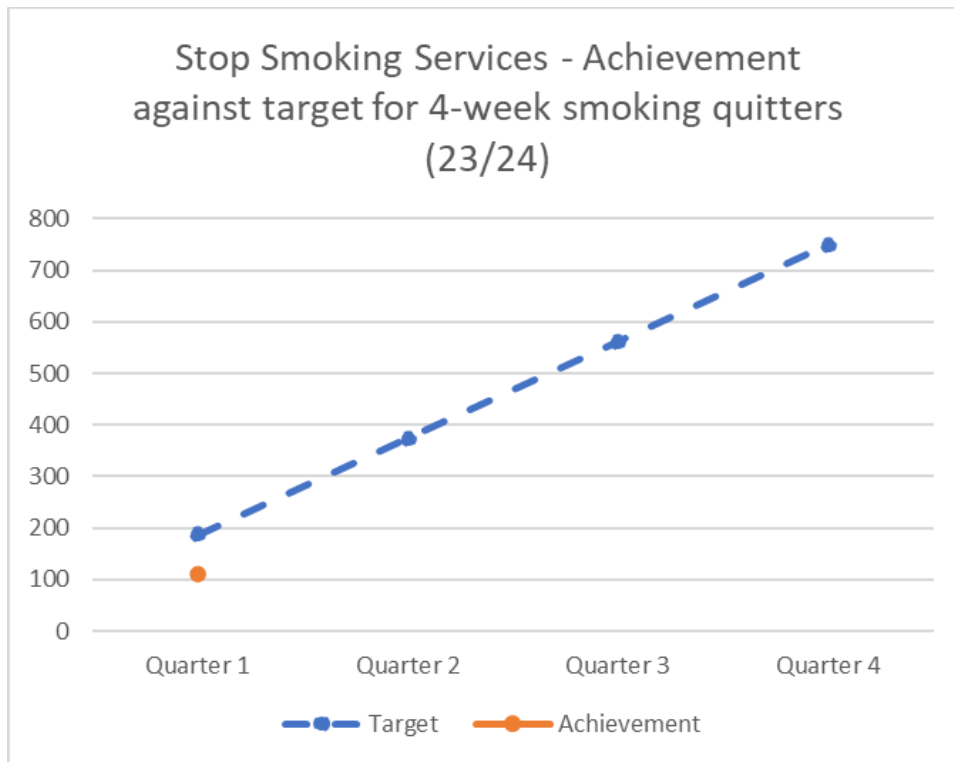
23/24 Progress:

During 23/24 stop smoking support in Peterborough is provided by GP practices and the Behaviour Change Service (lifestyle) only. In quarter 1 across both providers 353 quit dates were set in 22/23 and 110 people stopped smoking at the 4-week stage. This is a 31% success rate which is below the national average of 50%. The quarter 2 data is not available at this stage due to the national reporting timelines of stop smoking service outcomes.

GP practices are still experiencing demand pressures and find it challenging to provide stop smoking services. The Behaviour Change Stop Smoking Service has had several vacant posts throughout 23/24, however all vacant posts have now been recruited to and new staff members are currently completing their induction so capacity within this service should increase soon. However, the two stop smoking aids (Varenicline and Bupropion) are still not available meaning the only available stop smoking aid through all providers is nicotine replacement therapy.

The Behaviour Change Stop Smoking Service has recently commissioned the Smokefree App to provide smoking cessation support as a pilot. Smoking cessation support is provided by trained advisors 24 hours a day. The aim of the app is to increase the reach of the stop smoking service and increase accessibility for those people who cannot attend regular appointments with the core service, for example routine and manual shift workers and home carers.

