

OFFICIAL



Item No. 7

Meeting Date: Wednesday 21st October 2026

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

Report By: Craig Cowan, Head of Business Development
Contact: Duncan Goldie, Performance Planning Manager
Phone: 0141 287 8751

HSCP Performance Report Q1/2 2026-27

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1/2 of 2026/27 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. Both data sets are the same as

OFFICIAL

OFFICIAL

	those presented to the IJB Finance, Audit and Scrutiny Committee on 9 September as no updates were available at the time of producing this report.
--	--

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐
--------------------------	---

Recommendations:	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.
-------------------------	--

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.
--	---

Personnel:	None.
-------------------	-------

Carers:	None.
----------------	-------

Provider Organisations:	None.
--------------------------------	-------

Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
--------------------	---

Fairer Scotland Compliance:	N/A
------------------------------------	-----

Financial:	None.
-------------------	-------

OFFICIAL

OFFICIAL

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 2026/27 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.

OFFICIAL

OFFICIAL

- 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.

OFFICIAL

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 [9 September 2026](#).

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.

OFFICIAL



CORPORATE PERFORMANCE REPORT

**QUARTER 1/2
2026/27**

OFFICIAL

CONTENTS

SECTION	PAGE NUMBER
1. Performance Summary	8
2. Primary Care	12
3. Health Improvement	17
Appendix 1 – National Health & Wellbeing Outcomes	27
Appendix 2 – HSCP Corporate Priorities	28

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

2a. Summary

The table below compares the overall RAG rating for each care group between the 2 most recent quarters for all current indicators, 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 (0.0%)	7 (77.8%)	0 (0%)	2 (22.2%)	0 (0.0%)	7 (77.8%)	0 (0%)

OFFICIAL

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 Combined Performance 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%	Q4	72.76% 	▼
2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears)	At/Below NHSGGC average	Mar 26	£177.4 	▼
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Q1	2,684 	▲
2. Smoking Quit Rates at 3 months (from the 40% most deprived areas)	1,190 (annual)	25/26 Annual Total	945 (Annual Total) 	▲
3. Women smoking in pregnancy (general population)	10%	Q1	5.8% 	▼
4. Women smoking in pregnancy (from 20% most deprived areas)	14%	Q1	9.4% 	▼

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q3	35.3% 	▼
6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas)	24.4%	Q3	29.0% 	▼
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	29.1%	Q3	18.8% 	▲

OFFICIAL

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	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Locality	Target	23/24	2024/25				2025/26			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	78%	73.52 (R)	73.46 (R)	73.19 (R)	72.65 (R)	72.81 (R)	72.72 (R)	72.83 (R)	72.88 (R)	72.76 (R)
NE		73.98 (R)	73.98 (R)	73.73 (R)	73.13 (R)	73.26 (R)	73.25 (R)	73.34 (R)	73.36 (R)	73.18 (R)
NW		72.96 (R)	72.87 (R)	72.63 (R)	72.08 (R)	72.24 (R)	72.08 (R)	72.24 (R)	72.27 (R)	72.06 (R)
S		73.56 (R)	73.48 (R)	73.17 (R)	72.68 (R)	72.89 (R)	72.76 (R)	72.86 (R)	72.94 (R)	72.95 (R)
NHSGGC		73.9	73.91	73.63	73.23	73.4	73.35	73.42	73.54	73.49

Performance Trend

During Q4 performance declined slightly at a city level and in the North East and North West, with South increasing slightly. All areas remained RED. This indicator is reported one quarter in arrears.

Issues Affecting Performance

New issues:

- The phased transition away from the NHS GG&C formulary to the West of Scotland Formulary is an additional factor affecting formulary compliance, largely outwith local control. As each chapter is published, compliance may be impacted by new medicines being added and/or existing formulary choices being changed or removed. The West of Scotland Formulary also classifies medicines as either 'formulary' or 'non-formulary' and will not support continued reporting of 'preferred list' prescribing. At present, four chapters are live, with much of the remainder actively under development. This transition limits scope for local formulary amendments to support a path to green.
- During Q4, the preferred ICS/LABA inhaler was changed to Proxor to support an NHS GG&C-wide switch. Early Proxor prescriptions are categorised as non-formulary.

Ongoing issues:

- Prescribing of newer anti-diabetic agents continues to increase. During Q3 2025-26 dapagliflozin (an SGLT2 Inhibitor primarily utilised for diabetes) came off patent. Our primary care teams have undertaken a proactive switch from other SGLT2 inhibitors to dapagliflozin. We anticipate increased prescribing due to the benefits in heart failure and chronic kidney disease following guideline updates. SGLT2's as a class are the third most commonly prescribed 'total formulary' medications. (>1% of total prescribing as a drug class during Q4)
- 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. Salbutamol MDI remains the most commonly prescribed non-preferred list item. (1.4% of total items during Q4)
- Colecalciferol (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. (1.2% of total items during Q4)

Actions to Improve Performance

Ongoing actions/considerations:

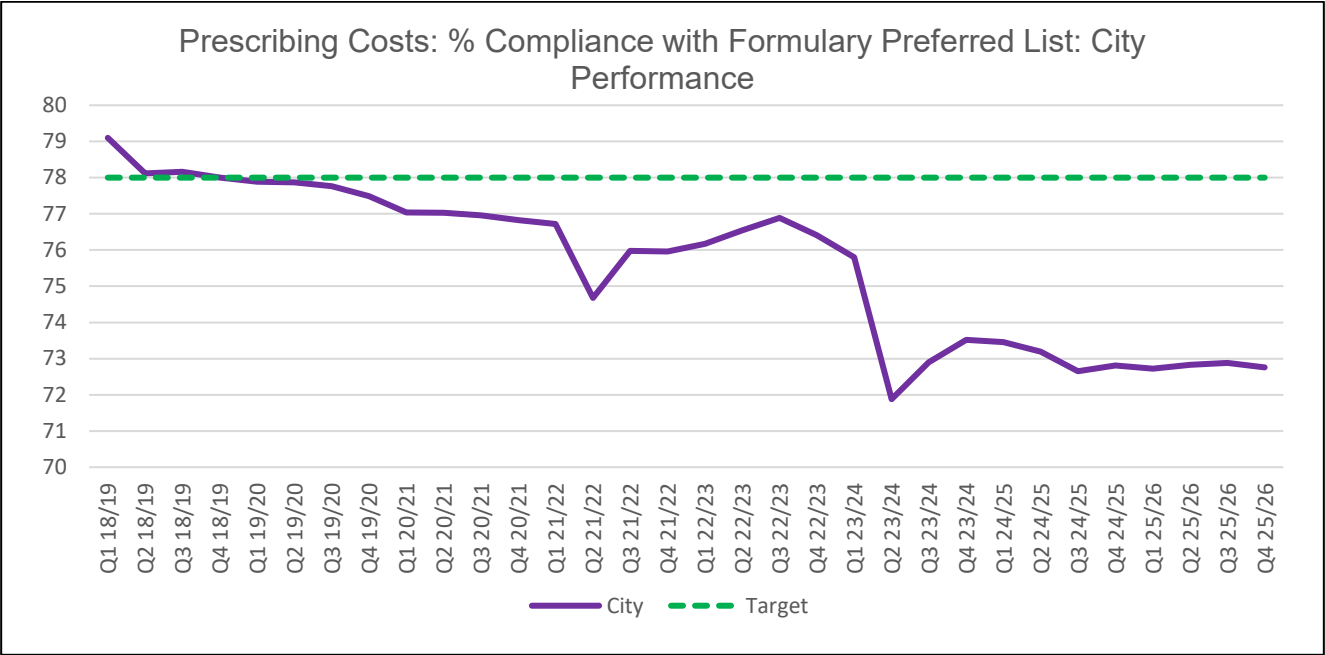
- Proxor will be updated to preferred list for ongoing reporting from Q1 2026-27.
- Pharmacy teams are progressing with a cost-efficiency programme for 2026-27, focusing on cost-containment, prescribing improvement and polypharmacy reviews in patients on high-numbers of medicines. Formulary status is also considered.
- Prescribing leads continue to engage around the West of Scotland Formulary to ensure that local clinical priorities are considered where possible, recognising that chapter publication, medicine additions and changes to existing formulary choices may affect reported compliance independently of local prescribing actions.
- 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.

Timescales for Improvement

- Proxor will be added to the local preferred list for reporting purposes from Q1 2026-27.
- The 2026-27 cost-efficiency programme commenced towards the end of Q4. The 2026-27 programme focusses on switching alternative SGLT2's to dapagliflozin as preferred SGLT2, new preferred inhalers and a large number of smaller switches which align with formulary preferred list prescribing. This programme will be completed throughout the financial year in line with team capacity.
- The West of Scotland Formulary continues to be developed and introduced on a chapter-by-chapter basis, with the majority expected to be in place by early 2027. Each chapter publication may affect reported compliance as medicines are added, changed or removed from formulary status. Given the alternate categorisation, alternate formulary compliance reporting metrics will be developed throughout 2026-27.
- 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.

