

Division of Public Health Performance Report

2017/18 Quarter 2

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RAG ratings for overall performance of service

Green – no issue identified, no action required.










Amber – some concerns/issues to be addressed.

Red – Serious issues to be addressed, immediate action required.

Grey – there are problems with data or other technical aspects of the report which make it unreliable to arrive at judgements at this point.

Public Health Outcome Framework trend indicators

Arrows are used to show the direction of travel (DOT) from the previous reporting period, and the colour represents statistical significance compared with England

-  - DOT improving and Leicester value significantly better than England
-  - DOT improving and Leicester value not significantly different to England
-  - DOT improving and Leicester value significantly worse than England
-  - DOT worsening and Leicester value significantly better than England
-  - DOT worsening and Leicester value not significantly different to England
-  - DOT worsening and Leicester value significantly worse than England
-  - DOT not available and Leicester value significantly better than England
-  - DOT not available and Leicester value not significantly different to England
-  - DOT not available and Leicester value significantly worse than England

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Healthy Together: Healthy Child Programme, 0-19 year olds

Provider: Leicestershire Partnership Trust

Purpose of service: The 0-19 Healthy Child Programme (know locally as Healthy Together) is an early intervention and prevention programme that is offered to every family with children and young people aged between 0-19 years living in Leicester city. It offers evidence-based developmental reviews, information and interventions to support the healthy development of children and young people.

Relevant PHOF indicators:

- 0.1i - Healthy life expectancy at birth, Male
- 0.1i - Healthy life expectancy at birth, Female
- 4.01 - Infant mortality
- 2.01 - Low birth weight of term babies
- 2.02i - Breastfeeding - Breastfeeding initiation
- 2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth - historical method
- 2.03 - Smoking status at time of delivery
- 2.04 - Under 18 conceptions
- 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
- 2.05ii - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review

Sig DOT

Overall progress rating: Green

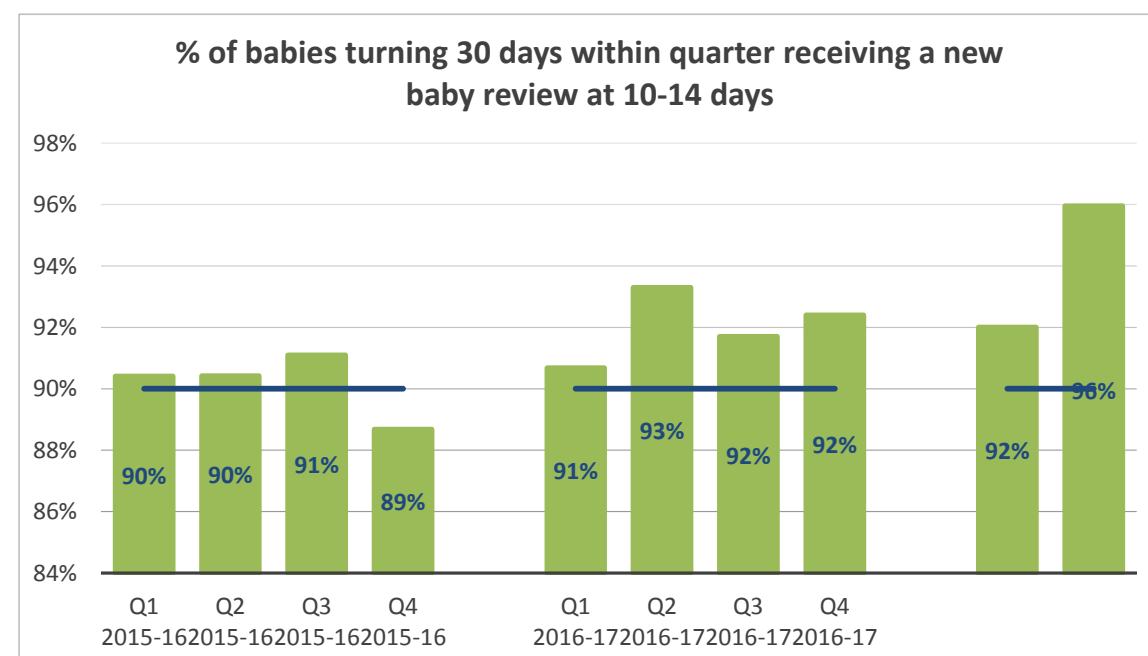
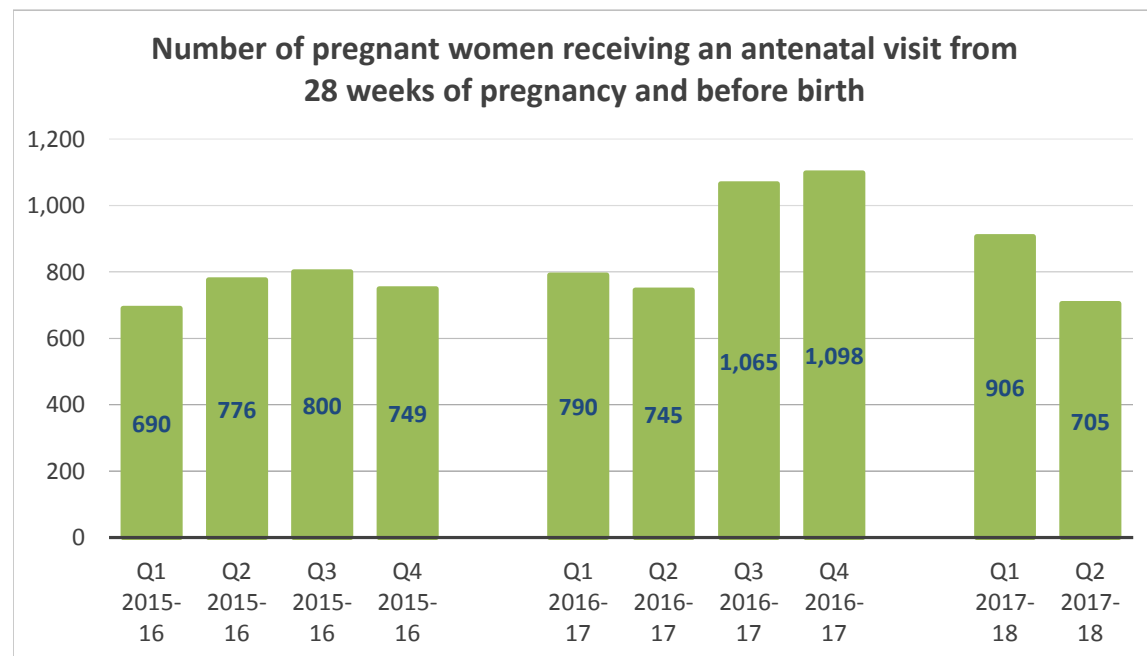
Key Performance Indicators	Activity	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18		
Antenatal contact															
Number of pregnant women receiving an antenatal visit from 28 weeks of pregnancy and before birth	Target														
	Actual	690	776	800	749	790	745	1065	1098	906	705				
Percentage of pregnant women exposed to household smoke (Information only)	Actual										30%				
10-14 days New baby review															
Denom: Total number of infants who turned 30 days within the quarter	Actual	1251	1305	1371	1272	1298	1372	1241	1185	1175	1284				
Number of babies receiving a new baby review at 10-14 days	Actual	1131	1180	1249	1128	1177	1280	1138	1095	1081	1232				
% of babies turning 30 days within quarter receiving a new baby review at 10-14 days	Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
	Actual	90%	90%	91%	89%	91%	93%	92%	92%	92%	96%				
Number of babies recorded as totally/partially breastfed at 10-14 days	Actual														
% of babies babies recorded as totally/partially breastfed at 10-14 days (information only)	Actual										98%				
6-8 week review															
Denom: Total number of infants due a 6-8wk review by the end of the quarter	Actual	1273	1329	1316	1325	1223	1398	1306	1204	1323	1242				
Number of babies receiving a 6-8 week review	Actual	1139	1163	1211	1199	1103	1285	1196	1123	973	1124				
% of babies receiving a 6-8 week review	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
	Actual	89%	88%	92%	90%	90%	92%	92%	93%	74%	90%				
Number of babies with breastfeeding status recorded at 6-8 weeks	Actual	1180	1148	1088	1262	1174	1342	1306	1119	1317	1533				
% of babies with breastfeeding status recorded at 6-8 weeks	Target														
	Actual	93%	86%	83%	95%	96%	96%	100%	93%	100%	123%				
Number of babies recorded as totally/partially breastfed at 6-8 weeks	Actual	760	732	643	776	698	800	764	697	942	1121				
% of babies recorded as totally/partially breastfed at 6-8 weeks	Target														
	Actual	60%	55%	49%	59%	57%	57%	58%	58%	71%	90%				
4 month review															
Denom: Number of babies eligible for 4 month review (tbc)	Target														
	Actual														
Number of babies receiving a 4 month review	Target														
	Actual														
% of babies receiving a 4 month review	Target														
	Actual										48%				
1 year development review															
Denom: Number of babies eligible for 1 year development	Target	0	0	0	0	0	0	0	0						

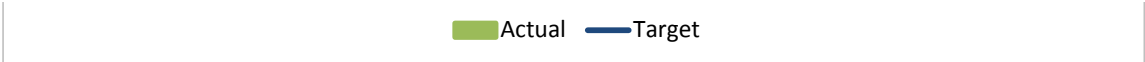
review (tbc)	Actual	1339	1361	1361	1272		1215	1338	1293	1178		1304	1304			
Number of babies receiving a 1 year development review between 10 and 12 months	Target	0	0	0	0		0	0	0	0						
	Actual	745	793	931	768		711	877	920	938		988	1000			
% of babies receiving a 1 year development review	Target															
	Actual	56%	58%	68%	60%		59%	66%	71%	80%		76%	77%			

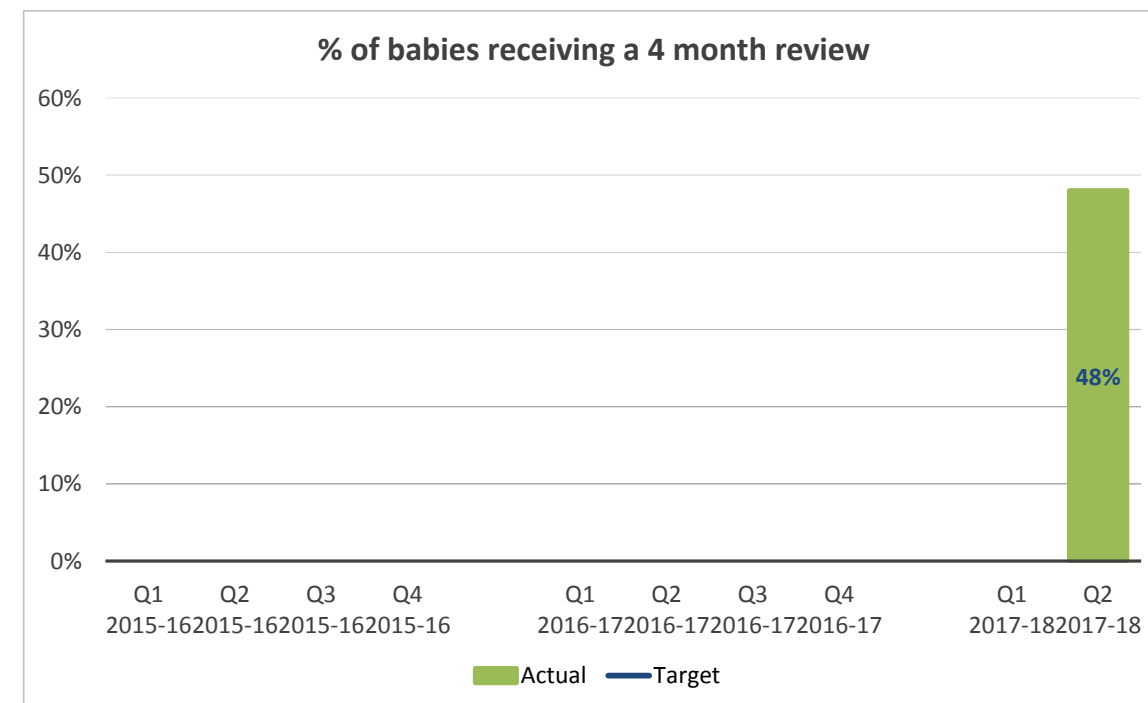
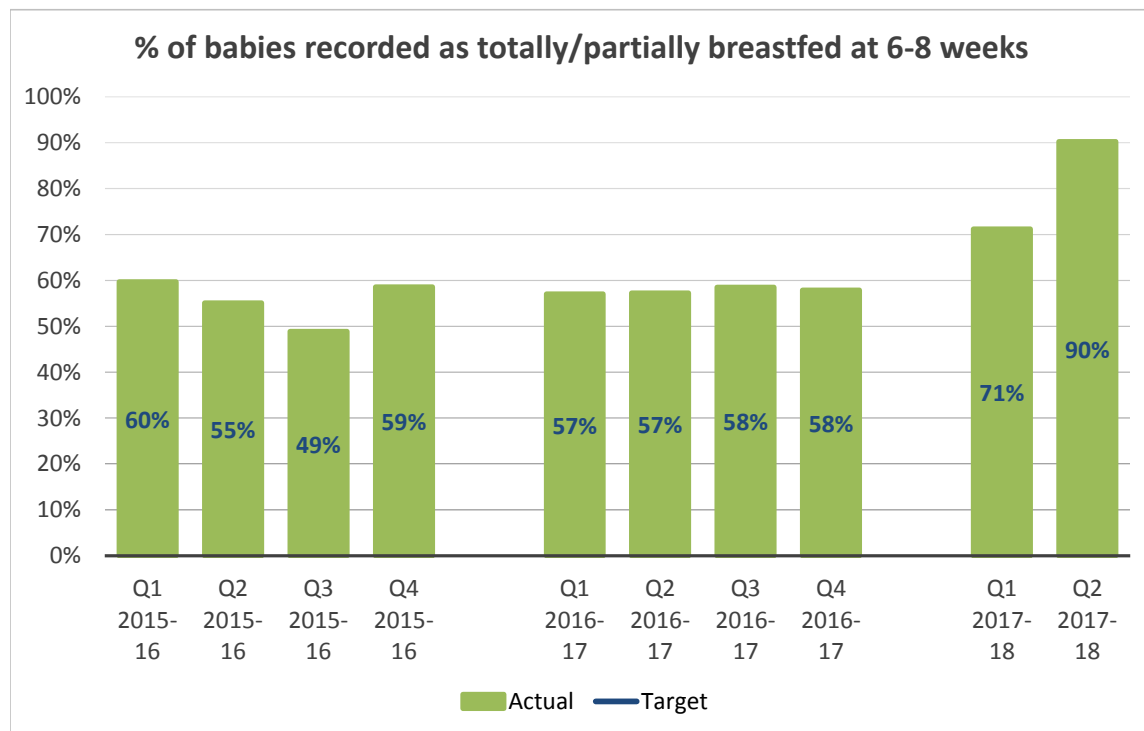
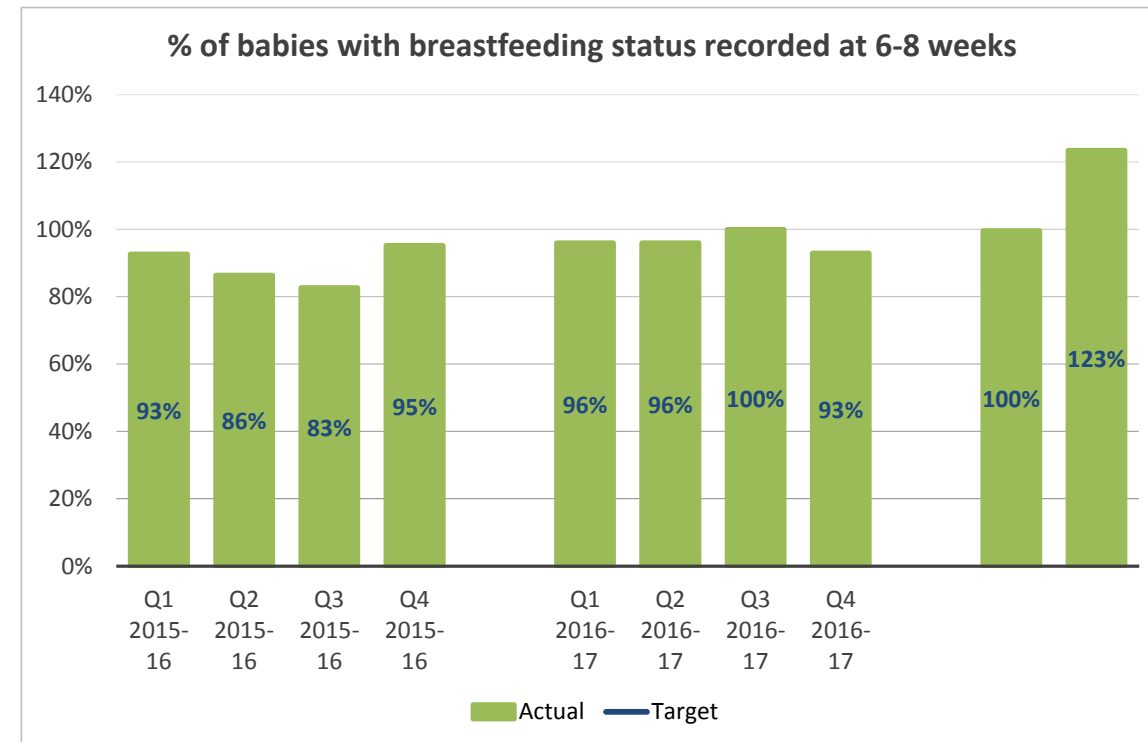
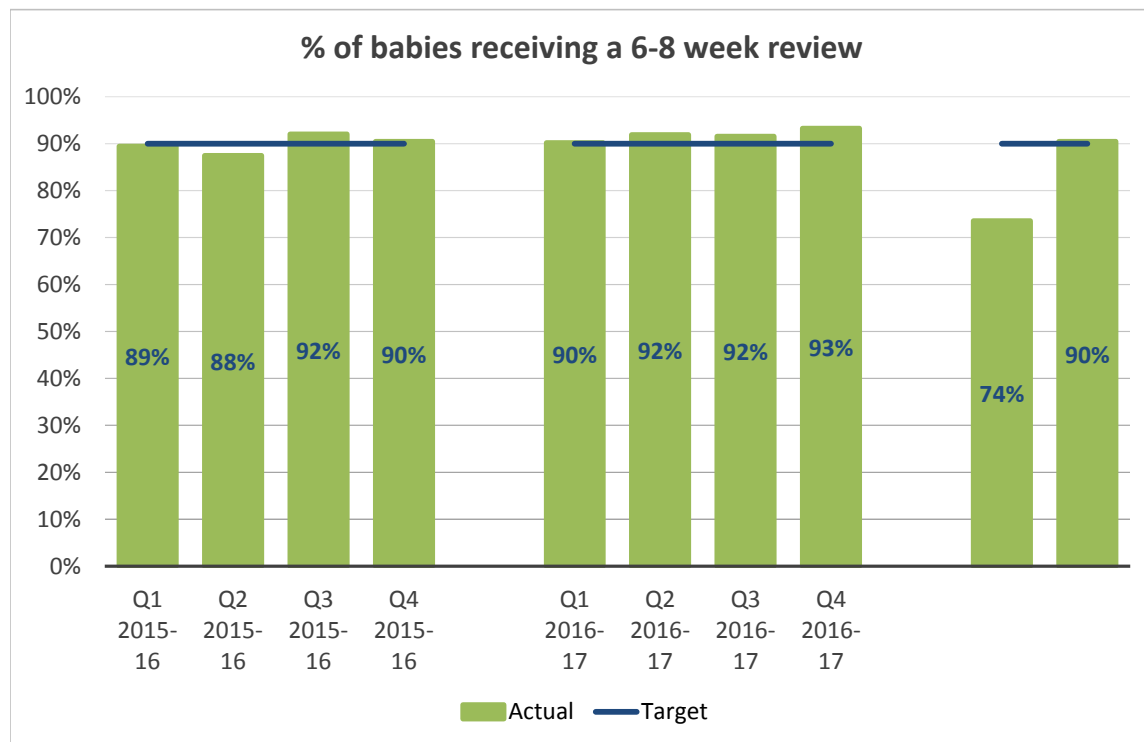
Key Performance Indicators		Activity	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18		
2-2.5 year development review																
Denom: Number of babies eligible for 2-2.5 year development review (tbc)	Target		0	0	0	0	0	0	0	0						
	Actual		1336	1276	1246	1285	1251	1293	1293	1276	1311	1252				
Number of babies receiving a 2-2.5 year development review between 2 and 2.5 years	Target		0	0	0	0	0	0	0	0						
	Actual		980	961	1000	976	947	999	1040	1015	1020	1047				
% of babies receiving a 2-2.5 year development review	Target															
	Actual		73%	75%	80%	76%	76%	77%	80%	80%	78%	84%				
Intensive parenting support																
Number of families leaving the intensive support programme reporting improved levels of parenting confidence and capacity	Target															
	Actual															
Number of intensive support programme cases closed within the reporting period	Target															
	Actual															
Number of families participating in the Early Start programme	Target															
	Actual										48					
Breastfeeding peer support																
Number of women receiving a response from a breastfeeding peer supporter within 72 hours of request	Target		0	0	0	0	0	0	0	0						
	Actual		0	0	1	11	11	18	206	638	0	91				
Number of women requesting a contact from a breastfeeding peer supporter	Target		0	0	0	0	0	0	0	0						
	Actual															
% of women receiving a response from a breastfeeding peer supporter within 72 hours of request	Target															
	Actual		0%	0%	0%	0%	0%	0%	0%	0%	0%	100%				
Number of breastfeeding peer supporters	Target		0	0	0	0	0	0	0	0						
	Actual		4	13	13	22	54	54	56	56	11					

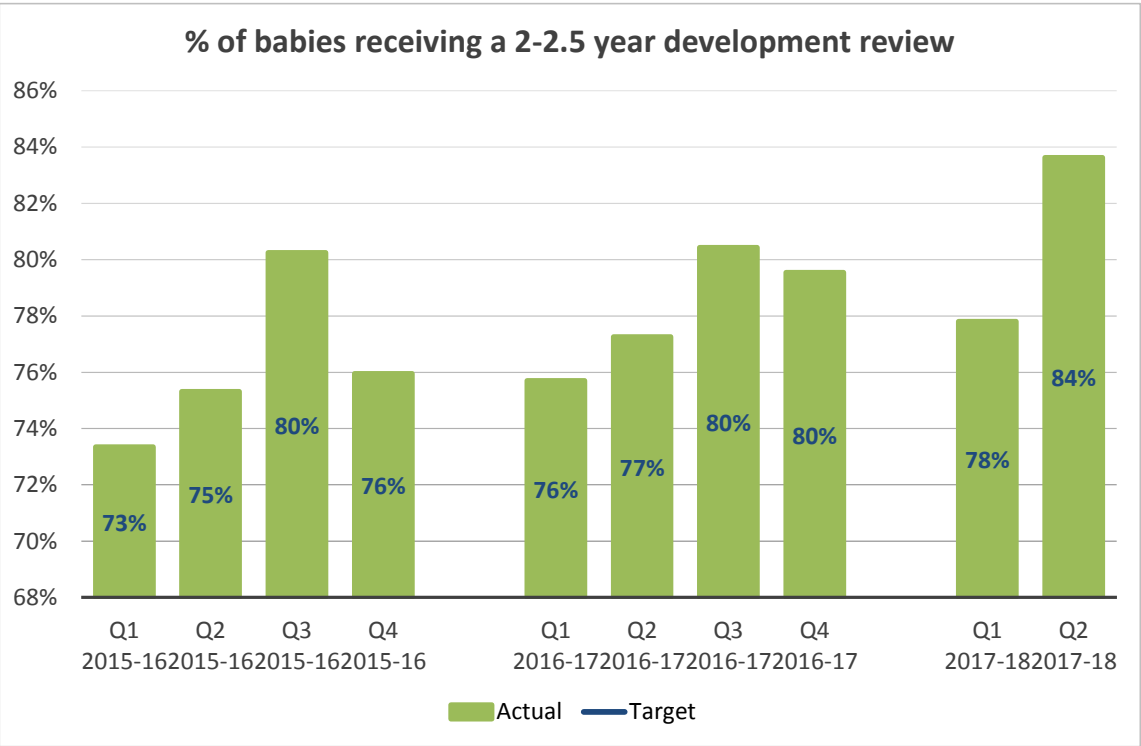
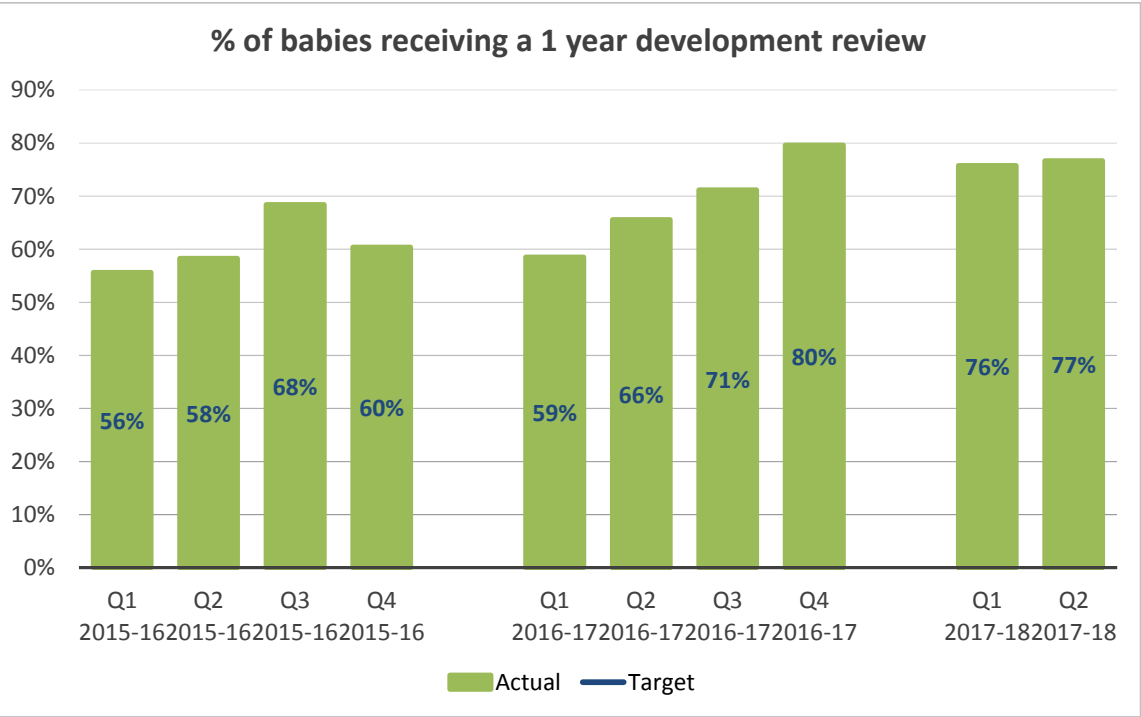
Comments on performance	Lead:	Date:
This is the first time that we have collected information from LPT on the new Healthy Together offer. As such some indicators appear for the first time, and some will no longer appear. LCC have raised a number of questions about some of the data and we are working with LPT to smooth out issues in data	CM	Nov-17
Antenatal contact numbers are variable between quarters - need to work with LPT to ensure communication between midwifery and partners within reporting	CM	07/11/2017
% of 6-8 week reviews - variable numbers reported as due to mobilisation and staff training for new contract. Query raised with LPT re BF status recording of	CM	07/11/2017

Key actions	Action by date:
Work with LPT to ensure data is correct and present	









Division of Public Health Performance Report: 2017/18 Quarter 2

Healthy Together: Healthy Child Programme, 0-19 year olds

Provider: Leicestershire Partnership Trust

Overall progress rating:

Amber

Purpose of service: The 0-19 Healthy Child Programme (know locally as Healthy Together) is an early intervention and prevention programme that is offered to every family with children and young people aged between 0-19 years living in Leicester city. It offers evidence-based developmental reviews, information and interventions to support the healthy development of children and young people).

Relevant PHOF indicators:

1.02ia - School Readiness: the percentage of children achieving a good level of development at the end of reception

1.02ib - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception

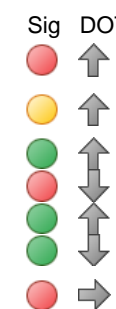
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds

2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds

2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

2.10ii - Emergency Hospital Admissions for Intentional Self-Harm

4.02 - Proportion of five year old children free from dental decay



Key Performance Indicators			2017/18
Schools: health and wellbeing assessments	Activity		
% of children transitioning to secondary school (year 6/7) with a completed 'health and wellbeing assessment'	Target		
	Actual		
% of children transitioning to secondary school (year 9) with a completed 'health and wellbeing assessment'	Target		
	Actual		
% of children transitioning to secondary school (year 11) with a completed 'health and wellbeing assessment'	Target		
	Actual		
Number of web chats with children and young people focusing on emotional health and wellbeing issues	Target		
	Actual		

National Child Measurement Programme	Activity	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Number of children eligible for NCMP: reception year	Actual	4058	4242	4362	4438	4620	4862
Number of children measured in NCMP: reception year	Actual	3717	4034	4070	4164	4297	4390
% participation rate in NCMP: reception year	Target	93%	93%	93%	93%	93%	93%
	Actual	91.6%	95.1%	93.3%	93.8%	93.0%	90.3%
Number of children eligible for NCMP: year 6	Actual	3363	3566	3706	3893	4049	4283
Number of children measured in NCMP: year 6	Actual	3144	3381	3521	3700	3863	4068
% participation rate in NCMP: year 6	Target	95%	95%	95%	95%	95%	95%
	Actual	93.5%	94.8%	95.0%	95.0%	95.4%	95.0%

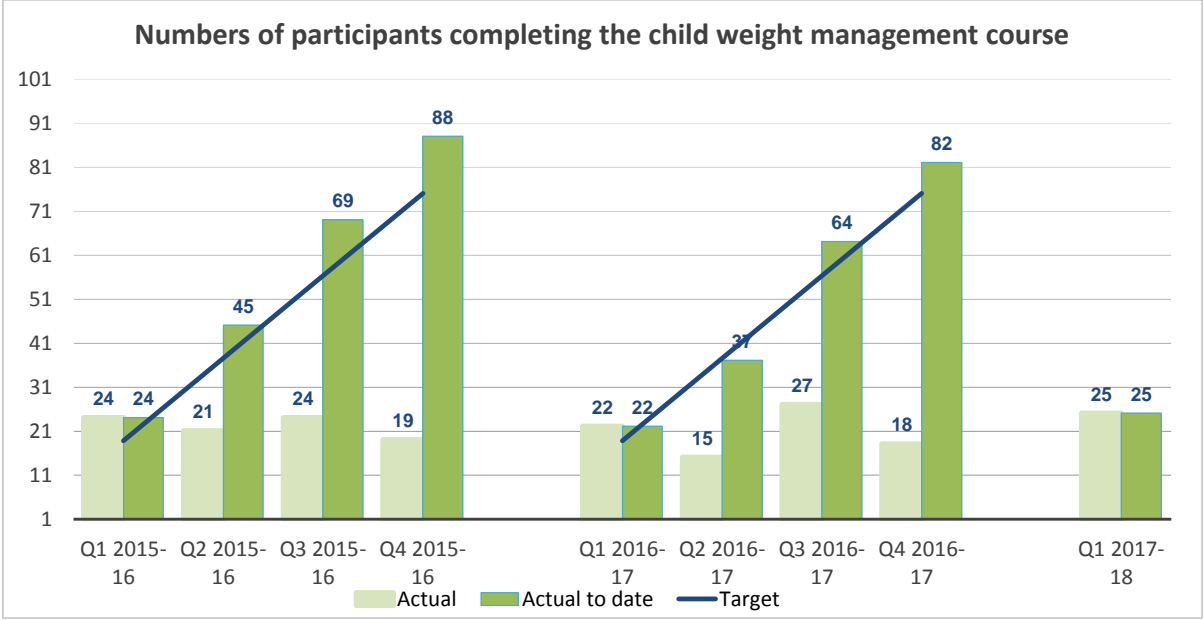
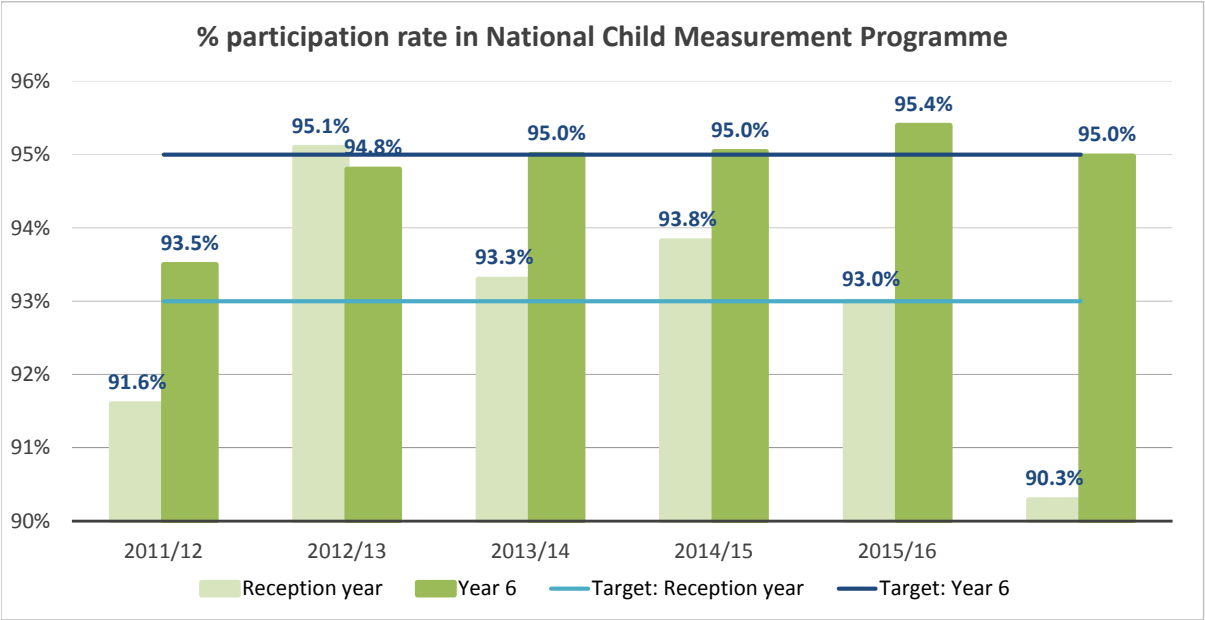
Child Weight Management Programme	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Numbers of participants completing the child weight management course	Target	75	75	18.75	37.5	56.25	75	18.75	37.5	56.25	75	18.75			
	Actual	88	82	24	21	24	19	22	15	27	18	25			
	Actual to date			24	45	69	88	22	37	64	82	25			
Total participants				30	29	30	21	26	19	37	24				
Child weight management course: % completing the course	Target	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%			
	Actual	81%	78%	81%	72%	80%	90%	85%	79%	73%	75%	76%			
Number of children completing the child weight management programme from deprivation quintiles 1 and 2	Actual starting											17			
	Actual completing											13			

Healthy Settings Programme	Activity	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of Early Years Settings in Leicester City engaged with the Healthy Settings Programme	Target				
	Actual	12	12	14	5
Percentage of Early Years Settings in Leicester City engaged with the Healthy Settings Programme	Target				
	Actual	Not yet available			

Looked after children	Activity	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Percentage of Review Health Assessments for 0-5 year olds completed within 6 months since the proceeding health assessment	Target				
	Actual	Not yet available			

Comments on performance	Lead:	Date:
This is the first time that we have collected information from LPT on the new Healthy Together offer. As such some indicators appear for the first time, and some will no longer appear. LCC have raised a number of questions about some of the data and we are working with LPT to smooth out issues in data reporting	CM	Nov-17
Baselines for school health and wellbeing assessments to be established during 2017/18 Participation rate for reception year children in 2016/17 has fallen below target rate	CM HR	Nov-17 09/11/2017

Key actions	Action by date:
Work with LPT to ensure data is correct and present	



Division of Public Health Performance Report: 2017/18 Quarter 2

Healthy Eating Initiatives in Schools

Provider: Soil Association: Food for Life Partnership

Overall progress rating:

Green

Purpose of service: To deliver an integrated food, health and sustainability support service to help schools implement a 'whole school' approach including curriculum activities, the running of the school and links into the surrounding community

Relevant PHOF indicators:

2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds

2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds

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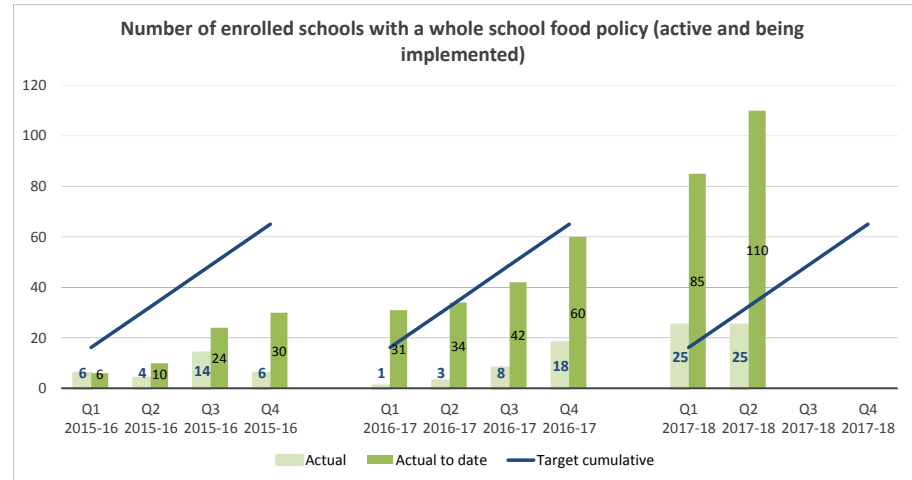
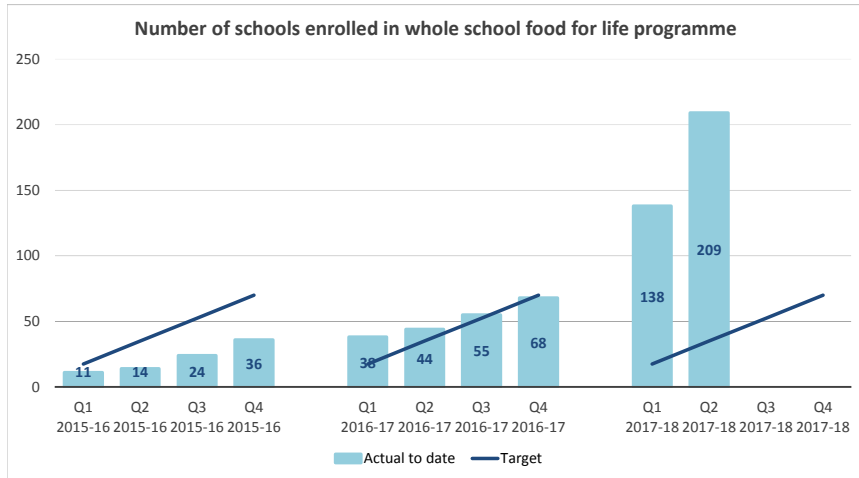
DOT Improving, Sig Better

DOT Worse, Sig Worse

Key Performance Indicators	Activity	2016/17	2017/18	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of schools enrolled in whole school food for life programme	Target	70	70	18	35	53	70	18	35	53	70	18	35	53	70
	Actual			11	3	10	12	2	6	11	13	70	71		
	Actual to date			11	14	24	36	38	44	55	68	138	209		
Number of enrolled schools with a whole school food policy (active and being implemented)	Target cumula	65	65	16	33	49	65	16	33	49	65	16	33	49	65
	Actual			6	4	14	6	1	3	8	18	25	25		
	Actual to date			6	10	24	30	31	34	42	60	85	110		
Number of schools achieving FFL bronze award	Target														
	Actual										7				

Comments on performance	Lead:	Date:
1. Services have reported an improvement in the number of settings and schools that have enrolled and engaged with the healthy eating initiatives.	SH	
2. A lunch box audit has been carried out and reported separately		
3. The contract for healthy eating initiatives in schools delivered by the Soils Association is not included in the 0-19 procurements - commissioners are currently considering the future of this contract		
Seeking clarification with provider regarding which schools enrolled and implementing whole school food policy		
Number of schools enrolled in whole school food for life programme have achieved the Target for the first 2 years	CaAS	02/11/2017
Q2 target was easily met by over 34% from the set 35 target.	CaAS	02/11/2017

Key actions	Action by date:
Need to embed overarching numbers enrolled and FFL bronze award indicators into the data monitoring process with providers. CaAS to follow up	Q4 2016-17
Bronze Medal is not recorded and it is not in the Service Specification which was revised 2017/18 (Q1)	



Division of Public Health Performance Report: 2017/18 Quarter 2

Oral health promotion

Provider: Leicester City Council

Overall progress rating: **Green**

Service purpose: To support co-ordinated activity to improve oral health, reduce oral health inequalities and lay solid foundations for good oral health throughout life

Relevant PHOF indicators:

4.02 - Proportion of five year old children free from dental decay

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DOT N/A, Sig Worse

Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Primary schools offering supervised tooth brushing	Target														
	Actual num to date	17	18	-	12	16	17	17	17	17	18	16	19		
	Actual %	25%	23%	-	15%	25%	25%	23%	23%	23%	23%	21%	21%		
Full day care and pre-school playgroups offering supervised tooth brushing	Target														
	Actual num to date	58	84	-	37	49	58	60	67	77	84	94	90		
	Actual %	80%	63%	-				44%	49%	59%	63%	70%	75%		
Special schools offering supervised tooth brushing	Target														
	Actual num to date	0	1	-	0	0	0	0	0	1	1	1	2		
	Actual %	0%	13%	-	0%	0%	0%	0%	0%	13%	13%	13%	25%		
Multi-agency training: number of courses delivered	Actual	21	7	-	3	14	4	1	3	3	0	2	1		
Number of people attending	Actual	196	205	-	19	134	43	24	126	55	0	36	28		

Comments on performance

Lead:

Date:

STB programme in Special schools pilot in Ellesmere College is now complete and will be rolled out to other special schools. Previously special schools did not participate in supervised toothbrushing.

Few primary schools participate. We have 2 primary schools drop out of the scheme since last quarter. This was due to 'staffing issues.' The oral health promoters will be focusing on increasing the uptake in schools from Autumn 2017.

In 2015/6 the proportions are incorrect due to the wrong denominator being used. As the number of nurseries in the city can vary from month to month, it is not possible to determine the true denominator for that financial period.

There are no data for Q1 available due to the OHP service starting in that quarter.

Service currently offers 2 types of formal training (1) STB, (2) Oral Health Training. To date 1372 people have been trained

Multi-agency training includes Health Visitors, School Nurses, LCC Staff, School Staff, Nursery Staff, Dieticians and others

Decrease in number of nursery/pre-schools as some settings now closed

Michelle Hall

Jul-17

Aug-17

Nov-17

Key actions

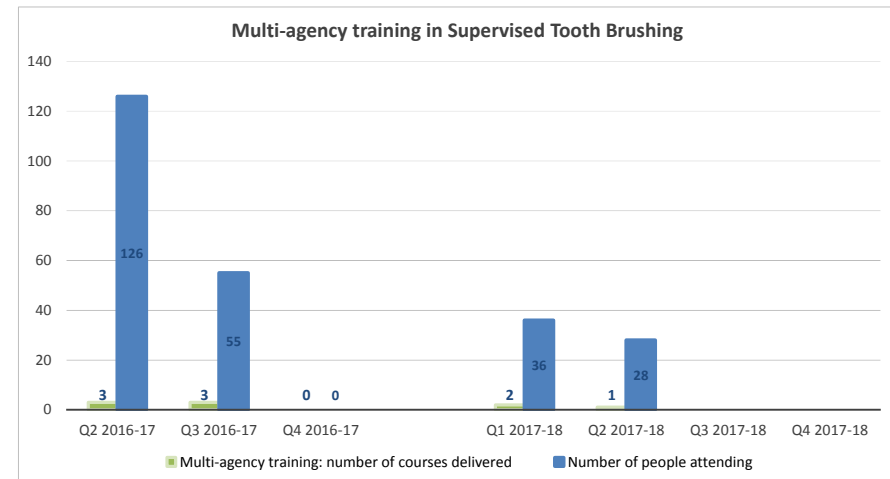
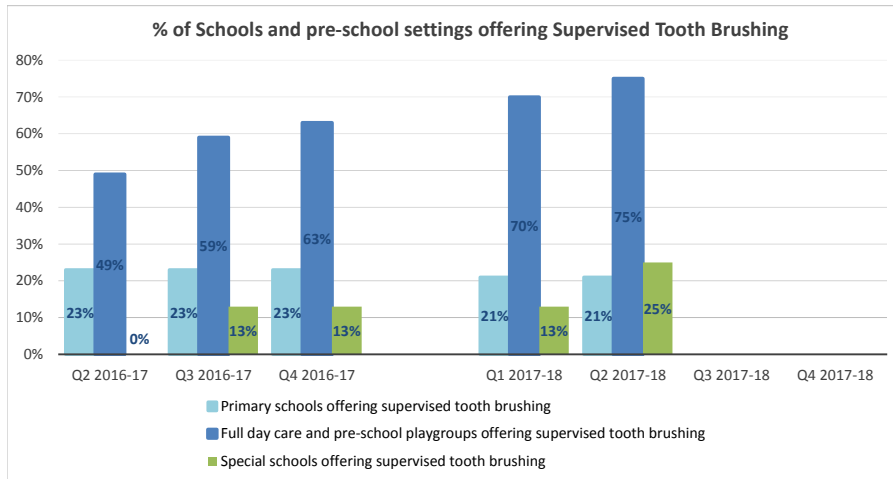
Action by date:

During May and June, the remaining nursery settings will be targetted for STB sign up.

May/June 2017

Primary Schools will become the next target for Supervised Toothbrushing.

Autumn 2017



Division of Public Health Performance Report: 2017/18 Quarter 2

Young People Relationships and Sex Education training

Provider: Staffordshire & Stoke on Trent Partnership Trust (SSOTP)

Overall progress rating:

Amber

Purpose of service: Fulfills a role to co-ordinate a programme of training, RSE support and collation of local sexual health & HIV information to identify emerging trends on behalf of and in collaboration with the population group lot providers

Relevant PHOF indicators:

2.04 - Under 18 conceptions

3.02 - Chlamydia detection rate (15-24 year olds)

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DOT Worse, Sig Worse

DOT Worse, Sig Worse

Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Young People plus co-ordination of Training, Relationships and Sex Education (RSE) Insight work															
Provide expert teacher advice to schools regarding RSE	Target	5	10	1	3	4	5	3	5	8	10	3	5	8	10
	Actual			0	1	1	6	6	0	0	9	8	2		
	Actual to date			0	1	2	8	6	6	6	15	8	10		
Number of RSE training sessions provided	Target	44	44	11	22	33	44	11	22	33	44	11	22		
	Actual			9	8	10	6	7	8	10	8	7	2		
	Actual to date			9	17	27	33	7	15	25	33	7	9		

Comments on performance

Lead:

Date:

Number of RSE training sessions consistently below target, the reason for this is not understood. May be some issues regarding access outside term time. Follow-up with provider. 2017/18 target not set

RS
GSH18/08/2017
01/11/2017

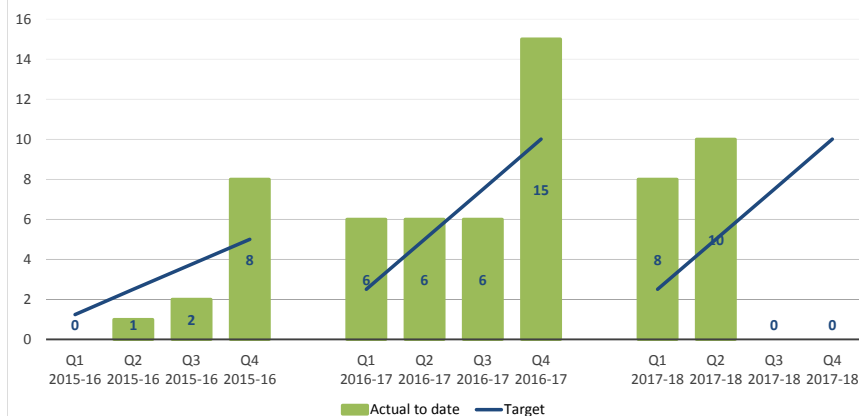
Key actions

Action by date:

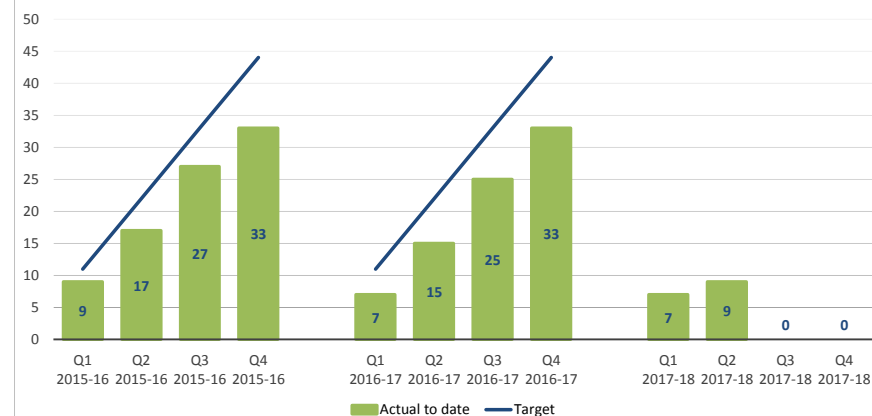
Discussion with provider about reasons for no increase of RSE sessions and action plan about how this could be resolved
Need to set target for Quarters

Aug-17
GSH
01/11/2017

Provide expert teacher advice to schools regarding RSE



Number of RSE training sessions provided



Division of Public Health Performance Report: 2017/18 Quarter 2

Sexual Health Services: Integrated Sexual Health Services

Provider: Staffordshire & Stoke on Trent Partnership Trust (SSOTP)

Overall progress rating:

Amber

Purpose of service: To provide an open access integrated sexual health service, including the provision of all forms of contraception and STI testing and treatment

Relevant PHOF indicators:

2.04 - Under 18 conceptions

3.04 - HIV late diagnosis

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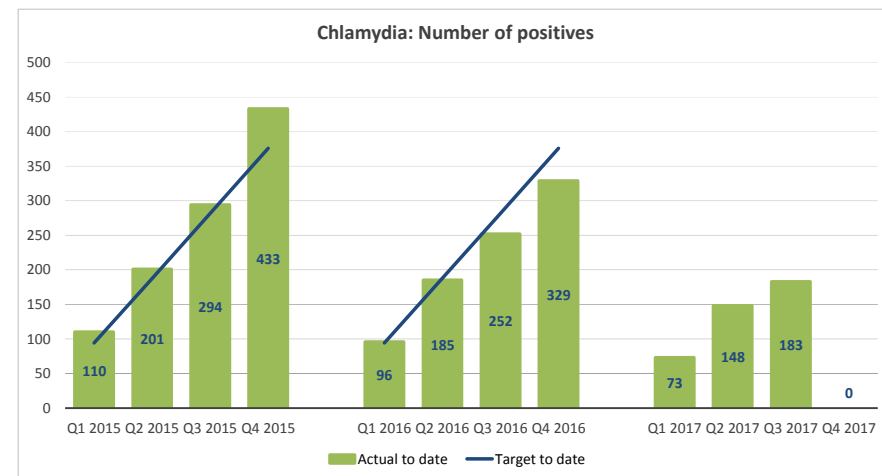
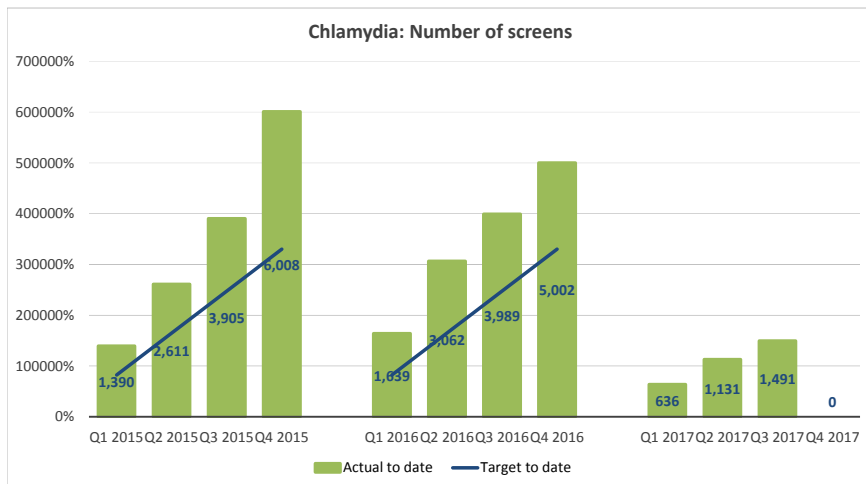
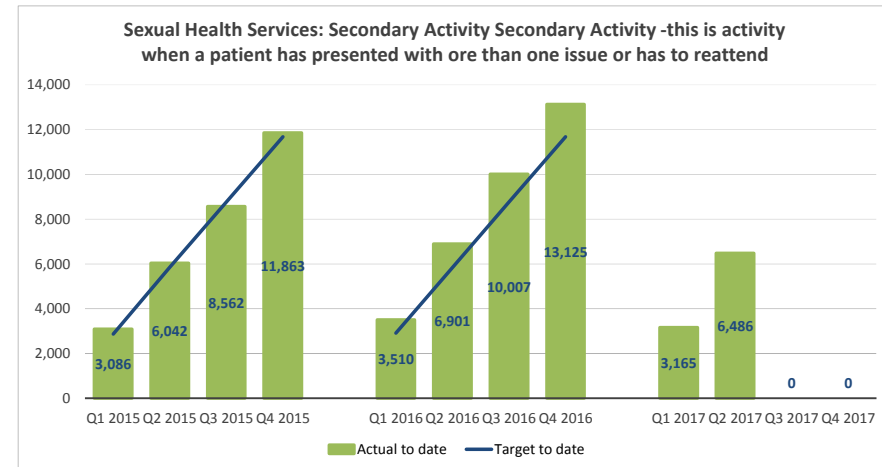
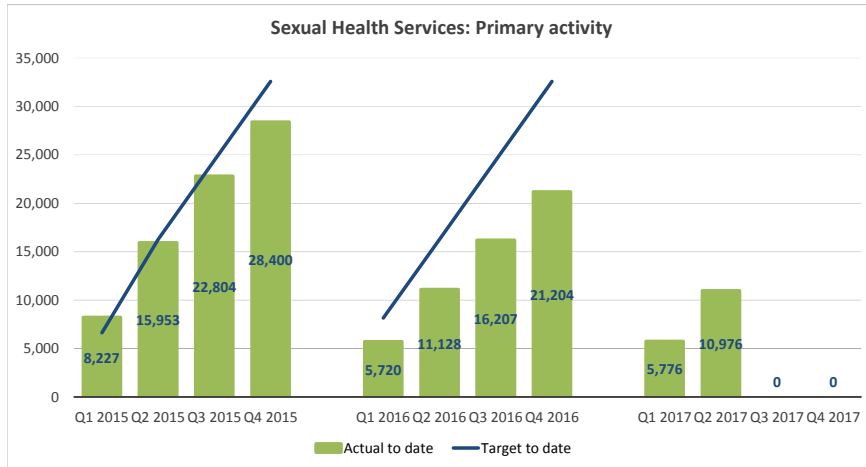
DOT Worse, Sig Worse

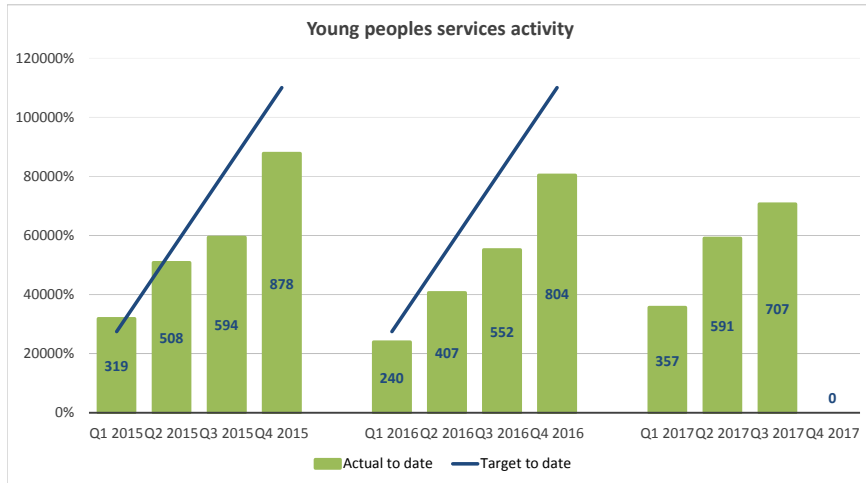
DOT Worse, Sig Worse

Key Performance Indicators	Activity	2015	2016	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
												Q1 2017	Q2 2017	Q3 2017	Q4 2017
Sexual Health Services: Primary activity	Target to date	26,578	32,573	6,645	16,287	24,430	32,573	8,143	16,287	24,430	32,573				
Primary activity - this is the most expensive issue that the patient presents with	Actual			8,227	7,726	6,851	5,596	5,720	5,408	5,079	4,997	5,776	5,200		
	Actual to date			8,227	15,953	22,804	28,400	5,720	11,128	16,207	21,204	5,776	10,976		
Sexual Health Services: Secondary Activity	Target to date	11,489	11,682	2,872	5,841	8,762	11,682	2,921	5,841	8,762	11,682				
Secondary Activity -this is activity when a patient has presented with ore than one issue or has to reattend	Actual			3,086	2,956	2,520	3,301	3,510	3,391	3,106	3,118	3,165	3,321		
	Actual to date			3,086	6,042	8,562	11,863	3,510	6,901	10,007	13,125	3,165	6,486		
Chlamydia: Number of screens	Target to date	3,300	3,300	825	1,650	2,475	3,300	825	1,650	2,475	3,300				
	Actual			1,390	1,221	1,294	2,103	1,639	1,423	927	1,013	636	495	360	
	Actual to date			1,390	2,611	3,905	6,008	1,639	3,062	3,989	5,002	636	1,131	1,491	
Chlamydia: Number of positives	Target to date	376	376	94	188	282	376	94	188	282	376				
	Actual			110	91	93	139	96	89	67	77	73	75	35	
	Actual to date			110	201	294	433	96	185	252	329	73	148	183	
Young peoples services activity	Target to date	1,100	1,100	275	550	825	1,100	275	550	825	1,100				
	Actual			319	189	86	284	240	167	145	252	357	234	116	
	Actual to date			319	508	594	878	240	407	552	804	357	591	707	

Comments on performance	Lead:	Date:
Low Primary activity in HIV testing, SRH Standard, T2 Chlamydia & Gonorrhoea Test, T3 Chlamydia, Gonorrhoea and Syphilis Test, TS Microscopy	LR	14/02/2017
Number of chlamydia screens - there has been achange in the contract in 2017 which requires less volume from the provider		
Young peoples service has gone up in the first quarter 2017/18	RS	02/08/2017

Key actions	Action by date:
Staff recruitment in service to increase capacity	Aug-17
New clinics for young peoples service being tried	May-17
Recruitment underway	Aug-17





Division of Public Health Performance Report: 2017/18 Quarter 2

GP Practice contracts: Long-Acting Reversible Contraception

Provider: Leicester GP Practices

Purpose of service: Provision of long-acting reversible contraception in GP Practices

Relevant PHOF indicators:

2.04 - Under 18 conceptions

[Return to summary page](#)

DOT Worse, Sig Worse

Overall progress rating:

Amber

Key Performance Indicators	Activity	2015	2016	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of coil insertions performed at GP Practices	Target to date			0	0	0	0	0	0	0	0				
	Actual			137	103	90	114	82	104	89	70	95	104		
	Actual to date			137	240	330	444	82	186	275	345	95	199		
Number of implants performed at GP Practices	Target to date			0	0	0	0	0	0	0	0				
	Actual			116	97	121	96	95	121	91	95	128	76		
	Actual to date			116	213	334	430	95	216	307	402	128	204		
Number of GP Practices completing at least 12 coil insertions per year	Target to date	44	44	11	22	33	44	11	22	33	44				
	Actual	14		10				4	3	1	2	0	2		
	Actual to date			10				4	7	8	10	0	2		
Number of GP Practices completing at least 6 implants per year	Target to date	44	44	11	22	33	44	11	22	33	44				
	Actual	10		10				1	4	1	2	10	9		
	Actual to date			10				1	5	6	8	10	19		

Comments on performance

Lead:

Date:

Increase numbers of Coils insertions of 9 in the last quarter

RS

03/11/2017

There is decrease in the Implants from the last quarter

RS

03/11/2017

Meetings held with GPs to understand reason which includes training requirements, remuneration and time constraints

RS

15/05/2017

Increase in number of GP completing at least 6 implants

RS

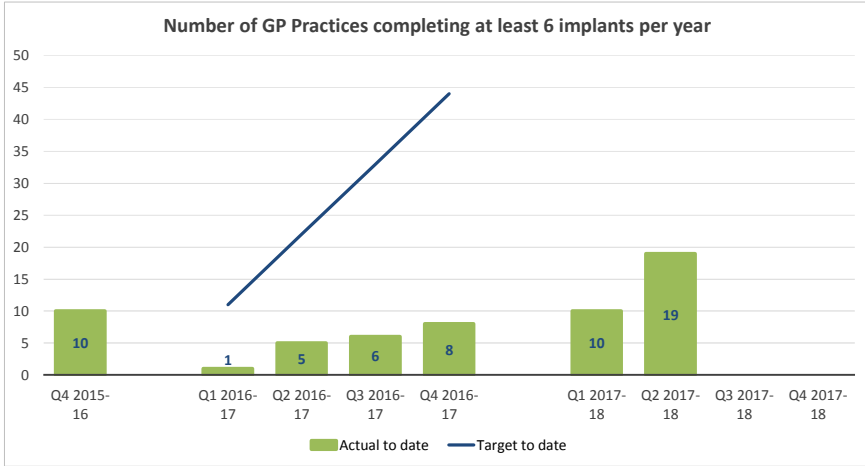
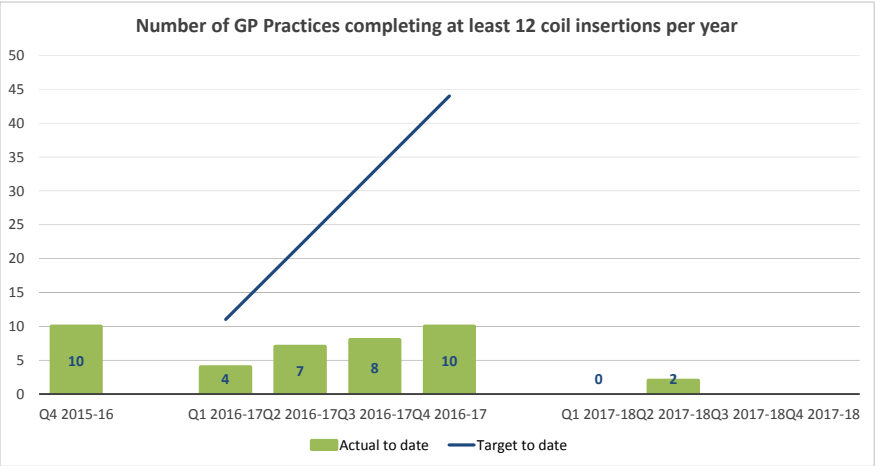
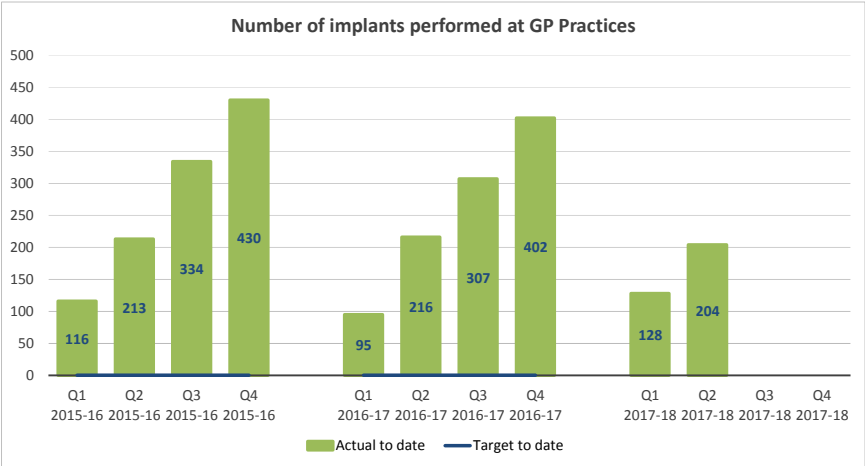
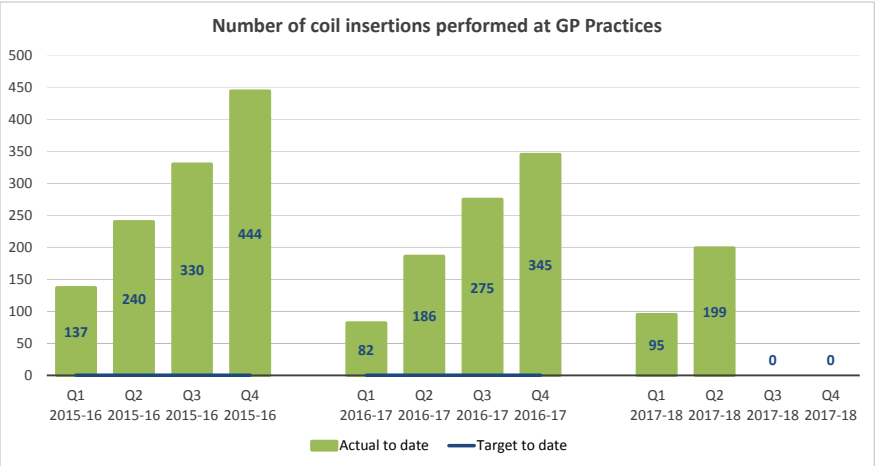
03/11/2017

Key actions

Action by date:

Discussion paper with GP Reference Group regarding low numbers and developing alternative model. Meetings held with each Health Need Neighbourhood, further meeting with GP reference group in June

Jun-17



Division of Public Health Performance Report: 2017/18 Quarter 2

Sexual Health Services: Emergency Hormonal Contraception through Pharmacies

Provider: Leicester Pharmacies

Purpose of service: Provision of free emergency hormonal contraception (EHC) to under 24s in pharmacies

Relevant PHOF indicators:

2.04 - Under 18 conceptions

[Return to summary page](#)

DOT Worse, Sig Worse

Overall progress rating:

Green

Key Performance Indicators	Activity	2015	2016	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of EHC claims	Target to date														
	Actual			676	458	981	1,125	927	387	700	944	808	521		
	Actual to date			676	1,134	2,115	3,240	927	1,314	2,014	2,958	808	1,329		
Number of Pharmacies completing at least 15 EHC consultations per year	Target to date		71				15				15				15
	Actual			8	5	9	6	8	7	7	7	8	7		
	Actual per year						11				13	8	15		

Comments on performance

Lead:

Date:

Low numbers of pharmacies providing at least 15 EHC consultations per year

LR

15/05/2017

As July 2017 all Pharmacies which has provided less than 15 EHC consultation has been decommissioned.

