

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

To: Social Care and Public Health Cabinet Committee

Date: 4th October 2013

Subject: Public Health Performance

Classification: Unrestricted

Summary: This report provides an overview of key performance indicators for Kent Public Health. It is for Information purposes following the transition of Public Health functions and responsibilities from Primary Care Trusts to Kent County Council. Performance is currently varied across the 4 prescribed/non prescribed data returns and 2 additional local performance indicators. A number of these services are being reviewed this year to ensure effectiveness and value for money.

Recommendation: The Social Care and Public Health Cabinet Committee is asked to note this report.

1. Introduction

- 1.1 This report provides an overview of the key performance indicators for Kent Public Health; the report includes indicators on the new prescribed and non-prescribed data returns from Councils, Local key performance indicators and an indication of how these fit to the Public Health Outcomes Framework (PHOF)
- 1.2 From April 2013 Kent County Council became responsible for the provision of data returns for three prescribed public health functions and one non-prescribed function these were NHS Public Health Check Programme (prescribed) National Child Measurement Programme (prescribed) Community Contraceptive Services (prescribed) and Stop Smoking services (non-prescribed).
- 1.3 As part of the 100 day plan, a dashboard encompassing the multiple National and Local performance indicators has been developed. This includes the Public Health Outcomes Framework, Prescribed and non-prescribed services, and Kent Public Health Commissioned Services.
- 1.4 Each field within Kent Public Health is completing a detailed performance framework on the Commissioned Services, trialled initially by Sexual Health, which consolidates qualitative information surrounding the Specialist and Consultant knowledge, National Initiatives, the Business Plan and planned projects. These documents are live documents which will continually be updated and added to as developments in the field occur.

2. Bold Steps for Kent and Policy Framework

2.1 The work of the Public Health Division contributes to the Bold Steps for Kent as stated in the Business Plan:

- We will help **the Kent economy grow** by directing our revenue resources towards helping businesses in difficult times, procuring more of our goods and services from within the county wherever possible, encouraging growth and diversification of the market by supporting voluntary sector and encouraging social enterprise.
- We will look **to put the citizen in control** through the increasing localisation of services so that local communities can decide their priorities within the resource available. We will work through local arrangements, Joint Commissioning Groups and Health & Wellbeing Boards to ensure we are engaged with local agendas and understand and address local priorities
- We will help **to tackle disadvantage** by making the best use of resources available to target populations with poorer health outcomes – particularly for those in areas of deprivation or for vulnerable individuals who find it more difficult to access services. We will deliver **Kent’s Health Inequalities** action plan and support districts and other partners to develop their own action plan addressing their geographical area or specific key functions – such as housing.

3 Performance Indicators

3.1 Summary of Key Performance Indicators

Indicator Description	Previous Status	Current Status	Direction of Travel
Prescribed and non-prescribed Data Returns			
NHS Health Checks - Proportion of target offers received a Health Check	Amber (Q4 2/13)	Red (Q1 13/14)	↓(Red)
National Child Measurement Programme - Participation Reception year (Annual)	Green (2010/11)	Green (2011/12)	↓(Red)
National Child Measurement Programme - Participation Year 6 (Annual)	Green (2010/11)	Green (2011/12)	↑(Green)
Community Sexual Health Services – Proportion of clients accessing GUM offered an appointment to be seen within 48 hours	Green (Q4 2/13)	Green (Q1 13/14)	↔ (Amber)
Community Sexual Health Services – Chlamydia positivity rate per 100,000	Red (Q3 2/13)	Red (Q4 2/13)	↔ (Amber)
Stop Smoking Services – Number of people successfully quitting having set a quit date	Red (Q4 12/13)	Red (Q1 13/14)	↓(Red)
Local Indicators			
Infant Feeding –Proportion women breast feeding at 6-8 weeks	Amber (Q3 13/14)	Red (Q4 13/14)	↓(Red)
Health Trainers – Proportion of new clients against target	Green (Q4 12/13)	Amber (Q1 13/14)	↓(Red)

Key to KPI Ratings used:

GREEN	Target has been achieved or exceeded the current National Performance
AMBER	Performance at acceptable level or no difference to the National Performance
RED	Performance is below a pre-defined Floor Standard * or is below National Performance
↑	Performance has improved relative to targets set or is moving in the right direction
↓	Performance has worsened relative to targets set or is moving in the wrong direction
↔	Performance has remained the same relative to targets set or previous performance

* Floor Standards are to be set during 2013/14 following the formation of the new Kent Public Health team in April 2013.

