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Item No. 7

Meeting Date: Wednesday 22nd October 2025

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

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HSCP Performance Report Q1/2 2025/26

Purpose of Report:

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1/2 of 2025/26 for noting (for Primary Care and Health Improvement only).

The IJB Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Primary Care and Health Improvement.

Background/Engagement:

The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Joint Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant service leads in attendance to discuss these areas.

Full Joint Performance Reports covering all service areas are produced quarterly. When an IJB Finance, Audit and Scrutiny Committee meeting falls before these full quarterly Performance Reports are available, it was agreed that Interim Performance Reports would be produced, covering those service areas being presented upon at that meeting and including the latest available data.

This Interim Performance Report covers Primary Care and Health Improvement. While it includes updated Primary Care data, the Health Improvement data is the

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	same as that presented to the IJB Finance, Audit and Scrutiny Committee on 10 September , as no updates were available at the time of producing this report.
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Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input checked="" type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) Note the attached Interim Performance Report; b) Consider the exceptions highlighted in section 4.4; and c) Review and discuss performance with the Strategic Leads for Primary Care and Health Improvement.</p>
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Relevance to Integration Joint Board Strategic Plan:
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focused.
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Personnel:	None.
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Carers:	None.
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Provider Organisations:	None.
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Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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Fairer Scotland Compliance:	N/A
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Financial:	None.
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Legal:	None.
Economic Impact:	None.
Sustainability:	None.
Sustainable Procurement and Article 19:	None.
Risk Implications:	None.
Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.

1. Purpose

- 1.1 The purpose of this paper is to present an Interim Performance Report for the Health and Social Care Partnership for Quarter 1/2 2025/26 for noting (for Primary Care and Health Improvement only). The IJB Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Primary Care and Health Improvement.

2. Background

- 2.1 These quarterly reports are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime.

3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.

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- i. Local Health and Social Work Indicators (chosen locally by HSCP).
- ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes).
- iii. National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
- iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda).
- v. Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The attached report then provides details of performance for all indicators at city and locality levels over the last two years. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance, along with the timescales for improvement.
- 4.3 Longer term trend graphs have also been included for all KPIs within this Interim Report (Primary Care and Health Improvement).

Exceptions

- 4.4 At the time of producing this report, 7 indicators were GREEN (77.8%) and 2 RED (22.2%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in **BOLD**. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

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Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	12
Health Improvement	
2. Smoking Quit Rates at 3 months (from the 40% most deprived areas)	18

Changes in RAG Status

- 4.5 There has been no change in RAG status for the indicators included in this report, since the last report (Q1) presented to the Finance, Audit and Scrutiny Committee on [10 September 2025](#).

5. Recommendations

- 5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the attached Interim Performance Report;
 - b) Consider the exceptions highlighted in section 4.4; and
 - c) Review and discuss performance with the Strategic Leads for Primary Care and Health Improvement.

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CORPORATE PERFORMANCE REPORT

**QUARTER 1/2
2025/26**

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CONTENTS

SECTION	PAGE NUMBER
1. Performance Summary	8
2. Primary Care	12
3. Health Improvement	17
Appendix 1 – National Health & Wellbeing Outcomes	25
Appendix 2 – HSCP Corporate Priorities	26

1. PERFORMANCE SUMMARY

1. Key to the Report









Outlined below is a key to the classifications used in this report.

Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
	RED	Performance misses target by 5% or more	▲	Improving
	AMBER	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	GREEN	Performance is within 2.49% of target	▼	Worsening
	GREY	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons

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2a. Summary

The table below compares the overall RAG rating for each care group between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available. Table 2b provides the detail for each individual Key Performance Indicator.








CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Health Improvement	1 (14.3%)		6 (85.7%)		1 (14.3%)		6 (85.7%)	
TOTAL No. and (%)	2 (22.2%)	0 (0%)	7 (77.8%)	0 (0%)	2 (22.2%)	0 (0%)	7 (77.8%)	0 (0%)

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2b. Performance at a Glance

The table below presents a summary of performance at a city-wide level for the performance measures contained within the body of this report and shows any changes in RAG status in the last period. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q1	72.72% 	▼
2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears)	At/Below NHSGGC average	June 25	£178.60 	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Q1	2,692 	▲
2. Smoking Quit Rates at 3 months (from the 40% most deprived areas)	1,190 (annual)	Full Year 2024/25	1,105 	▲
3. Women smoking in pregnancy (general population)	10%	Q1	6.8% 	▼
4. Women smoking in pregnancy (from 20% most deprived areas)	14%	Q1	10.3% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q4	36.0% 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas)	24.4%	Q4	30.1% 	▲
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	29.1%	Q4	19.5% 	▲

