From:	Diane Morton, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Adult Social Care and Public Health Cabinet Committee – 11 March 2026
Subject:	**Performance of Public Health Commissioned Services (Quarter 3 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, October to December 2025, of 14 Red-Amber-Green (RAG) related quarterly Key Performance Indicators, five were Green (met or exceeded target), and six were Amber (below target but above the floor threshold). Four Key Performance Indicators were not available at the time of writing this report. These are detailed below:

- Number of people (adults) accessing structured treatment substance misuse services (12-month rolling)
- Number (%) of people successfully completing drug and/or alcohol treatment of all those in treatment (12-month rolling)
- 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

To ensure we are focusing the attention of the committee on priority areas and driving providers to deliver continuous improvement, this Cabinet Committee paper proposes several changes to the Key Performance Indicator target changes for 2026/2027.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 3 (Q3) 2025/2026 and the proposed Key Performance Indicator target changes for 2026/2027.

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. Five of the 14 quarterly KPIs remain above target and were RAG rated Green, and six were below target although did achieve the floor standard (Amber). Regarding the KPIs RAG rated Amber, commissioners will continue to work with providers to improve performance. Four KPIs were not available at the time of writing this report. These are detailed below:

- Number of people (adults) accessing structured treatment substance misuse services (12-month rolling)
- Number (%) of people successfully completing drug and/or alcohol treatment of all those in treatment (12-month rolling)
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3. Health Visiting

3.1. In Quarter 3 2025/2026, the Health Visiting Service completed 17,105 out of 19,414 scheduled health and wellbeing reviews, achieving a completion rate of 88%. This means that 66,900 out of 76,290 (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 improving the health and wellbeing of children and their families through timely delivery of the health and wellbeing reviews.

3.2. Four of the five mandated health and wellbeing reviews, which monitor growth, development, and wellbeing at key stages of a child's development, met or exceeded their respective targets. 95% of antenatal contacts (offered after 28 weeks of pregnancy) were delivered, slightly below the 97% target. These were delivered either face-to-face, online, by telephone, or via antenatal information letters. 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 while families are still under the care of midwifery. The service takes a risk-stratified approach, prioritising face-to-face antenatal contacts for families assigned to a targeted or specialist caseload. Commissioners continue to

monitor antenatal performance closely, with the new contract including a focus on delivering an antenatal contact to all families and clear targets regarding the delivery routes.

3.3. The Family Partnership Programme (FPP) supports families facing challenges such as poverty, mental health issues, family problems, or domestic abuse, to lead happier, healthier lives. Engagement remains strong, with 67% of families attending at least 80% of scheduled contacts. While this is below the 75% target, the attendance achieved represents a positive outcome given the challenges this cohort of families are experiencing, 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. 85% of children whose families have taken part in FPP during this quarter were at or above the expected level in all five areas of development, in their 12-month health and wellbeing review.

3.4. KCC has excelled in health visiting performance compared to other local authorities (LAs) in the South East region, according to the most recent data (Quarter 2 2025/2026) from the Office for Health Improvement and Disparities (OHID). During this period, Kent performed strongly in the delivery rates for the New Birth Visit (3rd of 19 LAs), 6–8 week reviews (3rd of 19 LAs), 12-month reviews by 15 months (4th of 19 LAs), and the 2–2½ year reviews (2nd of 19 LAs). Additionally, Kent performance exceeded the average national, regional, and nearest neighbour benchmarks for all of these mandated health and wellbeing reviews reflecting the sustained commitment to early intervention and child development supported by workforce recruitment, development, and service transformation.

3.5. A new contract for the Health Visiting Service, including Specialist Infant Feeding and FPP, has been awarded to Kent Community Health NHS Foundation Trust (KCHFT), with effect from 01 January 2026. Commissioners are working with KCHFT to ensure continuity of service delivery while mobilising against the new contract specification.

4. Adult Health Improvement

4.1. In Quarter 3 2025/2026, there were 6,179 NHS Health Checks delivered to the eligible population in Kent. This represents a decrease of 12% (-819) from the 6,998 checks that were delivered in the previous quarter. In the current quarter, 20,890 first invitations were sent out, compared with 19,999 in the corresponding period of the previous year. In total, 72% (66,834) of the eligible population have been invited to an NHS Health Check in the current year to date. It is estimated that 90–100% of the eligible population will be invited in 2025/2026.

4.2. The NHS Health Check Programme has been under review as part of the KCC Public Health Transformation Programme. As part of this, KCC and the provider have discussed contractual changes due to take effect from 01 April 2026, and the reduced number of NHS Health Checks offered and delivered this quarter are due to efforts to minimise disruption during operational and staffing changes. Furthermore, uptake was expected to be lower in the current quarter

whilst GPs continued to transition from letter-based invitations to SMS text message invitations. KCC continue to monitor the delivery and the impact of SMS invitations on uptake.