RS

02/08/2017

There has been increase EHC Claims during Q2 is due to some Pharmacies had done their Q1 with Q2

RS

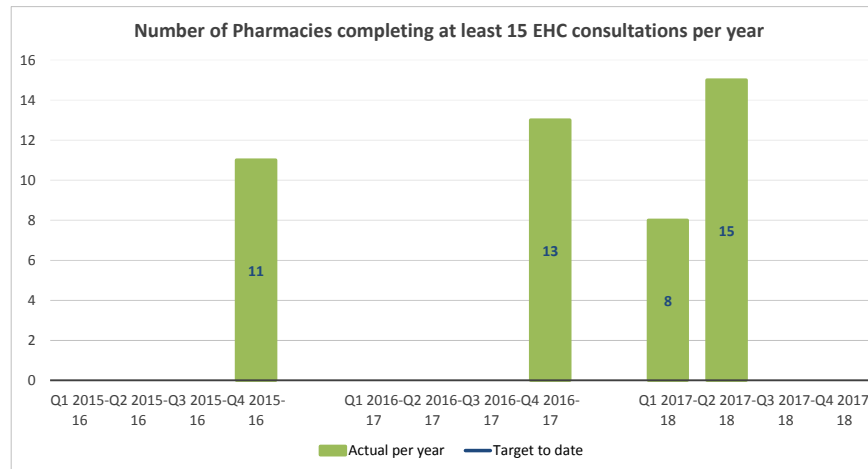
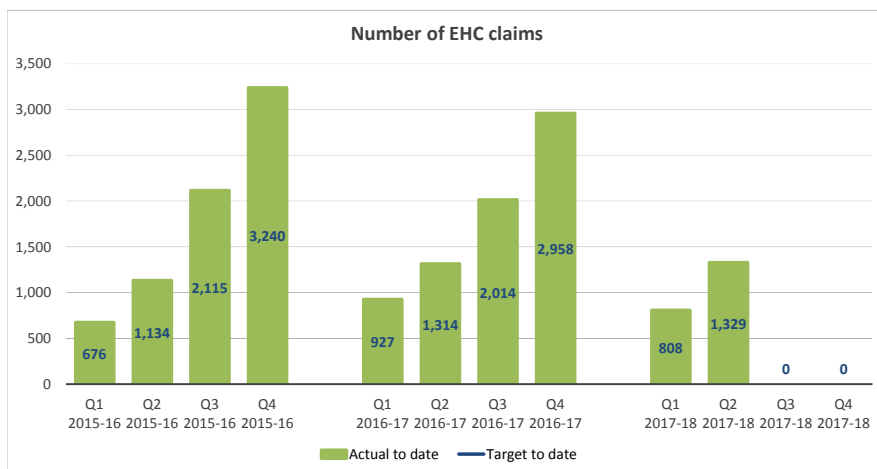
03/11/2017

Key actions

Action by date:

Pharmacies providing less than 15 EHC consultations per year decommissioned

Completed



Division of Public Health Performance Report: 2017/18 Quarter 2

Community based HIV Prevention Services for HIV positive people

Provider: LASS

Overall progress rating:

Amber

Purpose of service: To improve sexual health outcomes for people of who are HIV positive in Leicester and Leicestershire within the context of the wider health issues for this group

Relevant PHOF indicators:

3.04 - HIV late diagnosis


[Return to summary page](#)

DOT Worse, Sig Worse

Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
HIV Positive people: Number of contacts of men and women seen for sexual health promotion or HIV prevention	Target			0	0	0	0	0	0	0	0				
	Actual			166	106	156	291	200	236	200	45	48	30		
	Actual to date			166	272	428	719	200	436	636	681	48	78		
HIV Positive people: Number of HIV Test Consultations done	Target			0	0	0	0	0	0	0	0				
	Actual			13	13	38	13	20	27	54	17	15	23		
	Actual to date			13	26	64	77	20	47	101	118	15	38		
HIV Positive people: Number of counselling sessions for those with high need regarding sexual health promotion and HIV	Target		40	0	0	0	0	10	20	30	40				
	Actual			15	15	57	59	31	31	75	31	15	16		
	Actual to date			15	30	87	146	31	62	137	168	15	31		

Comments on performance

Lead:

Date:

In 2016-17, there has been a significant increase in terms of contacts relating to sexual health promotion or HIV prevention. Q4 data low

CaAS

09/02/2017

The increases in activity are also represented in relation to HIV test consultations and the number of counselling sessions, this is very high .

CaAS

09/02/2017

Numbers of contacts for HIV have been revised in 2016/17. CaAS to advise

Data appears to include people who have been given IAG . Need to ensure that reporting is about sexual health only

LR

Number of people has fallen across all three KPI's - will raise this at the Contracts Meeting

RS

02/08/2017

In Q2 Down by 18 compared to Q1 that a percentage drop of 24%

GSH

01/11/2017

Key actions

Action by date:

Discussion with provider about pathway and referrals from counselling sessions , Data is not satisfactory and it seems that the service is providing beyond commissioned activity. This needs some discussion

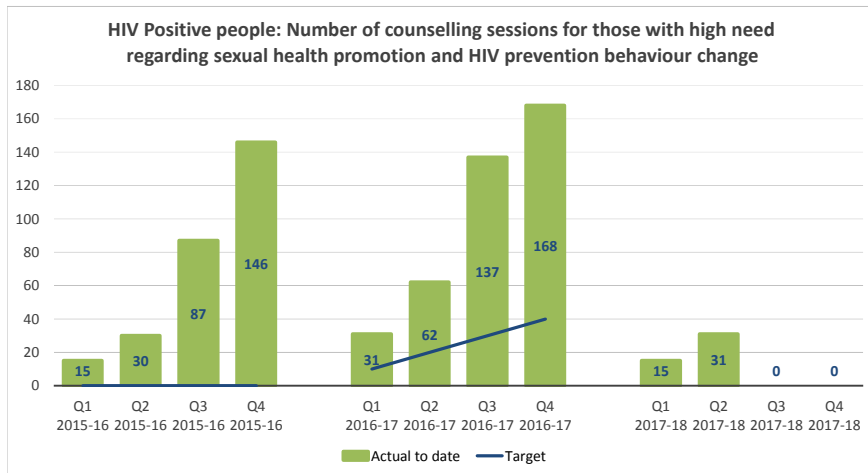
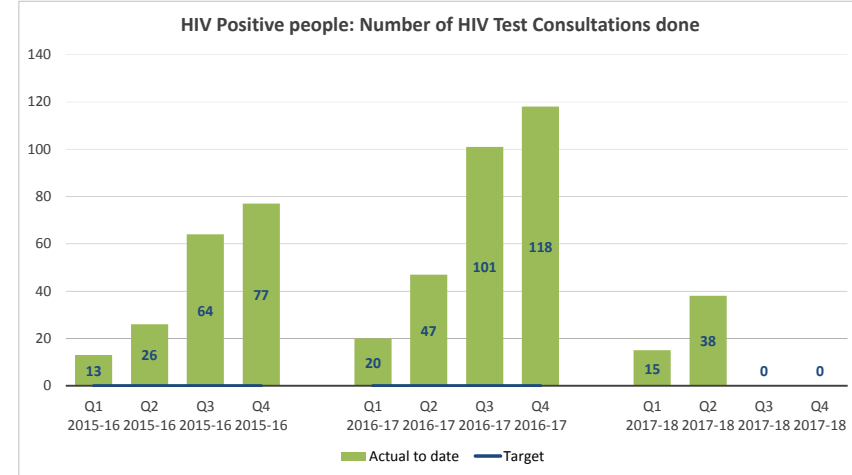
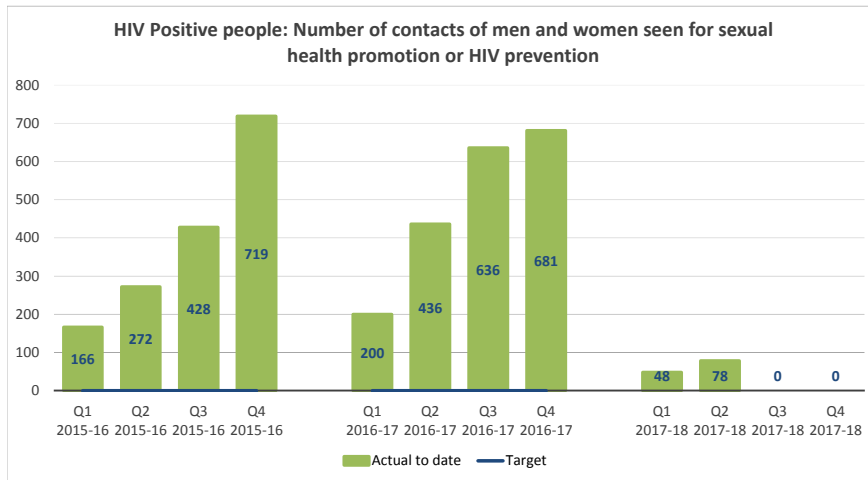
May 2017

Raise with the Provider as why the number of people has drop across all three KPIs

Aug 2017

Discussion with the providers to relook at Quarter 2 Data (some the Data did not add up in Quarter 2)

02/11/2017



Division of Public Health Performance Report: 2017/18 Quarter 2

Community based Sexual Health Promotion and HIV Prevention Services for people of African heritage

Provider: LASS

Overall progress rating:

Amber

Purpose of service: To improve sexual health outcomes for people of African heritage in Leicester and Leicestershire within the context of the wider health issues for this group

Relevant PHOF indicators:

3.04 - HIV late diagnosis


[Return to summary page](#)

DOT Worse, Sig Worse

Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
People of African heritage: Number of contacts seen for sexual health promotion or HIV prevention	Target		Pending												
	Actual			37	66	54	257	111	245	91	69	86	21		
	Actual to date			37	103	157	414	111	356	447	516	86	107		
People of African heritage: Number accessing outreach sessions	Target														
	Actual					250	10	14	20	47	287	199	9		
	Actual to date					250	260	14	34	81	368	199	208		
People of African heritage: Number of telephone contacts and online enquiries	Target														
	Actual					101	121	144	100	231	214	459	17		
	Actual to date					101	222	144	244	475	689	459	476		
People of African heritage: Number referred to other services for sexual health promotion or HIV prevention	Target														
	Actual			43	141	90	13	24	24	107	26	27	11		
	Actual to date			43	184	274	287	24	48	155	181	27	38		
People of African heritage: Number of HIV tests done	Target														
	Actual					24	14	31	24	29	16	24	16		
	Actual to date					24	38	31	55	84	100	24	40		

Comments on performance

Lead:

Date:

Data exceeds contracted activity . This could be erroneous and needs discussion with the provider

RS

02/08/2017

Low figures in 2017/18 Q2 due to rain during the African Caribbean carnival (low turnout)

CaAS

06/11/2017

Still no clarity about change in numbers eg reduction in telephone contacts from 459 in Q1 to 17 in Q2

LR

08/11/2017

Key actions

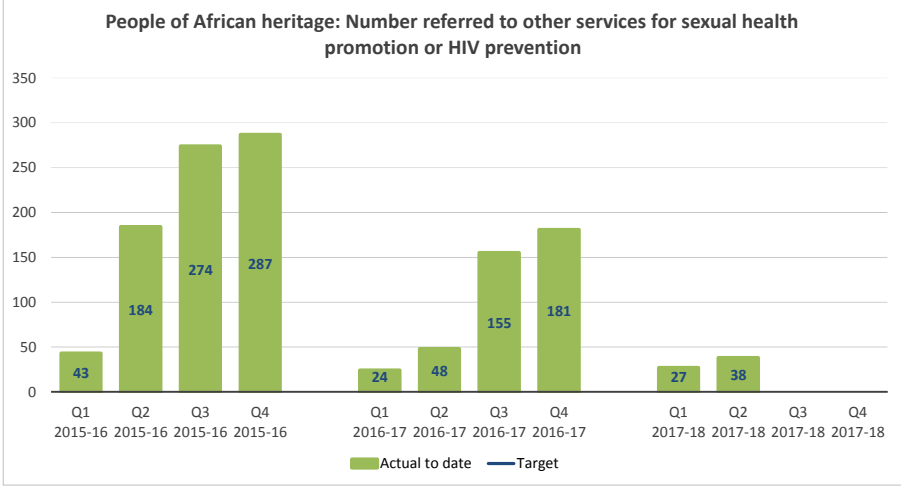
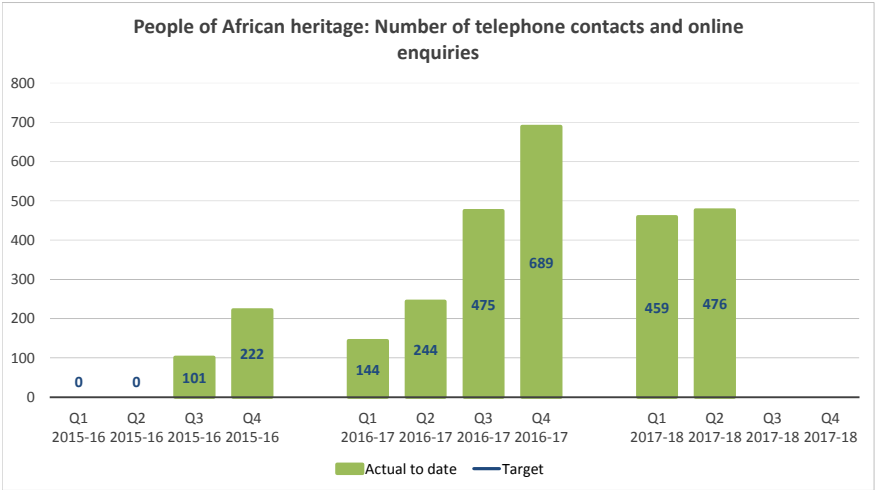
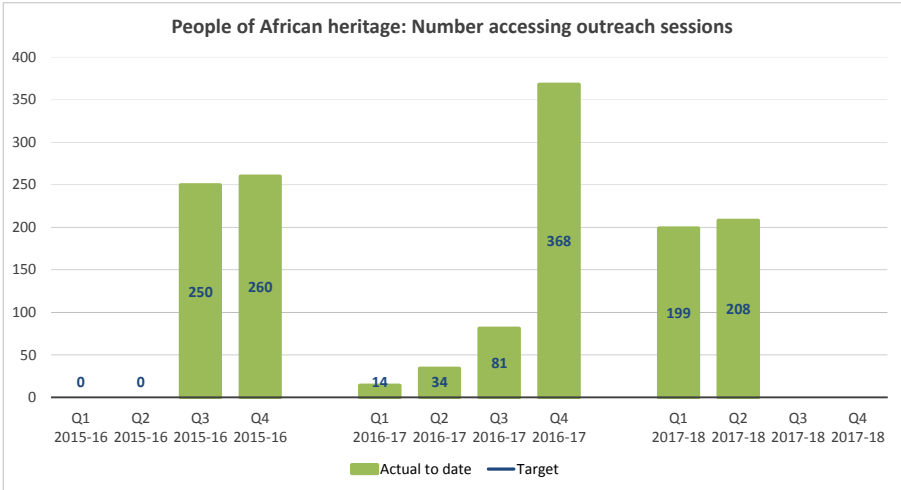
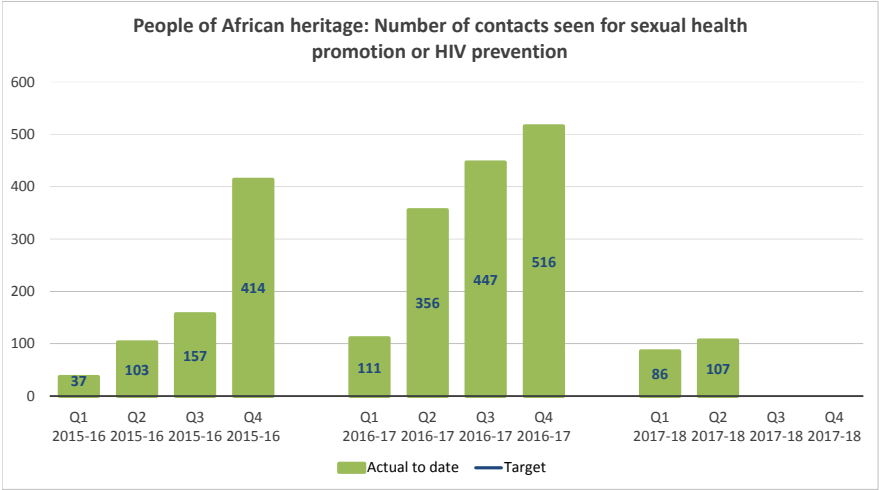
Action by date:

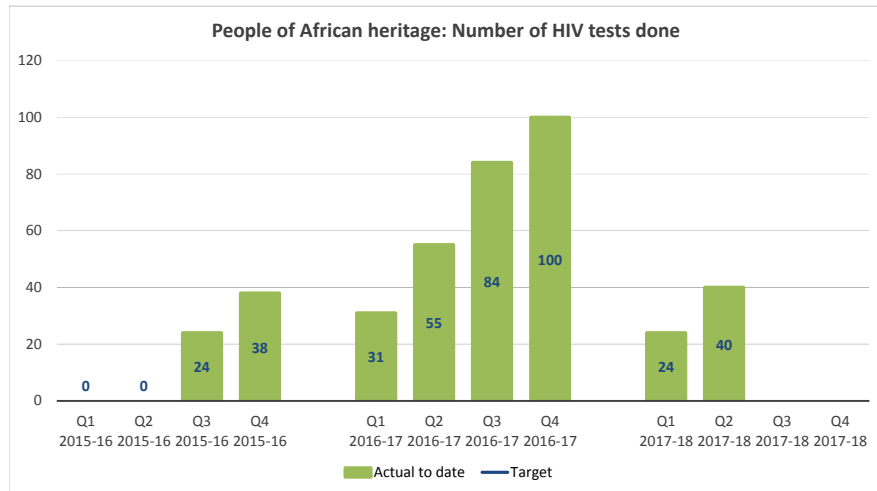
Discuss reason for reductions and movement of activity

01/08/2017

Discussion with the providers to relook at Quarter 2 data (some the data did not add up in Quarter 2).

02/11/2017





Division of Public Health Performance Report: 2017/18 Quarter 2

Community based HIV Prevention Services: Men who have sex with men (MSM)

Provider: TRADE

Overall progress rating:

Amber

Purpose of service: To improve sexual health outcomes for Gay, Bisexual & other MSM in Leicester, Leicestershire & Rutland, within the context of the wider health issues for this group.

Relevant PHOF indicators:

3.04 - HIV late diagnosis


[Return to summary page](#)

DOT Worse, Sig Worse

Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
MSM: Number of contacts for sexual health promotion or HIV prevention	Target														
	Actual			239	470	239	210	302	244	526	247	184	418		
	Actual to date			239	709	948	1158	302	546	1072	1319	184	602		
MSM: Number men accessing Outreach Sessions Held	Target														
	Actual			65	457	65	66	195	132	378	120	88	353		
	Actual to date			65	522	587	653	195	327	705	825	88	441		
MSM: Number of telephone contacts and online enquiries	Target			0	0	0	0	0	0	0	0				
	Actual			55	47	55	59	48	40	47	15	39	23		
	Actual to date			55	102	157	216	48	88	135	150	39	62		
MSM: Number of men referred to Other Services	Target							0	0	0					
	Actual			183	123	183	173	283	219	504	314	184	418		
	Actual to date			183	306	489	662	283	502	1006	1320	184	602		
MSM: Number of reactive test	Target			0	0	0	0	0	0	0	0	0	0		
	Actual			0	0	0	0	0	0	0	0	0	0		
	Actual to date			0	0	0	0	0	0	0	0	0	0		

Comments on performance

Lead:

Date:

Increase in number of contacts due to the Pride Event.