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PRIMARY CARE

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	Prescribing costs are a significant proportion of HSCP budgets. The formulary preferred list are those medicines that are considered most appropriate as the initial choices for the majority of illnesses that are managed in the primary care setting, and it is an important medicines management tool. While some of the variation in this indicator between GP practices and localities is expected due to differences in the patients that they treat, some will be due to differences in medicines management with higher compliance with the formulary preferred list expected in practices where medicines management practices are fully implemented.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 1)
Strategic Priority	Priority 6 (See Appendix 2)
HSCP Leads	Stephen Fitzpatrick, Depute Chief Officer, Strategy, Innovation and Best Value

Locality	Target	2023/24				2024/25				25/26
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	78%	75.80 (A)	71.88 (R)	72.9 (R)	73.52 (R)	73.46 (R)	73.19 (R)	72.65 (R)	72.81 (R)	72.72 (R)
NE		76.32 (G)	72.53 (R)	73.48 (R)	73.98 (R)	73.98 (R)	73.73 (R)	73.13 (R)	73.26 (R)	73.25 (R)
NW		75.18 (A)	71.48 (R)	72.39 (R)	72.96 (R)	72.87 (R)	72.63 (R)	72.08 (R)	72.24 (R)	72.08 (R)
S		75.85 (A)	71.63 (R)	72.82 (R)	73.56 (R)	73.48 (R)	73.17 (R)	72.68 (R)	72.89 (R)	72.76 (R)
NHSGGC		75.77	72.03	73.75	73.9	73.91	73.63	73.23	73.4	73.35

Performance Trend

During Q1 there was a very slight reduction in performance at a city level and in all localities, with all remaining RED. This indicator is reported one quarter in arrears.

Issues Affecting Performance

Ongoing Issues:

- No new issues have been identified during Q1/2.
- In line with the board sustainability commitments and national guidance, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler (MDI) to a dry powder inhaler (DPI) during Q1 of 2023/2024. This reduced formulary preferred list prescribing from 75.8% to 71.88%. Salbutamol MDI remains the most commonly prescribed non-preferred list item.
- Cholecalciferol (vitamin D) is the second most commonly prescribed non-preferred product. Vitamin D is included in the total formulary, however, there is not currently a preferred list product.
- Newer anti-diabetic agents (SGLT2 inhibitors and GLP1/GLP-GIP's) are licensed for diabetes but are also being used to prevent cardiovascular and renal disease. Their use in

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primary care is increasing with medicines initiated both in primary care and by acute services. These are non-preferred list and are having a growing impact on preferred list prescribing metrics.

Actions to Improve Performance

Ongoing actions/considerations:

- Proposals have been developed for a preferred vitamin D product.
- Pharmacy teams are progressing with a cost-efficiency programme for 2025-26, focusing on cost-containment, prescribing improvement and polypharmacy reviews in patients on high-numbers of medicines. Formulary status is considered as part of reviews.
- Those patients who currently receive a salbutamol MDI are considered for a switch to a DPI or to using a single inhaler for maintenance and reliever therapy (MART) where clinically appropriate.
- SGLT2 inhibitors and GLP1/GLP-GIPs are subject to preferred list adoption processes. This has been highlighted to NHS GG&C and will be considered as part of regional formulary development.

Timescales for Improvement

The 2025-26 cost-efficiency programme has commenced across Glasgow City HSCP with a more tailored programme in GP practices depending on patient demographics, prescribing patterns and other agreed cost-containment measures. This will be supported by facilitated education sessions delivered to prescribers based within GP practices, focusing on appropriate de-prescribing of medicines. Cost savings will be reported in real-time where data allows, and progress tracked across the financial year.

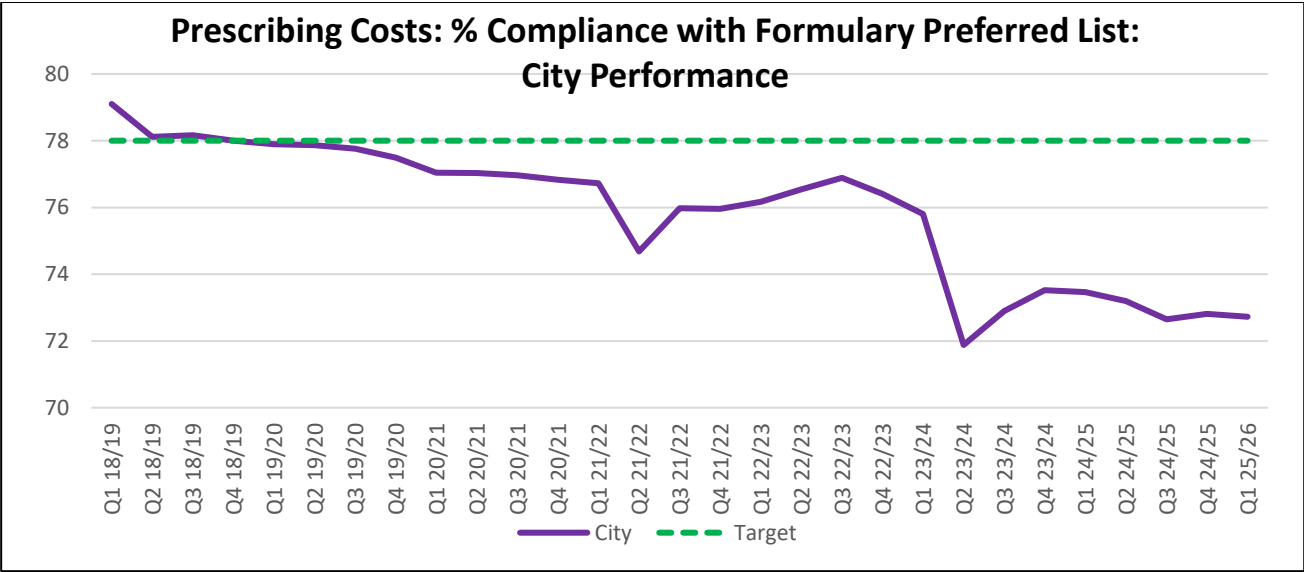
The transition away from salbutamol MDIs will take a number of years. Genuine culture change will be required among patients and clinicians to move towards maintenance and reliever therapy (MART) and/or dry powder inhalers.