4.3. Following this, and a key decision at the Adult Social Care and Public Health Cabinet Committee meeting (July 2025), KCC has continued to engage 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 from 01 April 2026. GPs and pharmacies will be able to sign up to the new contract direct with KCC from Quarter 4 2025/2026.

4.4. The Stop Smoking Service data for Quarter 3 2025/2026 was not yet released at the time of writing this report. The latest available data (Quarter 2 2025/2026) shows that the service supported 935 of 1,678 people setting a quit date to successfully quit smoking, achieving a quit rate of 56%. This compares to 738 (60%) of 1,224 people setting a quit date successfully quitting smoking in the corresponding period of the previous year. The expansion from one to three stop smoking services between Quarter 2 2024/2025 and Quarter 2 2025/2026 has broadened the range of available engagement routes, demonstrating the importance of offering varied service models that enable more Kent smokers to access support.

4.5. During Quarter 3 2025/2026, the One You Kent Smokefree Service contract was awarded following a recommissioning process, with the new provider due to start mobilisation in Quarter 4 2025/2026. Additionally, the A&E pilot programme started delivery during the current quarter. 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 stop smoking advisors attend each hospital site three days per week and provide monthly reporting to KCC in order to monitor service engagement.

4.6. In Quarter 3 2025/2026, the One You Kent (OYK) Lifestyle Service engaged with 1,579 (57%) people from Quintiles 1 & 2, exceeding the 55% target and performing above the corresponding period of the previous year (53%). The total number of referrals in the current quarter (4,820) was lower than the previous quarter, likely reflecting the seasonal reduction in activity typically observed at this point in the year.

4.7. 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 between themselves that can support innovation. The impact of weight-loss medications, and the lack of consistent wraparound behavioural support associated with much of this prescribing, remains a concern for all OYK providers.

4.8. 61% of individuals on the weight management programme completed the programme in Quarter 2 2025/2026 (reported with a one-quarter lag), exceeding the 60% target. Of those completing the programme (i.e., attending at least 75%

[8 of 12] of all active sessions), 88% achieved weight loss. Additionally, the service user feedback continues to evidence the value that those participating in the programme place on the improvements they feel to their overall health as a result of the lifestyle changes that the programme supports them to make.

5. Sexual Health

5.1. In Quarter 3 2025/2026, 97% of first-time patients were offered a full sexual health screen, and 65% received one. This is below the 72% target, resulting in an Amber RAG rating. A revised specification for these services will come into effect on 01 April 2026 and will include an updated KPI for 2026/27, which will more meaningfully reflect the aspirations of the service. Details of the replacement indicator can be found in Table 1.

5.2. During the current quarter, 16,065 clinic appointments were attended, 10,106 home testing kits were ordered through the online STI testing Service, and 4,779 packs of condoms were issued to under-25s through the Kent Condom Programme. In addition, 66 people completed a course of psychosexual therapy, of whom 100% were identified as having an improvement in their presenting problem, and 1,944 Long Acting Reversible Contraception (LARC) procedures were reported by GPs. This demonstrates the strong and sustained level of demand that providers continue to meet.

5.3. The Sexual Health Service continues to develop its strategic approach, which incorporates recommendations from the 2024 Kent Sexual Health Needs Assessment, including a renewed focus on underserved groups. Transformation of the Sexual Health Services remains a key priority for the commissioning team with new contracts commencing from Quarter 1 2026/2027. Final preparations were made for the imminent opening of a new sexual health clinic in Dover Discovery Centre alongside the procurement of a new mobile sexual health clinic, enabling the service to continue to improve access for communities across Kent.

6. Drug and Alcohol Services

6.1. The Adult Community Drug and Alcohol Services data for Quarter 3 2025/2026 had not been released at the time of reporting. The service delivered a range of events in September as part of Recovery Month, to both celebrate and support the growing recovery community in Kent. Additionally, significant progress was made this quarter to embed substance misuse support in hospital sites throughout the county, strengthening pathways between acute settings and community treatment services. The service is also in the process of opening a new physical space in Canterbury, which will have a particular focus on engaging and supporting the local rough sleeping community. Kent is also now benefiting from a second community day rehabilitation programme, which builds on the positive outcomes that continue to be achieved through the established programme in Dover

6.2. In Quarter 3 2025/2026, 81% of young people exited treatment in a planned way, which is below the 85% target. This represents 70 planned exits, 14 unplanned exits, and 2 transfers.

