

**Meeting date:** 20<sup>th</sup> December 2022

**Report to:** Cabinet Portfolio Holder for Adult Social Care and Health

**Report title:** Public Health Performance Progress Quarter 2 2022-23

**Report from:** Public Health

**Report author/lead contact officer:** Michelle Hughes, Head of Commissioning & Performance

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**Wards affected:**

- All Wards |  Bickenhill |  Blythe |  Castle Bromwich |  Chelmsley Wood |  
 Dorridge/Hockley Heath |  Elmdon |  Kingshurst/Fordbridge |  Knowle |  
 Lyndon |  Meriden |  Olton |  Shirley East |  Shirley South |  
 Shirley West |  Silhill |  Smith's Wood |  St Alphege
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**Public/private report:** Public

**Exempt by virtue of paragraph:** (If 'Private', select relevant paragraph and delete the rest. If 'Public', delete all options)

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**1. Purpose of Report**

- 1.1 To update the Cabinet portfolio holder on Public Health performance progress across a range of local public health performance measures at the end of Quarter 2 2022-23.

Briefing summarise the key points and considerations that the report is seeking to communicate.

**2. Decision(s) Recommended**

- 2.1 To endorse the contents of the report and actions being taken forward.

**Report Title:** Public Health Performance Q2 2022-23

### 3. Matters for Consideration

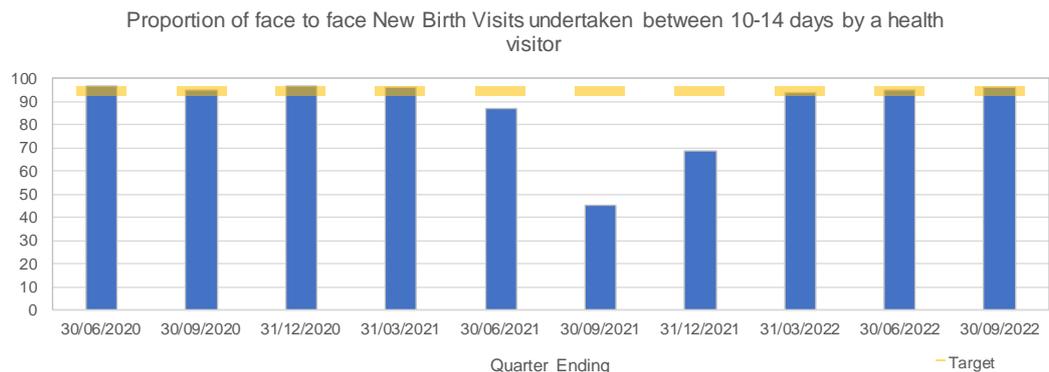
#### 3.1 Quarter 2 Performance Headlines: First 1001 Days

##### 3.1.1. Proportion of face to face New Birth Visits undertaken between 10-14 days by a health visitor

**3.1.1.1. Description:** All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth, which is known as the New Birth Visit (NBV). This metric is designed to measure what proportion of infants receive a timely NBV. This visit forms part of the Healthy Child Programme (HCP), and is important to ensure a continuum of support following on from visits by a midwife, which usually end at day 10. This visit is also important in identifying any development issues with the infant (including early referral to a specialist team where needed), to promote sensitive parenting, to provide safe sleeping advice, to support feeding and to discuss concerns and worries, including maternal mental health.

**3.1.1.2. Quarter 2 Outturn: 96% Target: 95%**

##### 3.1.1.3.



**3.1.1.4.** Performance has remained high over the last three quarters, with the provider prioritising the new baby visits and the 6-8 week checks to ensure robust identification of issues early in parenthood and support families effectively. Pandemic recovery funding has been utilised to address capacity pressures and reduce caseloads, ensuring greater coverage of the universal checks by the national target ages.