Figure 8: Stop Smoking services 2023/24



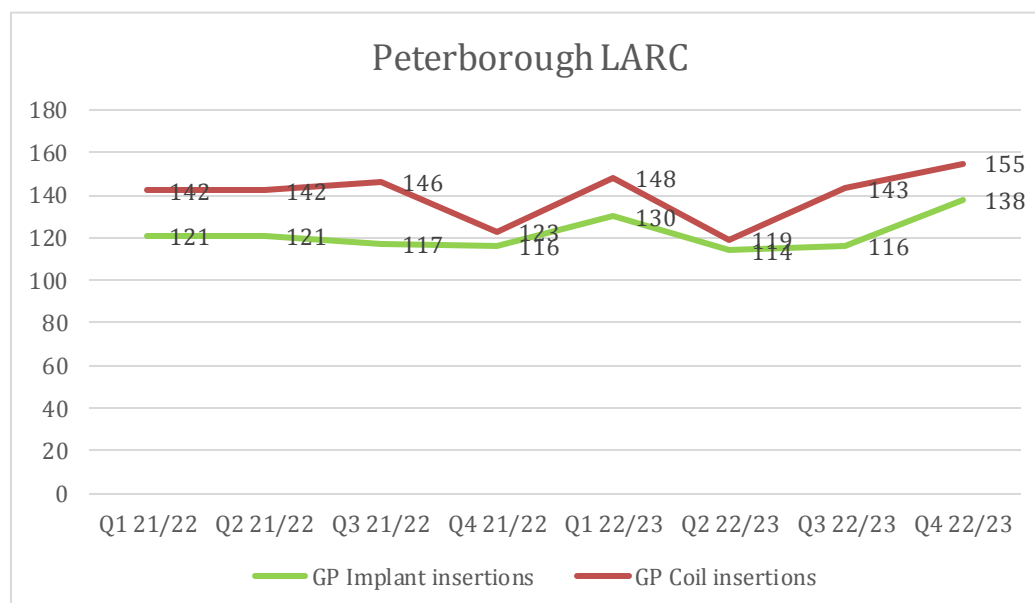
Long-Acting Reversible Contraception (LARC)

Fitting of LARC devices is carried out in primary care and activity is monitored in conjunction with the demand seen in the integrated sexual and reproductive health services.

22/23 Performance

The impact of the pandemic on activity within primary care also effected the number of LARC devices that were fitted in GP practices. During 22/23 we have started to see a steady increase in the activity being undertaken and a reduction in waiting times.

Figure 9: Long-Acting Reversible Contraception



To further support this activity in 23/24 additional funding has been provided for placements training additional LARC fitters who are also able to train practice staff members to become accredited fitters. This will increase the capacity of practices to carry out fits. Additionally, a survey has been carried out with GP Practices in Peterborough to review the

demand in primary care for LARC and understand any barriers they are experiencing in meeting this. Using this information further work will be undertaken to support practices to improve activity.

Pharmacy Services

During 22/23 engagement work was completed with Pharmacies across Peterborough with a specific focus on increasing delivery of Emergency Hormonal Contraception and the Nicotine Replacement Therapy Voucher Service.

The two graphs below demonstrate the positive impact of this engagement work with an increase in the number of pharmacies in Peterborough delivering both the Nicotine Replacement Therapy (NRT) and Emergency Hormonal Contraception (EHC) services.

Smokers making a quit attempt may secure NRT from a community pharmacist through a voucher system.

Figure 10: Number of community pharmacies actively delivering the Nicotine Replacement Therapy Voucher Service



Figure 11: Number of pharmacies providing Emergency Hormonal Contraception Service



4.4 **Integrated Contraception and Sexual Health Services (iCASH) and Sexual Ill Health Prevention Service (THT)**

iCASH services in Peterborough are commissioned from Cambridgeshire Community Services NHS Trust (CCS). It is shared service between Peterborough City Council and Cambridgeshire County Council. The service is measured on several locally set activity metrics as well as being measured for compliance against national clinical standards set by British Association for Sexual Health and HIV.

The Sexual Ill Health Prevention Service is provided by Terrence Higgins Trust (THT) and aims to support distribution of condoms, advice and guidance in relation to Sexually Transmitted Infections, working particularly in schools and with young people. The service also focuses on Chlamydia testing as part of the National Chlamydia Screening Programme.

22/23 Performance

During 2022/23 the iCaSH service saw demand for clinical treatment services increase. The ability to meet this demand was impacted by the monkey-pox outbreak in Spring/Summer 2022, which placed additional burden on local sexual health services displacing 'every day' provision without additional funding or resources. This was an additional challenge during the COVID recovery period.

iCASH has continued to experience demand pressures for Long-Acting Reversible Contraception (LARC), and at times has struggled to meet this leading to waiting lists being created. This was caused in part by drop-in activity by primary care during the pandemic period, which has not reached a recovery position. In response to this iCASH has mobilised additional resources to bring waiting lists down.

