Appendix 1: Public Health Commissioned Services – Key Performance Indicators Dashboard

Service	KPIs	Target 22/23	Target 23/24	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	DoT**
	PH04: No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	65,000	68,000	69,082 (G)	68,852 (G)	68,713 (G)	68,579 (G)	68,050 (G)	Û
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,656 53%(G)	1,706 57%(G)	1,901 56%(G)	1,754 54%(G)	1,561 52%(G)	\Box
	PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	95%	95%	3,868 93%(A)	3,463 93%(A)	3,550 94%(A)	3,730 94.6%(A)	3,604 94%(A)	\$
Health Visiting	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,899 91%(G)	3,453 90%(G)	3,472 93%(G)	3,768 94%(G)	3,650 93%(G)	Û
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	2,139 52%	1,812 50%	1,866 52%	2,043 52%	1,971 52%	\$
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	4,119 92%(G)	3,896 93%(G)	3,796 92%(G)	4,004 93%(G)	4,088 93%(G)	\$
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,452 86%(G)	3,417 85%(G)	3,536 89%(G)	3,578 91%(G)	3,818 93%(G)	仓
Structured Substance	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	27 77%(A)	37 90%(G)	37 88%(G)	53 84%(A)	52 84%(A)	(
Misuse Treatment	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,306 26%(G)	1,275 25%(G)	1,291 25%(G)	1,349 26%(G)	1,407 26%(G)	\$
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	23,844	23,844	22,255 (A)	25,114 (G)	26,565 (G)	28,722 (G)	30,188 (G)	Û
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	55%	691 57%(G)	786 54%(A)	612 54%(A)	690 50%(A)	690 58%(G)	仓
	PH25: No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent	-	55%	1,494 54%(A)	1,929 59%(G)	1,794 62%(G)	1,833 52%(A)	1,896 58%(G)	Û
Sexual Health	PH24: No. and % of all new first-time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	92%	95%	7,954 96%(G)	8,230 98%(G)	8,517 98%(G)	8,643 98%(G)	8,458 99%(G)	û

Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	90%	98%	388 99%(G)	721 99%(G)	nca	271 99.6%(G)	250 97%(A)	\updownarrow	
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Commissioned services annual activity

Indicator description	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	DoT
PH09: Participation rate of Year R (4–5 year olds) pupils in the National Child Measurement Programme	93% (G)	95% (G)	95% (G)	85% (G)**	88% (A)	93% (G)	仓
PH10: Participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme	96% (G)	94% (G)	94% (G)	9.8% (A)**	87% (A)	90% (G)	仓
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	198,980	36,093	76,093	79,583	96,323	121,437	-
PH06: Number of adults accessing structured treatment substance misuse services	4,466	4,900	5,053	4,944	5,108	5,084	Û
PH07: Number accessing KCC commissioned sexual health service clinics	75,694	76,264	71,543	58,457	65,166	58,012	Û

^{**} In 2020/21 following the re-opening of schools, the Secretary of State for Health and Social Care via Public Health England (PHE) requested that local authorities use the remainder of the academic year to collect a sample of 10% of children in the local area. PHE developed guidance to assist Local Authorities to achieve this sample and provided the selections of schools. At request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme, achieving 85%.

Key:

RAG Ratings

(G) GREEN	Target has been achieved
(A) AMBER	Floor Standard achieved but Target has not been met
(R) RED	Floor Standard has not been achieved
nca	Not currently available

DoT (Direction of Travel) Alerts

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仓	Performance has improved
Û	Performance has worsened
⇔	Performance has remained the same

^{**}Relates to two most recent time frames

Data quality note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision.