

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 17 September 2024

Subject: **Performance of Public Health Commissioned Services (Quarter 1 2024/2025)**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Is the decision eligible for call-in? *N/A*

Summary: This paper provides an overview of the Key Performance Indicators for Public Health commissioned services. In the latest available quarter, April to June 2024, of 14 Red Amber Green (RAG) rated Key Performance Indicators, four were Green, three Amber, and two Red. Five Key Performance Indicators were not available at the time of writing this report. These are detailed below:

- Number of people successfully completing drug and/or alcohol treatment of all those in treatment
- Number of adults accessing structured treatment substance misuse services
- Number of all new first-time patients receiving a full sexual health screen (excluding online referrals)
- Participation rate of Year R (4–5 year olds) pupils in the National Child Measurement Programme
- Participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q1 2024/2025.

1. Introduction

- 1.1 A core function of the Health Reform and Public Health Cabinet Committee is to review the performance of services that fall within its remit.

1.2 This paper provides an overview of the Key Performance Indicators (KPI) for the Public Health services commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous five quarters. This table includes benchmarking (England, region, nearest neighbour) where available.

2. Overview of Performance

2.1 Of the 14 targeted KPIs for Public Health commissioned services, four achieved the target (Green), three were below target although did achieve the floor standard (Amber), and two were below target and did not achieve the floor (Red). The red KPIs are:

- Number of mothers receiving an antenatal contact by the health visiting service
- Number of clients currently active within One You Kent services being from the most deprived areas in Kent

3. Health Visiting

3.1 In Q1 2024/2025, the Health Visiting Service delivered 16,391 mandated universal health and wellbeing reviews, slightly lower than the previous quarter (16,587). In this quarter, the service delivered 66,724 (86.7% of those due) mandated health and wellbeing reviews (12 month rolling), slightly lower than the same quarter of the previous year (68,446; 88.0% of those due). Therefore, the service completed fewer mandated health and wellbeing reviews than the annual target of 68,000. Notably, the total number of mandated health and wellbeing reviews will fluctuate due to changes in the birth rate. In Q1 2024/2025, the number of reviews due (76,987) was 1.05% (818) lower than the same quarter of the previous year (2023/2024).

3.2 Three of the five mandated contacts met or exceeded the target. The proportion of new birth visits delivered within 10–14 days at 94.1%, was slightly below the 95% target. The proportion of antenatal contacts delivered during this quarter was 36%, below the 50% target. The 50% target for this indicator was established using previous performance (which averaged 54.7% in the five quarters to Q3 2023/2024). Following work to improve data quality in Q4 2023/2024, the provider (KCHFT) identified a data reporting error related to the way data has been recorded since migration to a different IT system. This data reporting error has contributed towards a reduction in current and historic performance (averaging 21%).

3.3 The provider has action plans in place to enhance service delivery for antenatal performance and this is being closely monitored by commissioners. KCHFT has completed three actions from its action plan including reviewing current staffing levels, caseload management, and developing a proposal for centralising antenatal contacts to support the achievement of the indicator. KCHFT are currently working on six actions to review the impact of recruitment and

retention premiums which are in place for north/west Kent teams and to address staffing challenges in Dartford, Gravesham, Sevenoaks, Tunbridge Wells, and Tonbridge and Malling. The antenatal offer will be reviewed and revised through the transformation process.

- 3.4 The antenatal contact serves as the initial touchpoint of the Healthy Child Programme, delivered through Health Visiting. The service takes a risk stratified approach, prioritising antenatal contacts for families assigned to a targeted or specialist caseload upon receiving a maternity notification form from Midwifery, with a special focus on first-time parents. Expectant parents remain under the maternity caseload during this period and families are offered regular care and support. Families that are not offered an antenatal contact are sent a welcome letter to introduce them to the service. This letter promotes free universal support via family hubs (online and in-person), [Chat Health](#), [Kent Baby](#), and parenting courses.

4. Adult Health Improvement

- 4.1 In Q1 2024/2025 there were 8,516 NHS Health Checks delivered to the eligible population. This represents a reduction of 4% (-378) from the 8,894 checks delivered in the previous quarter, however, an increase of 15% (+1,120) from the 7,396 checks delivered in the same quarter of the previous year (2023/2024).
- 4.2 The number of first invitations sent out during the current quarter was 26,296 compared to 18,607 in the same period of the previous year (2023/2024). Of the first invitations sent in Q1 2024/2025, 3,789 were sent via text message as part of the SMS invitation pilot. This pilot has now concluded, and the service is awaiting the final data analysis to ascertain the impact on uptake rates for an NHS Health Check. Commissioners continue to progress the Public Health Transformation Programme and have hosted two successful market engagement events so far this quarter, generating useful insights that will support ongoing model development for the NHS Health Check Programme.
- 4.3 The Stop Smoking Service supported 812 people to successfully quit smoking this quarter, achieving a quit rate of 57%. In Q1 2024/2025, the service began to transition its Smoking in Pregnancy team to support a wider range of individuals with complex health needs, for example, individuals identified through the lung health check programme with potential early signs of cancer or housebound clients. As the NHS have started to embed smoking support directly with Maternity services as part of the NHS Long Term Plan, there is no longer a need for the KCC commissioned service to have a dedicated Smoking in Pregnancy team. The service has continued to support pregnancy referrals whilst these changes take place.
- 4.4 The service is currently exploring the offer around pharmacotherapy as new medications become available, increasing the potential choice of treatment options available to service users looking to quit smoking. Further updates will be provided as these develop further.