Oral contraception has continued to be offered remotely (via post) without face-to-face appointments. The service is still benefiting from the online testing facilities introduced and maximised during the covid pandemic period. The return rate for tests requested online is on average 75% per quarter. The schools outreach service was re-mobilised following the pandemic and works collaboratively with the local prevention service, provided by Terrence Higgins Trust, meeting the needs of young people in school.

The Prevention Service opened during the height of COVID which impacted particularly on ability to undertake STI (Sexually transmitted infections) Testing in Schools and Young Persons Settings. The Clinical Guidance also changed on Chlamydia testing this year as well with which recommended now only routinely testing females under the age of 24 years and not males. The service continues to perform well on its joint work with drug and alcohol services and attending festivals and events, promoting their service.

23/24 Progress

During the first two quarters of 23/24 both the treatment and prevention services have been working towards managing the increasing demand within challenging delivery circumstances which include national strike action and increasing levels of staff sickness. Although the national response to the monkey-pox outbreak has now ended the service continued to provide the vaccination programme to the end of July 2023. The service has also managed to decrease waiting lists for LARCs and there is no longer an extended wait for this provision. The demand for on-line testing has continued at the increased levels and is providing a more flexible option for people wishing to access a STI testing kit.

The Prevention Service is also working to introduce a new provide health and wellbeing support service for people living with HIV. This will launch in the second half of 23/24. Progress against the national targets for Chlamydia Screening continue to be a challenge but the service is working on a regional level to develop a plan for awareness campaigns and opportunities in increase testing coverage.

Overall iCaSH and THT continue to provide a good level of service to residents of Peterborough.

Figure 12: iCaSH Performance 2022/23

Service Performance Indicators	2021/22 Baseline	Q1	Q2	Q3	Q4
No. of GUM Attendances	-	2659	2509	2606	3047
No. of Contraception Attendance	-	1670	1683	1927	2030
No. of Online tests requested	-	1744	1942	1755	1730
% of people contacting a service who are seen or assessed by a healthcare professional within 2 working days of first contact	80% (Target)	85.4%	84.8%	87.2%	87.1%

Figure 13: Prevention Service Performance

Service performance indicators	Target	22/23 Performance	% Achievement
Delivery to target groups % achieved - <i>Delivery of Sexual and Reproductive Health Sessions</i>	12	19	158%

Outreach Sessions % achieved– Sessions to most deprived wards	14	15	107%
Dual screening testing - young people (13 - 24) % achieved - Number of test kits issued for Chlamydia and Gonorrhoea	1320	418	32%

4.5 Drug and Alcohol services

Drug and alcohol services in Peterborough are commissioned from Change Grown Live (CGL) (Aspire). Overall, the Aspire service continues to perform well under challenging conditions. Peterborough has received several national grants under the new National Drugs Strategy 'From Harm to Hope' which had meant significant investment and expansion over the last couple of years. Mobilisation of the grant funded provision has come with challenges, but the service has embraced these and has seen a steady increase in numbers coming into treatment and is one of the strongest performers in the region.

Service performance is measured against a range of national indicators and in particular the following metrics are tracked against national benchmarks:

- The percentage achievement against target for drug service users who successfully complete treatment.
- The percentage achievement against target for alcohol service users who successfully complete treatment.

Local Performance 22/23

Please note that performance data is extracted from the national database (NDTMS). The data are restricted statistics and as such must not be released into the public domain until an agreed published date. More recent data is available to commissioners and is used for local performance monitoring and planning purposes only.

Service performance indicators	20/21	21/22	22/23	2023/24
Service Utilisation - % of Unmet need (Opiates/crack use)				
Local	46%	45%	42%	*data cannot be shared in the public domain
National	57%	57%	58%	*data cannot be shared in the public domain

Unmet need rates for Opiate/crack users in Peterborough continue to be below the national average indicating strong pathways/access into treatment services.

Treatment Outcome Adults - Successful completions (across all drug types)	20/21	21/22	22/23	23/24
Local	17.85%	17.02%	*data cannot be shared in the public domain	*data cannot be shared in the public domain
National	20.06%	21.13%		
Treatment Outcome Young People - Planned completions	20/21	21/22	22/23	23/24
Local	99%	96%	data cannot be shared in the public domain *	data cannot be shared in the public domain *
National	76%	81%		

23/24 Narrative on progress:

Most recent data (**cannot be shared in the public domain**) is showing an improvement in performance on successful completions. The Peterborough CGL service has successful completion rates (Q1 23/24) higher than national for 'opiates' and 'non-opiates' drug cohorts. The 'non opiate/alcohol' and 'alcohol only' successful completions rates for Q1 23/24 are sitting just below national rates but have increased steadily for the last 3 consecutive quarters and both fall within the 'interquartile' range compared to local comparator areas.