Adoption of a preferred list vitamin D product is subject to NHS GG&C formulary approval processes.

Adoption of a preferred list SGLT2 is subject to the development of the West Region Formulary.

[Back to Summary](#)

Longer Term Trend



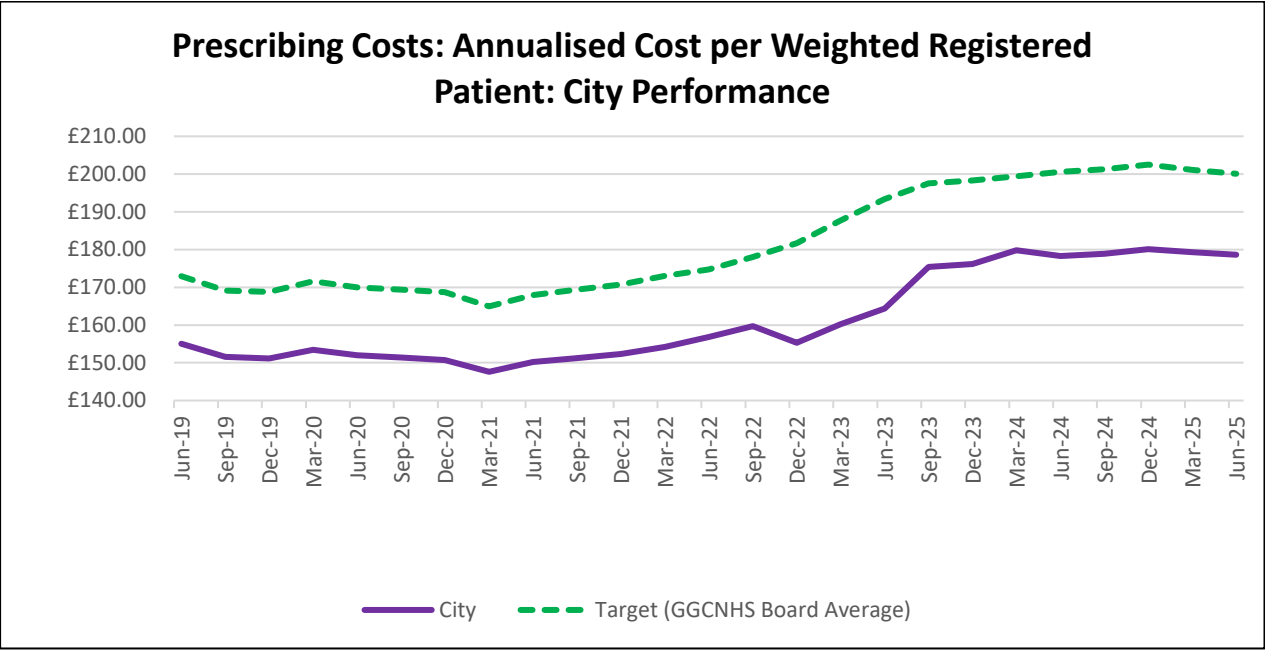
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Indicator	2. Prescribing Costs: Annualised cost per weighted registered patient
Purpose	Prescribing costs are a significant proportion of HSCP budgets. The Annualised cost per weighted registered patient is an indicator which monitors medicines management. While some of the variation between GP practices and localities in this indicator is expected due to differences in the patients treated, some is due to differences in medicines management with a lower cost per treated patient expected in practices where medicines management practices are fully implemented. Figures shown are for the last 12 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 1)
Strategic Priority	Priority 6 (See Appendix 2)
HSCP Leads	Stephen Fitzpatrick, Depute Chief Officer, Strategy, Innovation and Best Value

