

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care and Public Health Cabinet Committee – 21 January 2026

Subject: **Performance of Public Health Commissioned Services (Quarter 2 2025/2026)**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides the Adult Social Care and Public Health Cabinet Committee with an overview of the activity and Key Performance Indicators for Public Health commissioned services.

In the latest available quarter, July to September 2025, of 14 Red-Amber-Green (RAG) rated quarterly Key Performance Indicators, **eight** were Green (met or exceeded target), **four** were Amber (below target but above the floor threshold), and **two** were Red (below the target and below the floor threshold). The two Red Key Performance Indicators are detailed below:

Number (%) of young people exiting specialist substance misuse services with a planned exit

Number (%) of clients currently active within One You Kent services being from the most deprived areas in Kent

Two Key Performance Indicators were not available at the time of writing this report. These are detailed below:

Number of people setting a quit date with smoking cessation services (cumulative)

Number (%) of clients quitting at 4 weeks, having set a quit date with smoking cessation services

There are also two Key Performance Indicators reported annually: the participation rate of Year R (4–5 year olds) pupils and the participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme. Recently released data for the academic year 2024/2025 shows that both Key Performance Indicators are RAG rated Green.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 2 (Q2) 2025/2026.

1. Introduction

- 1.1. A core function of the Adult Social Care and Public Health Cabinet Committee is to review the performance of services that fall within its remit. 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).
- 1.2. 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. Eight of the 14 quarterly KPIs remain above target and were RAG rated Green, four were below target although did achieve the floor standard (Amber), and two were below target and did not achieve the floor standard (Red). The Red (KPIs) were:
 - Number (%) of young people exiting specialist substance misuse services with a planned exit
 - Number (%) of clients currently active within One You Kent services being from the most deprived areas in Kent
- 2.2. Regarding the KPIs RAG rated Amber and Red, commissioners will continue to work with providers to improve performance.
- 2.3. Two KPIs were not available at the time of writing this report. These are detailed below:
 - Number of people setting a quit date with smoking cessation services (cumulative)
 - Number (%) of clients quitting at 4 weeks, having set a quit date with smoking cessation services

3. Health Visiting

- 3.1. In Quarter 2 2025/2026, the Health Visiting Service completed 16,994 out of 19,469 scheduled health and wellbeing reviews, achieving a completion rate of 87%. This means that 66,846 out of 76,127 (88%) were completed on a 12-month rolling basis, which meets the 86% target. The performance in the current quarter is consistent with performance in previous quarters, reflecting the continued stability and resilience of the service and highlighting the ongoing commitment to supporting families in the early years.

- 3.2. Four of the five mandated health and wellbeing reviews met or exceeded their respective targets. Antenatal contacts – delivered face-to-face, online, or by telephone, or via antenatal information letters – achieved 97%, meeting the 97% target. However, the proportion of antenatal contacts excluding antenatal information letters was 47%, below the 50% target. The antenatal contact serves as the initial touchpoint of the Healthy Child Programme, delivered through Health Visiting under the care of midwifery. The service takes a risk stratified approach, prioritising antenatal contacts for families assigned to a targeted or specialist caseload. Commissioners continue to monitor antenatal performance closely, with improvement action plans in place.
- 3.3. The Family Partnership Programme (FPP) is a targeted intervention that empowers parents and families who have experienced difficulties such as poverty, mental health issues, family problems, or domestic abuse, to lead happier, healthier lives. Service engagement remains strong, with 62% of families attending at least 80% of their scheduled contacts. While this is below the 75% target, the attendance achieved represents a positive outcome given that this cohort is traditionally considered hard to engage, and also indicates a strong level of commitment from families. In addition, some families may exit the programme early if they have achieved their goals.
- 3.4. Commissioners continue to work closely with Kent Community Health Foundation Trust (KCHFT) to improve antenatal contact performance. The Trust has successfully completed five key actions from its improvement plan, including a review of staffing levels, caseload management, and Kent-wide performance monitoring. It has also assessed the impact of recruitment and retention premiums in North Kent and West Kent and developed a proposal to centralise antenatal contacts to support delivery against the indicator.
- 3.5. Health Visiting workforce challenges are prevalent nationally. KCHFT is currently progressing a further five actions to address workforce challenges in Dartford, Gravesham, Sevenoaks, Tunbridge Wells, and Tonbridge and Malling. These efforts form part of the broader Public Health Service Transformation programme, which aims to enhance the antenatal offer and ensure equitable access and delivery across the county. The service has a strong track record of staff retention across Kent, which supports the sustainability of these improvements.

4. Adult Health Improvement

- 4.1. In Quarter 2 2025/2026, there were 6,998 NHS Health Checks delivered to the eligible population in Kent. This represents a decrease of 11% (-871) from the 7,869 checks that were delivered in the previous quarter. Due to the operational changes to the invitation process, delivery was expected to be lower in Quarter 2 than Quarter 1 whilst GPs transitioned from letter-based invitations to Short Message Service (SMS) invitations. KCC will continue to monitor delivery and the impact of SMS invitations on uptake. Previous pilot programmes have highlighted the importance of SMS message wording in influencing engagement. Should uptake not meet expectations, the SMS invitation wording will be reviewed and refined to improve effectiveness.

