

From: Graham Gibbens, Cabinet Member Adult Social Care and Public Health  
Meradin Peachey Director of Public Health

To: Social Care & Public Health Cabinet Committee - 12<sup>th</sup> June 2013

Subject: **Health Improvement Performance Report**

Classification: Unrestricted

Electoral Division: Countywide

**Summary:**

This report updates the Cabinet Committee on performance of the health improvement programmes that are mandated to local authorities under the newly implemented public health reforms, including those specifically prioritised within the NHS Operating Framework – Health Checks and stop smoking services.

**Recommendations:**

The Cabinet Committee is asked to note and comment on the report.

**1. Introduction**

- 1.1 From 1<sup>st</sup> April this year responsibility for major public health programmes designed to improve the health of the population passed to local authorities. KCC is now responsible for the delivery and performance of those programmes.
- 1.2 This report shows the performance on the mandated services that KCC has to provide for the final quarter of year ending March 2013.
- 1.3 The report adopts a dashboard style with individual targets rated as Red, Amber or Green (RAG).

**2. Exception Reports**

2.1 Smoking Cessation

2.1.1 Delivery of smoking cessation targets has been mixed. In the East of the County 94% of the annual target has, so far, been reached however this is mitigated by an achievement of 76% of the target in West Kent. Overall the target for Kent has been underachieved by 14%. The final submission of figures is not required until mid-June; a verbal update will be provided.

2.1.2 Work with the provider of the service, Kent Community Health NHS Trust (KCHT), continues to improve the performance in West Kent including public campaigns and developing the referral rate from clinical staff. Increasing

numbers of community pharmacies should also impact positively as the work we've have done with GPs and the Local Medical Committee in the West of the county.

2.1.3 Of growing concern, from a service delivery point of view, is the increasing popularity of e-cigarettes which are currently not classed as an aid which can be taken into account when determining smoking quits. Currently, we await the National Institute for Health and Care Excellence (NICE) to provide formal national guidance on this.

## 2.2 Health Checks

2.2.1 Health Checks is a five year rolling programme with the expectation that 20% of the total cohort eligible for a health check will have been offered a health check annually. Thus it will take five years for us to reach the 100% mark

2.2.2 The target that was set for the service with the SHA was challenging for 2012/13 with quarterly projections highest in the first two quarters of the new financial year (these are based on evidence of uptake in longer running programmes). The east of the county very nearly achieved targets for both the number of invitations and the number of health checks received target. In the West of the county work continues to increase the number of GP practices involved. Again, work with the Local Medical Committee has been beneficial in gaining GPs involvement in the West.

2.2.4 As agreed at previous Cabinet Committee, KCHT is now the main provider of NHS Health Checks across the county, with contracts in place with GPs and other providers where necessary.

## 2.3 Breast Feeding

2.3.1 Performance against target for breast feeding initiation has deteriorated in the final quarter of the year. This is likely to be linked in part to issues around the collection of the data in primary care which are being investigated.

2.3.2 Commissioning proposals are being drawn up to increase investment in breastfeeding support services and a Business Case has been drafted in preparation procure further services service.

2.3.3 Public Health Specialists are prioritising these programmes with district councils. Swale, in particular, is an outlier and focussed work is being undertaken in the community in Sheppey and with Swale CCG and Swale Borough Council.

## 3. Conclusions

3.1 Performance in delivering smoking quits and therefore the contribution to reducing smoking prevalence remains a concern which Public Health will be monitoring closely with our provider. NHS Health is in a much better position, particularly in the West, and we expect delivery of this year's target to be achieved. Rates of breast feeding initiation will remain as a priority until we can demonstrate improvement in ascertainment coverage and more importantly, uptake.

3.2 Now that Public Health have formally moved to the Kent County Council, we will be ensuring performance management of the Public Health programmes is integrated with wider KCC performance management and will bring to next Cabinet Committee and more inclusive performance report.

#### 4. Recommendation(s)

**Recommendation(s):**

The Cabinet Committee is asked to note and comment on the report.