Locality	Target	2023/24				2024/25				25/26
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
City	Cost below (or same) as Board average	£164.4 (G)	£175.4 (G)	£176.2 (G)	£179.8 (G)	£178.3 (G)	£178.9 (G)	£180.1 (G)	£179.3 (G)	£178.6 (G)
NE		£173.7 (G)	£177.9 (G)	£179.1 (G)	£179.9 (G)	£181.7 (G)	£182 (G)	£183.9 (G)	£182.7 (G)	£182 (G)
NW		£162.2 (G)	£164.9 (G)	£164.3 (G)	£172.9 (G)	£165.1 (G)	£165.8 (G)	£166.4 (G)	£166.1 (G)	£165.5 (G)
S		£178.8 (G)	£182.6 (G)	£184.5 (G)	£185.6 (G)	£187.1 (G)	£188 (G)	£189.2 (G)	£188.2 (G)	£187.5 (G)
NHSGGC		£193.4	£197.5	£198.3	£199.4	£200.6	£201.3	£202.5	£201.1	£200.1

Performance Trend
Costs at city level and in all localities decreased in the last quarter. All remained GREEN and are considerably below the Health Board average, which also decreased slightly. This indicator is reported one quarter in arrears.
Back to Summary

Longer Term Trend



HEALTH IMPROVEMENT

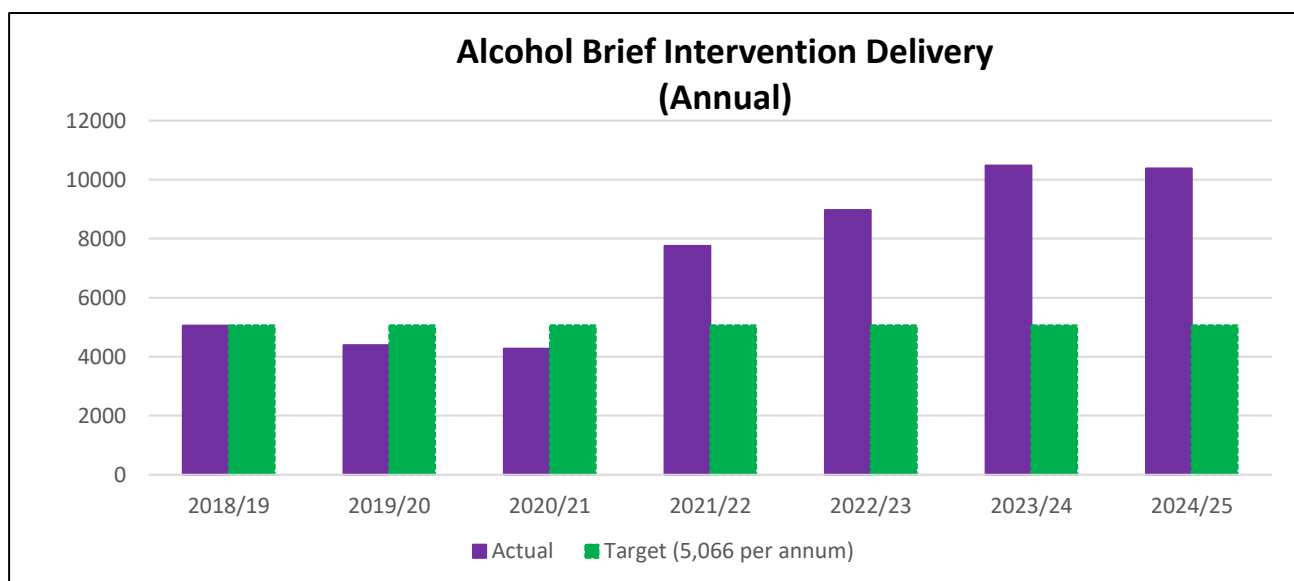
Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 1)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Area	Annual Target	Quarterly Target	22/23 Total	23/24 Total	24/25 Total	2024/25				
						Q1	Q2	Q3	Q4	Year to Date
City	5066	1267	8,966 (G)	10,479 (G)	10,376 (G)	2,692 (G)				2,692 (G)

Performance Trend

Performance above target for Q1.

[Back to Summary](#)

Longer Term Trend

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Indicator	2. Smoking Quit Rates at 3 months (from the 40% most deprived areas)
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintiles, and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Annual Target	Target to Q4	22/23 Total	23/24 Total	2024/25				
					To Q1	To Q2	To Q3	To Q4	24/25 Total
City	1190	1190	1050 (R)	1,097 (R)	299 (G)	567 (A)	792 (R)	1105 (R)	1105 (R)
NE	521	521	358 (R)	407 (R)	119 (A)	229 (R)	304 (R)	426 (R)	426 (R)
NW	316	316	303 (R)	338 (R)	91 (G)	172 (G)	249 (G)	354 (G)	354 (G)
S	353	353	389 (G)	352 (G)	89 (G)	166 (A)	239 (A)	325 (R)	325 (R)

Performance Trend

Performance is below target and RED at a city level and in the North East and South. North West was the only locality to meet its annual target, as was also the case in 2022/23 and 2023/24.