6.3. There was an improvement in the proportion of planned exits across both cohorts this quarter, with under-18s increasing by 9 percentage points (from 82% to 91%) and over-18s by 6 percentage points (from 64% to 70%). The improved performance this quarter reflects the targeted work undertaken by the service to strengthen planned exit processes. Of note, planned exits can be strongly influenced by the suitability of referrals and the level of engagement young people are able to sustain. In some cases, initial engagement may be prompted by external expectations (e.g., school), but this does not always translate into long-term meaningful engagement, resulting in unplanned exits.

6.4. The over-18 cohort is being actively addressed by the service, with a specific focus on closing cases in a timely way once treatment goals are complete. The recruitment of an additional worker for the over-18 cohort will support sustained improvement and provide additional capacity to strengthen the outcomes for the cohort.

6.5. Every unplanned closure must be reviewed by a manager to ensure all available routes to re-engage the young person have been fully explored. This includes contact attempts via calls, texts, letters, and, where appropriate, discussion with the referrer. In Quarter 3 2025/2026, 7 representations from the under-18 cohort followed either a self-referral or referral on their behalf, demonstrating the willingness of young people to re-engage with the service when further support is needed.

6.6. Of those young people who exited treatment in a planned way, 20% reported abstinence. This is no longer a KPI for the service, as it is recognised that not all young people wish to achieve abstinence, but there is still value in providing them with harm reduction. Therefore, the service also monitors feedback from young people.

6.7. In Quarter 3 2025/2026, based on 8 responses:

- 100% rated the programme as ‘good’.
- 100% said the experience helped them learn more about drugs and alcohol.
- 100% would recommend the service.

6.8. In addition to structured treatment, in the current quarter the service also supported 455 young people through group work.

7. Mental Health and Wellbeing Service

7.1. In Quarter 3 2025/2026, Live Well Kent and Medway received 1,949 referrals countywide, an increase of 20% (+328) compared to the corresponding period of the previous year. The service remained responsive to demand, with 99.6% of eligible referrals contacted within two working days. Exit survey completion rates remained high, and 95% of respondents reported improvements with regard to their personal goals, demonstrating strong engagement with the service. Wellbeing outcomes remained high, with 88% of people showing improved or maintained wellbeing scores using the DIALOG Scale.

8. Conclusion

8.1. Five of the 14 KPIs remain above target and were RAG rated Green, and six were below target although did achieve the floor standard (Amber). Regarding the KPIs RAG rated Amber, commissioners will continue to work with providers to improve performance.

8.2. 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.

9. Proposed KPI Changes (2026/2027)

9.1. Directorates are expected to review their KPIs and activity measures annually. This is to ensure we are focusing the attention of the committee on priority areas and driving providers to deliver continuous improvement. Table 1, below, outlines the proposed changes for Public Health commissioned services. It should be noted that the data for the indicators that are proposed to be removed will continue to be held and monitored as part of ongoing contract management.

9.2. All other KPIs and their targets are to remain the same. Performance Indicator Definition forms (PIDs) are available on request.

9.3. Table 1. Proposed KPI changes for 2026/2027

Key Performance Indicator	**Proposed Change**	**Reason**
PH30: No. (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service or an antenatal information letter.	Indicator to be removed	This indicator has performed consistently well over time and is no longer a priority for cabinet-level reporting.
PH14: No. (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service	Indicator to be removed	This indicator will be removed and replaced with PH32 and PH33, reflecting the different ways in which the antenatal contact will be delivered to **universal** and **targeted** cohorts. This change allows clearer focus and greater oversight of delivery to each cohort and ensures antenatal contacts are delivered by the most appropriate method for need. This aligns with key changes in the new

		Health Visiting contract to encourage improved take-up and targeted engagement.
PH32: No. (%) of pregnant women (targeted cohort) receiving an antenatal health and wellbeing review (face-to-face) by the health visiting service	New Health Visiting indicator Target: 85%	This indicator has been introduced to reflect the prioritisation of **targeted cohorts** for a **face-to-face** antenatal health and wellbeing review. It captures delivery to first-time parents, families with additional needs, and those requiring safeguarding support, where face-to-face contact provides greater opportunity to identify and respond to emerging needs.
PH33: No. (%) of pregnant women (universal cohort) receiving an antenatal health and wellbeing review (face-to-face, online, telephone) by the health visiting service	New Health Visiting indicator Target: 75%	This indicator has been introduced to support monitoring of antenatal contacts delivered to the **universal cohort**, ensuring appropriate and proportionate contact through **face-to-face, online, or telephone routes.** It aligns with the revised service model and enables oversight of uptake within the universal offer.
PH15: No. (%) of new birth visits delivered by the health visitor service within 10–14 days of birth	Target decreased from 95% to 94%	This indicator has historically been Amber due to an ambitious target. Performance has consistently exceeded the national, regional, and nearest-neighbour benchmarks, however the previous target is difficult to achieve for reasons including neonatal complications or babies remaining in hospital, families moving out of area, family unavailability. The