CaAS

31/10/2017

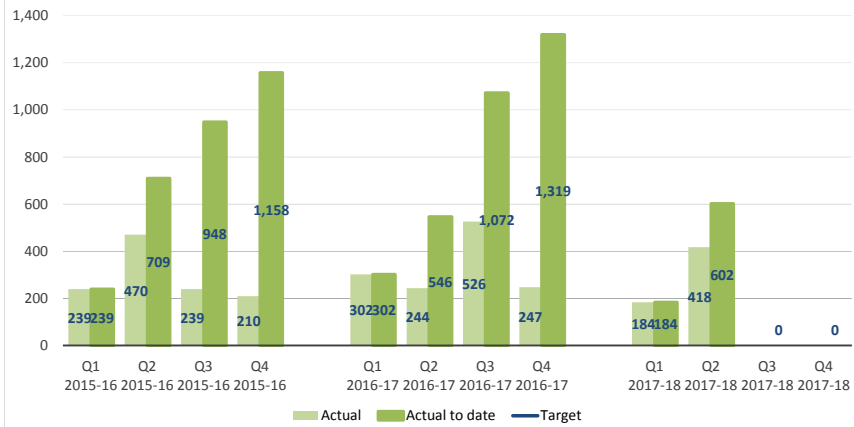
Key actions

Action by date:

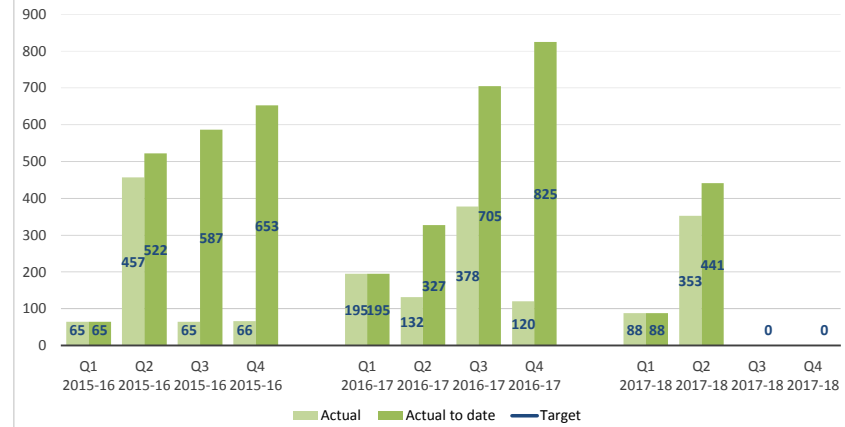
Discussion with provider about low activity, method of recording and agreement about how and what is counted in this data return

Nov-17

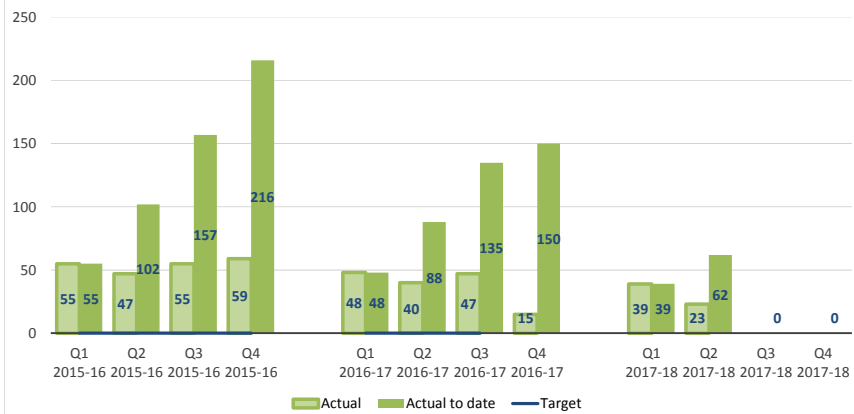
MSM: Number of contacts for sexual health promotion or HIV prevention



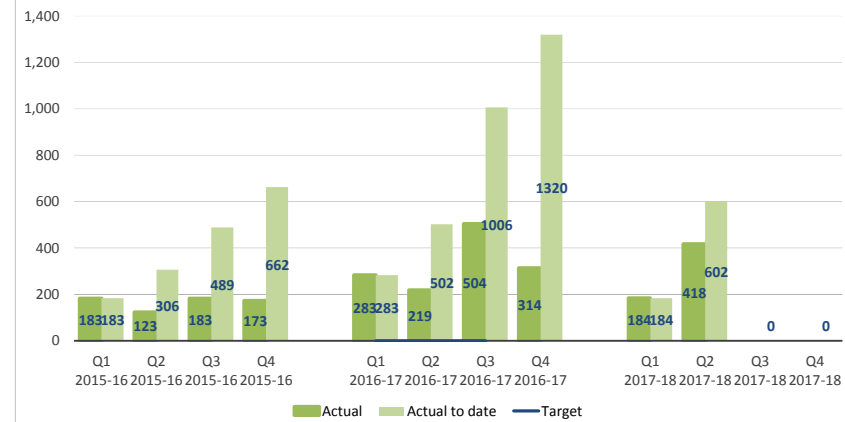
MSM: Number men accessing Outreach Sessions Held



MSM: Number of telephone contacts and online enquiries



MSM: Number of men referred to Other Services



Division of Public Health Performance Report: 2017/18 Quarter 2

Community based HIV Prevention Services: Sex workers

Provider: Staffordshire & Stoke on Trent Partnership Trust (SSOTP)

Overall progress rating: **Amber**

Purpose of service: aims to improve sexual health outcomes for sex workers in Leicester within the context of the wider health issues for this group

Relevant PHOF indicators:

3.04 - HIV late diagnosis

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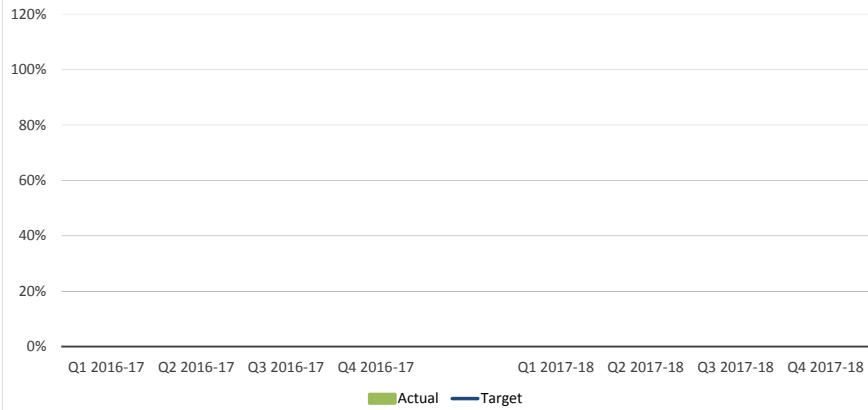
DOT Worse, Sig Worse

Key Performance Indicators	Activity	2015/16	2016/17	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Sexual health promotion and HIV prevention - people working											
Sex workers: Proportion of users receiving 1:1 support to complete behaviour change questionnaires, pre and post intervention	Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Actual										
Sex workers: Proportion of those completing questionnaire who report risk reduction	Target			0%	0%	0%	0%				
	Actual										
Sex workers: Proportion of clients rating training as having increased knowledge & awareness	Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Actual										
Sex workers: Numbers of sex workers provided with HIV testing	Target			0	0	0	0				
	Actual					3					
Numbers of saunas and brothels visited	Target										
	Actual					46		46	31		

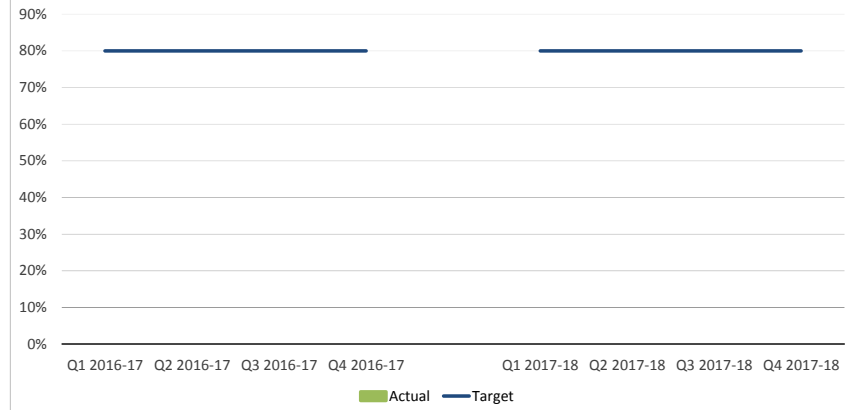
Comments on performance	Lead:	Date:
This service has been developing well and visiting saunas and brothels	LR	14/02/2017
Some issues with visiting street based sex workers	LR	14/02/2017
Monitoring template has just been developed and shared with provider. More data will be populated on future report.	CaAS	13/05/2017
2017/18 all the KPIs were not been answered during 2017/18 Q1 - returns	CaAs	01/08/2017

Key actions	Action by date:
Encourage provider to persist and discuss with police	May-17
Need to raise with provider as to why no KPIs were reported during this quarter	Aug-17

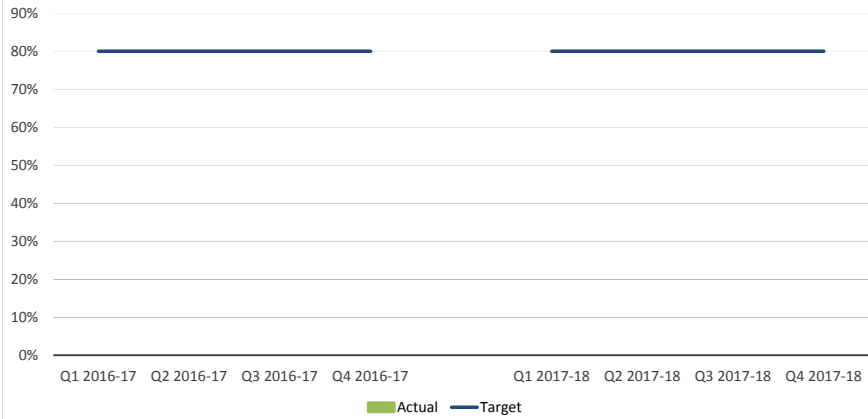
Sex workers: Proportion of those completing questionnaire who report risk reduction



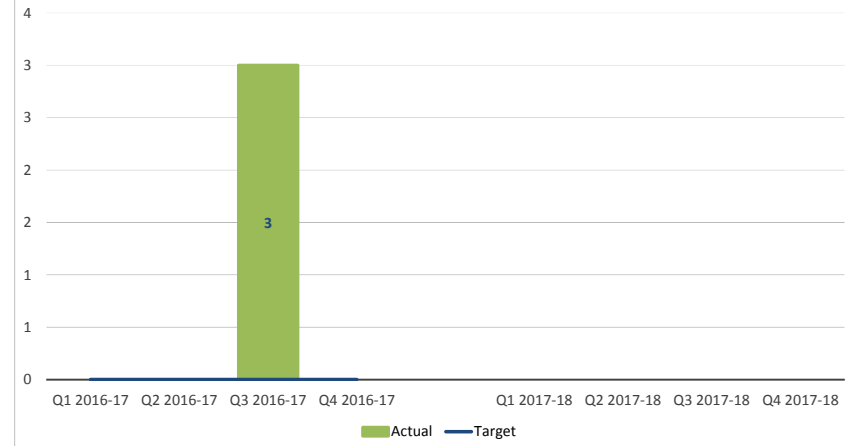
Sex workers: Proportion of users receiving 1:1 support to complete behaviour change questionnaires, pre and post intervention



Sex workers: Proportion of clients rating training as having increased knowledge & awareness



Sex workers: Numbers of sex workers provided with HIV testing



Division of Public Health Performance Report: 2017/18 Quarter 2

Community Food Growing Support Program

Provider: Saffron Acres Project

Overall progress rating: **Amber**

Purpose of service: To deliver training and support to stimulate and develop food growing to communities across the south of Leicester

Relevant PHOF indicators:

2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

2.12 - Excess Weight in Adults

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DOT Improving, Sig Worse

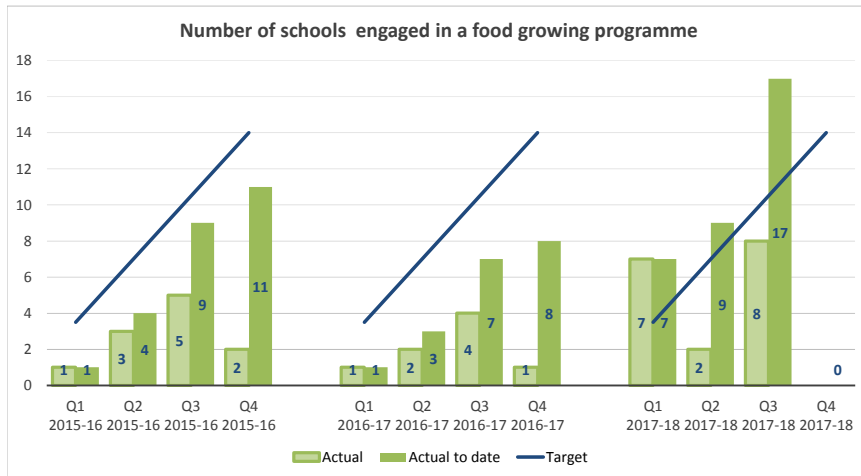
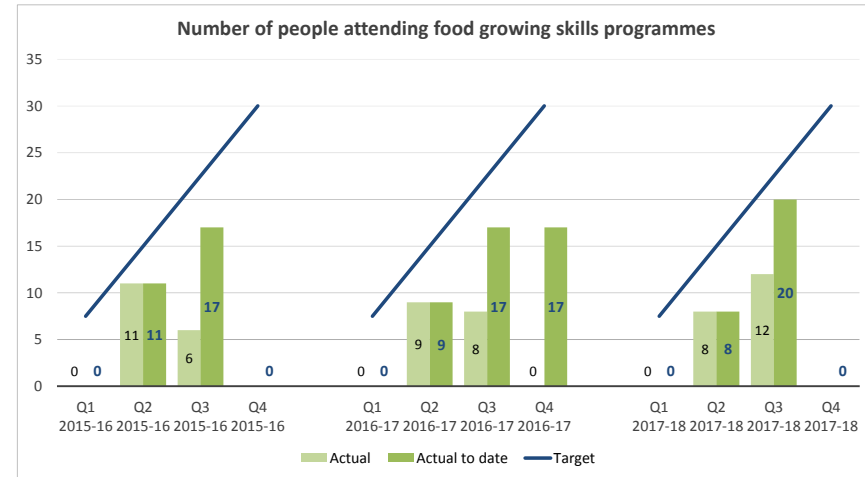
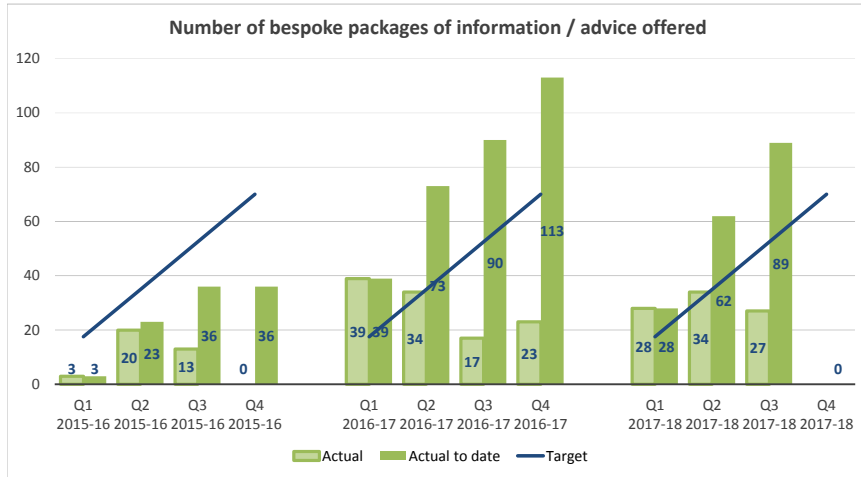
DOT Worse, Sig NS

Contract runs from February

Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of bespoke packages of information / advice offered	Target	70	70	18	35	53	70	18	35	53	70	18	35	53	70
	Actual			3	20	13	Pending	39	34	17	23	28	34	27	
	Actual to date			3	23	36	36	39	73	90	113	28	62	89	
Number of people attending food growing skills programmes	Target	30	30	8	15	23	30	8	15	23	30	8	15	23	30
	Actual			0	11	6		0	9	8	0	0	8	12	
	Actual to date			0	11	17		0	9	17	17	0	8	20	
Number of schools engaged in a food growing programme	Target	14	14	4	7	11	14	4	7	11	14	4	7	11	14
	Actual			1	3	5	2	1	2	4	1	7	2	8	
	Actual to date			1	4	9	11	1	3	7	8	7	9	17	

Comments on performance	Lead:	Date:
Increase in number of schools engaged in the programme	CaAs	02/11/2017

Key actions	Action by date:
Speak to provider re shortfalls in attendances in food growing skills programmes - Provider information demonstrating improvement on	Sep-17



Division of Public Health Performance Report: 2017/18 Quarter 2

Community Food Growing Support Programme

Provider: The Conservation Volunteers

Overall progress rating:

Amber

Purpose of service: To deliver training and support to stimulate and develop food growing to communities across the north of Leicester

Relevant PHOF indicators:

2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)

2.12 - Excess Weight in Adults

[Return to summary page](#)

DOT Improving, Sig Worse

DOT Worse, Sig NS

Key Performance Indicators		Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of bespoke packages of information / advice offered	Target		70	70	18	35	53	70	18	35	53	70	18	35	53	70
	Actual				17	15	5	14	40	40	22	5	16	9	2	
	Actual to date				17	32	37	51	40	80	102	107	16	25	27	
Number of people attending food growing skills programmes	Target		30	40	8	15	23	30	10	20	30	40	10	20	30	40
	Actual				0	2	11	0	64	82	0	72	0	119		
	Actual to date				0	2	13	13	64	146	146	218	0	119		
Number of schools engaged in a food growing programme	Target		14	14	4	7	11	14	4	7	11	14	4	7	11	14
	Actual							2	0	0	5	3	2	5	2	
	Actual to date				0	0	0	2	0	0	5	8	2	7	9	

Comments on performance

Lead:

Date:

There is sharpe decrease in number of people attending food growing programmes compare to last quarter

CaAS

02/08/2017

SH

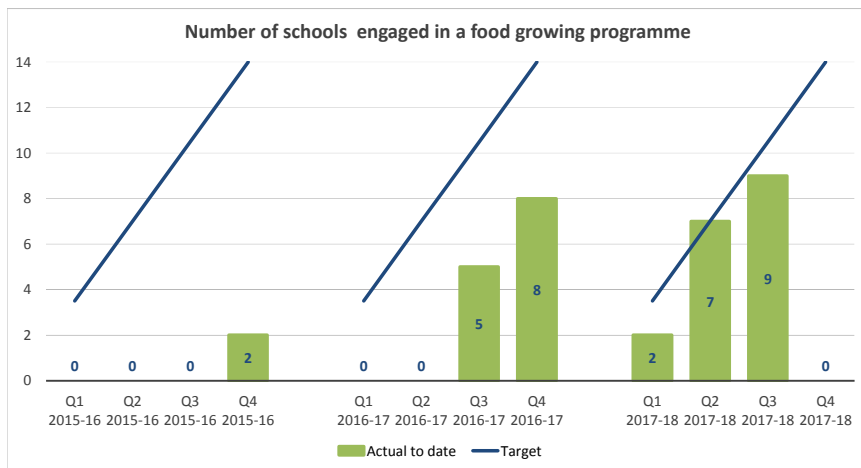
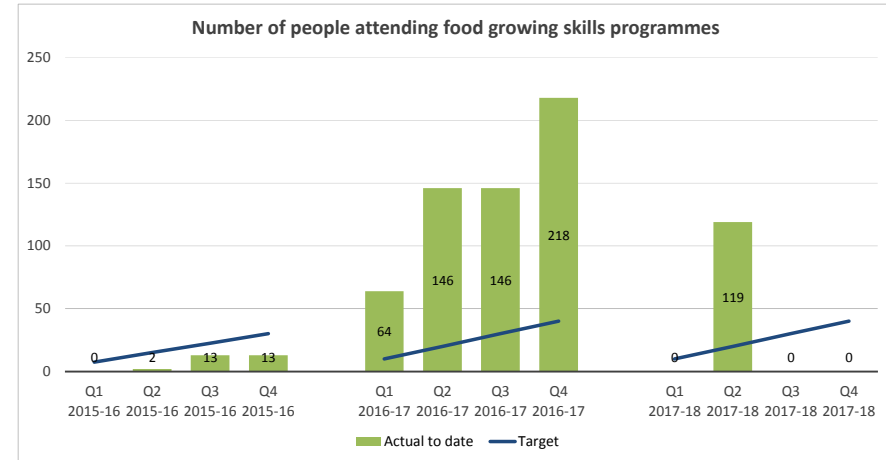
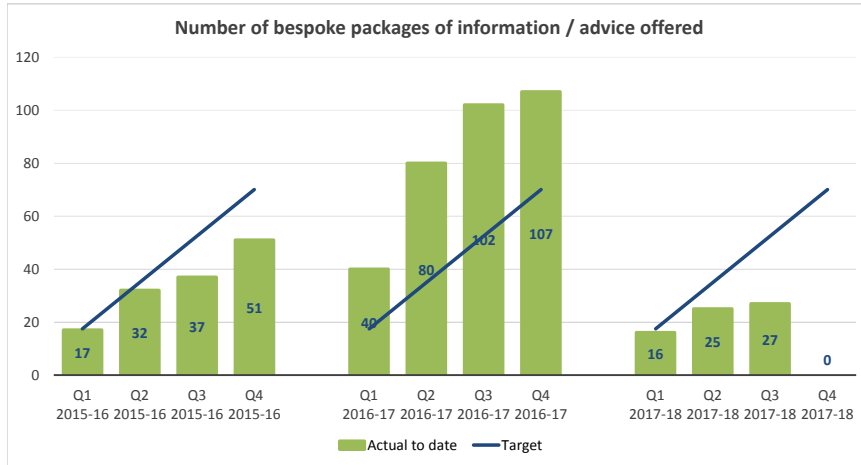
Staff change in TCV has accounted for some of the drop in delivery. Further discussion is taking place to agree how to remedy the situation in September 2017

Key actions

Action by date:

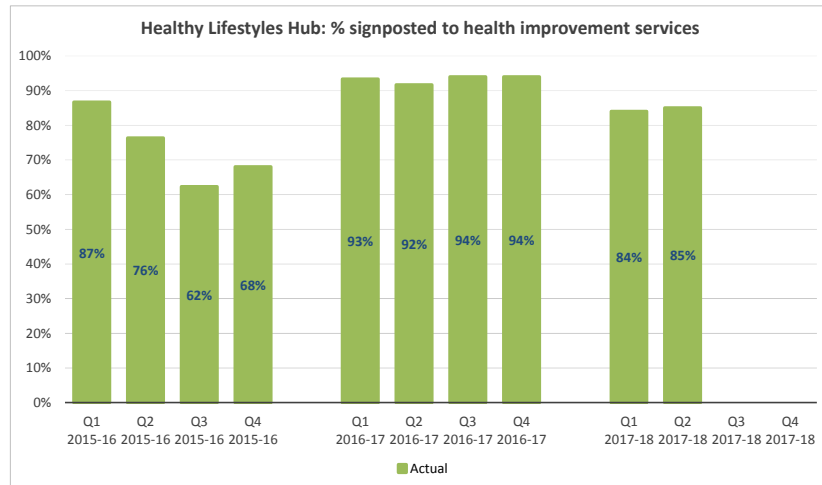
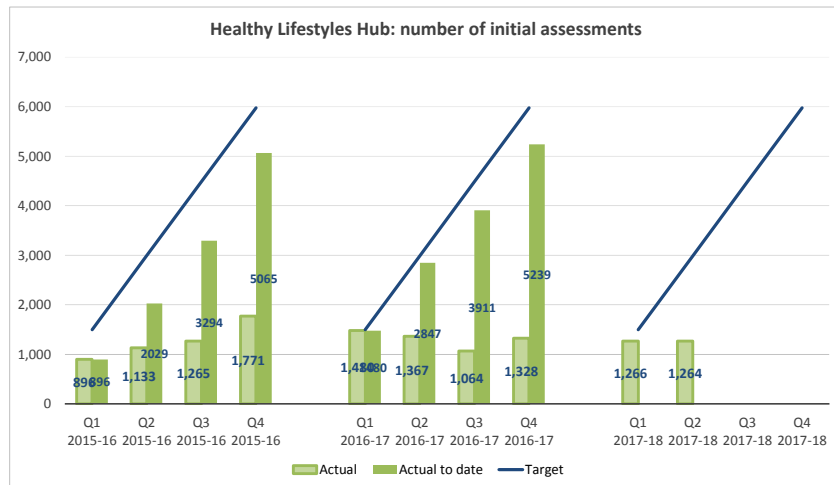
Discussion have taken place to improve take up and outputs. A meeting mid december has been arranged to agree any further remedial action and also inform contract in the future.