This indicator is reported in arrears and cumulative totals are shown at each quarter. Targets were adjusted slightly at Health Board level for 2024/25 which has reduced the annual target at city level from 1224 to 1190. Targets are phased throughout the year to reflect historical trends with Q4 targets higher than those for Q2.

Issues Affecting Performance

This is lower than expected due to a number of reasons including issues with pharmacy capacity and unavailability of several products including varenicline. This has now been unavailable since June 2021 and was the most popular and effective product.

In addition, following the pandemic, clients continue to present at the QYW (Quit Your Way) Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. This requires an increased amount of time and intensity of intervention to provide holistic support for clients by signposting and referring to many local agencies and support services, which in turn causes capacity issues.

The service has also been significantly impacted with staff absences and vacancies across the City, which has affected all three locality teams.

Actions to Improve Performance

Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance

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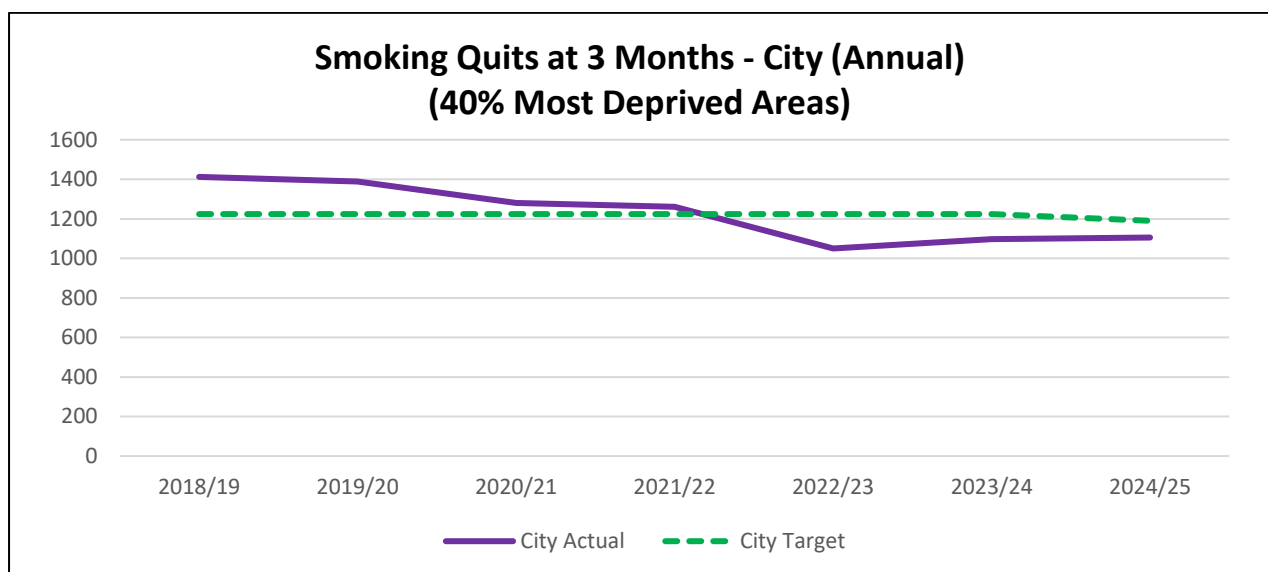
and resolve current challenges. Face-to-face community clinics operate in each of the three localities offering clients an opportunity to get support face-to-face and CO (carbon monoxide) monitoring. Most clinics take place in Health Centres but in some localities, a face-to-face clinic has been set up in a local Pharmacy which has been going well, improving links with local Pharmacies as well as enabling clients to have easy access to one of our practitioners and collecting their cessation prescription.

Timescales for Improvement

Improvements will be monitored by the NHS GG&C Tobacco Planning and Implementation Group and City Tobacco Group on an ongoing basis.

[Back to Summary](#)

Longer Term Trend



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Indicator	3. Women smoking in pregnancy (general population)
Purpose	To monitor the extent to which women in the general population are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status on the BADGER Information system.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