[Back to Summary](#)

Longer Term Trend



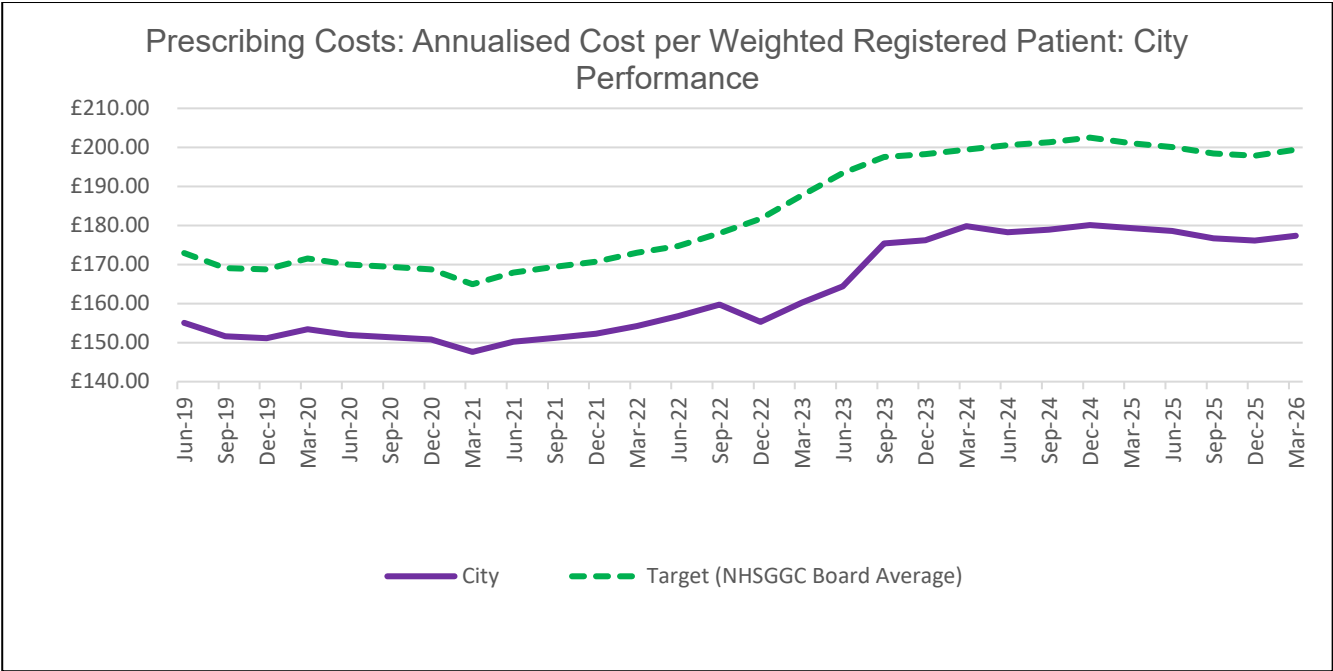
OFFICIAL

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	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Locality	Target	23/24	2024/25				2025/26			
		Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
City	Cost below (or same) as Board average	£179.8 (G)	£178.3 (G)	£178.9 (G)	£180.1 (G)	£179.3 (G)	£178.6 (G)	£176.7 (G)	£176.1 (G)	£177.4 (G)
NE		£179.9 (G)	£181.7 (G)	£182 (G)	£183.9 (G)	£182.7 (G)	£182 (G)	£180.3 (G)	£180.5 (G)	£181.5 (G)
NW		£172.9 (G)	£165.1 (G)	£165.8 (G)	£166.4 (G)	£166.1 (G)	£165.5 (G)	£162.7 (G)	£161.6 (G)	£162.6 (G)
S		£185.6 (G)	£187.1 (G)	£188 (G)	£189.2 (G)	£188.2 (G)	£187.5 (G)	£186.4 (G)	£185.5 (G)	£187.3 (G)
NHSGGC		£199.4	£200.6	£201.3	£202.5	£201.1	£200.1	£198.4	£197.9	£199.4