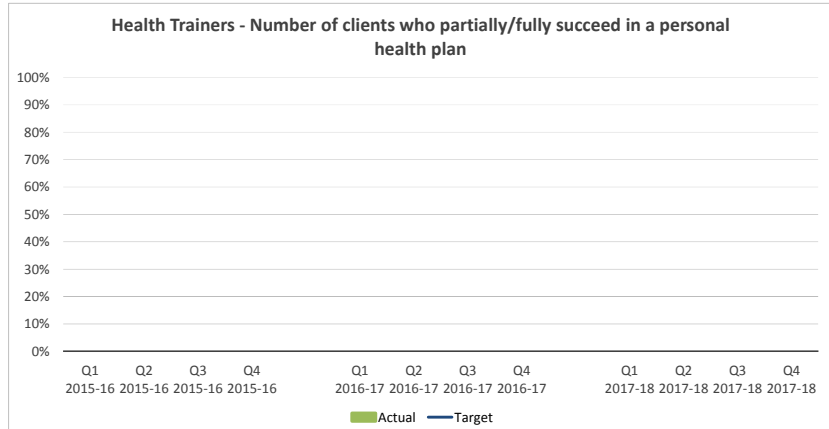
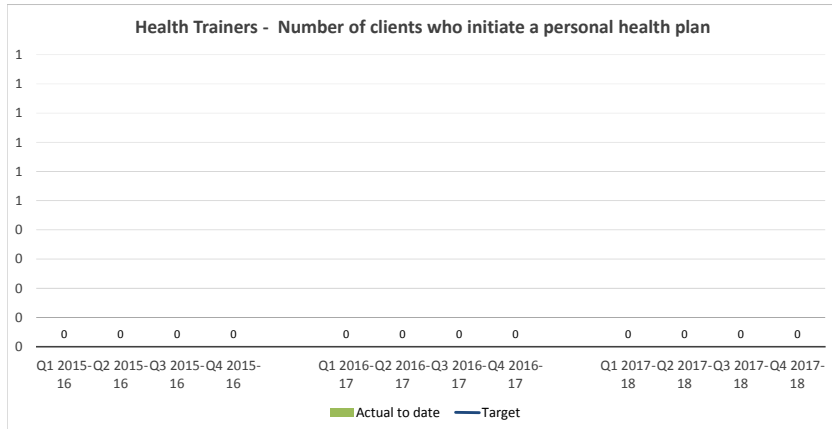
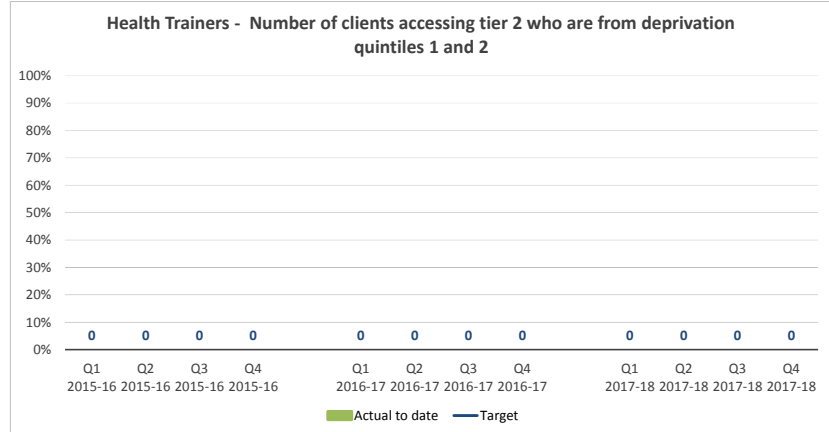
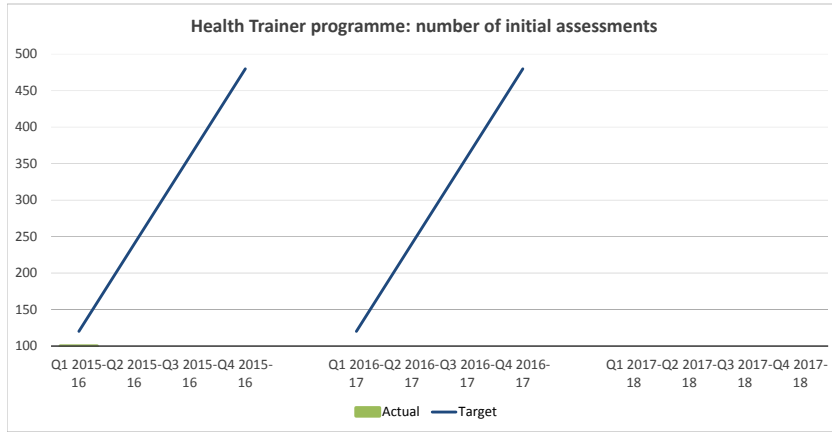
Sep-17



Comments on performance	Lead:	Date:
There are still issues with GP's unable to understand some of functionality of the Prism so provider has not been receiving the referrals from the GPs in a timely manner.	CaAS	02/11/2017

Key actions	Action by date:
Discussion required between CaAS and PH to agree what is considered a completion Health Trainer Programme). There are provider reporting requirements re 6 month and 12 month review, but it may be that an alternative indicator is preferred. This can be agreed, negotiated with the provider and embedded into this report	Aug-17
HLH service users initiating personal health plans is not currently a reported indicator. This can be negotiated with the provider and embedded into future reporting.	Aug-17





Division of Public Health Performance Report: 2017/18 Quarter 2

Health Trainers: Probation

Provider: Inclusion healthcare

Overall progress rating:

Green

Service purpose: a single point of assessment and access to a range of lifestyle support and behaviour change services for people on probation

Relevant PHOF indicators:

2.13ii - Percentage of physically inactive adults - historical method

2.12 - Excess Weight in Adults

2.14a - Smoking Prevalence in adults - current smokers (APS)



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DOT Worse, Sig Worse

DOT Worse, Sig NS

DOT Improving, Sig NS

Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Health Trainers - Probation: Number of initial assessments	Target	240	240	60	120	180	240								
	Actual			158	159	88	131	118	75	80	62	46	78		
	Actual to date			158	317	405	536	118	193	273	335	46	124		
Health Trainers - Probation: Number of clients who initiate a personal health plan	Target	90	90%												
	Actual			121	82	60	74	78	52	60	31	27	45		
	Actual to date			121	203	263	337	78	130	190	221	27	72		
Health Trainers - Probation: Number of clients who succeed in a personal health plan	Target	60%		60%	60%	60%	60%	60%	60%	60%	60%	60%	60%		
	Actual														
Health Trainers - Probation: % of clients partially or completing succeeding int her personal health plan	Actual to date					91%	92%	97%	87%	94%	97%	84%	91%		

Comments on performance

Lead

Date

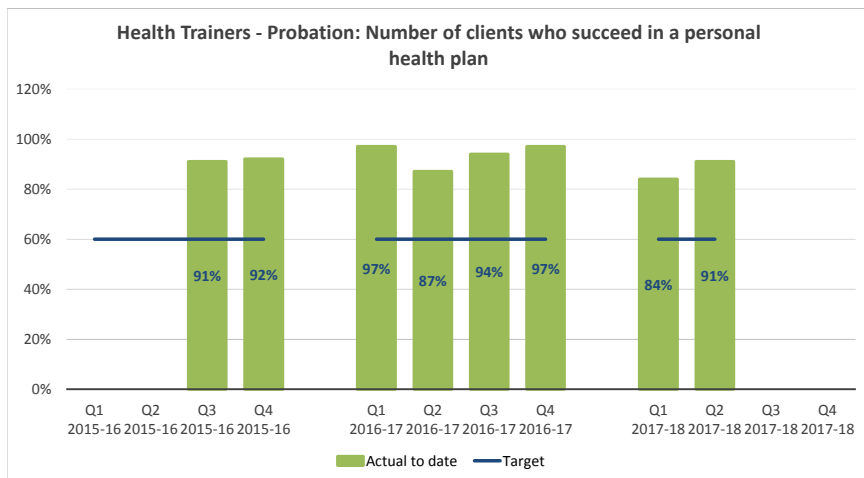
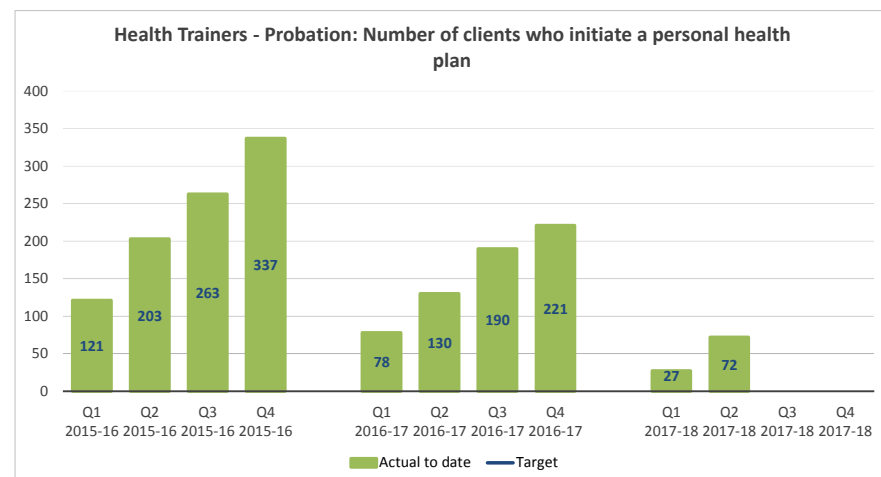
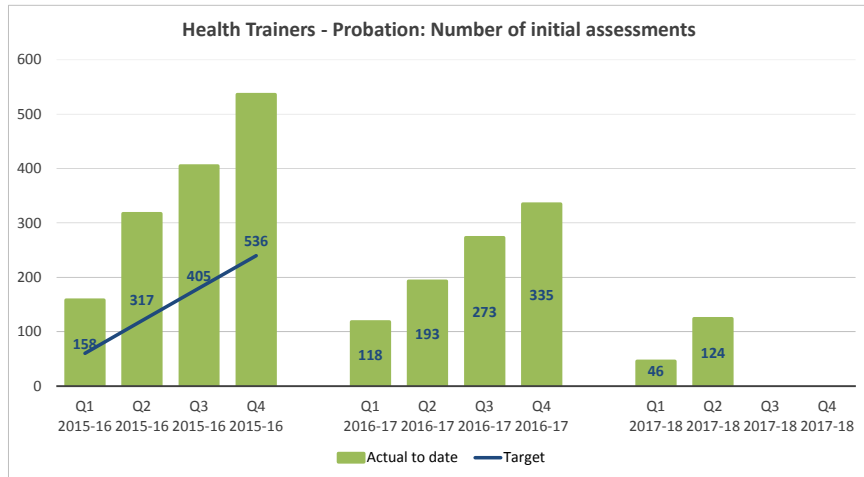
The proportion of Health Trainer users initiating assessments has been in excess of target throughout 2016-17 YTD. There were 32 extra assessments carried out in Q2 compared to Q1 making an overall percentage increase of 26%

CaAs

02/11/2017

Action plan

Action by date



Division of Public Health Performance Report: 2017/18 Quarter 2

Active Lifestyle Scheme:

Provider: Leicester City Council Sports Services

Overall progress rating:

Green

Service purpose: GP and Health Practitioner referred service to increase physical activity levels and health outcomes for those with complex co-morbidities

Relevant PHOF indicators:

2.13ii - Percentage of physically inactive adults - historical method

2.12 - Excess Weight in Adults

2.14a - Smoking Prevalence in adults - current smokers (APS)



Performance Indicators	Activity	2015/16	2016/17			Q3 2016-17	Q4 2016-17		Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
ALS: Number of Priority 1 referrals (Cardiac/ COPD)	Target											
	Actual					68	54		62	51		
ALS: Number of priority 2 referrals (includes conditions such as diabetes, renal/liver disease, other long term conditions, high blood pressure, physiotherapy)	Target											
	Actual					642	819		764	759		
ALS: Number of priority 3 referrals (for inactive but otherwise healthy)	Target											
	Actual					140	203		201	108		
ALS: Take-up rate of first appointment for priority 2	Target											
	Actual					70%	65%		62%	59%		
ALS: Retention of priority 2 referrals at 3 months	Target								Full quarter not available: Feb 46%, March 41%, April 52%			
	Actual											

Comments on performance

As of 30th October 4 centres are operating group sign up sessions these involve an overview of the service, essential paper work completed, tour of the building, baseline measurements taken and the opportunity to ask any questions concerning the scheme. These have been well attended so far with a maximum of 10 people per session. Uptake for signs up have been successful. This allows instructors the time to have with members in their one to one sessions to go through their goals and readiness to change.

Circuit classess have been introduced in 4 centres and ALS members can access as many of these circuit class delivered in the 4 centres.

ALS admin are now calling P2 clients once their referral is received to book on to sign up session. This first contact is crucial and allows the admin team to process to the correct pathway answer questions and book additional support if required.

The Scottish Physical activity questionnaire (SPAQ) has been introduced in these sign ups making it easier to record activity levels, this will be repeated at the end of the 3 month period and then at 6 months.

A commitment agreement has been introduced to outline what is expected from the client and what they can expect from the service. There is also an emphasis on

Lead

Date

Jo Atkinson

Action plan

Action by date

To have a full dedicated ALS team delivering the same in all leisure centres.

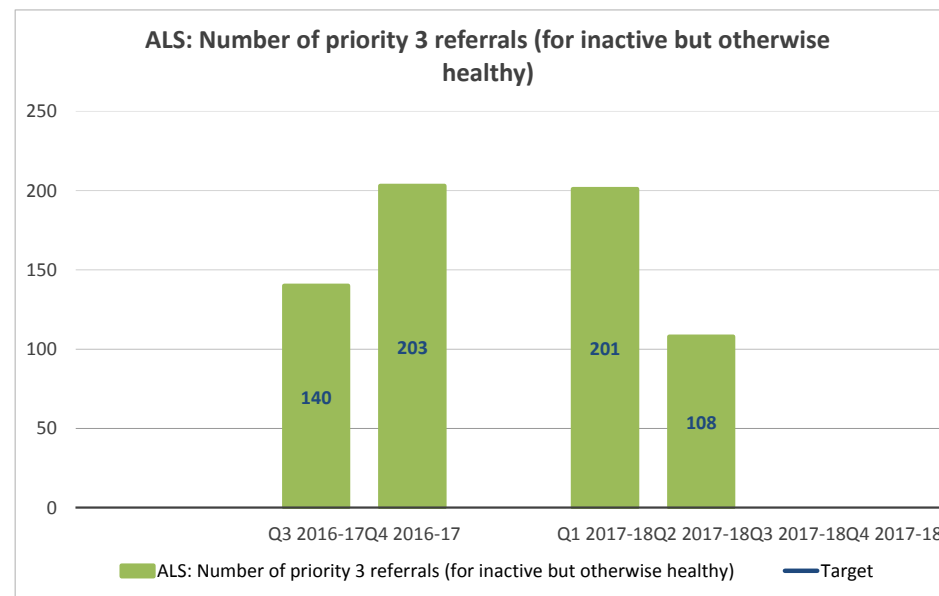
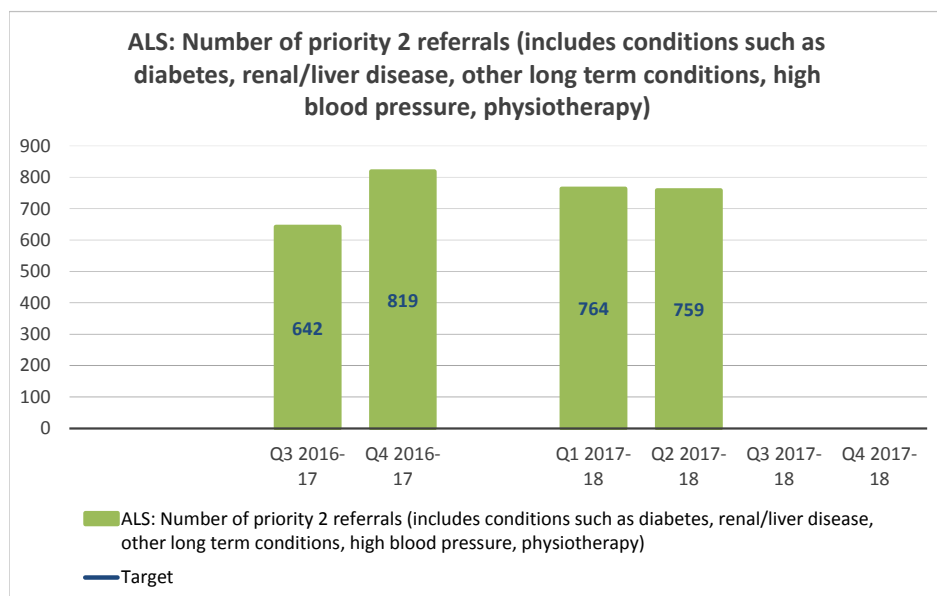
To have group sign up sessions and circuit classes delivered from all leisure centres.

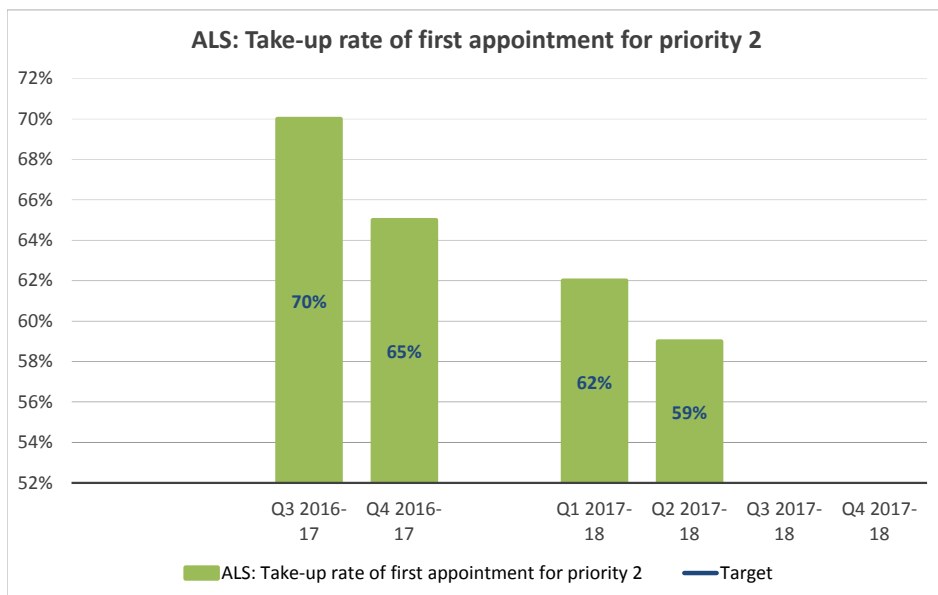
Access community venues and green spaces across the city.

To improve the recording and reporting system.

client and what they can expect from the service. There is also an emphasis on completing a minimum of 9 weeks in order to qualify for a further 3 months. A code of conduct has also been introduced.

The consultation rooms have been revamped with new furniture and motivational quotes on the walls. The rooms are now user friendly and comfortable.





Division of Public Health Performance Report: 2017/18 Quarter 2

Adult Weight Management

Provider: Leicestershire Partnership Trust

Purpose of service: A targeted weight management programme for groups traditionally under-represented in commercial weight management users and an enhanced weight management programme for those with complex co-morbidities

Relevant PHOF indicators:

2.12 - Excess Weight in Adults


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DOT Worse, Sig NS

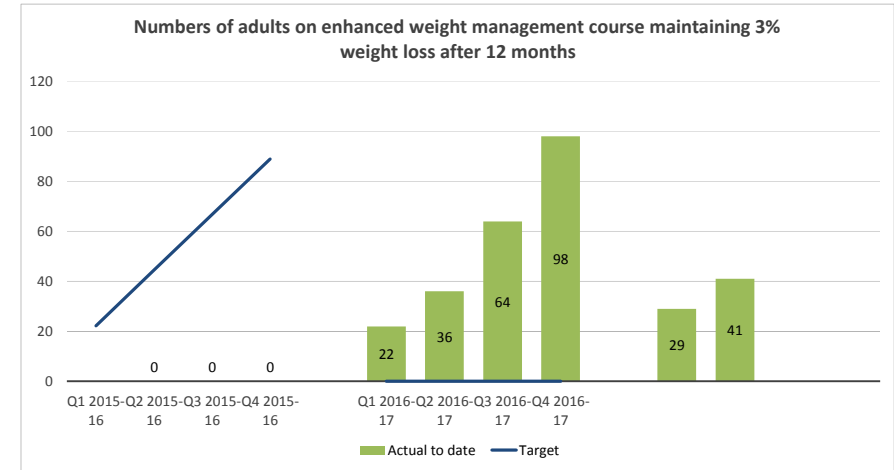
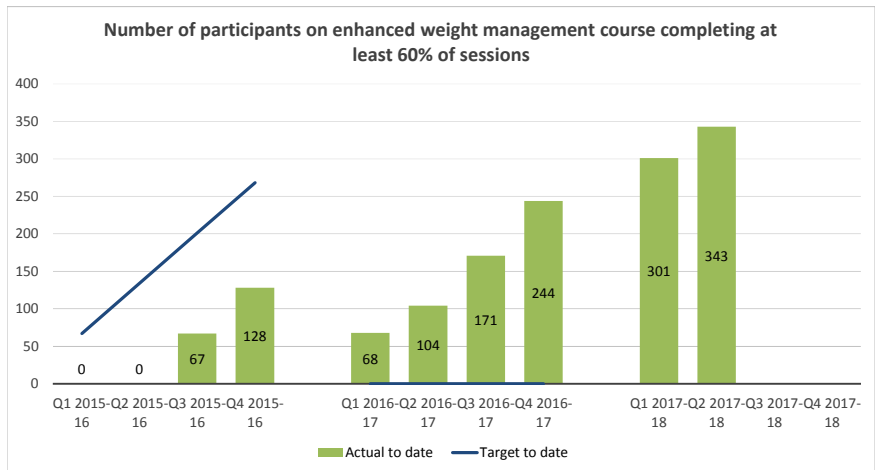
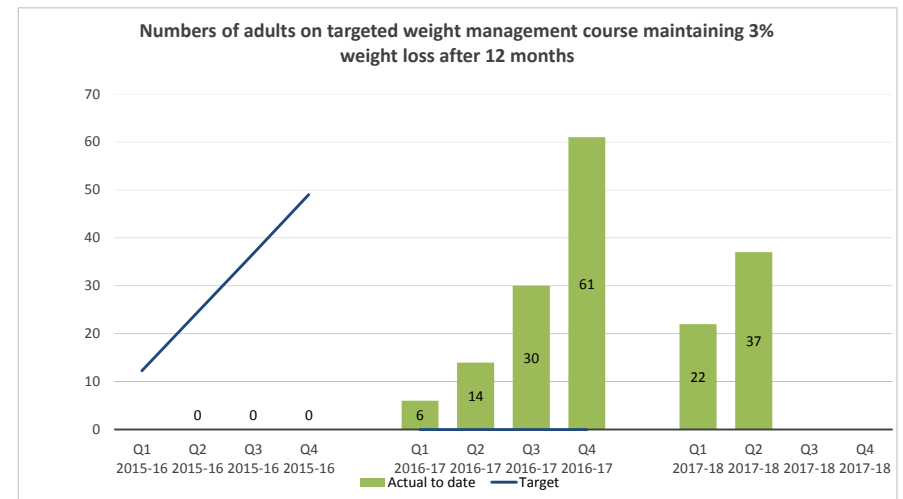
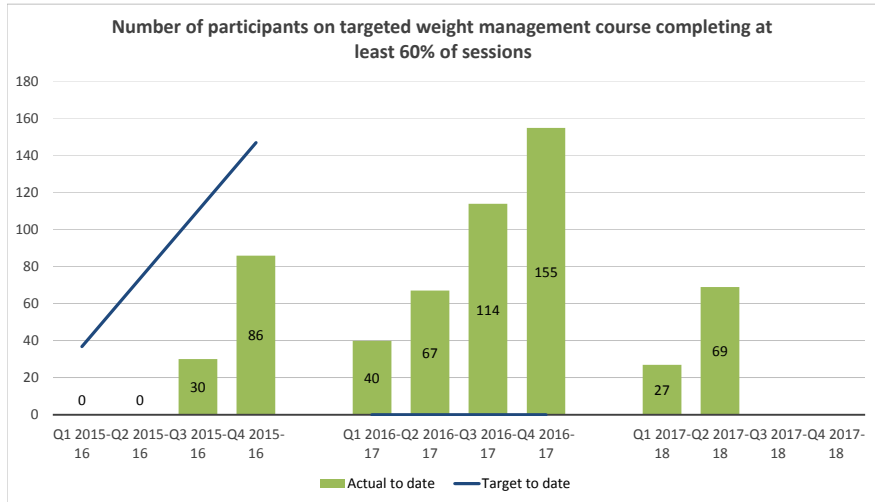
Overall progress rating:

