

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

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To: Health Reform and Public Health Cabinet Committee

28th September 2018

Subject: Performance of Public Health commissioned services

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of key performance indicators (KPIs) for Public Health commissioned services. 11 of the 15 KPIs were RAG rated Green in the latest quarter, 4 were Amber, and none were Red.

In the case of the 4 Amber KPIs, Commissioners are working with providers to build on existing service improvements and actions, for example on the partnership work with Maternity Services in the NHS Hospital Trusts to increase further the delivery and uptake of Antenatal visits delivered by the Health Visiting service.

Public Health Commissioning is continuing to direct the providers of universal services to ensure they target provision to Kent residents most at risk of poor public health outcomes or those who are unlikely to access health services.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2017/18 and Q1 2018/19

1. Introduction

- 1.1. A core function of the Cabinet Committee is to review the performance of services which fall within its remit.
- 1.2. This report provides an overview of the performance of the public health services that are commissioned by KCC. It focuses on the key performance indicators (KPIs) that are included in the Strategic and Corporate Services Directorate 2018-19 Directorate Business Plan and presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and the performance over the previous 5 quarters.

2. Overview of Performance

- 2.1. Of the 15 targeted KPIs for Public Health commissioned services 11 achieved target (Green), none were below the floor standard and Red. 4 KPIs were below target but achieved the floor standard (Amber), these were for:
- the percentage of smoking cessation quits
 - the number of NHS Health Checks delivered
 - the percentage of antenatal visits delivered by the Health Visiting Service
 - the percentage of those engaged with One You Kent Advisors being from the most deprived areas in Kent

Health Visiting

- 2.2. The Health Visiting Service completed more than 71,000 universal developmental reviews in the twelve months to June 2018. Of the six targeted health visiting metrics, only one did not achieve target.
- 2.3. The proportion of antenatal contacts completed for Kent has increased from the previous quarter to 48%, however this is lower than the new target for 2018/19 set at 50%. Within the districts there have been ongoing improvements in delivery, for example in Dover 76% received their check in Q1 2018/19 compared to 35% in Q1 2016/17.
- 2.4. The service has achieved significant progress with the implementation of an agreed action plan to increase the proportion of families who receive an antenatal contact. The service has developed links with maternity systems across Maidstone and Tunbridge Wells and Dartford and Gravesham NHS Trusts, and is exploring digital platforms to increase uptake and prioritise need.
- 2.5. The Health Visiting service has continued to implement a schedule of Baby Hubs across the county. Baby Hubs will provide families with children under the age of 1 with advice and support on a range of topics including infant feeding, behaviour and sleeping. The hubs will also run a range of monthly parenting education programmes which have been codeveloped with Early Help.
- 2.6. The Health Visiting Service is working closely with Children's Centres and breastfeeding peer supporters to provide infant feeding services across Kent. This includes breastfeeding drop-in clinics, home visits and peer support groups

Adult Health Improvement

- 2.7. The number of NHS Health Checks delivered in the 12 months to June 2018 did not achieve target, this followed a focus on assuring an effective roll-out of a new IT system across Kent. Although the actual number of Health Checks delivered decreased in Q1 2018/19, the take-up rate of invite to check was 27% compared to 22% in the same period last year. There were over 20,000 invites sent in Q1 and the programme is on track to invite 100% of the eligible population.
- 2.8. In Q1 the proportion of clients engaged with a One You Kent Advisor from the most deprived areas in Kent was 49%, achieving the floor target of 48%. Providers with low take-up in deprived areas will be working with commissioners to target their communications more effectively. For some

providers this is a new way of delivering services, striking a balance between universal provision with nuanced targeting.

Sexual Health

- 2.9. Following the publication of the sexual health needs assessment, commissioners are working alongside sexual health providers to transform services to meet the identified needs, this includes capitalising further on the work to increase access to and uptake of online services, particularly the condom programme and STI testing.

Drug and Alcohol Services

- 2.10. Please refer to agenda item 11 for the report on Adult Drug and Alcohol Services.

Mental Wellbeing Service

- 2.11. The Live Well Kent providers continue to ensure that the services deliver high levels of satisfaction with 98% of clients completing the NHS Friends and Family Test (FFT) indicating that they would recommend the service to family, friends or someone in a similar situation.

3. Conclusion

- 3.1. 11 of the 15 KPIs with targets stated in the Strategic and Corporate Services Directorate 2018-19 Directorate Business Plan were rated Green and 4 were Amber, none were Red.
- 3.2. Providers are building on existing work to progress delivery of services where performance is below the target or services have undergone transformation.

4. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the Q4 2017/18 and Q1 2018/19 performance of Public Health commissioned services

5. Background Documents

Strategic and Corporate Services Directorate 2018-19 Directorate Business Plan
<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/business-plans>

6. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

7. Contact Details

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

Service	KPI's	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Target 2018/19	Q1 18/19	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	66,902 (g)	68,837 (g)	70,456 (g)	71,495 (g)	65,000	71,287 (g)	↓
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	1,914 44% (g)	2,457 54% (g)	2,282 52% (g)	1,755 43% (g)	50%	2,078 48% (a)	↑
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	4,259 97% (g)	4,459 97% (g)	4,346 98% (g)	3,954 98% (g)	95%	4,094 98% (g)	↔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	3,859 89% (g)	3,989 89% (g)	4,199 92% (g)	3,809 91% (g)	80%	3,628 89% (g)	↓
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	2,077 51%*	2,025 49%*	2,041 47%	1,788 46%*	-	1,833 49%*	↑
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	3,666 86% (g)	3,751 88% (g)	3,878 89% (g)	3,723 87% (g)	80%	3,609 86% (g)	↓
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	3,440 82% (g)	3,520 84% (g)	3,634 83% (g)	3,725 82% (g)	80%	3,546 80% (g)	↓
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	66 94% (g)	79 92% (g)	76 92% (g)	55 85% (g)	85%	84 94% (g)	↑
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	1,221 27% (a)	1,143 26% (a)	1,126 25% (a)	1,073 24% (a)	26%	1,160 26% (g)	↑
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	42,568 (g)	43,677 (g)	42,943 (g)	41,677 (g)	41,600	38,021 (a)	↓
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	873 54% (g)	761 49% (a)	746 54% (g)	809 49% (a)	52%	601 50% (a)	↑
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	New Service, New Metric				60%	413 49% (a)	-
Sexual Health	PH02: No. and % of clients accessing GUM services offered an appointment to be seen within 48 hours	100% (g)	100% (g)	100% (g)	100% (g)	90%	9,772 100% (g)	↔
Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends or someone in a similar situation	New Metric				90%	210 98% (g)	-

*Coverage above 85% however quarter did not meet 95% for robustness expected for national reporting

Commissioned services annual activity

Indicator Description	2013/14	2014/15	2015/16	2016/17	2017/18	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	96% (g)	96% (g)	97% (g)	97% (g)	nca	↔
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	94% (a)	95% (g)	96% (g)	96% (g)		↔
PH05: Number receiving an NHS Health Check over the 5-year programme (cumulative from 2013/14 to 2017/18)	32,924	78,547	115,232	157,303	198,980	-
PH06: Number of adults accessing structured treatment substance misuse services	4,652	5,324	5,462	4,616	4,466	-
PH07: Number accessing KCC commissioned sexual health service clinics	-	-	73,153	78,144	75,694	-

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

↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

**Relates to two most recent time frames

*** Floor Standards are set in Directorate Business Plans and if not achieved must result in management action

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