- 4.2. During the current quarter, a total of 23,046 first invitations were sent out, compared to 24,012 in the corresponding period of the previous year. In total, 45,944 (50%) of the eligible population have been invited to an NHS Health Check in the current year to date. Therefore, the programme is on track to invite the entire eligible population for 2025/2026. GPs continue to be supported to invite patients with mobile numbers via SMS instead of letter.
- 4.3. Following the key decision at the Adult Social Care and Public Health Cabinet Committee meeting in July 2025, the team has engaged with GPs and pharmacies – via the Local Medical Committee and Local Pharmaceutical Committee – to discuss the new model and contracting arrangements for delivering NHS Health Checks. The team is also working closely with Health Diagnostics, the digital system provider, to develop a new invitation model that prioritises inviting those at highest risk of cardiovascular disease.
- 4.4. The Stop Smoking Services data for Quarter 2 2025/2026 was not yet released at the time of writing this report. During this quarter, the service continued to support the Lung Cancer Screening Programme, which expanded in July to include Canterbury. This programme enables smoking advisors to be co-located alongside programme staff, providing prompt stop smoking interventions following a person's lung screening.
- 4.5. In addition, Everyone Health, the Outreach service provider, began planning a 12-month pilot programme within Accident and Emergency (A&E) departments, working closely with KCC commissioners. The pilot programme will place trained stop smoking advisors in A&E reception areas in three hospitals, working in partnership with Dartford, Gravesham and Swanley NHS Trust, and Maidstone and Tunbridge Wells NHS Trust. The programme is scheduled to begin delivery in Quarter 3 2025/2026.
- 4.6. In Quarter 2 2025/2026, the One You Kent (OYK) Lifestyle Service engaged with 1,769 people from Quintiles 1 & 2 (51%), which is below the 55% target and RAG rated Red. Providers are continuing to explore innovative ways to engage people in Quintiles 1 & 2, including working in partnership with primary health care settings and Family Hubs. Commissioners are also encouraging providers to consider collaborative approaches that can support innovation.
- 4.7. 59% of individuals on the weight management programme completed the programme in Quarter 1 2025/2026 (reported with a one-quarter lag). This figure is slightly below the target of 60% and therefore RAG rated Amber. Of those completing the programme, 91% achieved weight loss, and feedback continues to evidence the value of the support provided to those that complete the programme.

5. Sexual Health

- 5.1. KCC commissions several organisations to deliver statutory sexual health services, including free sexually transmitted infection (STI) testing and treatment, access to a broad range of contraception, and the provision of information and advice to support sexual health and wellbeing across Kent.

- 5.2. In Quarter 2 2025/2026, 98% of first-time patients were offered a full sexual health screen, and 63% accepted. This is below the 72% target, resulting in an Amber RAG rating. KCC has worked with providers to identify barriers to achieving this target, holding a dedicated workshop and collaborative meetings between providers. The outcome of this scrutiny is that this metric will be replaced with a revised metric from 1 April 2026, and the remainder of 2025/26 will be dedicated to the final stages of metric development.
- 5.3. During Quarter 2 2025/2026, 15,925 clinic appointments were attended, 11,501 home testing kits were ordered through the online STI testing service, and 2,815 packs of condoms were issued to under-25s through the Kent Condom Programme. In addition, 844 issuances of Emergency Oral Contraception for under-30s were processed through Community Pharmacies, and 2,095 Long Acting Reversible Contraception (LARC) procedures were reported by General Practice. This demonstrates the continued strong demand for sexual health services.
- 5.4. The Sexual Health service continues to develop its strategic approach, which will incorporate recommendations from the 2024 Kent Sexual Health Needs Assessment. Transformation of the Sexual Health services remains a key priority for the commissioning team. Short-term projects include the opening of a new sexual health clinic in Dover and the planning of a mobile sexual health clinic for west Kent.

6. Drug and Alcohol Services

- 6.1. In Quarter 2 2025/2026, the Community Drug and Alcohol Services supported 29% of people in structured treatment (1,673 of 5,774) to successfully complete treatment in the 12-month rolling period to September 2025, meeting the increased target (28%) and therefore RAG rated Green.
- 6.2. Regarding the substance groupings, the service is currently meeting the targets for successful completions among *alcohol only* users. The successful completion rate for *alcohol and non-opiate* users, *other non-opiate* users and *opiate* users are currently slightly below target. However, the substance group targets are ambitious, and were all increased for 2025/2026. In relation to each of the three pathways where Kent is missing its internal targets, both treatment progress and successful completions exceed national (England) and regional (South East) performance (Table 1).