The Young Peoples planned exit performance has historically been above national rates, for the first time in Q1 23/24 it has dipped just under the national rate which will be addressed at the Q1 meeting in early November.

Key highlights in the Peterborough service

- The overall case load size per worker is being reduced as more staff are recruited.
- Staff funded through the short-term grants are being offered permanent contracts which is stabilising the workforce and reducing staff turnover.
- Continued key focus on focused attention on harm reduction and stabilisation of clients, with Hep B & C testing, vaccination, and treatment figures all showing significant improvements and aiming towards micro elimination (HCV).
- Introduction of a new residential rehab pathway with patients already starting treatment in units across the country.
- Positive outcomes (self-scoring at the start compared to treatment exit) for employment, psychological health, physical health and quality of life.
- Introduction and expansion of Buvidal (long-acting buprenorphine medication) which is having real benefits to complex patients (negates the need to attend community pharmacies daily and prevents patients 'dropping off their prescription').

Areas of current focus

- Working with prison colleagues as there has been a recent drop in 'continuity of care' performance indicating that prison releases are not continuing with their treatment in the community post prison release.

4.6 Healthy Child Programme

The Healthy Child Programme (Health Visiting and School Nurses) is a wide-ranging programme which is delivered by local NHS providers, Cambridgeshire Community Services and Cambridgeshire and Peterborough Foundation Trust. The Health Visiting Service is measured against a set of National requirements [Health visitor service delivery metrics experimental statistics: quarterly data for 2022 to 2023 - GOV.UK \(www.gov.uk\)](#) and here we report on just 4 of these. There are no national targets, and these are set locally:

- The percentage of births that receive a face-to-face New Birth Visit within 14 days by a health visitor.
- The percentage of babies who receive a 6-8 week review
- The percentage of children who receive a 2-2.5 year review
- The percentage of babies breastfeeding at 6-8 weeks (need to achieve 95% coverage to pass validation and for data to be published)

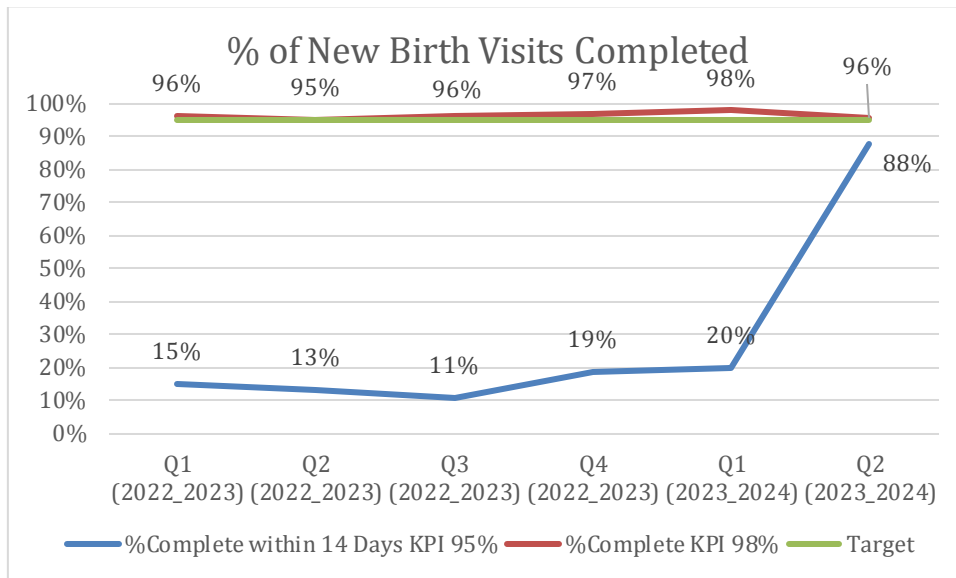
There remain significant challenges in meeting these performance targets within specified timescales due in large part to capacity challenges that remain within the service. Recruitment continues to be extremely difficult for SCPHN (Specialist Community Public Health Nurses) trained Health visitors and School nurses, with high levels of vacancies throughout 22/23 and into 23/24. This is similar to the National picture. Public Health commissioners are working with the provider to develop a new staffing model with an increased level of skill mix in order to boost capacity within the service and ensure key performance targets are met. In addition to these staffing capacity challenges we have also seen a large increase in the Peterborough child population with a high level of inward migration. The number of under-15s increased by 24% in the ten years between 2011 and 2021. As this is a universal service, this creates an immediate demand pressure on the service. We are also seeing increased complexity of needs within families and are working with social care colleagues to agree a new approach to safeguarding work to reduce the staffing time spent on some lower value processes and enable more capacity for direct work with families, children and young people.