Data quality note: Data included in this report is provisional and subject to later change. This data is categorised as management information.

4. Conclusions

4.1 Performance is variable across the Public Health Services as identified in the prescribed, non-prescribed, and local indicators. Where performance concerns have arisen, actions are in place to review reporting mechanisms (especially following the transition from PCT to KCC) service delivery and target distribution.

5. Recommendation

Recommendation: The Social Care and Public Health Cabinet Committee is asked to note the performance report

6. Background Documents - none

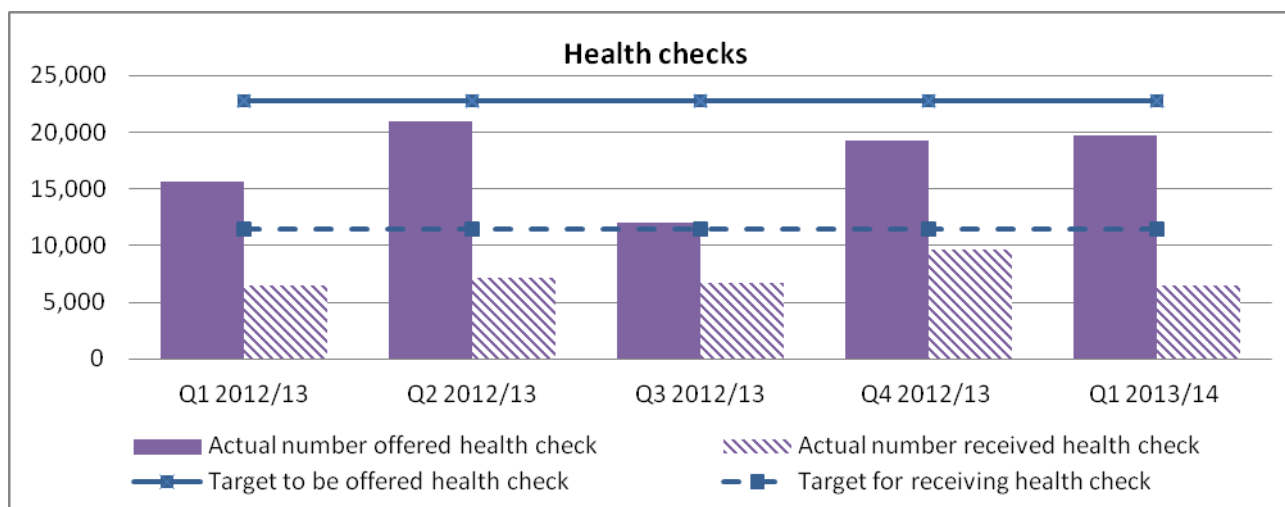
7. Contact details

Report Author

- Karen Sharp: Head of Public Health Commissioning
- 0300 333 6497
- Karen.sharp@kent.gov.uk

Relevant Director:

- Meradin Peachey
- 0300 333 5214
- Meradin.peachey@kent.gov.uk



Trend Data – by quarter	2012/13					2013/14	
	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Full 2012/13	Q1 (Apr - Jun)	Full 2013/14
Target Offers	22,810	22,810	22,810	22,811	91,241	22,810	91,241
Actual offers	15,685	20,982	12,033	19,292	67,992	19,761	19,761
Target receive	11,405	11,405	11,405	11,406	45,621	11,405	45,621
Actual receive	6,460	7,111	6,705	9,569	29,845	6,455	6,455
% of target offers received	28.3%	31.2%	29.4%	42.0%	32.7%	28.3%	7.1%
RAG Rating	Red	Red	Red	Amber	Red	Red	-
National %	35.7%	37.4%	40.5%	48.2%	40.4%	37.4%	-

Commentary

Results for the most recent quarter have shown a reduction compared to the previous quarter and this was expected following the transition of Public Health from the NHS, combined with transfer of responsibility for delivering this programme to Kent Community Healthcare NHS Trust. From April to June, 19,761 people were invited for a Health Check which was in line with the previous quarter. There is no time limit on the invite and it is likely these invites will result in completion of Health Checks in the quarter to September. The forecast for the rest of year is positive.