Amber

Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Targeted Adult Weight Management: for specific groups under-represented in commercial programmes															
Total number of participants	Actual			99	54	132	154	146	84	148	149	120	120		
	Actual to date			99	153	285	439	146	230	378	527	120	240		
Number of participants on targeted weight management course completing at least 60% of sessions	Target to date	147		37	74	110	147	0	0	0	0	0	42		
	Actual					30	56	40	27	47	41	27	42		
% of participants completing at least 60% of sessions of the adult weight management course	Actual to date					30	86	40	67	114	155	27	69		
	Target to date	60%													
Actual	Actual					22.7%	36.4%	27.4%	32.1%	12.4%	7.8%	22.5%	17.5%		
	Actual to date					10.5%	19.6%	27.4%	29.1%	30.2%	29.4%	22.5%	28.8%		
Numbers of adults achieving 3% weight loss	Target														
	Actual														
Actual to date	Actual to date														
	Target	49		12	25	37	49	0	0	0	0				
Numbers of adults on targeted weight management course maintaining 3% weight loss after 12 months	Actual			N/A	N/A	N/A	N/A	6	8	16	31	22	15		
	Actual to date				0	0	0	6	14	30	61	22	37		
Enhanced Adult Weight Management Service: for those with additional needs and complex co-morbidities															
Total number of participants	Actual					87	79	87	49	89	95	81	56		
	Actual to date					87	166	87	136	225	320	401	457		
Number of participants on enhanced weight management course completing at least 60% of sessions	Target to date	268		67	134	201	268	0	0	0	0				
	Actual					67	61	68	36	67	73	57	42		
Actual to date	Actual to date					67	128	68	104	171	244	301	343		
	Target to date	60%													
% of participants completing at least 60% of sessions of the adult weight management course	Actual					77.0%	77.2%	78.2%	73.5%	29.8%	22.8%	14.2%	9.2%		
	Actual to date					77.0%	77.1%	78.2%	76.5%	76.0%	76.3%	75.1%	75.1%		
Numbers of adults achieving 3% weight loss	Target														
	Actual														
Actual to date	Actual to date														
	Target	89		22	45	67	89	0	0	0	0				
Numbers of adults on enhanced weight management course maintaining 3% weight loss after 12 months	Actual							22	14	28	34	29	12		
	Actual to date							22	36	64	98	29	41		

Comments on performance	Lead:	Date:
Total number of participants has remain static in Q2 2017/18	CaAS	02/11/2017
Number services accessing Targeted Service in Q2 is same as Quarter 2 compare 2016/17		
Number of Service user achieving 3% weight loss after 12 within Targeted Service is above target		

Key actions	Action by date:
Numbers of adults achieving 3% weight loss - not currently part of data collation. This will need to be negotiated with the provider and embedded into performance monitoring arrangements. CaAS to follow up.	
CaAS to liaise with Public health colleagues around definition of completed in this context. Hence, data omitted on this occasion. CaAS to action	
Currently no targets linked to numbers in service - discussion required between CaAS and PH to ascertain what expected levels of activity are	



Division of Public Health Performance Report: 2017/18 Quarter 2

Smoking Cessation:

Provider: Leicester City Stop Smoking Service

Overall progress rating:

Green

Purpose of service: To support people in Leicester City to stop smoking

Relevant PHOF indicators:

2.14a - Smoking Prevalence in adults - current smokers (APS)

2.03 - Smoking status at time of delivery


[Return to summary](#)

DOT Improvii

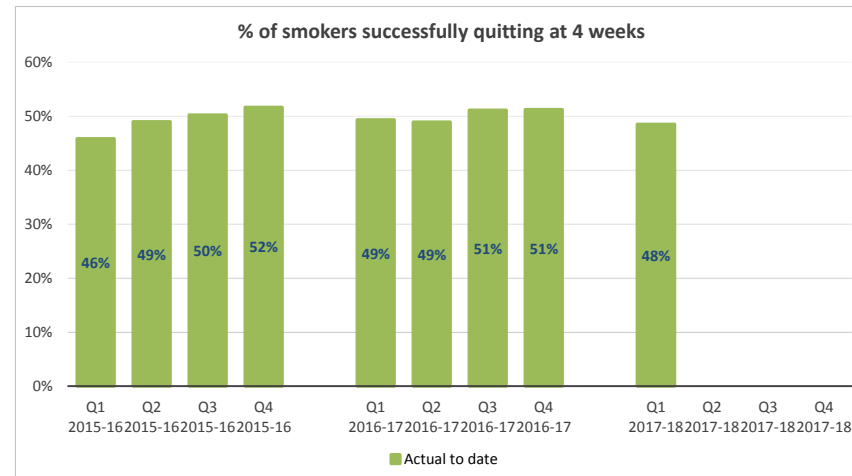
DOT Improvii

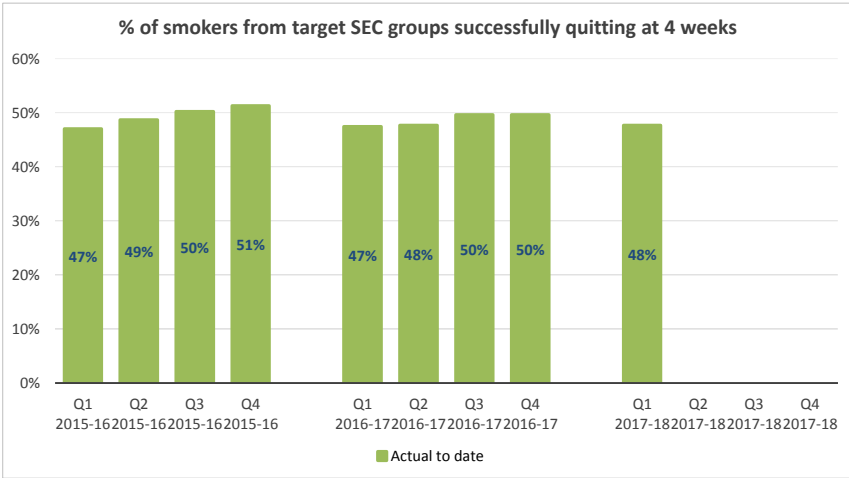
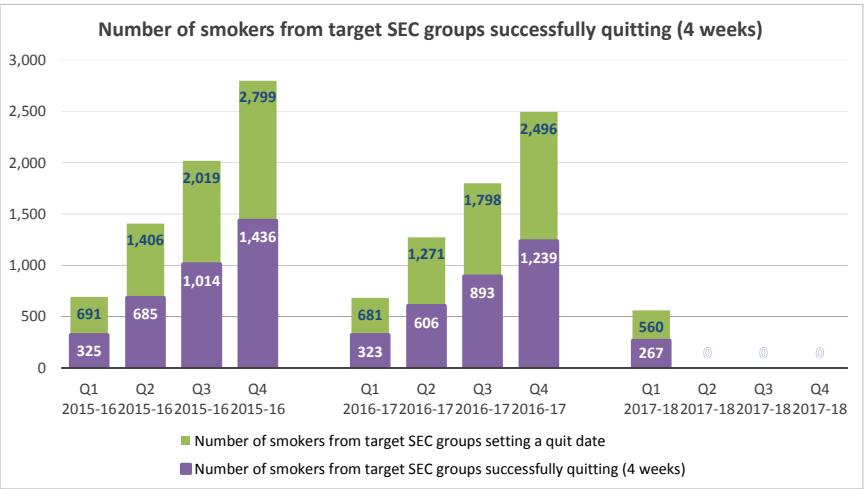
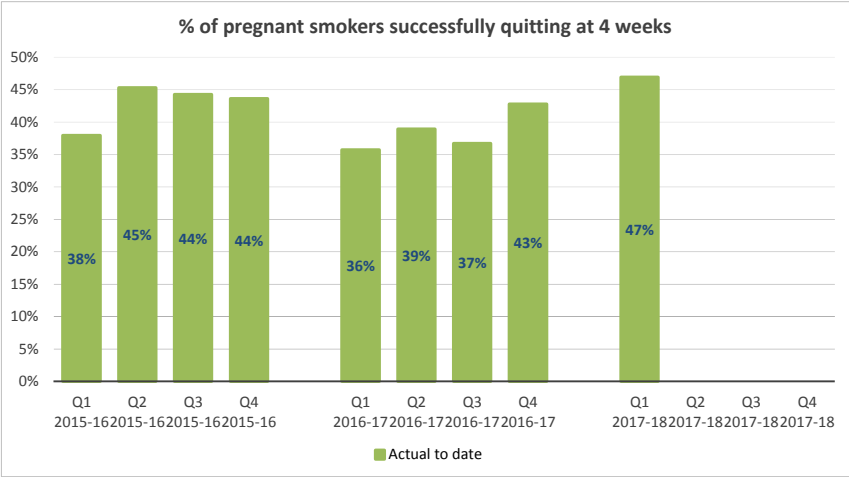
Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of smokers setting a quit date	Target to date			0	0	0	0	0	0	0	0				
	Actual			942	944	815	1,017	902	760	650	872	687			
	Actual to date			942	1,886	2,701	3,718	902	1,662	2,312	3,184	687			
Number of smokers successfully quitting (4 weeks)	Target to date		1,615	0	0	0	0	404	808	1,211	1,615	363	725	1,088	1,450
	Actual			432	492	433	563	445	368	368	450	333			
	Actual to date			432	924	1,357	1,920	445	813	1,181	1,631	333			
% of smokers successfully quitting at 4 weeks	Target														
	Actual														
	Actual to date			46%	49%	50%	52%	49%	49%	51%	51%	48%			
Number of pregnant women setting a quit date	Target														
	Actual			58	48	59	55	56	39	44	55	49			
	Actual to date			58	106	165	220	56	95	139	194	49			
Number of pregnant smokers successfully quitting (4 weeks)	Target														
	Actual			22	26	25	23	20	17	14	32	23			
	Actual to date			22	48	73	96	20	37	51	83	23			
% of pregnant smokers successfully quitting at 4 weeks	Target														
	Actual							36%	44%	32%	58%	47%			
	Actual to date			38%	45%	44%	44%	36%	39%	37%	43%	47%			
Number of smokers from target SEC groups setting a quit date	% of total														
	Actual			691	715	613	780	681	590	527	698	560			
	Actual to date			691	1,406	2,019	2,799	681	1,271	1,798	2,496	560			
Number of smokers from target SEC groups successfully quitting (4 weeks)	Target														
	Actual			325	360	329	422	323	283	287	346	267			
	Actual to date			325	685	1,014	1,436	323	606	893	1,239	267			
% of smokers from target SEC groups successfully quitting at 4 weeks	% of total														
	Actual														
	Actual to date			47%	49%	50%	51%	47%	48%	50%	50%	48%			

* target SEC groups include routine and manual groups, retired, carers, unemployed >1 year, sick/disabled

Comments on performance	Lead:	Date:
<p>Services are expected to treat > 5% of local smoking populations annually. In 2016-17, Leicester City's access per 100k population was 6,853, (England average was 4,434, E Mids average was 4,318).</p> <p>Success rates must be maintained above 35%. In 2016-17, Leicester City's success per 100k population was 3,510, (England average was 2,248, E Mids average was 2,299).</p> <p>Smoking disproportionately affects people from health inequalities groups (including routine and manual workers). Reach among these groups is essential to reduce smoking prevalence and reduce poor health. Access to Stop smoking services from this group is 78% of total setting a quit date</p> <p>Pregnant women are primarily referred to the Stop Smoking Service by UHL midwives. The service attempts to contact all women referred, phoning 3 times and then sending a letter.</p> <p>Leicester City's Stop Smoking Service was name-checked in a House of Commons debate in October, for its pioneering approach to e-cigarettes</p>		

Key actions	Action by date:
Maintain progress on helping people to successfully quit smoking	





Division of Public Health Performance Report: 2017/18 Quarter 2

GP Practice contracts: NHS Health Checks

Provider: Leicester GP Practices

Overall progress rating:

Green

Purpose of service: Provide an NHS Health check to eligible population aged 40-74

[Return to summary page](#)

Relevant PHOF indicators:

2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check



DOT Improving, Sig Better

Key Performance Indicators	Activity	2013/14	2014/15	2015/16	2016/17	2017/18	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
NHS Health Checks	Target (5 year)	76,947	86,452	83,992	83,826	80,449												
NHS Health Checks carried out: 40-74 year olds	Target	15,389	17,290	16,798	16,765		4,200	8,399	12,599	16,798	4,191	8,383	12,574	16,765	4,022	8,045	12,067	16,090
	Target to date	15,389	34,581	50,395	67,061		37,796	41,996	46,196	50,395	54,487	58,678	62,870	67,061	68,382	72,404	76,427	80,449
	Actual	22,369	13,867	10,580	7,323		3,358	2,591	2,329	2,302	2,127	2,030	1,199	1,967	1,695	1,806		
	Actual to date	22,369	36,236	46,816	54,139		39,594	42,185	44,514	46,816	48,943	50,973	52,172	54,139	55,834	55,834		
% of eligible population who have received a health check	% to date	29%	42%	56%	65%		47%	50%	53%	56%	58%	61%	62%	65%	67%	67%		
NHS Health Checks - management plans	Target to date						0	0	0	0	0	0	0	0				
	Actual						374	640	315	540	293	369	104	259	237	279		
	Actual to date						374	1,014	1,329	1,869	293	662	766	1,025	237	516		

Comments on performance

Lead:

Date:

Note: Programme runs for 5 years from 2013/14 to 2017/18. The target (eligible population 40-74 year olds) is revised each year and shows eligible population over the 5 year programme.

1. Over the past 5 years (2013/14 - 2017/18), Leicester City has undertaken over 55K Health Checks, making it one of the highest performing areas in the Country.

2. In April 2013, as part of the Health & social Care Act, Public Health departments became the responsibility of Local Authorities. At the same time, the 5 year cycle clock on NHS Health Checks was reset.

Thus the first cycle is currently defined as 2013/14-2017/18.

Leicester City had performed well in years prior to this, and as such it was known that:

a) Performance would inevitably decline in the latter years of this, newly defined, cycle, as less people were available to have a check.
b) That as those seen prior to 2013/14 would not be eligible until 5 years had elapsed, that the eligible population quoted was in fact substantially higher than the number eligible for a Health Checks as at 01/04/2013.

It is key that the above points are noted and understood, and that this programme is viewed over a rolling 5 year, rather than an annual, cycle.

3. In 2017/18, those screened 5 years ago (2012/13), the final year prior to the clock being reset, was in fact Leicester City's highest performing year (with over 24K checked) and that these patient would become eligible once more.
Consequently, an increase in number of checks undertake is forecast for the financial year 2017/18.

4. Since the programme became the responsibility of the Local Authority in 2013/14, over 55K checks have been conducted. Coupled with the proposed changes to the eligible population (see key actions) overall local performance is expected to remain high and well above national levels.

5. Alcohol screening included in Health Checks carried out in 2016/17 from January 2017.

IB

12/05/2017

Key actions

Action by date:

Leicester has refreshed its calculation of eligible population using actual exclusion data rather than the nationally modelled figure previously used. The actual eligible population for Leicester has been shown to be lower than the modelled figure, so following this action future reports will provide a more accurate reflection of on-going performance.

A comprehensive marketing campaign, involving billboards, local press & radio, cinema and social media, as well as collaborations with the main sports venues in Leicester was commissioned and ran from April 2017. It is anticipated that this action will support improved uptake and awareness of the NHS Health Checks programme.

To assess how effective the campaign has been, an evaluation is to be undertaken, to be completed by the end of September 2017.

Leicester City Council is in the process of procuring an IT solution that, among other analytical benefits, will remove much of the administrative burden for the recording of an NHS Health Check. It is anticipated that this action could also help to improve uptake.

The marketing campaign evaluation had been delayed slightly but is now live and practices have been mailed 25 paper questionnaires each and prepaid envelopes, and posters advertising the evaluation. The evaluation is live until 27.11.17 and when this closes results will be collated and a report on findings prepared.

There have been several issues to progressing the IT solution and so it has been decided to progress putting in place a contract directly with the provider of the clinical system used in Leicester City, SystmOne. Contact has been made with the provider, TPP (based in Leeds) and this continues to be progressed. It has been noted that in order to utilise the system in the Council, provision of smartcards and smartcard readers will be needed. In order to provide this an RA Manager must authorise. This is being progressed with Leicestershire Health Informatics service (LHIS).

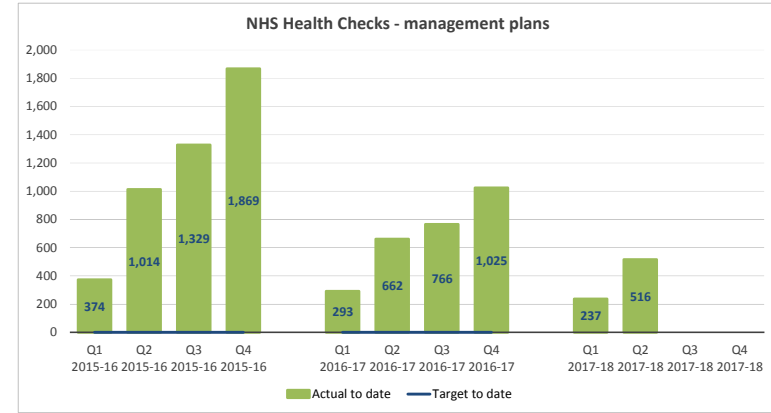
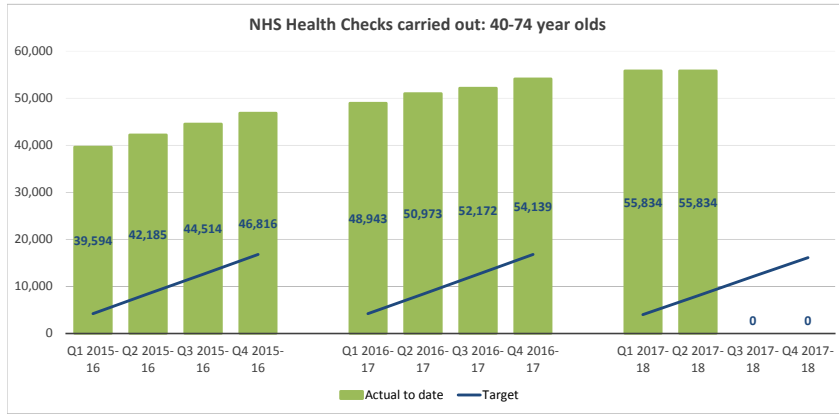
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On-going,

01.10.17

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03.11.2017



Division of Public Health Performance Report: 2017/18 Quarter 2

Substance Misuse Treatment	
Provider Name:	Contract value:

Note: For continuity of reporting, this handbook page reports on financial years. However, it is worth noting that many of our Substance Misuse services actually run on contract years from July-June

Overall progress rating:

Red

Purpose of service: Provide treatment and reduce impact of substance misuse

Relevant PHOF indicators: Hospital admission rates from alcohol-related conditions

2.15i - Successful completion of drug treatment - opiate users

2.15ii - Successful completion of drug treatment - non-opiate users

2.15iii - Successful completion of alcohol treatment

2.15iv - Deaths from drug misuse

2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

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DOT Worse, Sig NS

DOT Improving, Sig NS

DOT Improving, Sig NS

DOT Improving, Sig NS

DOT N/A, Sig Worse

Woodlands IPDU	Activity	2015-16	2016-17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Total number of service users admitted to IPDU (sum of those admitted for stabilisation + admitted for withdrawal)	Actual			28	25	28	25	24	25	16	19	19	11		
	Actual			247	207	296	193	214	226	147	137	213	124		
Total number of 'Occupied Bed Days'	LCC Allocated Bed Days			404	404	404	404	404	404	404	404	404	404		
	Percentage utilisation			61.1%	51.2%	73.3%	47.8%	53.0%	55.9%	36.4%	33.9%	52.7%	30.7%		

Comments on performance	Lead:	Date:
Woodlands IPDU		
From the IPDU data, we can see clearly that there has been a consistent underutilisation of LCC allotted bed days. This has continued and has been linked to a drop in referrals to the Woodlands. However, our community providers have indicated that everyone in need of an IPD has been referred as required; this would suggest a lower level of need than originally anticipated	CaAS	06/11/2017
In May 2017, the provider served 12 months notice on their contract, with the intention of reviewing the economic viability of the service. With this in mind, Strategic Commissioning are currently beginning to plan procurement for a new service in 2018	CaAS/Commissioning	06/11/2017

Key actions	Action by date:
Contract management ongoing. CaAS put forward a contractual change to reduce block purchase allocation	Jun-17
Action: provider served notice in May 2017 (12 months). Strategic Commissioning looking to go out to tender in November 2017, with a view to contract award in March 2018 and contract start on 01/06/2018	As per action

Division of Public Health Performance Report: 2017/18 Quarter 2

Substance Misuse Treatment

Provider Name:

Homegroup (HRS)

Note: For continuity of reporting, this handbook page reports on financial years. However, it is worth noting that many of our Substance Misuse services actually run on contract years from July-June

Overall progress rating:

Green

Purpose of service: Provide treatment and reduce impact of substance misuse

Relevant PHOF indicators: Hospital admission rates from alcohol-related conditions