Healthy Child Programme Health visiting mandated check - Percentage of births that receive a face-to-face New Birth Visit by a health visitor.

Throughout 2022/23 and into the first 2 quarters of 2023/24 the Healthy Child Programme has not consistently met the local target of 95% of families receiving a New Birth Visit, within 10-14 days, however the majority are completed by 21 days.

Initially instigated 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) could be completed. The provider has worked hard to bring these back to 10-14 days and 8 weeks respectively, however continuing staffing pressures have impacted the ability to achieve this as quickly as anticipated.

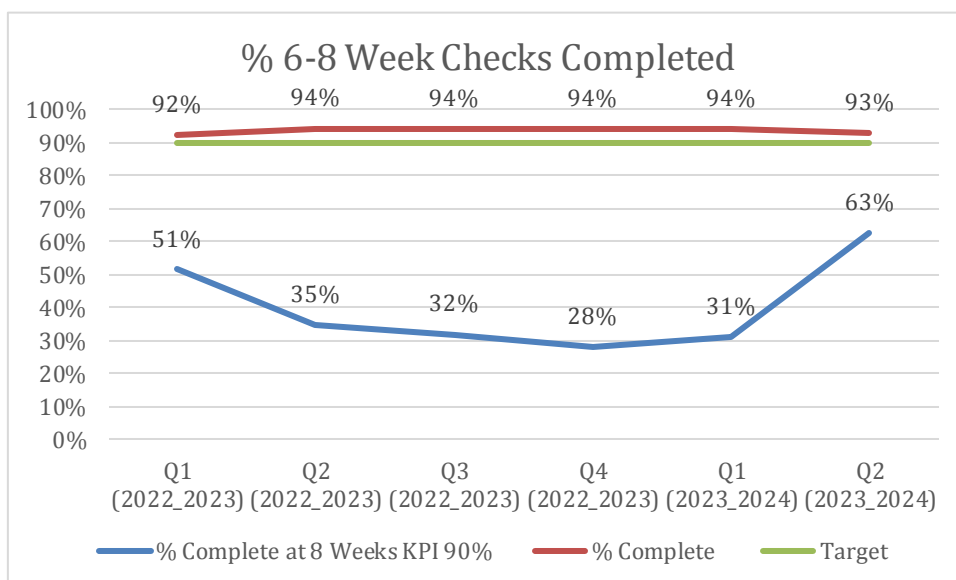
The provider has also introduced new forecasting and diary management tools and improvements have been seen at the start of 23/24 with 88% of these visits now happening within the recommended timescale.



Health visiting mandated check - Percentage of babies who received a 6-to-8-week review.

As with the New Birth Visit, throughout 2022/23 and into the first 2 quarters of 2023/24 the Healthy Child Programme has not consistently met the local target of 90% of families receiving a 6–8 week check within the agreed timescales. However, the first 2 quarters have seen good improvements bringing contacts back before 8 weeks and the provider has maintained the high percentage of families receiving this check within the extended timeframe (12 weeks).

It is also worth noting that the winter of 22/23 (impacting Q3 and Q4 particularly) saw a higher than usual rate of sickness absence affecting an already depleted staffing resource, so planned processes to improve delivery within timescales only started showing results in the first 2 quarters of this year, with 63% of these visits now happening within the recommended timescale. We are working with the NHS Providers to introduce a skill-mix model and expect to see further improvements in performance.