Kent Public Health will be reviewing the quarterly target allocation based on known localised and seasonality trends. This will provide more localised context to a National Programme.

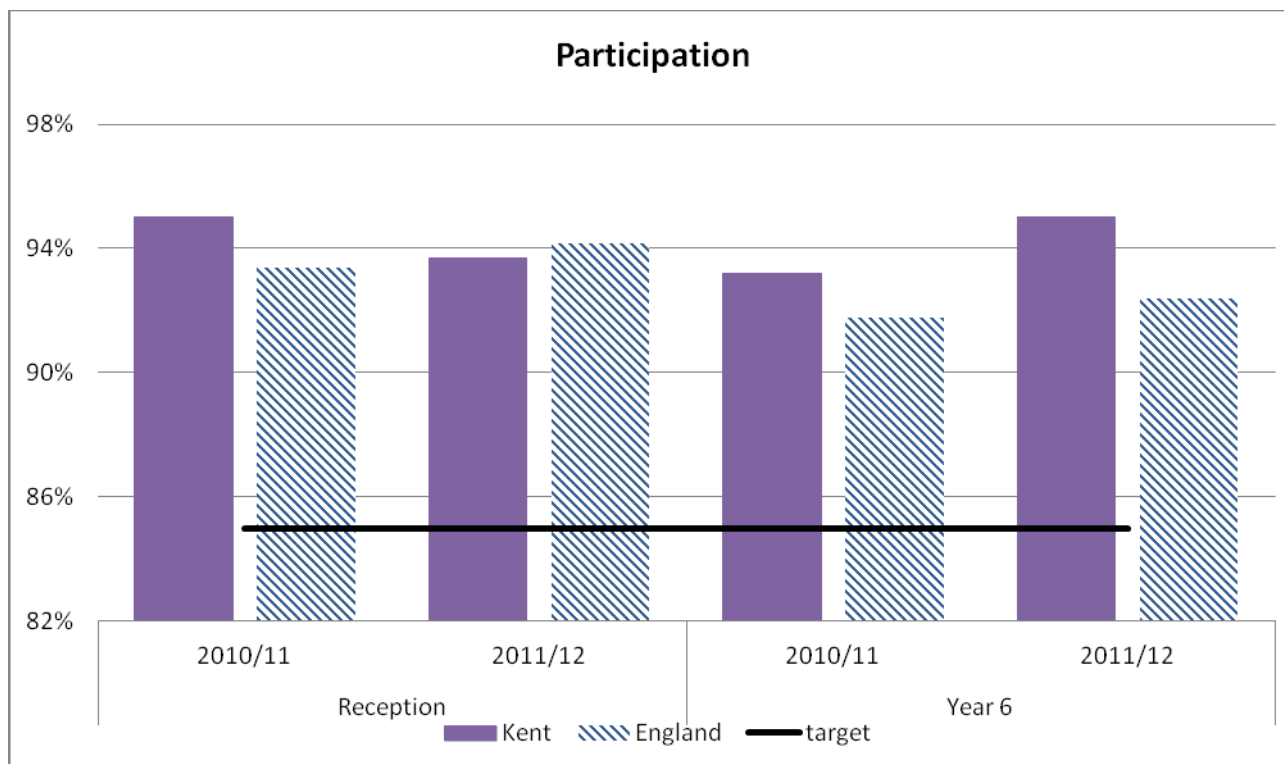
NHS Health Checks programme aims to identify people with increased risk of heart disease, stroke, diabetes, kidney disease and certain types of dementia. People between the ages of 40 to 74 years old who are not already diagnosed with one of these existing conditions are invited for a NHS Health Check once every five years. Those people identified as being greater risk will then be offered treatments appropriate to their risks through their GP. 2012/13 was the first year of the current 5-year programme.

Health checks are the Public Health Outcomes Framework Indicators 2.22i and 2.22ii.

