

**From:** Jamie Henderson, Cabinet Member for Environment,  
Coastal Regeneration and Public Health  
  
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**To:** Adult Social Care and Public Health Cabinet  
Committee – 08 July 2026

**Subject:** **Performance of Public Health Commissioned  
Services (Quarter 4 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, January to March 2026, of 14 Red-Amber-Green (RAG) related quarterly Key Performance Indicators, four were Green (met or exceeded target), six were Amber (below target but above the floor threshold), and one was Red (below the target and below the floor threshold). This is detailed below:

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

Three Key Performance Indicators were not available at the time of writing this report. This is detailed below:

- Number (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service or an antenatal information letter
- Number (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service
- Percentage of families who attend at least 80% of Family Partnership Programme (FPP) contacts

**Recommendation(s):** The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 4 (Q4) 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. Four of the 14 quarterly KPIs remain above target and were RAG rated Green, six were below target although did achieve the floor standard (Amber) and one was 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. The Red KPI is detailed below:

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

Three KPIs were not available at the time of writing this report. These are detailed below:

- Number (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service or an antenatal information letter
- Number (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service
- Percentage of families who attend at least 80% of Family Partnership Programme (FPP) contacts

## **3. Health Visiting**

- 3.1. Kent Community Health NHS Foundation Trust (KCHFT) were awarded a new contract for the Health Visiting Service, Specialist Infant Feeding Service, and Family Partnership Programme with effect from 01 January 2026. The service is continuing to mobilise against the new contract requirements.
- 3.2. The Health Visiting Service delivers the statutory requirements of the Healthy Child Programme on behalf of KCC, including the five mandated health and development reviews which take place at key developmental stages in a child's life: antenatal (after 28 weeks of pregnancy); new birth; 6–8 weeks; 9–12 months; and 2–2½ years.
- 3.3. In Quarter 4 2025/2026, the Health Visiting Service completed 16,995 mandated health and development reviews. This means that 67,620 out of 75,827 (89%) were completed on a 12-month rolling basis, which exceeds 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 development reviews.

- 3.4. The new contract introduces a range of updated KPIs, including measures for the antenatal health and development reviews and the Family Partnership Programme. However, due to system changes associated with contract mobilisation, data for antenatal-related and Family Partnership Programme KPIs (see Section 2.1) were not available at the time of writing this report and have not therefore been included.
- 3.5. The proportion of new birth visits delivered within 10–14 days at 93.4%, was slightly below the 95% target. Importantly, performance remains considerably above national, regional, and nearest neighbour benchmarks in the latest available data (Quarter 2 2025/2026) from the Office for Health Improvement and Disparities (OHID). Delivery within the 10–14 day timeframe can be influenced by cases where families remain under the care of maternity services for longer than 14 days after birth, including where babies require neonatal care. Despite this, 98.5% of new birth visits were delivered within 30 days of birth, demonstrating that the vast majority of families receive timely reviews.

#### **4. Adult Health Improvement**

- 4.1. In Quarter 4 2025/2026, there were 5,831 NHS Health Checks delivered to the eligible population in Kent. This represents a decrease of 6% (348) from the 6,179 checks delivered in the previous quarter, meaning that 26,877 NHS Health Checks were delivered in 2025/2026, which is below the target (31,000).
- 4.2. In the current quarter, 18,652 first invitations were sent out, compared with 25,719 in the corresponding period of the previous year. Overall, 85,486 people – 92% of the eligible population – were invited to an NHS Health Check in 2025/2026.
- 4.3. Service delivery during the current quarter was impacted by reduced staffing capacity in the previous supplier and the ending of delivery on behalf of GP practices. GP practices are required to transition to KCC direct contracts from April 2026 and performance of invites is expected to pick up once new arrangements embed.
- 4.4. NHS Health Check uptake continues to be affected by the switch from letter-based invitations to SMS text-message invitations. The decision to change the invitation route was made to better align the service with other GP service invitation routes, and deliver a more cost-effective and environmentally friendly model. KCC continues to monitor delivery and the impact of SMS invitations on uptake, and is planning a communications campaign to improve awareness of the invitation route.
- 4.5. In Quarter 4 2025/2026, the Stop Smoking Service supported 983 of 1,801 people setting a quit date to successfully quit smoking, achieving a quit rate of