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

Longer Term Trend



HEALTH IMPROVEMENT

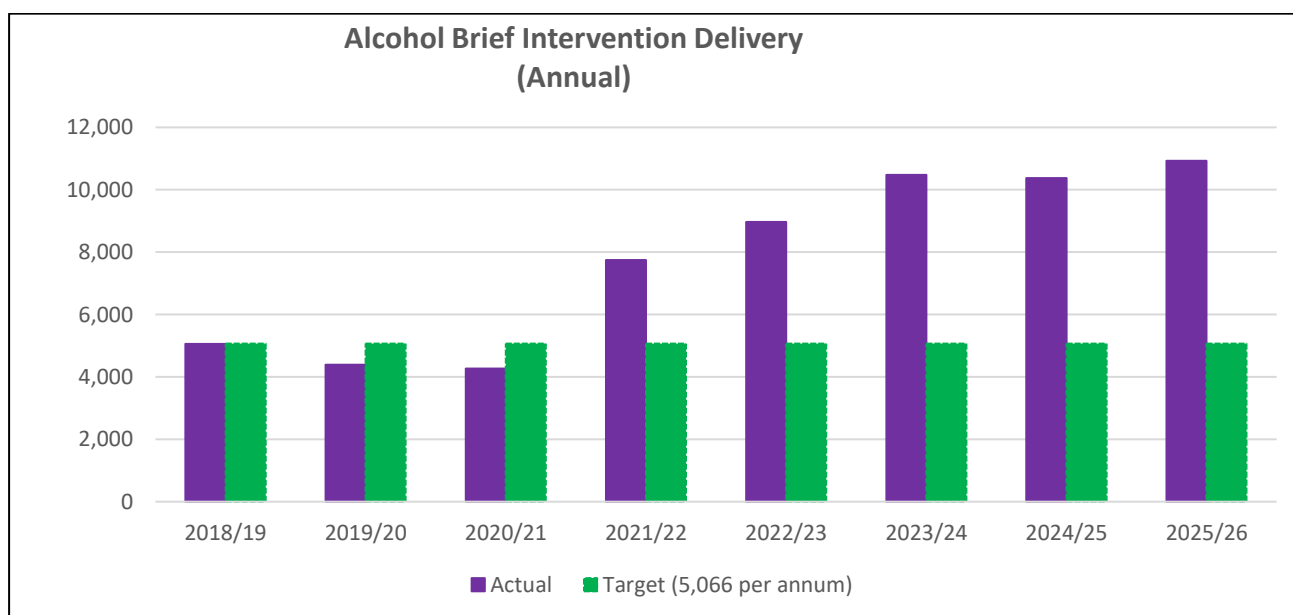
Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police 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	Target to Q1	23/24 Total	24/25 Total	25/26 Total	Q1	Q2	Q3	Q4	Year to Date
City	5066	1266	10,479 (G)	10,376 (G)	10,929 (G)	2,684 (G)				2,684 (G)

Performance Trend

Performance above target for Q1.

[Back to Summary](#)

Longer Term Trend

OFFICIAL

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

Area	Annual Target	Target to Q4	22/23 Total	23/24 Total	24/25 Total	2025/26 – Cumulative Totals				
						To Q1	To Q2	To Q3	To Q4	Total for Year
City	1190	1190	1050 (R)	1,097 (R)	1105 (R)	242 (R)	509 (R)	710 (R)	945 (R)	945 (R)
NE	521	521	358 (R)	407 (R)	426 (R)	94 (R)	188 (R)	255 (R)	350 (R)	350 (R)
NW	316	316	303 (R)	338 (R)	354 (G)	65 (R)	157 (G)	233 (G)	304 (A)	304 (A)
S	353	353	389 (G)	352 (G)	325 (R)	83 (G)	164 (R)	222 (R)	291 (R)	291 (R)

Performance Trend

Performance below target and RED at city level and in the North East and South localities for 2025/26. The North West has finished 2025/26 as AMBER. Targets are phased throughout the year to reflect historical trends.

Issues Affecting Performance Updated narrative required

Glasgow City Community QYW (Quit Your Way) Service is now implementing the recommendations following the Service Review, which is resulting in many changes as we standardise processes. This will impact on service delivery while new systems and processes are embedded. During this time the service implemented a citywide referral and client management system which was the first significant change as part of the service being a citywide service. Training and support was provided for staff during this time. Staff have also been involved in preparations for a tiered approach to be implemented in the service, and also a cost benefit analysis review of different methods of support offered to clients. Various staff from across the service are involved in working groups, supporting the review requirements as well as continuing to deliver the service.

In addition, clients continue to present at the QYW 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.

Actions to Improve Performance Updated narrative required

Face-to-face community clinics operate in each of the three localities offering clients an opportunity to get support face-to-face as well as other support options including telephone support and digital support via the Smoke Free App. Most face-to-face clinics take place in Health Centres but in one