Data Notes: Higher values and percentages are better. Source: KCHT. Indicator Reference: PH/AH/01

NCMP: Participation in the Annual National Child Measurement Programme

GREEN ⇄



Trend Data – Annual	2010/11		2010/11 – England		2011/12		2011/12 - England	
	Reception	Year 6	Reception	Year 6	Reception	Year 6	Reception	Year 6
Participation	95.0%	93.2%	93.4%	91.8%	93.7%	95.0%	94.2%	92.4%
RAG Rating Participation	Green	Green	Green	Green	Green	Green	Green	Green
% reported Obese	8.9%	18.4%	9.4%	19.0%	8.6%	18.3%	9.5%	19.2%

Commentary

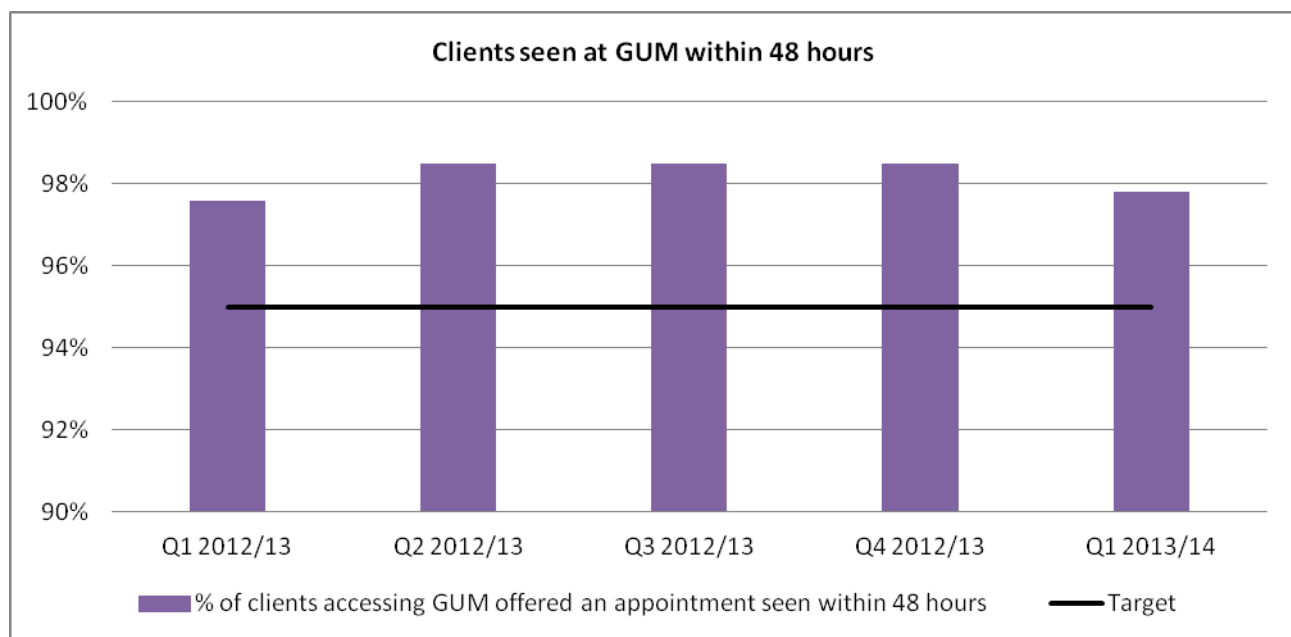
The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight children and obese levels within primary schools. The NCMP was set up in line with the Government's strategy to tackle obesity. (HSCIC <http://www.hscic.gov.uk/ncmp>)

The target is to measure a minimum of 85% of eligible children in the two cohorts. 2012/13 School year data scheduled to be published in December 2013.

A Briefing Paper for Members was written detailing the NCMP results in December 2012. The NCMP relates to Public Health Outcome Framework Indicators 2.06i and 2.06ii

Data Notes: Higher values are better for Participation. Obesity lower values are preferred. Performance assessment for this indicator is based on the participation rate. Obesity for children is defined as being above the 95th percentile on the Body Mass Index, based on the weight distributions recorded between 1963 and 1994. Data includes state maintained schools only is based on schools location, not pupil address. Data Source: HSCIC. Indicator reference: PH/CYP/01

Community Sexual Health Services : Proportion of clients accessing GUM offered an appointment seen within 48 hours Green ↔



Trend Data –by Quarter	Target	2012/13				2013/14
		Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Q1 (Apr -Jun)
Proportion of clients accessing GUM offered an appointment seen within 48 hours	95%	97.6%	98.5%	98.5%	98.5%	97.8%
RAG Rating	-	Green	Green	Green	Green	Green