- 4.4 In Q1 2024/2025, the One You Kent (OYK) Lifestyle Service engaged with 1,763 (51%) people from Quintiles 1 & 2, below the 55% target. In this quarter, the total number of people supported in OYK services (3,479) has increased by 15.7% (473) compared to the same quarter of the previous year (3,006). The total number of people from Quintiles 1 & 2 (1,763) has remained stable when compared to the same quarter of the previous year (1,794); however, due to the increased number of people active within OYK services the proportion of those from Quintiles 1 & 2 has reduced. The OYK Lifestyle Services continue to receive a high number of referrals from GPs for weight management services.
- 4.5 These referrals are not necessarily for people residing in areas of deprivation, particularly in districts with lower levels of deprivation. However, service providers continue to hold engagement activities within these areas. In this quarter, 462 (7%) fewer referrals were received than the same quarter of the previous year. The complete data submission for the Maidstone OYK service was not available at the time of writing this report due to changes in personnel within Maidstone Borough Council, largely explaining the reduction in the number of referrals. However, they are currently in the process of hiring to the vacant manager position for the service which will support future data submissions.
- 4.6 The OYK KPI introduced for 2024/2025 (PH27: Number (%) of clients that complete the Weight Loss Programme) will be retrospectively reported due to the nature of reporting (one quarter behind). The Weight Loss Programme is 12-weeks in duration, therefore there are a considerable number of people yet to finish the programme at the end of the quarter (e.g., people who commenced the programme in June will not have had the opportunity to complete at the time of reporting). In Q4 2023/24, performance exceeded target with 736 (71%) of people completing the Weight Loss Programme.

5. Sexual Health

- 5.1 The Integrated Sexual Health Services data for Q1 2024/2025 was not available at the time of writing this report. One of the providers has moved to a new data system and there have been unforeseen issues extracting the data. The data is expected imminently and will be shared with the Committee in the Q2 2024/2025 report. Activity in other sexual health services includes 9,529 kits being ordered from the Online STI testing service, which is 12% fewer than the 10,876 kits ordered in the previous quarter. Elsewhere, Outreach teams continue to target underserved people in the community and are reaching a range of demographics across Kent.

6. Drug and Alcohol Services

- 6.1 The Community Drug and Alcohol Services data for Q1 2024/2025 was not yet released at the time of writing this report. The number of people accessing drug and alcohol treatment within Kent is improving overall, however work is continuing in conjunction with national Office for Health Improvement and Disparities (OHID) colleagues to improve the number of opiate users accessing treatment.

6.2 Successful completion rates (Table 1) indicate that performance is close to target in all substance groups excepting those people who use non-opiate drugs, which is consistently below target; this may be impacted by increased numbers of non-opiate users accessing treatment whilst the providers are still experiencing recruitment challenges. However, specific non-opiate pathways have recently been refined to ensure that these people have a treatment plan specifically tailored to their needs.

Table 1. Successful completion rates for the substance groups

Substance Group	Target	Q4	Q1	Q2	Q3	Q4	Benchmarking	
		22–23	23–24	23–24	23–24	23–24	National	Regional
Opiate	8%	7.9%	7.7%	7.4%	7.5%	8.4%	5.4%	6.6%
Non-opiate	48%	38.1%	39.2%	38.6%	37.9%	37.9%	32.5%	33.7%
Alcohol	40%	35.6%	36.1%	36.6%	36.8%	39.4%	35.2%	35.7%
Alcohol & Non-opiate	33%	33.7%	31.1%	30.4%	30.4%	30.4%	28.8%	29.6%

6.3 In Q1 2024/2025, the proportion of young people exiting treatment in a planned way was 83%, slightly below the 85% target. This represents 54 planned exits, 1 transfer, and 10 unplanned exits, the latter mainly due to non-engagement with treatment although these people have engaged in some interventions.

6.4 Every unplanned closure must be reviewed by a manager to ensure every available route to re-engage has been explored. This will include calls, texts, letters, and discussion with the referrer where appropriate. Of those young people who exited treatment in a planned way, 13% reported abstinence (target = 24%). It is recognised that not all young people wish to achieve abstinence (some may only require harm reduction), therefore the service also monitors health and wellbeing outcomes. This quarter, based on 61 responses, 62.3% of young people indicated an improvement in their satisfaction with life, 26.2% reported an improvement in their anxiety levels, and 55.7% reported feeling happier.

6.5 With regard to young people receiving support for substance misuse, Kent has previously tracked the national trend of declining numbers between 2018–2022. However, since January 2023 there has been a steady increase in Kent, supported by additional OHID grant funding. KCC commissioners have set an ambitious target of 400 young people per year receiving structured support. In Q1 2024/2025, the service supported 136 young people, which puts them on track to exceed the annual target. In addition to structured treatment, the service also supported 237 young people through group work this quarter.

7. Mental Health and Wellbeing Service

7.1 Entering the second year of the contract, Live Well Kent & Medway (LWKM) continues to see high demand whilst maintaining strong outcomes. In this quarter, 96% of people completing the exit survey reported improvements in their personal goals. Following the successful pilot in Thanet, Community Mental Health Framework (Community Mental Health Transformation) continues to be a developing area for the service with meet and greet events now held in Tonbridge and Maidstone.

8. Conclusion

- 8.1 Four of the 14 KPIs remain above target and were RAG-rated Green.
- 8.2 Commissioners continue to explore other forms of delivery, to ensure the current provision is fit for purpose and able to account for increasing demand levels and changing patterns of need. This will include ongoing market review and needs analysis.
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9. **Recommendation(s):** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q1 2024/2025.
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10. Background Documents

None

12. Appendices

Appendix 1: Public Health commissioned services KPIs and activity.

13. Contact Details

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