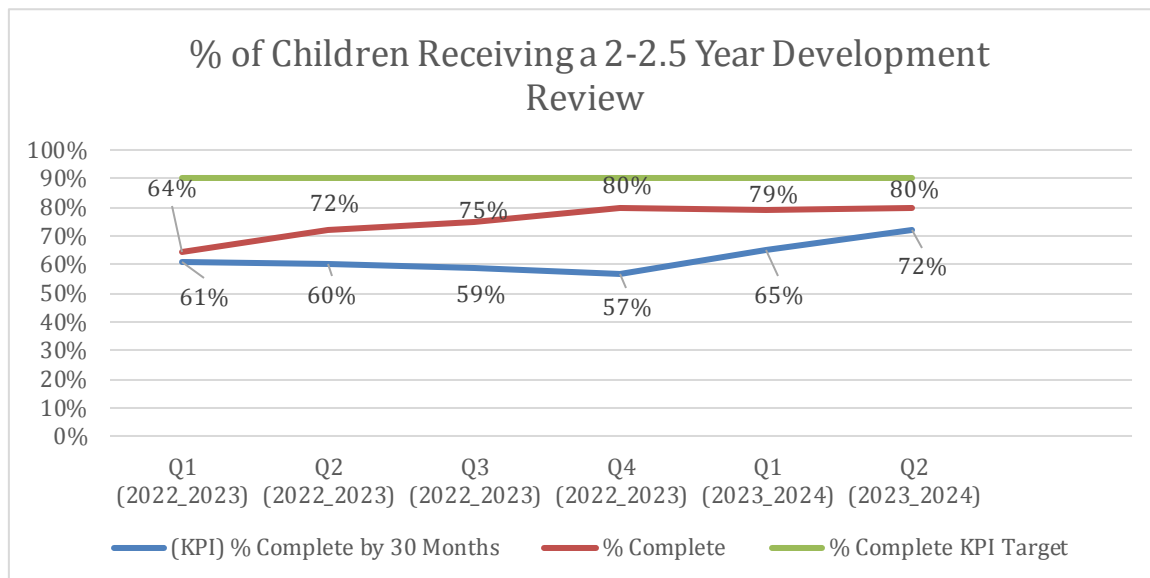


Health visiting mandated check. Percentage of children who received a 2-to-2.5-year review by the age of 2.5 years.

Performance against the locally agreed target of 90% has been improving, with 80% of children receiving their development review in quarter 2 of this year, the majority of those within timescales. The universal reviews are delivered in partnership with Child & Family Centre

practitioners and where parents cancel or do not attend for the initial appointment, a second appointment has been offered on Saturdays as a video consultation which has been received well by families. So, although all families are offered a check as per their preferred option, a small proportion of families still do not attend.

During the last year, the children who were due their mandated two-and-a-half-year development review were the babies born at the beginning of the pandemic. At that time the opportunity for 'in person' contacts were significantly affected. To provide assurance, the Health Visiting service completed an audit to explore whether there were any children born during the pandemic period who had not received an 'in person' assessment. Reassuringly the numbers were small (<30). All children have now had 'in person' visits.



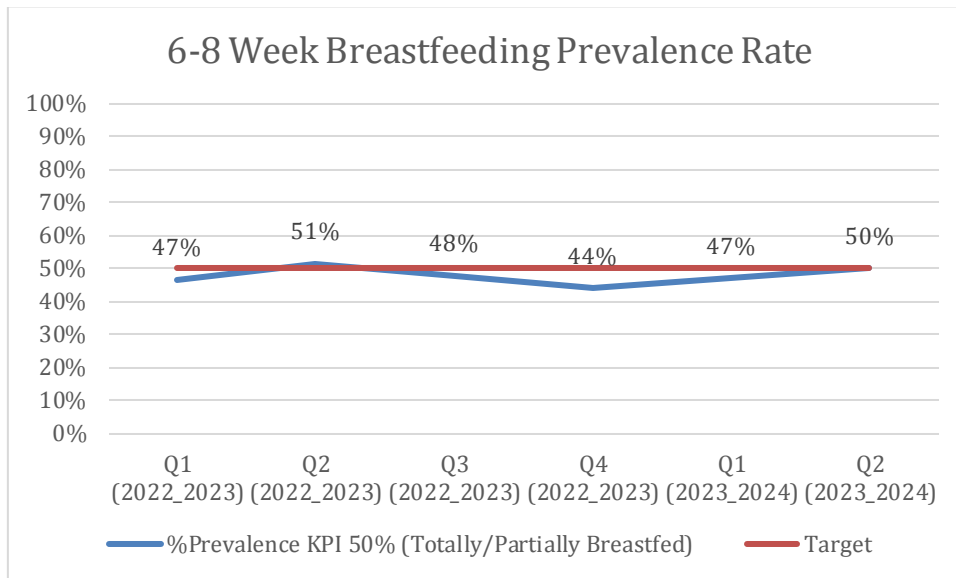
Percentage of infants breastfeeding at 6-8 weeks.

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. It also shows the excellent knowledge staff have in respect of responsive feeding.

Demand for infant feeding support remains high. To continue to meet this demand the service has invested in additional Infant Feeding Advisors to support this activity which were initially funded as fixed term positions, but these roles have since been made permanent, with additional funding being made available via the Family Hubs programme.

To improve breastfeeding rates in Peterborough, along with support offered through Health Visitors and Maternity services, we have been able to use funding from the Family Hubs programme to commission a new, enhanced peer support service from the National Childbirth Trust. This new service offers integrated support for infant feeding alongside support for new parents' emotional health and wellbeing. Taking this holistic approach to the needs of new parents will help to improve breastfeeding rates while also improving their mental wellbeing.

In addition, a new website for families that enables new parents to easily find community based infant feeding support groups and helplines has been developed <https://www.pbcinfantfeeding.org/>



Note: Nationally the latest published data (for 21_22) breastfeeding rates at 6-8 weeks are 49% [Breastfeeding statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/breastfeeding-statistics)

5. CORPORATE PRIORITIES

5.1 These public health services relate to Corporate Priorities around Our Places and Communities and Prevention, Independence and Resilience.

The public services support individuals to live a healthier life, increase physical activity, reduce harms especially of substance misuse, and provide support to all children in Peterborough.

1. *The Economy & Inclusive Growth*
 - *Environment*
 - *Homes and Workplaces*
 - *Jobs and Money*
2. *Our Places & Communities*
 - *Places and Safety (including any rural implications)*
 - *Lives and Work*
 - *Health and Wellbeing*
3. *Prevention, Independence & Resilience*
 - *Educations and Skills for All*
 - *Adults*
 - *Children*
4. *Sustainable Future City Council*
 - *How we Work*
 - *How we Serve*
 - *How we Enable*

Further information on the Council's Priorities can be found here - [Link to Corporate Strategy and Priorities Webpage](#)

6. CONSULTATION

6.1 There has been no specific consultation on these public health services this year – though consultation, engagement and co-production will be done when any service is recommissioned.

7. ANTICIPATED OUTCOMES OR IMPACT

7.1 The overall impact of Peterborough City Council's public health functions should be to improve the health of local residents and reduce health inequalities.

8. REASON FOR THE RECOMMENDATION

8.1 This paper enables the Adult and Health Scrutiny Committee to consider and comment on the delivery of the Public Health services provided and commissioned by Peterborough City Council and make appropriate recommendations.

9. ALTERNATIVE OPTIONS CONSIDERED

9.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive update report on performance against key indicators. However, the breadth of the work of the Council's public health services would not then have been submitted to the same level of democratic scrutiny in public.

10. IMPLICATIONS

Financial Implications

10.1 Peterborough City Council receives a ring-fenced Public Health Grant. In 2023/24 this is £11.9m. The grant is ringfenced for use on public health functions. Over 90% of the Public Health grant in Peterborough is spent on public health services which are commissioned externally including health visiting, school nursing, the national child measurement program, substance misuse prevention and treatment services, sexual health a contraception services, lifestyle services and NHS health checks. Some Public Health grant is pooled with council corporate funding to fund services that contribute to public health in other PCC directorates.

Peterborough City Funding is a key challenge for Peterborough Public Health, with Peterborough residents receiving less per head in the public health (PH) grant than they should base on need. The total PH grant for Peterborough is £55.22 per head. This equates to PH grant under-funding of approximately £4m or at least one third of the value of the PH grant.

Legal Implications

10.2 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents. The public health grant is currently ring-fenced for use on services meeting the grants terms and conditions.

Equalities Implications

10.3 There is a considerable focus within public health services on reducing health inequalities, which in turn should impact positively on a number of equalities groups.

11. BACKGROUND DOCUMENTS

11.1 References
[How much was spent on public services in your area in 2022-23? | Institute for Fiscal Studies \(ifs.org.uk\)](https://ifs.org.uk)

12. APPENDICES

12.1 None