OFFICIAL

OFFICIAL

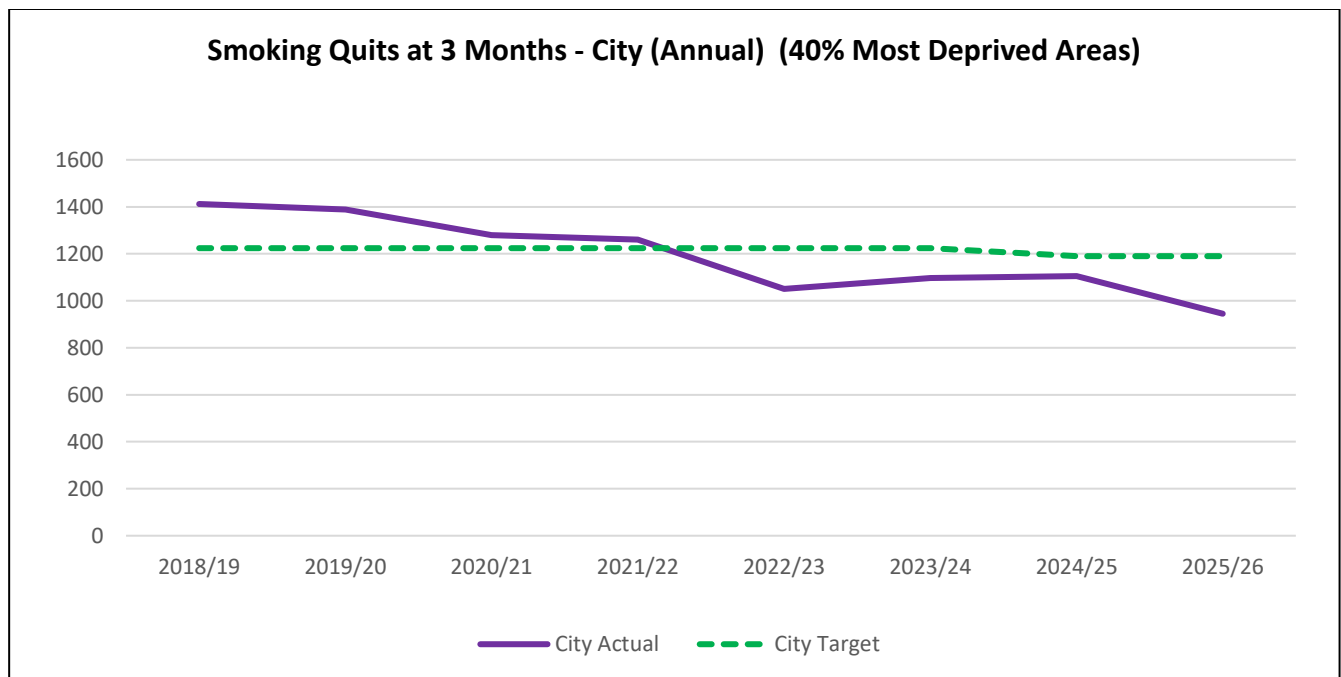
locality, the face-to-face clinic operates from a local Pharmacy. Two groups operated in the North East and North West during this time, enhancing the support options available for clients.

Timescales for Improvement Updated narrative required

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



OFFICIAL

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

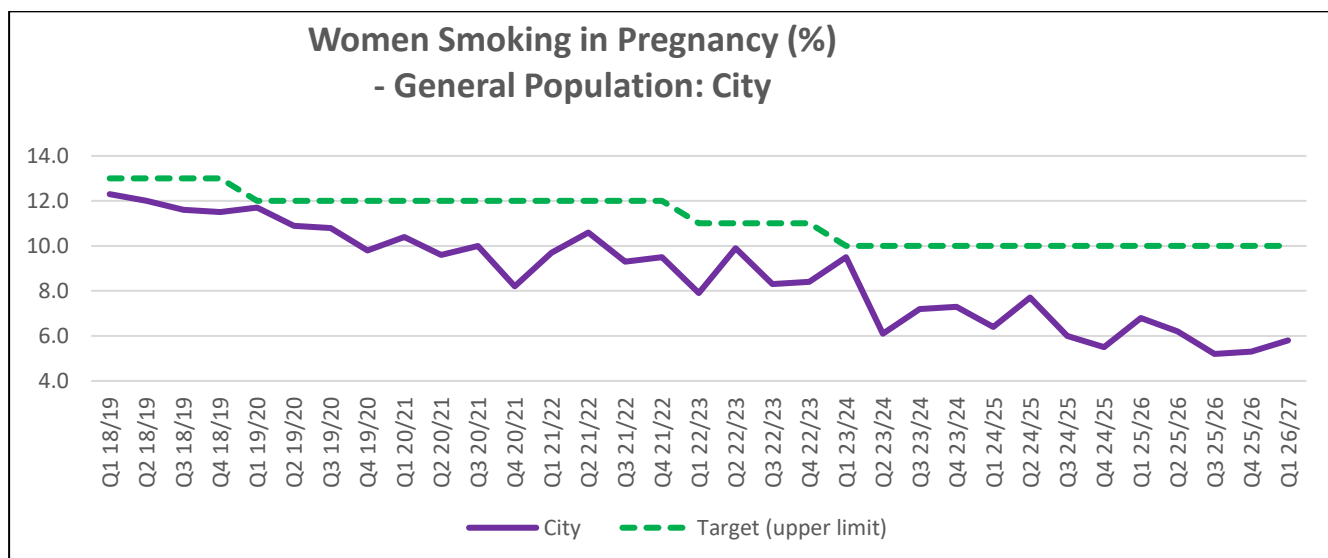
Locality	Target	2024/25				25/26				26/27
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	10%	6.4% (G)	7.7% (G)	6% (G)	5.5% (G)	6.8% (G)	6.2% (G)	5.2% (G)	5.3% (G)	5.8% (G)
North East		8.5	8.3	7.5	5.4	6.9	8.7	6.6	6.6	8.3
North West		6.5	8.2	7.2	4.1	6.6	4.8	4.7	3.3	4.8
South		4.7	6.8	4.1	6.5	6.9	5.6	4.5	5.8	4.4