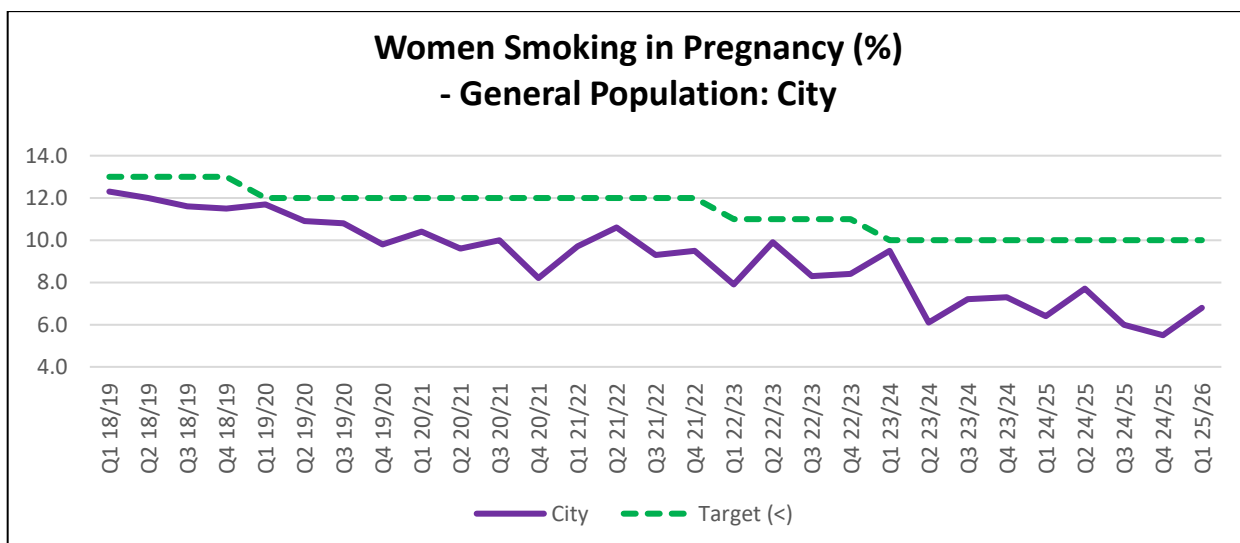
Locality	Target	2023/24				2024/25				25/26
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	10%	9.5% (G)	6.1% (G)	7.2% (G)	7.3% (G)	6.4% (G)	7.7% (G)	6% (G)	5.5% (G)	6.8% (G)
North East		12.2	6.1	7.9	8.8	8.5	8.3	7.5	5.4	6.9
North West		8.8	6.6	5.8	7.2	6.5	8.2	7.2	4.1	6.6
South		8.1	5.7	7.9	6.4	4.7	6.8	4.1	6.5	6.9

Performance Trend

Performance at city level and in all localities declined in the last quarter but remained GREEN.

[Back to Summary](#)

Longer Term Trend



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Indicator	4. Women smoking in pregnancy (from the 20% most deprived areas)
Purpose	To monitor the extent to which women in the most deprived areas of the population are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status on the BADGER Information system.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

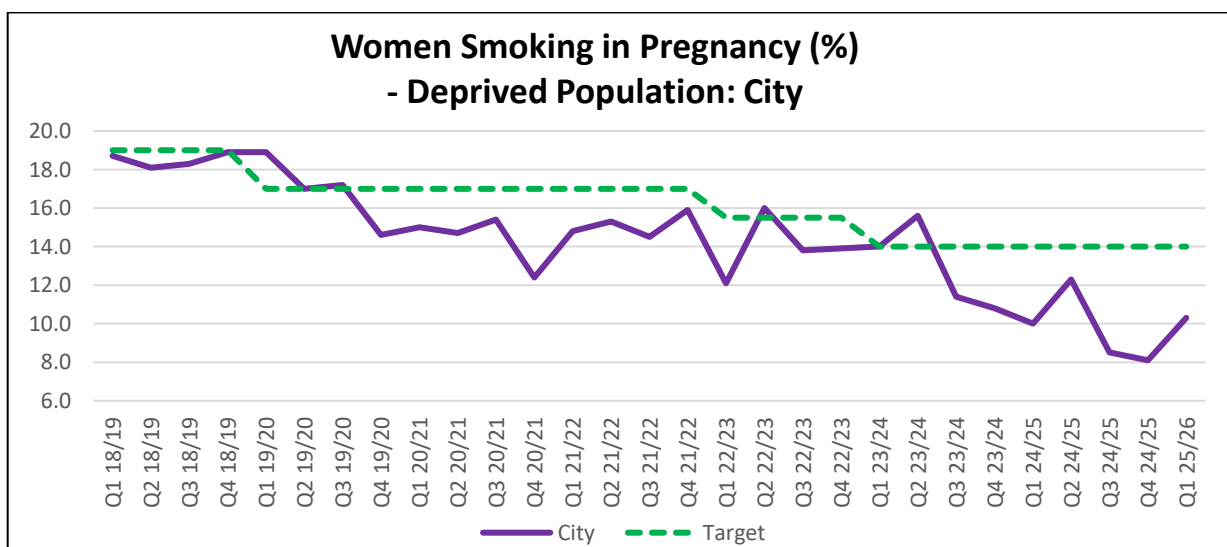
Locality	Target	2023/24				2024/25				2025/26
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	14%	14% (G)	15.6% (R)	11.4% (G)	10.8% (G)	10% (G)	12.3% (G)	8.5% (G)	8.1% (G)	10.3% (G)
North East		14.6	17.4	11.2	11.0	11.5	10.8	9.4	7.2	9.1
North West		12.3	13.8	8.1	11.4	10.7	13.4	9.9	6.3	9.0
South		14.9	15.2	14.6	10.3	8.1	12.8	6.5	10.3	12.6

Performance Trend

Performance at city level and in all localities declined in the last quarter but remained GREEN.