#### 5. Contact details

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Background documents: *none*

## Public Health Performance Report Dashboard

Programme	Target	Achieved	RAG
<b>1 Smoking Quits</b>			
Nos of people successfully quitting: Annual Target			
Nos of people successfully quitting: Progress against Q4 Target	9,251	7,908	R
<i>Service delivered by Kent Community Healthcare NHS Trust, target agreed with Public Health and relates to people who have set a quit date and successfully quit at the four week follow up</i>			
Q4 2012/2013 to date			
<i>Service runs across the financial year, data runs 10 weeks in arrears</i>			
<b>2 Health Checks</b>			
Number of Invites for Health Checks	91,241	67,992	R
Number of Health Checks completed		29,845	A
<i>Service delivered by numerous providers, with GP practices being the fundamental building block of the programme. The programme is a five year rolling programme for 40 to 74 year old people who are invited for a vascular health check once every five years, except if they are already on a vascular disease register</i>			
Q4 Submission			
<i>Service runs across the financial year, data runs six weeks in arrears</i>			
<b>3 Sexual Health</b>			
GUM Access	95%	98%	G
Chlamydia Screening Uptake rate	35%	26%	R
Chlamydia Screening Positivity	7%	7%	G
<i>Access to Genito-Urinary Medicine is an important element in reducing the rise in the incidence and prevalence of sexually transmitted disease; the target is 95% of patients offered an appointment to be seen within 48 hours. Chlamydia screening is an opportunistic screening programme targeting sexually active people aged between 15 and 24 years. Emphasis of the programme has been on Uptake rate with a national target of 35% of the eligible population. Emphasis in future years is to be based on positivity ensuring individuals at risk are screened.</i>			
progress for Q4 2012/2013			
<i>Service runs across the financial year, data runs 8 weeks in arrears.</i>			
<b>4 National Childhood Measurement Programme</b>			
Measurement Reception Year	85%	94%	G
Measurement Year 6	85%	95%	G
<i>The National Child Measurement Programme (NCMP) is an annual programme to measure the height and weight of all children in Reception and Year 6. The aim of the programme is to provide the national statistics on obesity within the two cohorts with a target of measuring at least 85% of eligible children, and to provide direct feedback to parents on their children's healthy weight.</i>			
2011 to 2012 outturn			
<i>The service runs over the academic year, with the service uploading to a national data repository</i>			
<b>5 Healthy Schools*</b>			
Achievement of Healthy School Status	98%	97%	A
Engagement in the enhancement model	40%	56%	G
<i>Healthy Schools* is undergoing review with the service currently to look at a future model of delivery which supports reduction in teenage conceptions, reduces young people's smoking and substance misuse prevalence, reduction of unhealthy weight together with emotional health and wellbeing</i>			
to Q4 2013/2013			
<i>This service runs over the academic year.</i>			
<b>6 Breast Feeding Initiation</b>			
Coverage rates (the percentage of ascertainment of breast feeding status)	95%	96%	G
6-8 week breastfeeding rates (prevalence)	46%	40%	R
<i>Breastfeeding newborn babies is evidenced to improve long term outcomes, for both mother and baby; this target measures both the ascertainment of breastfeeding status and the prevalence of initiation and maintenance of breastfeeding for 6-8 weeks. The 6-8 week target is relatively new and has required detailed work with midwives, health visitors and GP practices to ensure robust reporting</i>			
Q4 2012/2013			
<i>The service runs over the financial year, data runs two months in arrears</i>			
<b>7 Health Trainers</b>			
Number of new contacts	2,500	4,492	G
<i>The Health Trainers Programme is commissioned to help people in our most deprived communities to develop healthier behaviour and lifestyles. HT's offer practical support to change individual's behaviour to achieve their own choices and goals. This involves encouraging people to: stop smoking, participate in increased physical activity eat more healthily, drink sensibly and/or practice safe sex. The service not only seeks new clients, but ensures existing clients have personalised written care plans and, where appropriate, are signposted to other services.</i>			
to Q4 2012/2013			
<i>Service runs across the financial year, data runs 6 weeks in arrears</i>			