Performance Trend

'Smoking at booking' rate at city level increased slightly in the last quarter but remained GREEN. At locality level, North East and North West rates also increased while the rates in the South reduced.

[Back to Summary](#)

Longer Term Trend



OFFICIAL

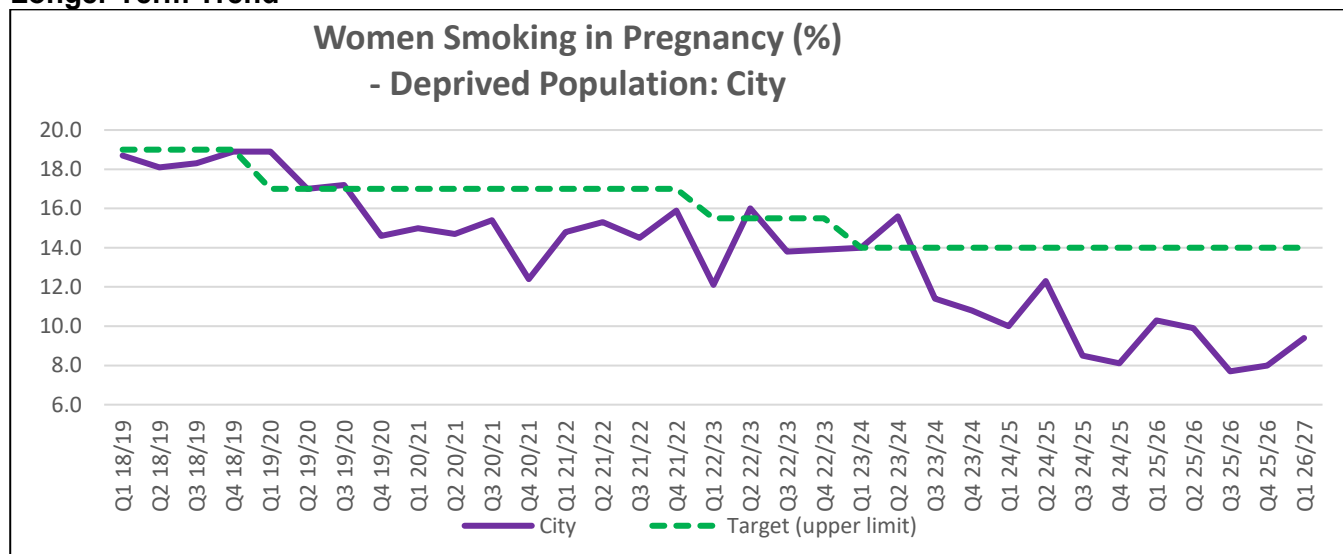
OFFICIAL

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	2024/25				2025/26				26/27
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	14%	10% (G)	12.3% (G)	8.5% (G)	8.1% (G)	10.3% (G)	9.9% (G)	7.7% (G)	8% (G)	9.4% (G)
North East		11.5	10.8	9.4	7.2	9.1	10.5	8.8	7.7	10.8
North West		10.7	13.4	9.9	6.3	9.0	7.9	7.8	6.3	8.0
South		8.1	12.8	6.5	10.3	12.6	11.1	6.5	9.7	9.1

Performance Trend
‘Smoking at booking’ rate at city level increased slightly in the last quarter but remained GREEN. At locality level, North East and North West rates also increased while the rates in the South reduced.
Back to Summary