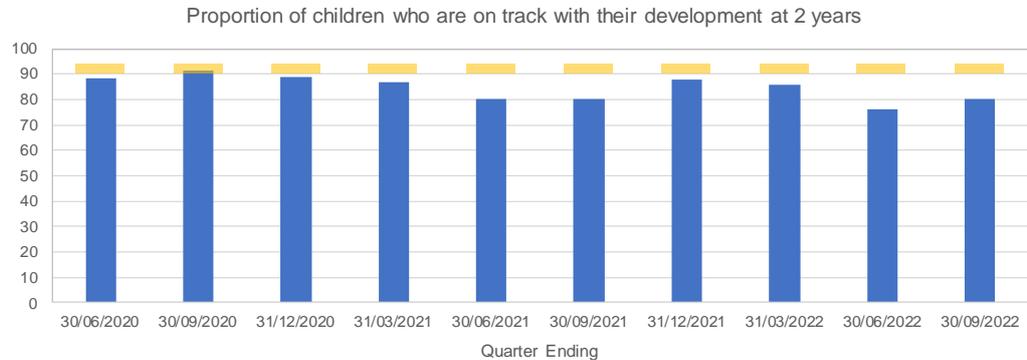
##### 3.1.2. Proportion of children who are on track with their development at 2 years

**3.1.2.1. Description:** Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential. From 2015, all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ 3) was identified to be suitable for generating data for a

population measure of child development outcomes. Health visiting teams use the ASQ 3 tool (it is nationally mandated) as part of a child's two year reviews. There are a range of ASQ 3 questionnaires, with the one to be applied depending on the child's exact age in months.

**3.1.2.2. Quarter 2 Outturn: 80% Target: 92%** 🚩

**3.1.2.3.**



**3.1.2.4.** The proportion of children who are on track with their development has reduced from pre-pandemic levels (86-7%) over the last two quarters, and a more complex picture is emerging as to the reason for this. The impact of the pandemic is potentially only part of the reason for the reduction, and there is a need to further roll out the Five to Thrive messaging around the importance of early interactions and home learning. The Five to Thrive model incorporates ways to build babies' brains and supports readiness to learn (talk, play, relax, cuddle, respond). The Parenting team are delivering face-to-face Five to Thrive sessions this term for parents/carers of 0-4 year olds with parents/carers of children who are not on track with their developmental milestones at the 2 year check, being directly invited to the sessions. Ensuring that all children receive the 2 year check by age 2½ remains a challenge with 56% of children being seen by this age in Q2, however, 96% of children were seen overall. This included 177 children seen late (including 42 where the appointment was cancelled and 35 were not brought to the initial check). 22 children were not seen (4%) due to 6 families cancelling, 1 declined, 14 children were not brought to the check at all and one family was not contactable.

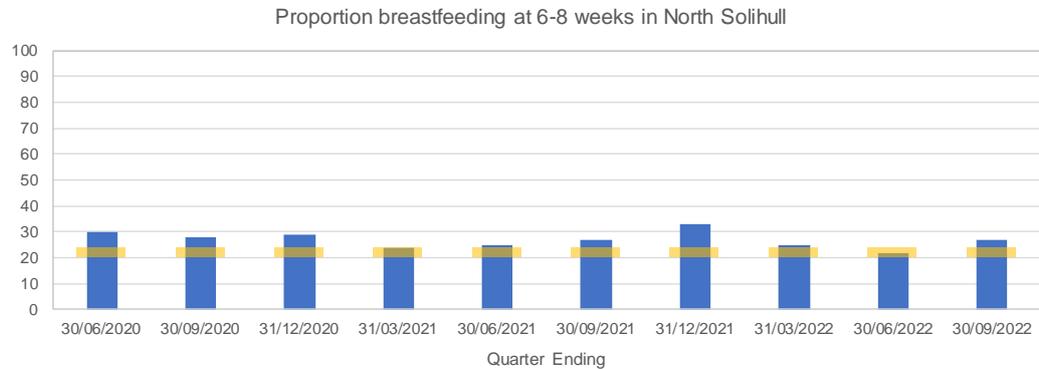
**3.1.3. Proportion breastfeeding at 6-8 weeks in North Solihull**

**3.1.3.1. Description:** Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants. Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Mothers who do not breastfeed have an increased risk of breast and ovarian cancers and may find it more difficult to return to their pre-pregnancy weight. Current national and international

guidance recommends exclusive breastfeeding for newborns and for the first six months of infancy.