Table 1. The successful completion rates for the substance groups

Substance Group	Target	Target	Q3	Q4	Q1	Q2	Benchmarking	
	24–25	25–26	24–25	24–25	25–26	25–26	England	Region
Opiate	8%	10%	8.5%	9.1%	9.2%	9.4%	5.8%	7.3%
Non-opiate	48%	39%	38.5%	36.0%	36.1%	37.4%	31.3%	32.2%
Alcohol	40%	39%	39.7%	40.3%	39.3%	39.2%	35.5%	36.7%
Alcohol & Non-opiate	33%	35%	32.8%	32.8%	34.0%	34.6%	28.2%	29.9%

- 6.3. In Quarter 2 2025/2026, the number of people accessing structured treatment (rolling 12-months) for the *alcohol and non-opiate*, *alcohol only*, and *non-opiate* pathways have met the respective targets. The *opiate* pathway is not meeting

the recently increased target. The number of people accessing opiate treatment continues to be an area of focus, which is addressed during contract monitoring meetings between commissioners and providers. Should the target continue not to be met, commissioners may look to implement improvement plans.

- 6.4. The services continue to conduct testing and support clients into treatment for hepatitis C. Micro-elimination of hepatitis C has now been achieved across Dover, Folkestone and Hythe and Ashford. Continued work will focus on sustaining the progress achieved to date, and undertaking an analysis of current data in order to identify the requisite level of investment and testing required to consistently achieve these outcomes across Kent.
- 6.5. In Quarter 2 2025/2026, the proportion of young people exiting treatment in a planned way was 74%, which is below the 85% target and therefore RAG rated Red. This represents 61 planned exits, 18 unplanned exits, and three transfers. There was a reduction in planned exits across both age groups this quarter, with under-18s decreasing by 3 percentage points (from 85% to 82%) and over-18s by 17 percentage points (from 81% to 64%). This is being addressed by the service, with an area for improvement focusing on closing cases in a timely way when treatment goals are complete. Commissioners will continue to monitor this and address any issues as required.
- 6.6. Every unplanned closure must be reviewed by a manager to ensure all available routes to re-engage the young person have been explored. This includes calls, texts, letters, and, where appropriate, discussion with the referrer.
- 6.7. Of those young people who exited treatment in a planned way, 16% reported abstinence. This is no longer a KPI for the service, as it is recognised that not all young people wish to achieve abstinence – some may only require harm reduction. Therefore, the service also monitors feedback from young people.
- 6.8. In Quarter 2 2025/2026, based on 59 responses:
 - 96% rated the programme as ‘good’.
 - 98% said the experience helped them learn more about drugs and alcohol.
 - 100% would recommend the service.
- 6.9. In addition to structured treatment, in the current quarter the service also supported 118 young people through group work, 32 young people through the RisKit programme – a targeted, multi-component intervention for 14–16 year olds aimed at reducing risk-taking behaviours – and 30 young people through the Re-Frame diversion programme – a pre-arrest, psycho-educational scheme offering early support to 10–17 year olds found with Class B or C drugs.

7. Mental Health and Wellbeing Service

- 7.1. In Quarter 2 2025/2026, Live Well Kent and Medway received 1,978 referrals countywide, an increase of 8% compared to the same quarter last year. The

service remained responsive to demand, with 99% of eligible referrals contacted within two working days.

- 7.2. Exit survey completion rates also improved, and over 90% of respondents reported improvements with regard to their personal goals, demonstrating strong engagement with the service. Wellbeing outcomes remained high, with 90% of people showing improved or maintained wellbeing scores using the DIALOG Scale.
- 7.3. Employment support continued to deliver strong results, with job starts and sustained employment exceeding target in several areas. The network remains responsive to increasing complexity, as a growing proportion of people are presenting to the service with high needs.

8. National Child Measurement Programme

- 8.1. In 2024/2025, the mandated National Child Measurement Programme (NCMP) participation rate for Year R (aged 4–5 years) was 95% and Year 6 (aged 10–11 years) was 94%, both exceeding the target of 92% and therefore RAG rated Green. The service provider continues to work well with schools to maximise uptake and engagement whilst ensuring they meet school need and availability.

9. Conclusion

- 9.1. Eight of the 14 KPIs remain above target and were RAG rated Green, four were below target although did achieve the floor standard (Amber), and two were below target and did not achieve the floor standard (Red). Regarding the KPIs RAG rated Amber and Red, commissioners will continue to work with providers to improve performance.
- 9.2. Commissioners continue to explore other forms of delivery, to ensure the current provision is fit for purpose and are able to account for increasing demand levels and changing patterns of need. This will include ongoing market review and needs analysis.

10. Recommendation

<p>10.1. Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to NOTE the performance of Public Health commissioned services in Quarter 2 2025/2026.</p>

10. Background Documents

- 10.1. None

11. Appendices

- 11.1. Appendix 1: Public Health commissioned services KPIs and activity.

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