Commentary

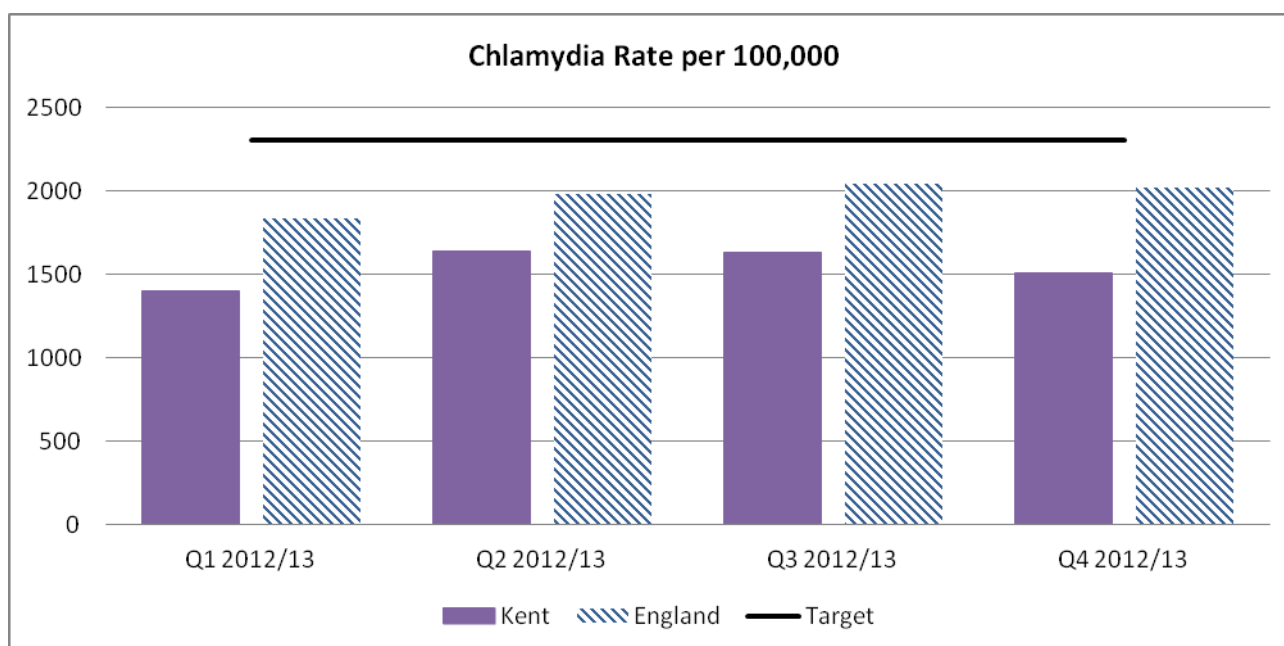
GUM clinics in Kent consistently offer the majority of clients an appointment within 48 hours, performing above the high target of 95%.

During the calendar year 2012, there were 40,504 GUM Clinic attendances, this varied across the districts (of residence) with the most occurring with Canterbury residents (6,284) to the least with Dover (1,593).

In 2012, GUM clinics conducted 11,891 tests for Chlamydia for 15 – 24 year olds of which 1,187 (10%) were positive. For January to March 2013 there were 2,924 Chlamydia tests given with 278 being positive (9.5%)

GUM (Genitourinary Medicine including HIV service) figures are not reported Nationally, therefore we are unable to make comparisons.

Data Notes: Higher values are better. Data source: Provider. Indicator Reference: PH/SH/01



Trend Data –by Quarter	Target	2012/13							
		Q1 (Apr -Jun)		Q2 (Jul-Sep)		Q3 (Oct-Dec)		Q4 (Jan-Mar)	
Chlamydia Screening Uptake	35%	10,118		11,180		10,269		9,268	
Positive tests reported	7%	644	6.4%	753	6.7%	750	7.3%	693	7.5%
Chlamydia rate per 100,000	2,300	1,401		1,638		1,631		1,507	
RAG Rating of Positivity Rate	-	Red		Red		Red		Red	

Commentary

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious health consequences (e.g. pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) opportunistic screening remains an essential element of good quality sexual health services for young adults. (NCSP: <http://www.chlamydia-screening.nhs.uk/ps/index.asp>)

Screening uptake has varied across the four quarters of 2012/13 with Q4 experiencing the lowest volume of testing, however Q4 had a higher number and rate of positive tests than Q1 2012/13 indicating more targeted testing.