[Back to Summary](#)

Longer Term Trend



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Indicator	5. Exclusive Breast feeding at 6-8 weeks (general population)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

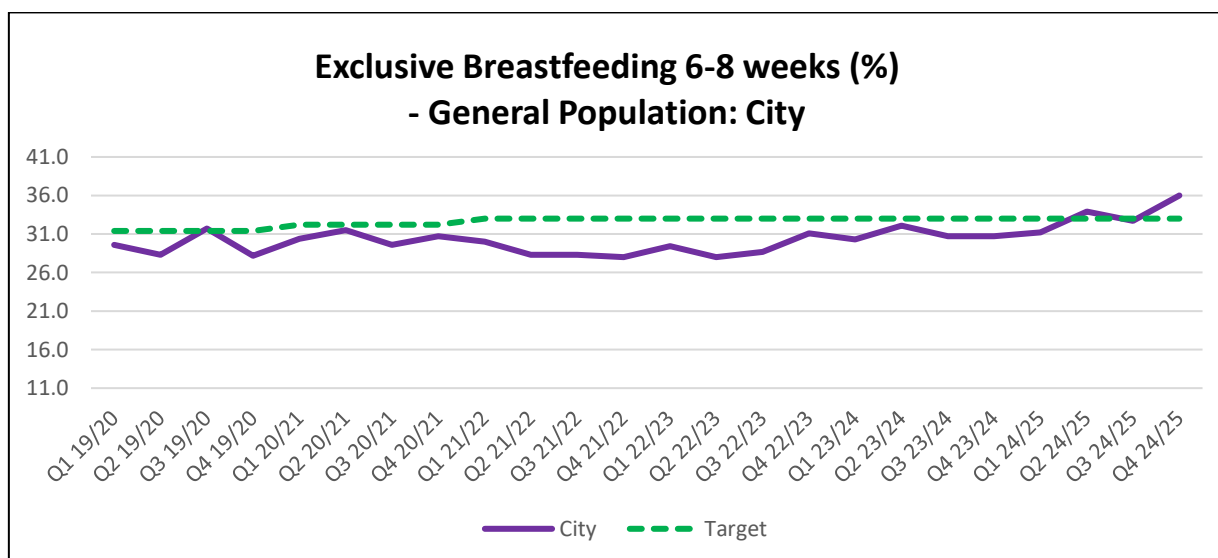
Locality	Target	22/23	23/24				2024/25			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	33%	31.1 (R)	30.3 (R)	32.1 (G)	30.7 (R)	30.7 (R)	31.2 (R)	33.9 (G)	32.7 (G)	36 (G)
North East		23.3	22.6	24	21.7	24.5	22.1	27.6	25.6	27.8
North West		36	34.4	37.4	34.4	34.9	37.9	37.9	40.6	41.9
South		34	33.4	34.7	34.7	32.2	33.3	36.4	32.8	37.4

Performance Trend

Performance improved and remained GREEN at a city level in the last quarter, with rates increasing across all localities.

[Back to Summary](#)

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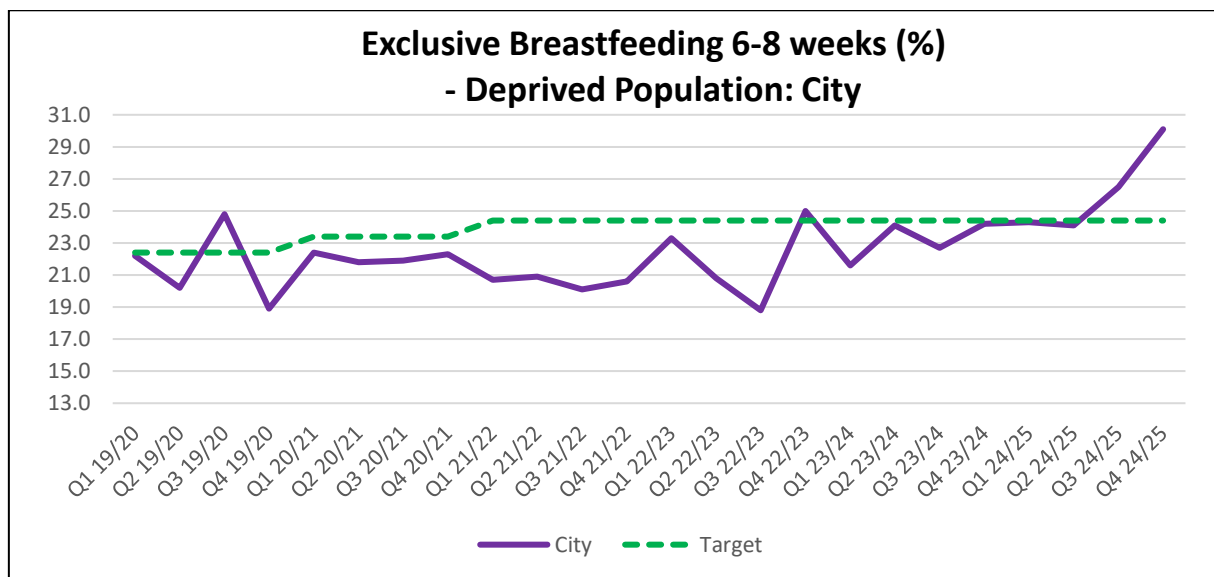
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Indicator	6. Exclusive Breastfeeding at 6-8 weeks (from the 15% most deprived areas)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	22/23	23/24				2024/25			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	24.4%	25.0 (G)	21.6 (R)	24.1 (G)	22.7 (R)	24.2 (G)	24.3 (G)	24.1 (G)	26.5 (G)	30.1 (G)
North East		21.8	20.8	21.4	21.7	21.9	20.7	21.9	23.4	25.3
North West		26.3	20.5	26.7	23.9	26.9	26.2	31.4	33.3	34.5
South		28.0	23.7	25.3	22.7	24.6	27.3	22.2	24.7	31.8