		reduced target provides a more realistic and deliverable threshold, while maintaining high standards of practice.
PH31: Proportion (%) of families who attended at least 80% of Family Partnership Programme (FPP) contacts	Indicator to be removed	This indicator will be removed and replaced with PH34.
PH34: No. of active families on the Family Partnership Programme (FPP) caseload	New Health Visiting indicator Target: 287	This indicator has been introduced to monitor activity through the Family Partnership Programme and aligns with the new service contract.
PH35: No. (%) of Family Partnership Programme (FPP) families who met their own identified goal	New Health Visiting indicator Target: 80%	This indicator has been introduced to increase the focus on outcomes achieved through the Family Partnership Programme and provide clearer insight into the impact of the support for individual families.
PH13: No. (%) of young people exiting specialist substance misuse services with a planned exit	Indicator to be removed	This indicator will be removed and replaced with PH36 and PH37. This recognises that the under-18 and over-18 cohorts have distinct needs. For instance, the under-18 cohort often have a more extensive support network in the form of parents/schools etc. and may be using substances in a different way to the over-18 cohort. The current collective target does not accurately reflect the different complexities of working with each cohort.
PH36: No. (%) of young people (**under-18**) exiting specialist substance misuse services with a planned exit	New Young People Substance Misuse indicator Target: 85%	

PH37: No. (%) of young people (**Over-18**) exiting specialist substance misuse services with a planned exit	New Young People Substance Misuse indicator Target: 70%	
PH06: No. of adults accessing structured treatment substance misuse services (12-month rolling)	Target change to be guided by OHID Target: TBC	A key aim of the *From Harm to Hope* drug strategy is to increase the number of people accessing drug and/or alcohol treatment. The introduction of this new target will support delivery of the strategy by encouraging greater engagement with treatment services
PH26: No. of people setting a quit date with smoking cessation services (cumulative)	Target increased from 7,599 to 11,639	As part of the *Stopping the Start* initiative, KCC has been given a grant to support more people in Kent to quit smoking. The annual target has been increased to meet the requirements for the grant (Year 3)
PH25: No. (%) of clients currently active within One You Kent services being from the most deprived areas in Kent	Indicator to be removed	This indicator will be removed and replaced with PH38.
PH38: No. (%) of people **signing up** to One You Kent services being from the most deprived areas in Kent	New One You Kent indicator Target: 55%	This indicator has been introduced to provide a quarter-specific overview of sign-ups from the most deprived areas, offering a more accurate and timely reflection of equity of access. This indicator aligns with similar measures used in other lifestyle services (e.g., Live Well Kent and Medway), enabling improved benchmarking across programmes.
PH27: No. (%) of clients that complete the Weight Loss Programme	Indicator to be removed	This indicator will be removed and replaced with PH39.
PH39: No. (%) of	New One You Kent	This indicator has been

Completers that have lost weight at the end of the Weight Loss Programme within the quarter	indicator Target: 75%	introduced to provide a clearer measure of both activity and service quality by focusing on meaningful outcomes, aligning with national guidance for Tier 2 weight-management, which emphasises measuring weight-loss outcomes rather than attendance alone.
PH28: No. (%) of all new first-time patients receiving a full sexual health screen (excluding online referrals)	Indicator to be removed	This indicator will be removed and replaced with PH40. Extensive investigation in conjunction with the providers has found that the current indicator is not fit for purpose.
PH40: No. (%) of all eligible patients (at any clinic, excluding online referrals) receiving an appropriate STI screen	New Sexual Health indicator Target: 80%	This indicator has been introduced to better reflect current clinical standards for sexual health screening. It focuses on patients that are *eligible* for testing under British Association for Sexual Health and HIV (BASHH) criteria for appropriate STI testing. This ensures that screening is based on individual risk rather than the historic blanket four-test (T4 – chlamydia, gonorrhoea, HIV, and syphilis) approach. This provides a more accurate measure of clinical quality and the appropriateness of care delivered.
PH41: No. (%) of people improving/maintaining in the DIALOG scale score	New Live Well Kent and Medway indicator Target: 89%	This indicator has been introduced to provide a clearer, outcome-based assessment of the service's impact. DIALOG is a widely used NHS patient-reported

		outcome measure for mental health, routinely applied in NHS community mental health services to assess quality of life and treatment experience.

10. Recommendation

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 3 2025/2026 and the proposed KPI target changes for 2026/2027.

10. Background Documents

10.1. None

11. Appendices

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

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