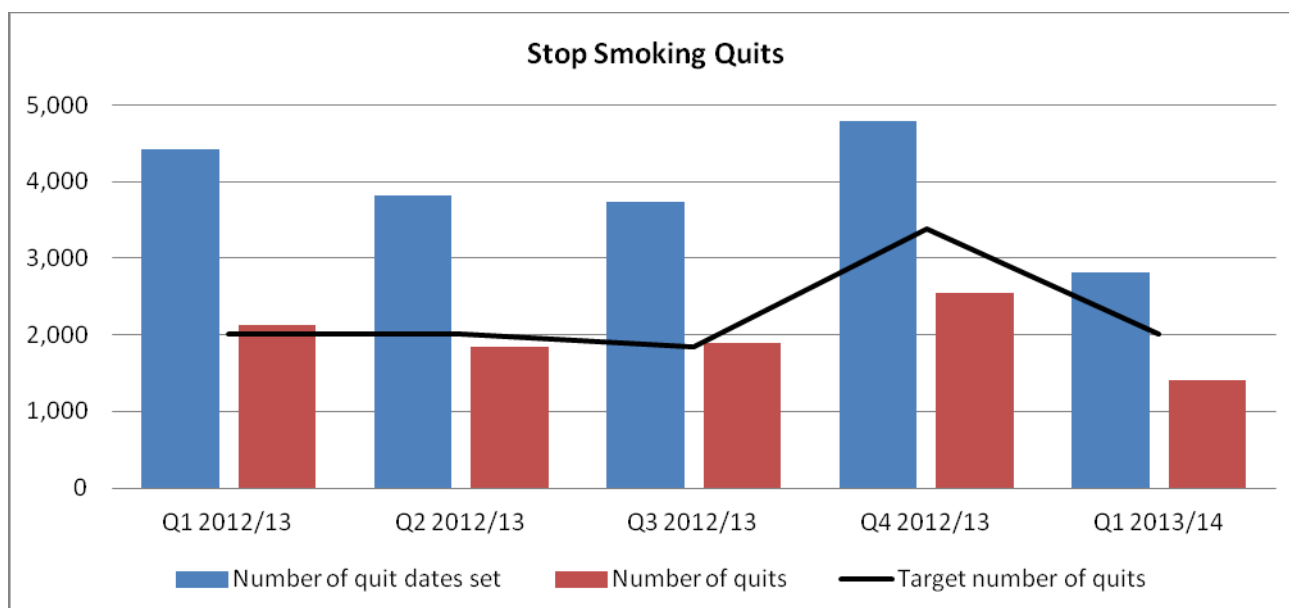
Kent Public Health is investigating possible campaigns to conduct in Kent with the aim of raising the profile of Chlamydia testing and having a positive impact on the activity and outcomes. The target population in Kent of people aged 15 – 24 years old is 183,899. To meet the National target of 2,300 per 100,000 Kent would need 4229.68 positive diagnoses; using the NCSP calculator tool there would need to be population coverage of 32.9% equalling 60,424 tests.

Chlamydia Diagnoses is Public Health Outcome Framework Indicator 3.02

Data Notes: Higher values are better. Data Source: NCSP. Indicator Reference: PH/SH/02