**3.1.3.2. Quarter 2 Outturn: 27% Target: 25%**

**3.1.3.3.**



**3.1.3.4.** The proportion of women breastfeeding in north Solihull has increased compared with the last two quarters. A breastfeeding café runs weekly for North Solihull Sports Centres as well as online to support women in the best way for them. Families in north Solihull can also borrow (hospital grade) breast pumps (prioritised for low income communities) and can access real-time text advice. The feeding team and Health Visitors continue to receive positive service user feedback every quarter (reported with KPIs).

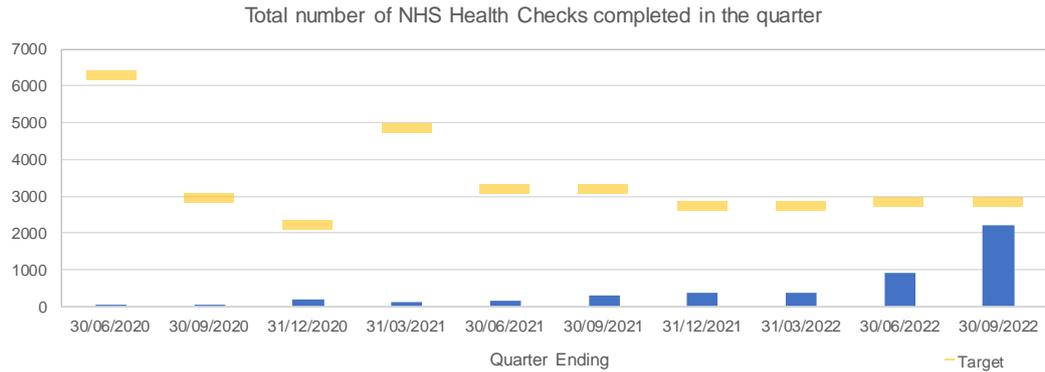
## **3.2 Quarter 2 Performance Headlines: NHS Health Checks**

### **3.2.1. Total number of health checks completed in the quarter**

**3.2.1.1. Description:** The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

**3.2.1.2. Quarter 2 Outturn: 2196 Target: 2810**

**3.2.1.3.**



**3.2.1.4.** Performance continues to increase. Average number of Health Checks per quarter 2021-22 was 303. Average number of Health Checks for first two quarters of 2022-23 was 1561. YTD completed health checks 3123. Primary Care Networks continue to support service recovery with an extended service offer however the number of Health Checks completed in quarter 3 may drop due to priority being given to COVID and Flu vaccination programmes.

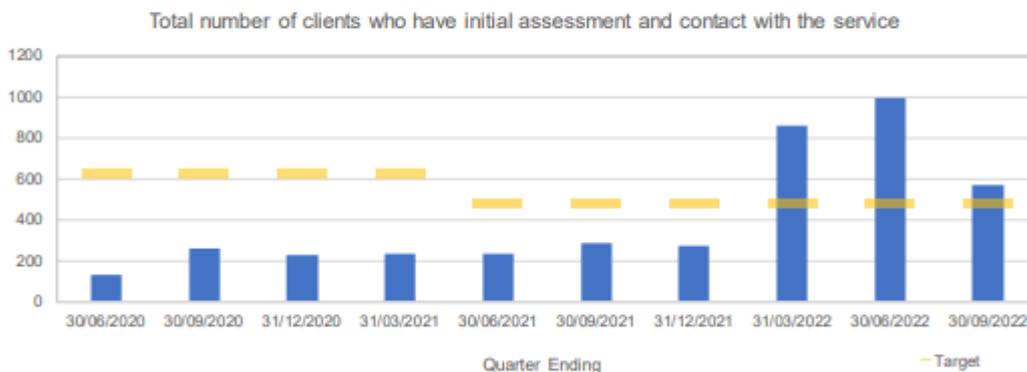
### 3.3 Quarter 2 Performance Headlines: Lifestyle Services

#### 3.3.1. Total number of clients who have initial assessment and contact with the service

**3.3.1.1. Description:** The Solihull Lifestyle Service offer a range of health and well-being advice and support to help residents make positive lifestyle changes. The Solihull Lifestyle Service can be accessed by any Solihull Resident (or anyone registered with a Solihull GP) who want to eat more healthily, manage weight, reduce stress, be more active, stop or reduce smoking or learn about activities in the area. After an initial assessment, residents will work with a community wellbeing advisor to help identify lifestyle changes to make and them offer encouragement, motivation and practical help to make those changes.