Longer Term Trend



OFFICIAL

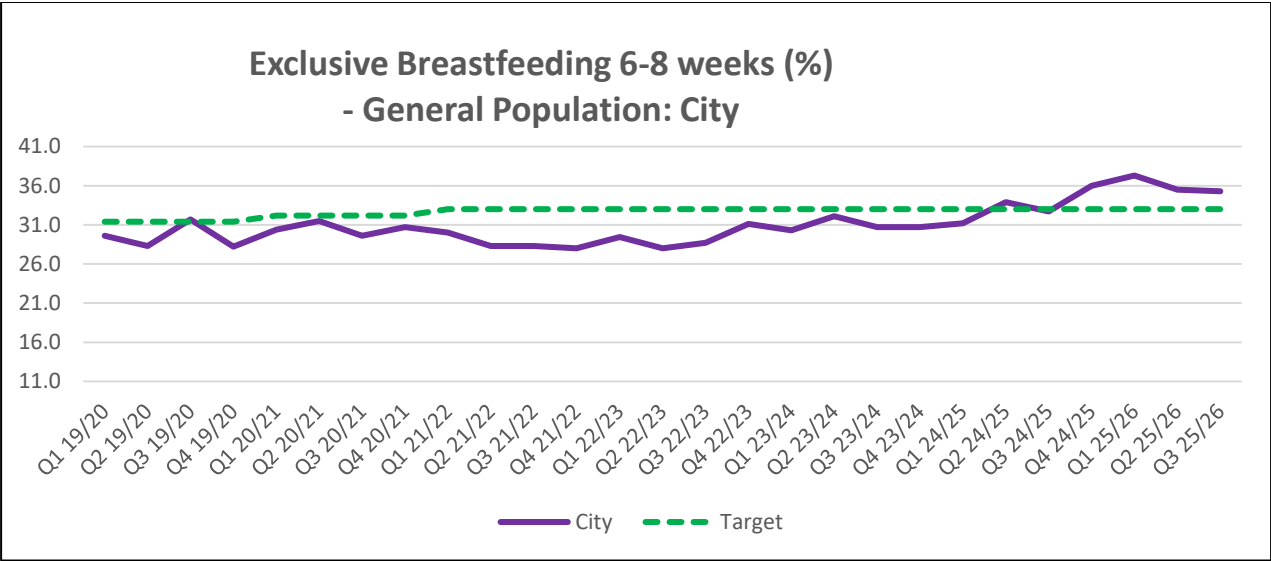
OFFICIAL

Indicator	5. Exclusive 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	2023/24		2024/25				25/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	33%	30.7 (R)	30.7 (R)	31.2 (R)	33.9 (G)	32.7 (G)	36 (G)	37.3 (G)	35.5 (G)	35.3 (G)
North East		21.7	24.5	22.1	27.6	25.6	27.8	30.3	31.2	27.3
North West		34.4	34.9	37.9	37.9	40.6	41.9	41.8	40.7	40.7
South		34.7	32.2	33.3	36.4	32.8	37.4	39.3	35	37.5

Performance Trend
Performance remained GREEN at a city level in the last quarter, with rates decreasing slightly. Performance fell in the North East, while rising in the South and remaining the same in the North West.
Back to Summary

