

HERTFORDSHIRE COUNTY COUNCIL

**PUBLIC HEALTH AND PREVENTION
CABINET PANEL**

26 JUNE 2018 AT 10.00 AM



PUBLIC HEALTH QUARTERLY PERFORMANCE REPORT – Q4 2017/18

Report of the Director of Public Health

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Executive Members: - Richard Roberts, Public Health and Prevention

1. Purpose of report

1.1 The purpose of the report is to provide Panel members with an overview of work being undertaken in Public Health, along with key statistics on local service performance and public health outcomes.

2. Summary

2.1 A new Public Health quarterly performance report (Appendix 1) has been developed by the Public Health Evidence & Intelligence Team.

2.2 Key Messages from the first report (covering Q4 2017/18) are highlighted on page 1 of Appendix 1.

3. Recommendation/s

3.1 Panel is asked to note and discuss the content of the Public Health Quarterly Performance Report for Q4 2017/18 and the accompanying presentation (Appendix 2).

4. Background

4.1 The Public Health quarterly performance report has been developed by the Public Health Evidence & Intelligence Team to provide Panel members with an overview of work being undertaken in Public Health, along with key statistics on local service performance and public health

outcomes. This is the first quarter in which the new report has been produced.

- 4.2 The report will be presented to Panel each quarter, accompanied by a brief overview of data on one of the four life stages featured in Hertfordshire's current [Health & Wellbeing Strategy](#) (Starting Well, Developing Well, Living & Working Well, Ageing Well)
- 4.3 Key messages from the Public Health Quarterly Performance Report for Q4 2017/18 are as follows:
 1. One complaint and eight compliments were received in the most recent quarter
 2. The uptake of weight management services has increased after an expected decline in Q3. The % achieving a 5% weight loss continues to be higher than KPIs
 3. Whilst uptake for smoking cessation declined, the proportion successfully quitting remains high. Performance is expected to increase in Quarter 4 in line with previous trends.
 4. 273,377 Health Checks have been offered and 143,442 delivered since Q1 2013/14
 5. The Beezee Families programmes are running well. Retention rates since the service started have exceeded expectations. For Group G the retention rate was 85% (the contract requires 75%).
 6. 3,390 new births visits were carried out, with performance remaining above 90%
 7. Successful completions for drug and alcohol treatment remain high with over 2,000 successes this year so far
 8. Attendance at Sexual Health Hertfordshire services remains high, with increasing numbers using online services
 9. The number of tests for STIs has increased overall with more diagnoses as a result
 10. HIV testing uptake remains high with 5236 test completed by Sexual Health Hertfordshire
 11. Emergency Hormone Contraception provided by pharmacies remains high with 786 given out this quarter

5. Equality Impact Assessment

- 5.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 5.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 5.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination,

harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

- 5.4 No EqlA was undertaken in relation to this matter, as the report presents performance monitoring data and information on existing services only.