54.6% (Amber). This compares to 955 of 1,659 (58%) people setting a quit date successfully quitting smoking in the previous quarter. The change was predominantly driven by performance within the core (KCHFT) element of the contract, which reduced from 743 of 1,246 (60%) people setting a quit date successfully quitting smoking in Quarter 3 2025/2026 to 594 of 1,187 (50%) in Quarter 4 2025/2026. This reflects the previous provider (KCHFT) managing their service delivery to prepare for transition and exit to the new provider, ABL Health Limited, from 01 April 2026. It is anticipated that performance will improve over the next two quarters as the service becomes fully embedded.

- 4.6. The additional stop smoking service in Kent, delivered by Allen Carr Easyway continues to provide an expanded range of options for those wishing to quit smoking, including seminar-based behavioural support, complementing existing provision.
- 4.7. Mobilisation of the One You Kent Smoke Free Service commenced in January 2026 with service delivery beginning from Quarter 1 2026/2027. The existing provider for the initial A&E pilot programme will continue to provide this service until the end of June 2026 in order to enable ABL Health Limited to focus on fully embedding the core service. It is planned for the new provider to take on the A&E smoking work alongside further service additions during 2026/2027.
- 4.8. In Quarter 4 2025/2026, the One You Kent (OYK) Lifestyle Service engaged with 1,043 (45%) people from Quintiles 1 & 2, below the 55% target and performing below the corresponding period of the previous year (52%). Lower referral numbers, particularly in East Kent, were anticipated for the current quarter reflecting the management of the transition between providers as a result of the re-procurement of the One You Kent Service. Providers are continuing to explore innovative ways to engage people in Quintiles 1 and 2, including working in partnership with primary health care settings and Family Hubs.
- 4.9. 58% of individuals on the weight management programme completed the programme in Quarter 3 2025/2026 (reported with a one-quarter lag), below the 60% target. Of those completing the programme (i.e., attending at least 75% [8 of 12] of all active sessions), 92% achieved weight loss.

## **5. Sexual Health**

- 5.1. In Quarter 4 2025/2026, 15,808 face-to-face and virtual sexual health appointments were attended, an increase of 5% (+769) compared to the corresponding period of the previous year, demonstrating sustained demand for services. Furthermore, clinic Did Not Attend (DNA) rates remain low at 9.6%, consistent with the lower range of quarterly rates recorded since 2021/2022 and further demonstrating sustained demand and consistent engagement with the service. Of the 6,219 first-time patients attending clinics, 63% accepted a full sexually transmitted infection (STI) screen. This remains below the 72% target, resulting in an Amber RAG rating for this indicator. Performance continues to be influenced by patient choice, with some people opting for targeted testing rather than a full STI screen. A revised service specification, effective from 01 April

2026, includes an updated screening uptake indicator, which will provide a more appropriate measure of performance in future reporting periods.

- 5.2. In the current quarter, 10,373 home testing kits were ordered through the online STI testing service, and 2,812 Long-Acting Reversible Contraception (LARC) procedures were reported within General Practice. In addition, 99 people completed a course of psychosexual therapy, of whom 100% were identified as having an improvement in their presenting problem. This demonstrates the strong and sustained level of demand that providers continue to meet.
- 5.3. During the quarter, the new Dover Discovery Centre sexual health clinic opened, expanding access for the local population. Work is also underway within the West Kent service to secure a mobile sexual health clinic to support access for underserved communities.