Performance Trend
Performance improved and remained GREEN at a city level in the last quarter, with rates increasing across all localities.
Back to Summary

Longer Term Trend



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Indicator	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks)
Purpose	To monitor the extent to which women are stopping breastfeeding in the period between their first visit by the Health Visitor and 6 weeks after birth. Health Visitors encourage women to continue breastfeeding in this period and the aim is to reduce drop off rates over time. This includes exclusive and mixed breastfeeding.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	17/18 Drop Off Rates	24/25 Target	22/23	23/24				24/25			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HSCP	32.3%	29.1%	22.4 (G)	23.8 (G)	21.6 (G)	24.6 (G)	21.4 (G)	22.0 (G)	19.9 (G)	22.0 (G)	19.5 (G)
NE	39.9%	35.9%	26.9	27.0	23.9	31.9	21.6	25.6	26.2	25.8	21.6
NW	27.2%	24.5%	17.7	22.2	20.8	20.1	17.2	18.8	13.8	17.1	15.6
S	31.3%	28.2%	22.6	22.8	20.8	23.5	24.2	21.9	19.1	23.0	21.1

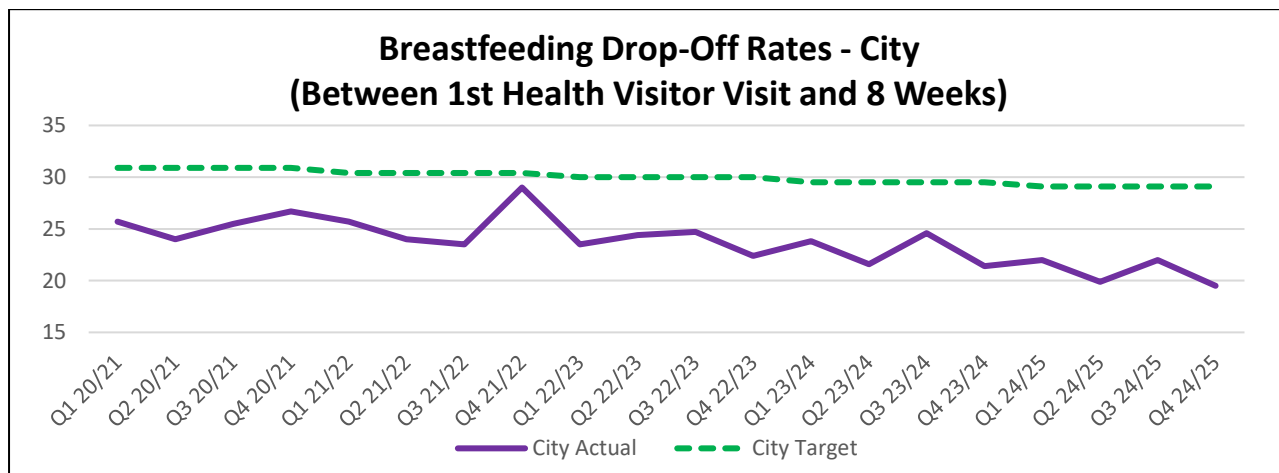
Performance Trend

Performance remained below the trajectory target and GREEN at city and locality levels in the last quarter, with a drop off rate lower than at Q4 23/24.

Targets have been set to achieve a 10% reduction in drop off rates over the period to the end of 24/25. Data is reported in arrears.

[Back to Summary](#)

Longer Term Trend



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APPENDIX 1 - National Health and Wellbeing Outcomes

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5	Health and social care services contribute to reducing health inequalities.
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Outcome 7	People using health and social care services are safe from harm.
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services.

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APPENDIX 2 – Health and Social Care Partnership Corporate Priorities

- Priority 1 Prevention, early intervention, and well-being
- Priority 2 Supporting greater self-determination and informed choice
- Priority 3 Supporting people in their communities
- Priority 4 Strengthening communities to reduce harm
- Priority 5 A healthy, valued and supported workforce
- Priority 6 Building a sustainable future