Stop Smoking Services

RED ↓



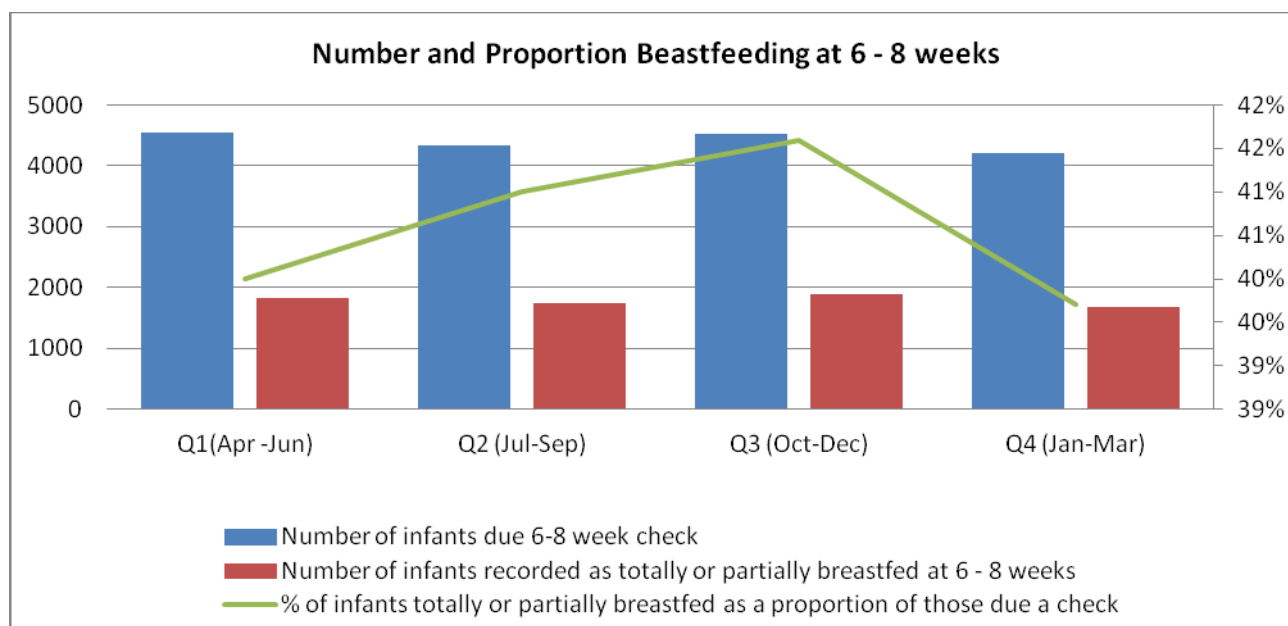
Trend Data – quarter end	2012/13				2013/14
	Q2 (Jul–Sep)	Q3 (Oct–Dec)	Q4 (Jan–Mar)	Full 2012/13	Q1 (Apr–Mar)
Number of quit dates set	3,817	3,730	4,787	16,758	2,809
Target number of quits	2,007	1,849	3,386	9,249	2,007
Number of quits	1,842	1,899	2,541	8,412	1,401
Proportion of target quitting	91.8%	102.7%	75%	90.9%	69.8%
RAG Rating	Amber	Green	Red	Amber	Red

Commentary

Smoking is a major cause of cancer, respiratory disease and coronary & circulatory diseases. Smoking is a major health inequality issue within Kent, contributing to the difference in life expectancy between wards. The deaths of 2,000 people aged 35 or over in Kent in 2008 can be attributed to smoking, ([Kent and Medway PHO, 2009](#)) Smoking costs the NHS approximately £2.7 billion every year (A Smoke free Future; Department of Health 2010). There are over 10,000 admissions to our hospitals each year which are due to smoking. This is estimated to cost NHS Eastern and Coastal Kent £12m and NHS West Kent £10m each year. The annual outpatient activity costs associated with smoking in East and West Kent are estimated to be £1.3m and £860,000 respectively. (Kent and Medway PHO)

Q1 experienced a decrease in both the quit dates set and the number of quits compared to all 4 quarters of 2012/13. The consultant responsible for Smoking Cessation is currently investigating new targets for 2013/14. Smoking Cessation services are also currently under review.

Data Notes: Data Source: Department of Health Data return by KCHT. Indicator reference: PH/AH/02

Breast Feeding - Proportion of women breast feeding at 6-8 weeks
Red ↓


	2012/13				
	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Full 2012/13
Number of infants due 6-8 week check	4,555	4,336	4,531	4,200	17,622
Number of infants recorded as totally or partially breastfed at 6-8 weeks	1,833	1,754	1,897	1,671	7,155
% of infants totally or partially breastfed as a proportion of those due a check	40.2%	40.5%	41.9%	39.8%	40.6%
RAG Rating (46%)	Amber	Amber	Amber	Red	Amber
National (where available)	47.1%	47.5%	47.4%	46.6%	47.2%