**3.3.1.2. Quarter 2 Outturn: 572 Target: 475 per quarter (1900 year)**

#### 3.3.1.3.



3.3.1.4 The service has been providing Lifestyle clinics within primary care settings that resulted in a steep increase in referrals, as this offer has bedded in referral levels have stabilised, and the impact of the offer is being reviewed with GP's to understand the health benefit outcomes and also look to ensure a consistency of approach across Primary Care Networks (PCN's). Due to the success of the hypertension prevention offer, work is on-going to broaden the scope of the service Solihull Integrated Lifestyle Service (SILS) provides under the prevention agenda for example to support those patients who may be pre-diabetic. SILS has a number of community events planned and some workplace interventions including lifestyle checks at SMBC that will support increasing referrals into service. The service have been directed through contract management to ensure they are delivering on contractual requirements in relation to availability of support out of hours and the development of bespoke packages to engage hard to reach populations i.e. men's weight management. Social media input and presence is being reviewed and improved to make the service information more appealing and visible within Solihull which is hoped will increase referral numbers and service reach.

**1. What options have been considered and what is the evidence telling us about them?**

1.1 Not Applicable

**2. Reasons for recommending preferred option**

2.1 Not Applicable

**3. Implications and Considerations**

3.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):

Priority:	Contribution:
People and Communities: 1. Improving outcomes for children and young people in Solihull. 2. Good quality, responsive, and dignified care and support for Adults in Solihull when they need it. 3. Take action to improve life chances and health outcomes in our most disadvantaged communities. 4. Enable communities to thrive.	The provision and outcomes achieved by the Public Health Commissioned Service contribute to many shared outcomes which benefit communities and health. This contributes to disadvantaged communities to reduce health inequalities and to enable communities to thrive.
Economy:	N/A

Priority:	Contribution:
5. Develop and promote the borough's economy, with a focus on revitalising our town and local centres. 6. Maximising the opportunities of UK Central and HS2. 7. Increase the supply of affordable and social housing that is environmentally sustainable.	
Environment: 8. Enhance our natural environment, improve air quality and reduce net carbon emissions.	N/A
9. Promote employee wellbeing	N/A

### 3.2 Consultation and Scrutiny:

3.2.1 When introducing any services changes or developments the commissioning lead will consider and coordinate the required and appropriate level of consultation and engagement. Public Health services are included within the scrutiny workplans for regular review.

### 3.3 Financial implications:

3.3.1. The Public Health Grant funds the re-current core commissioning budgets for these services, and the Accelerating Prevention Fund provides non-recurrent funding for the NHS Health Checks booster programme and short-term investment within the 0-19 Healthy Child Programme as part of this service agreed in-year service recovery plan. There are no financial implications to highlight within this report, and budgets remain to be on track to balance within this financial year.

### 3.4 Legal implications:

3.4.1. None arising from the information within this report.

### 3.5 Risk implications, including Risk Appetite:

3.5.1. Each commissioned service holds an individual risk register recorded on the corporate risk management system, JCAD. Risks for services are review at contract meetings and monitored via PH Services and performance Board. Risks are then escalated to PH Directorate Leadership Team and Corporate Leadership Team as required, there are currently no risks within this quarter to highlight or escalate.

### 3.6 Equality implications:

3.6.1. The success of the NHS Health Checks booster programme is currently being reviewed in more detail to review the uptake of the health checks across different priority groups. Further demographic breakdown of the data is being requested to understand how inclusive the offer is for different communities. There will be a focus on gender and ethnic groups.

### 3.7 Linkages to our work with the West Midlands Combined Authority (WMCA), Local Enterprise Partnership or the Birmingham & Solihull Integrated Care System (ICS):

3.7.1. None to highlight within this report.

## **4. List of appendices referred to**

4.1 N/A

## **5. Background papers used to compile this report**

5.1 Public Health Scorecard 2022 – Quarter 2

5.2 Public Health services risk registers

## **6. List of Other Relevant Documents**

6.1 Public Health Services 2022