Longer Term Trend



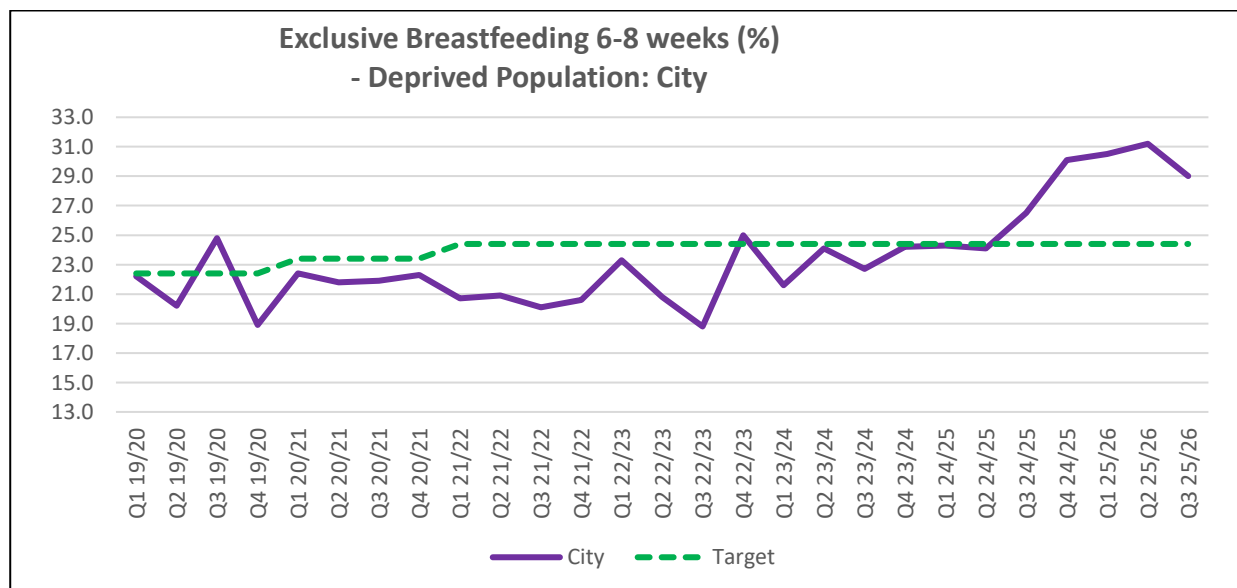
OFFICIAL

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	2023/24		2024/25				25/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	24.4%	22.7 (R)	24.2 (G)	24.3 (G)	24.1 (G)	26.5 (G)	30.1 (G)	30.5 (G)	31.2 (G)	29.0 (G)
North East		21.7	21.9	20.7	21.9	23.4	25.3	26.6	26.8	22.6
North West		23.9	26.9	26.2	31.4	33.3	34.5	35.7	36.6	36.5
South		22.7	24.6	27.3	22.2	24.7	31.8	30.7	32	30

Performance Trend
Performance remained GREEN at a city level in the last quarter, with rates decreasing slightly, as was the case in all localities.
Back to Summary

Longer Term Trend



OFFICIAL

OFFICIAL

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

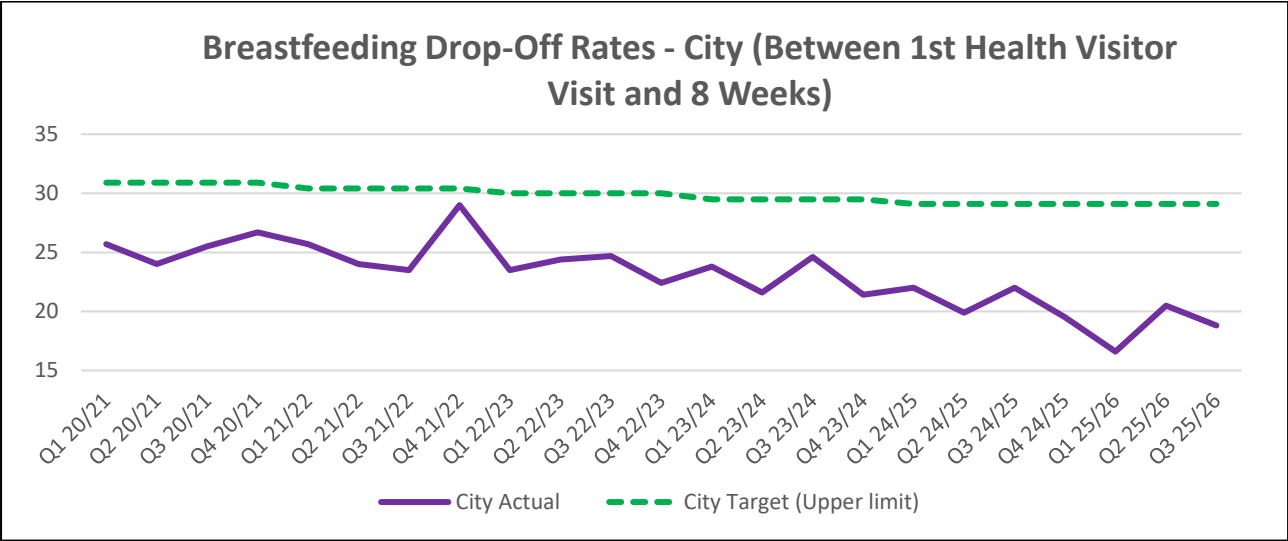
AREA	17/18 Drop Off Rates	24/25 Target	23/24		24/25				25/26		
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
HSCP	32.3%	29.1%	24.6 (G)	21.4 (G)	22.0 (G)	19.9 (G)	22.0 (G)	19.5 (G)	16.6 (G)	20.5 (G)	18.8 (G)
NE	39.9%	35.9%	31.9	21.6	25.6	26.2	25.8	21.6	22.5	26.3	22.3
NW	27.2%	24.5%	20.1	17.2	18.8	13.8	17.1	15.6	13.5	15.7	14.2
S	31.3%	28.2%	23.5	24.2	21.9	19.1	23.0	21.1	14.8	20.3	19.9

Performance Trend

Performance remains GREEN. Targets have been set to achieve a 10% reduction in drop off rates over the period to the end of 24/25. Work is underway to revise targets for 2025/26 to 2030/31, and these will be included in future reports. In the meantime, the existing targets have been retained. Data is reported in arrears.

[Back to Summary](#)

Longer Term Trend



OFFICIAL

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.

OFFICIAL

APPENDIX 2 - HEALTH & 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