## **6. Drug and Alcohol Services**

- 6.1. In Quarter 4 2025/2026, Adult Community Drug and Alcohol Services data shows that 27% of people (1,642 of 6,015) successfully completed treatment in the 12-month rolling period to March 2026, slightly below the 28% target. This compares to 1,690 of 5,853 (29%) people successfully completing treatment in the previous quarter. Notably, the performance remains above the national (22%) and regional (24%) benchmarks.
- 6.2. Whilst the number of people successfully completing treatment has remained relatively consistent, the number of people supported by the service has increased by 8.5% (+472) from 5,543 in the corresponding period of the previous year. As a result, the reduction in planned exits (%) compared to recent quarters is primarily attributable to an increase in the number of people accessing the service across all substance groups, with the exception of opiates.
- 6.3. In the current quarter, the number of people accessing structured treatment across all substance groups has met target, with the exception of the opiate pathway. The decrease in opiate users presenting for structured treatment reflects the national trend, and the Office for Health Improvement and Disparity (OHID) have agreed to lower the target for the next financial year.
- 6.4. The service continues to have a focus on providing bespoke interventions for those clients who have experienced domestic abuse. Two specialist embedded domestic abuse workers have recently been added to the service and will ensure staff are upskilled to work with these clients and are supported to make referrals to domestic abuse services.
- 6.5. In Quarter 4 2025/2026, 87% of young people exited treatment in a planned way, exceeding the 85% target. This represents 61 planned exits, 7 unplanned exits, and 2 transfers.
- 6.6. In the current financial year, the service supported 444 young people in structured treatment – 253 aged under 18 and 191 aged 18 and over – exceeding the respective targets. During this period, 60 young people provided

feedback on the structured treatment programme, with 97% rating the programme as 'good' (target = 90%). Additionally, during Quarter 4 2025/2026, the service supported 659 young people through group early intervention. Of these, 64 provided feedback, with 92% rating the programme as 'good' (target = 90%).

- 6.7. All unplanned closures are reviewed by a manager to ensure that all reasonable attempts have been made to re-engage the young person. This includes contact via phone calls, text messages, letters, and, where appropriate, liaison with the referrer. In Quarter 4 2025/2026, there were three re-presentations (two aged under 18 and one aged 18 and over), arising from a parent referral, a youth justice referral, and a self-referral transferred from Change Grow Live (CGL).
- 6.8. In the current quarter, the proportion of planned exits overall improved; however, performance varied by cohort, with those aged under 18 decreasing by 9 percentage points (from 91% to 82%) and those aged 18 and over increasing by 20 percentage points (from 70% to 90%). The improvement in the older cohort reflects additional staffing and an increased focus on assessment, waiting times, and timely case closure. Performance continues to be influenced by referral suitability and young people's ability to sustain engagement, with externally driven referrals sometimes leading to unplanned exits. Of those young people exiting in a planned way, 25% reported abstinence; while no longer a KPI, this remains relevant alongside the service's focus on harm reduction and ongoing monitoring of young people's feedback.

## **7. Mental Health and Wellbeing Service**

- 7.1. In Quarter 4 2025/2026, Live Well Kent and Medway received 2,191 referrals countywide, an increase of 12% (+242) 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 97% of respondents reported improvements with regard to their personal goals, demonstrating strong engagement with the service. Wellbeing outcomes remained high, with 87% of people showing improved or maintained wellbeing scores using the DIALOG Scale.

## **8. Conclusion**

- 8.1. Four of the 14 KPIs remain above target and were RAG rated Green, six were below target although did achieve the floor standard (Amber), and one was below target and did not achieve the floor threshold (Red).
- 8.2. Regarding the KPIs RAG rated Amber and Red, commissioners will continue to work with providers to improve performance. It is important to note that a key driver of the recent decline in performance is linked to the changes resulting from re-procurement activity. A temporary drop in performance is typical during periods of mobilisation and change, and it is anticipated that performance, outcomes and value for money will improve as new providers embed and fully establish service delivery.

## **9. Recommendation**

9.1. **Recommendation(s):** The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 4 2025/2026.

## 10. Background Documents

10.1. None

## 11. Appendices

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

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