2.15i - Successful completion of drug treatment - opiate users

2.15ii - Successful completion of drug treatment - non-opiate users

2.15iii - Successful completion of alcohol treatment

2.15iv - Deaths from drug misuse

2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

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DOT Worse, Sig NS

DOT Improving, Sig NS

DOT Improving, Sig NS

DOT Improving, Sig NS

DOT N/A, Sig Worse

HomeGroup (HRS)	Activity	2015-16	2016-17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of service users in receipt of Accommodation based support	Actual	44	51	9	11	12	12	11	13	13	14	16	Pending		
Number of service users to reduce substance use - Accommodation based support	Actual	33	44	6	9	8	10	9	11	12	12	14	Pending		
	Percentage	75.0%	86.3%	66.7%	81.8%	66.7%	83.3%	81.8%	84.6%	92.3%	85.7%	87.5%	Pending		
Number of service users in receipt of Floating support	Actual	72	180	4	10	22	36	44	46	41	49	53	Pending		
Number of service users to reduce substance use - Floating support	Actual	49	85	3	7	16	23	21	22	19	23	31	Pending		
	Percentage	68.1%	47.2%	75.0%	70.0%	72.7%	63.9%	47.7%	47.8%	46.3%	46.9%	58.5%	Pending		

Comments on performance

HomeGroup HRS

We have seen a significant increase in the numbers of service users in receipt of floating support in year two of the contract (2016-17). This is really positive to see, and follows work by the provider (working closely with CaAS) to understand the barriers to service usage and to improve referral routes into the service

However, the proportion of service users to have reduced substance use in 2016-17 has decreased. This however may be a trade off of greater activity, and is something will need to be monitored (2015-16 data was not really reliable due to low numbers accessing floating support)

In 2016-17, the proportion of service users in receipt of accommodation based support that have reduced their substance use has increased. This is a positive indication of performance

In Q1 2017-18, the continued high rate of service users in accommodation based support that have reduced their substance misuse remains high, which is really positive. Also, the rate of floating support outcomes for service users reducing substance use has increased from 2016-17; this follows a downturn in 2016-17 compared to 2015-16

Q2 2017-18 data currently pending. CaAS to chase up

Lead:

Date:

CaAS

17/05/2017

CaAS

17/05/2017

CaAS

17/05/2017

CaAS

06/11/2017

Key actions

Action by date:

Continued monitoring

ongoing

CaAS will continue to monitor this, and continue to address any issues with the provider via the contract management meetings

ongoing

Continued monitoring

ongoing

Continued monitoring

ongoing

CaAS to chase up Q2 return and populate once available

Nov-17

Division of Public Health Performance Report: 2017/18 Quarter 2

Substance Misuse Treatment	
Provider Name:	
Anchor Centre	

Note: For continuity of reporting, this handbook page reports on financial years. However, it is worth noting that many of our Substance Misuse services actually run on contract years from July-June

Overall progress rating: Green

Purpose of service: Provide treatment and reduce impact of substance misuse

Relevant PHOF indicators: Hospital admission rates from alcohol-related conditions

2.15i - Successful completion of drug treatment - opiate users

2.15ii - Successful completion of drug treatment - non-opiate users

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2.15iv - Deaths from drug misuse

2.16 - Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison



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DOT Worse, Sig NS

DOT Improving, Sig NS

DOT Improving, Sig NS

DOT Improving, Sig NS

DOT N/A, Sig Worse

Anchor Centre	2015-16	2016-17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Total Number of Attendees within the period (total footfall)			N/A	N/A	N/A	N/A	N/A	1,018	1,221	1,436	983	1,321		
			N/A	N/A	N/A	N/A	N/A	1,018	2,239	3,675	983	2,304		
Number of Street Drinkers accessing service (average number of unique individuals that present each month, that are known to be 'street drinkers')	50.7	36.3	48.7	50.7	52.7	50.7	48.3	32.3	31.3	33.0	32.7	36.7		
Number of non-Street Drinkers accessing service (average number of unique individuals that present each month, that are not known to be current 'street drinkers')		24.2 (average from Q2-4)	Data not recorded	Data not recorded	Data not recorded	Data not recorded	N/A	9.3	30.0	33.3	29.7	36.3		
% of active street drinking clients no longer street drinking (average across each month within relevant quarter taken)	54.0%	41.1%	51.7%	48.9%	52.8%	62.7%	49.4%	33.5%	41.7%	35.9%	47%	51%		
% of active street drinking clients showing a major reduction in street drinking (average across each month within relevant quarter taken)	31.0%	26.2%	29.7%	34.5%	31.9%	27.9%	28.0%	27.3%	27.6%	21.2%	25%	24%		

Comments on performance	Lead:	Date:
Anchor Centre		
We have started to see an increase so far in 2017-18 in terms of both the overall footfall at the Anchor Centre, and also the breakdown of Street Drinkers/Non Street Drinkers accessing the service. This is encouraging given the identified that has underpinned the review of this contract area	CaAS/Commissioning	06/11/2017
The overall rate of active street drinking clients no longer street drinking has increased again this quarter, following a decline in 2016-17. This is indicative of positive performance.	CaAS/Commissioning	06/11/2017
In relation to the active street drinking clients showing a major reduction in street drinking, we have seen performance plateau somewhat, which given the gains made with those no longer street drinking is still relatively positive. More work will be targeted with the Recovery Hub service to build upon these outcomes	CaAS/Commissioning	06/11/2017

Key actions	Action by date:
Continued monitoring	monthly
Continued monitoring. Work closely with new provider as part of mobilisation/service implementation	early 2018
Continued monitoring. Work closely with new provider as part of mobilisation/service implementation	early 2018

Division of Public Health Performance Report: 2017/18 Quarter 2

Suicide Awareness

Provider: Rural Communities Council Suicide Awareness Partnership Training

Overall progress rating: Green

Service purpose: To advertise and deliver 12 validated suicide awareness training sessions to a total of 300 delegates annually

Relevant PHOF indicators:

4.10 - Suicide rate



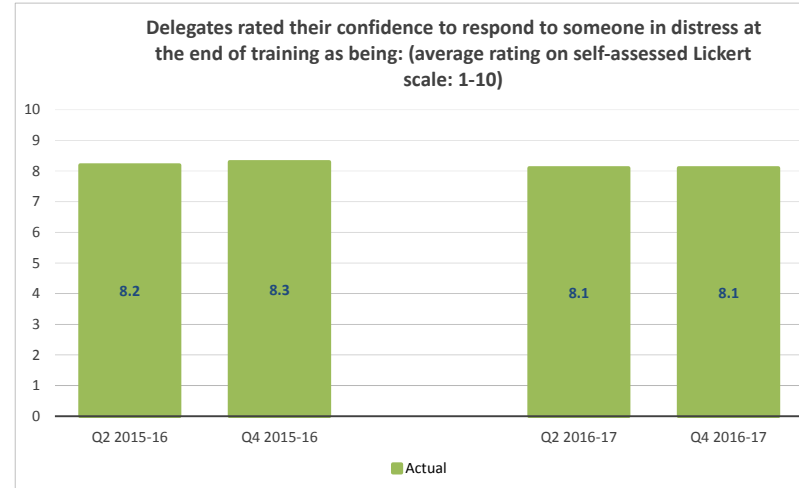
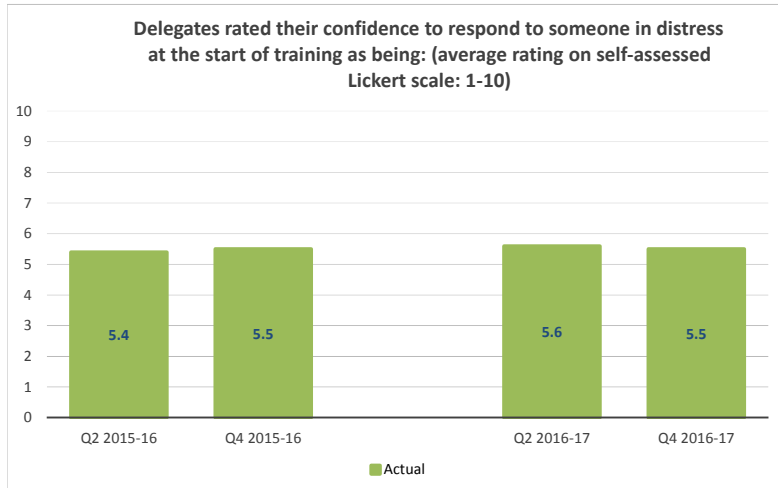
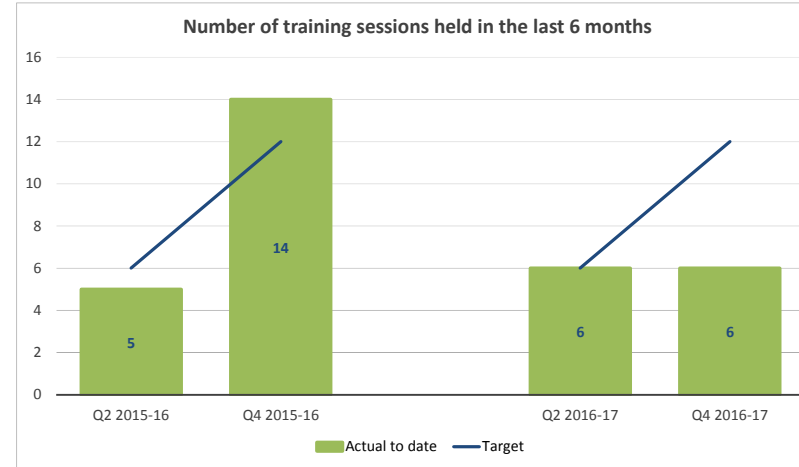
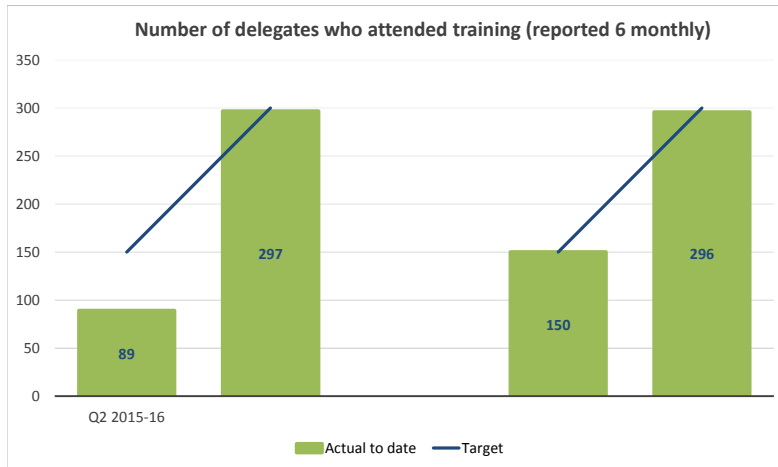
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DOT Improving, Sig NS

Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of delegates who attended training (reported 6 monthly)	Target	300	300		150		300		150		300		150		
	Actual	297	296		89		208		150		146		142		
	Actual to date	297			89		297		150		296				
Number of training sessions held in the last 6 months	Target	12	12		6		12		6		12		6		
	Actual	14	12		5		9		6		0		6		
	Actual to date				5		14		6		6				
Delegates rated their confidence to respond to someone in distress at the start of training as being: (average rating on self-assessed Lickert scale: 1-10)	Target														
	Actual				5.4		5.5		5.6		5.5		5		
Delegates rated their confidence to respond to someone in distress at the end of training as being: (average rating on self-assessed Lickert scale: 1-10)	Actual				8.2		8.3		8.1		8.1		8		

Comments on performance	Lead:	Date:
Service on track to meet key performance indicators - measured 6 monthly	RS	03/11/2017
Bi-monthly meeting with service provider to review training sessions and delegates in attendance	RS	03/11/2017
Steadily Trends across all quarters		

Key actions	Action by date:
It has been agreed that the Service will be extended until 31/03/2019	03/11/2017



Division of Public Health Performance Report: 2017/18 Quarter 2
Community Infection Prevention and Control Services (CIPC)

Provider: Leicestershire County Council

Overall progress rating:

Green

Purpose of service: To provide the DPH with assurance that community infection prevention and control principles are being applied within the local community providers

Relevant PHOF indicators:

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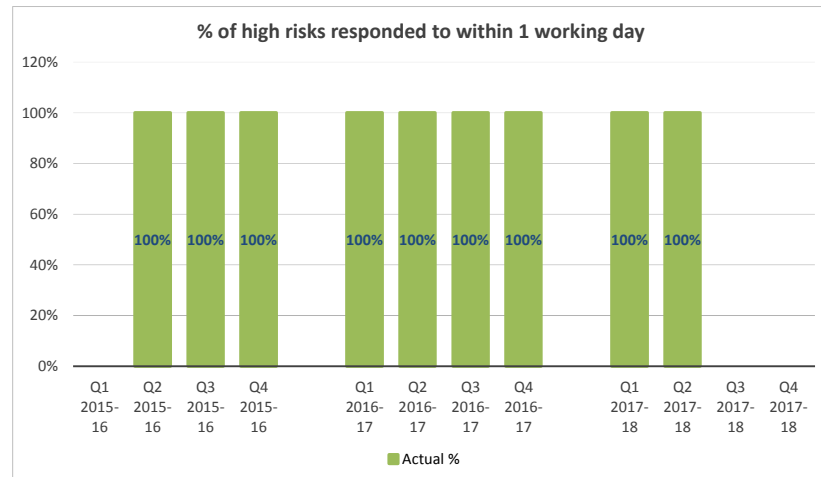
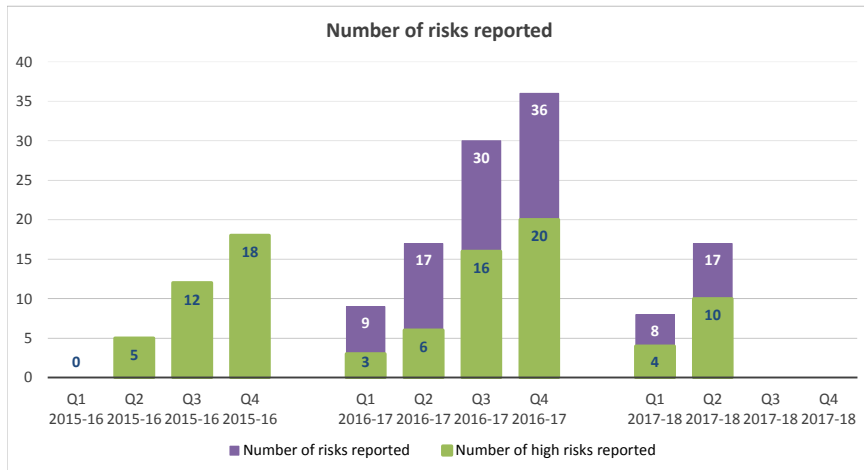
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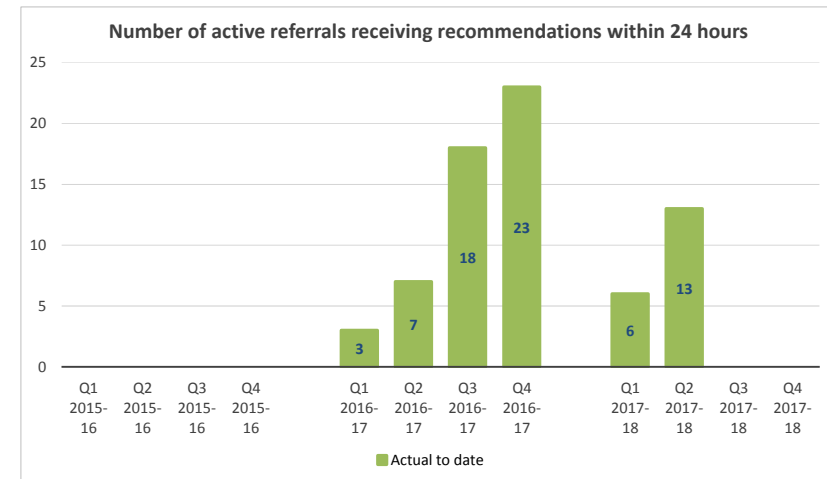
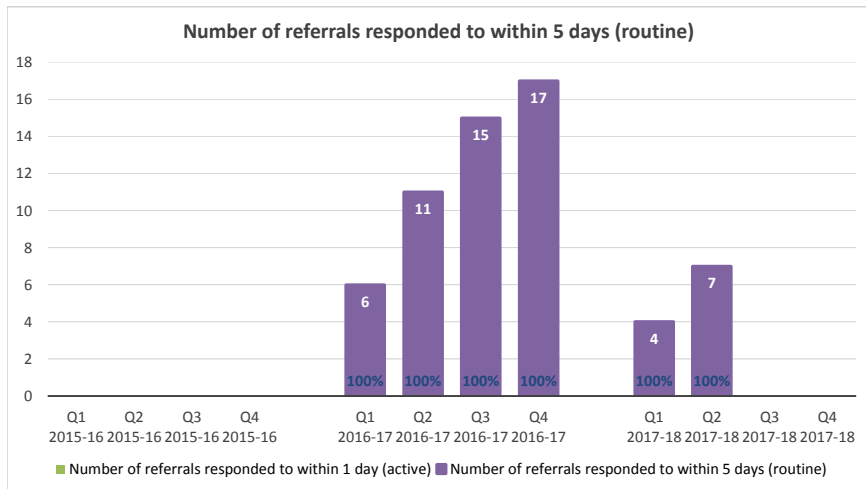
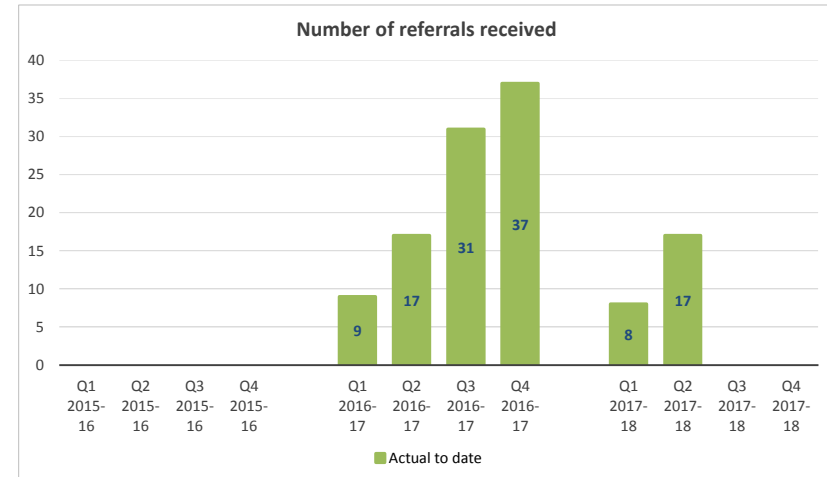
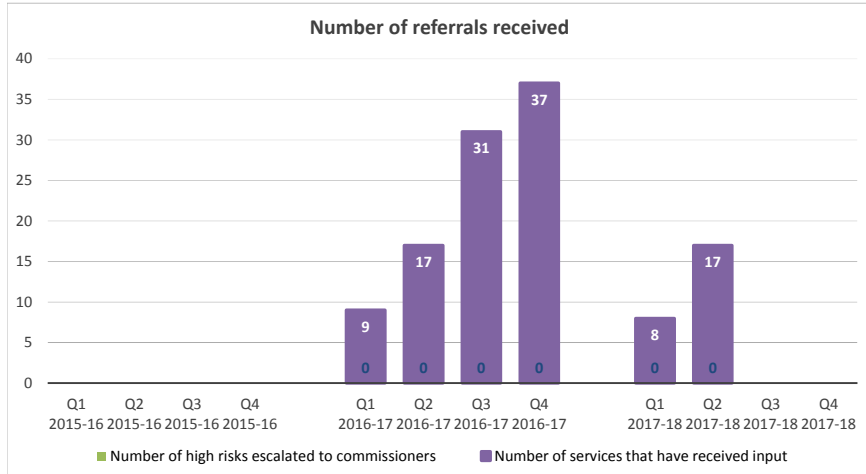
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Key Performance Indicators	Activity	2015/16	2016/17	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
Number of risks reported	Actual			0	0	0	0	9	8	13	6	8	9		
	Actual to date							9	17	30	36	8	17		
Number of high risks reported	Actual				5	7	6	3	3	10	4	4	6		
	Actual to date				5	12	18	3	6	16	20	4	10		
	Target	100%	100%												
% of high risks responded to within 1 working day	Actual number				5	7	6	3	3	10	4	4	6		
	Actual %				100%	100%	100%	100%	100%	100%	100%	100%	100%		
	Target														
Number of high risks escalated to commissioners	Actual				4	1	2	0	0	0	0	0	0		
	Actual to date							0	0	0	0	0	0		
	Target														
Number of services that have received input	Actual				4	1	2	9	8	14	6	8	9		
	Actual to date							9	17	31	37	8	17		
	Target														
Number of referrals received	Actual							9	8	14	6	8	9		
	Actual to date							9	17	31	37	8	17		
Number of active referrals received	Actual							3	4	11	5	6	7		
	Actual to date							3	7	18	23	6	13		
	% of total														
Number of referrals responded to within 1 day (active)	Actual							3	4	11	5	6	7		
	Actual to date							3	7	18	23	6	13		
	%							100%	100%	100%	100%	100%	100%		
	Target														
Number of referrals responded to within 5 days (routine)	Actual							6	5	4	2	4	3		
	Actual to date							6	11	15	17	4	7		
	Target														
Number of active referrals receiving recommendations within 24 hours	Actual				5	7	6	3	4	11	5	6	7		
	Actual to date							3	7	18	23	6	13		
% of active referrals receiving recommendations within 24 hours	Target	100%													
	%							100%	100%	100%	100%	100%	100%		
	Target														
Number and % of completed reports shared with LA commissioner and the CCG IPC team within 21 working days	Actual							7	1	1	0	2	8		
	%							100%	100%	100%	100%	100%	100%		
	Target														
Number of CCH & SCS IPC policies audited	Actual							3	1	1	0	1	2		
	Actual to date							3	4	5	5	1	3		

Comments on performance	Lead:	Date:
KPI is consistence to previous quarter and there is no sufficient change. Number of high risks reported has increased by 50% compared to Q2 2016/17	CaAS	02/11/2017

Key actions	Action by date:
Clarify data provision process Ensure new staff are integrated into the service and are able to address the backlog of proactive activity as soon as possible	





Red
Amber
Green
Not rated

Phof ratings
DOT worse, Sig worse
DOT worse, Sig NS
DOT worse, Sig better

PHOF Status	Score
Sig worse, DOT worse	-11
Sig worse, DOT same	-10
Sig worse, DOT improving	-9
Sig NS, DOT worse	-1
Sig NS, DOT same	0
Sig NS, DOT improving	1
Sig better, DOT worse	9
Sig better, DOT same	10
Sig better, DOT improving	11 Sig Better, DOT Improving