Commentary

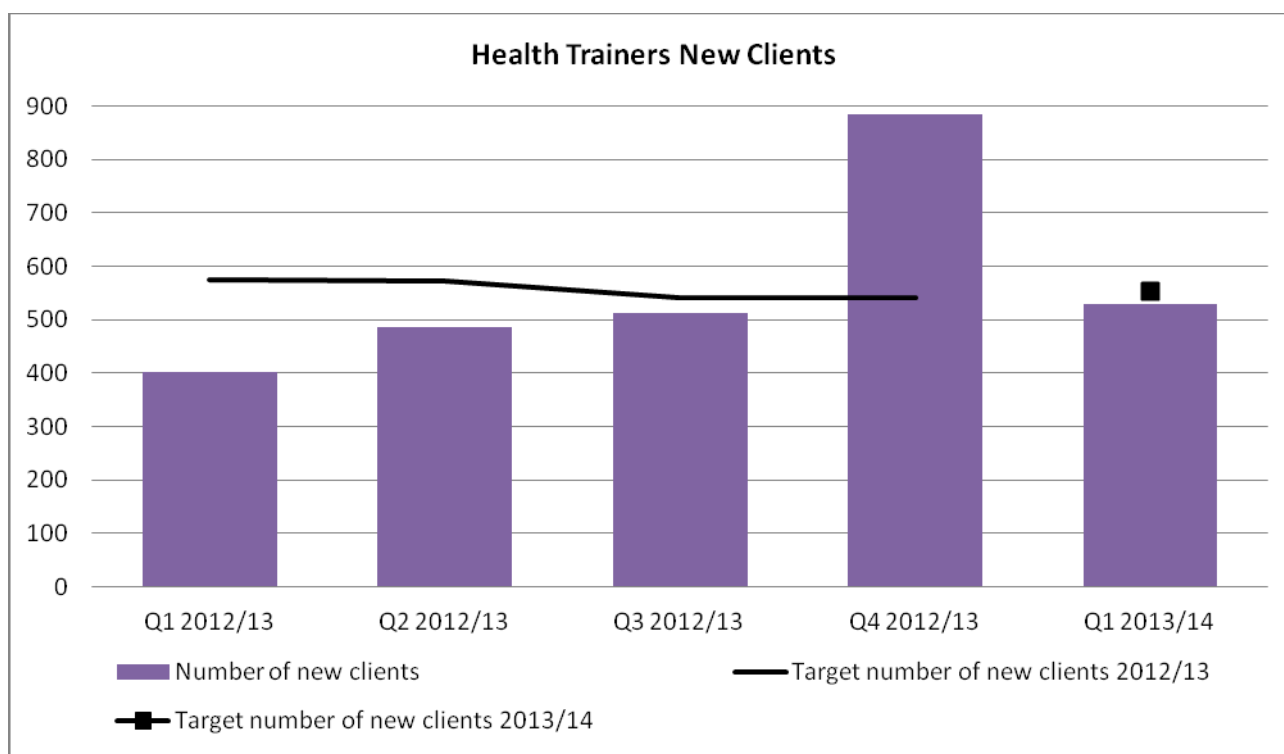
Data completion and coverage varies (for Kent between 95% - 97.5% over 2012/13) therefore figures concerning Breastfeeding should be used for management information only.

The measure has been RAG rated on the target of 46%; however this is a historical target which has been unchanged for a number of years and will need reviewing using localised data going forward. Infant Feeding programmes are due to be reviewed during 2013/14.

Department of Health has put on hold Q1 2013/14 submission of data until Q2 is collected in October; no reason has been provided.

Breastfeeding prevalence is Public Health Outcome Framework Indicator 2.02i

Data Notes: Source: DH Integrated Performance Measure. Indicator Reference PH/AH/03



Trend Data – year to date	2012/13					2013/14
	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Full year	Q1 (Apr -Jun)
Number of new clients	402	486	513	883	2284	528
Target number of new clients	574	572	540	541	2227	552
% of new client compared to target	70%	85%	95%	163%	103%	95.7%
RAG Rating	Red	Amber	Green	Green	Green	Amber

Commentary

There is variation across the County, with Thanet, Ashford and Canterbury Teams exceeding their target, and Dover and Shepway, Swale and West Kent performing slightly below.

During 2012/13 the Health Trainers:

- Helped 67 to clients to register with a GP
- 72.4% of their clients (with a known postcode) were from the 3 most deprived quintiles
- Topics on which the Health Trainers have set goals with their clients included Alcohol reduction, Diet changes, Exercise increases and smoking reduction.
- Signposted the clients onto other services, mainly to GP's, Stop Smoking Services and Weight Management Services.

Kent Public Health is looking to review this service.

Data Notes: Source KCHT. Indicator Reference PH/AH/04