

From: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee

2nd December 2015

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the performance indicators monitored by the Public Health division which relate to commissioned services delivered to children and young people and their families

From October 1st commissioning responsibility of the Health Visiting Service and the Family Nurse Partnership service moved into the local authority. The Health Visiting service has responsibility for conducting five universal mandated reviews, the performance of which has previously been monitored by NHSE England. This report includes performance of the service whilst under NHSE commissioning responsibility.

Recommendation(s): The Children's Social Care and Health Cabinet Committee is asked to **NOTE** the current performance of Public Health commissioned services.

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent Public Health which directly relate to services delivered to children and young people.

2. Performance Indicators of commissioned services

Smoking during pregnancy

2.1. Public Health is currently undertaking an assessment of the first year of the BabyClear Pilot. The pilot focussed on getting pregnant women into commissioned stop smoking services (SCS) through partnership working between Maternity Services, Midwives and the providers of SCS in Kent. The review includes whether the pilot has had a higher impact in certain geographical locations.

2.2. Most recently available published quarterly figures on women who have a smoking status at the time of delivery show that Kent has shown an overall improvement to 12% and 500 women smoking. At CCG level there are particular concerns for Swale who remain the CCG with the highest percentage at 22.3%; this is a small increase on previous quarters, from 22.1% in Q4 14/15.

2.3. Thanet CCG and West Kent CCG have both improved their rates of women smoking at time of delivery, with Thanet improving from 17.8% in Q3 14/15 to 13.9% in Q1 15/16 and West Kent from 12.3% to 8.9% in the same time period.

Table1: Quarterly published smoking status at time of delivery Kent and England (SATOD)

SATOD	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Overall DoT
% of women with a smoking status at time of delivery in Kent	13.1%	12.6%	12.8%	12.9%	11.8%	12.1%	↑
No. of women with a smoking status at time of delivery in Kent	524	534	543	531	473	500	↑
% of women with a smoking status at time of delivery in England	12.3%	11.5%	11.5%	11.4%	11.1%	10.7%	↑

Source: HSCIC

Infant Feeding Services

2.4. NHS England published figures continue to show Kent as having large proportions of missing fields on the breastfeeding status recorded at the GP 6-8 week check. For Kent the proportion of missing fields has been increasing since Q1 2014/15. Prevalence figures will not be published unless the proportions of missing figures are less than 5%. In Q1 2014/15, there were prevalence figures published for Swale CCG as they had met all three validation criteria; in Swale CCG 42.0% of mothers at the 6-8 week check were partially or totally breastfed.

2.5. Since October 2015, Public Health England has become responsible for reporting on the 6-8 week breastfeeding status using the Health Visiting service as the data source. GP's through NHS England have previously been the source of this data. As such local authorities now have responsibility for improving data quality through their commissioned service. Our clear expectation of the provider is that data quality will steadily increase and the reported prevalence rate of breast feeding will be more accurate than at present.

Table 2: Quarterly published breastfeeding status for Kent

	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Overall DoT
% missing fields – 5% maximum threshold for missing fields	30.2%	18.0%	26.4%	28.6%	28.7%	29.3%	↔
% missing fields for England	12.0%	11.9%	12.8%	12.6%	13.7%	12.0%	↔

Source: NHS England

Health Visiting Service

- 2.6. Commissioning of the Health Visiting service transferred from NHS England to the local authority on 1st October 2015. The performance set out below reflects Q1 performance (April to June 2015)
- 2.7. The Local Authority became legally responsible for 5 mandated reviews, these are; an antenatal visit at 28 weeks or above, new birth visit (NBV), the 6-8 week review, a 1 year review and the 2-2½ year review. The table below outlines this activity from Q1 which was released in November reflecting service performance while under NHSE commissioning responsibility.
- 2.8. The South East and England figures are for those authorities that submitted figures and achieved the validation criteria. Kent did not report the 6-8 week check as the provider was unable to provide those figures however this data can be refreshed during 2015/16.
- 2.9. Delivery of these interventions in Q1 varied; Kent delivered nearly 100% of the NBVs within 30 days of birth, delivering a higher proportion than in the South East and England; however the key time for NBVs is for within 14 days and Kent delivered a lower proportion during this time period compared to the South East and England.
- 2.10. Kent also delivered higher proportions of 12 months review by the time the child turned 15 months; however fewer reviews were completed before the child turned 1 when compared with the South East and England. In Q1 68.3% of 2-2½ year reviews were delivered, this is slightly higher than the South East figure but below England at 71.8%.
- 2.11. Clearly this performance is variable and the priority for the public health commissioning team is to work with the provider to improve performance and delivery overall. The contract has been developed to include performance incentivisation clauses and a clear action plan.

Table 3: Health visiting mandated interventions delivered in Q1 15/16 under NHS England Commissioning. This data has never previously been published.

Metrics	Kent	South East	England
Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	1,064	22,376	49,187
Percentage of births that receive a face-to-face NBVs within 14 days by a health visitor	70.1%	81.6%	85.4%
Percentage of births that receive a first face-to-face NBVs within 30 days (includes the metric above)	98.3%	96.9%	97.3%
Percentage of infants who received a 6-8 week review by the time they were 8 weeks	unreported	84.6%	80.5%
Percentage of children who received a 12 month review by the time they turned 12 months	68.5%	69.9%	71.3%
Percentage of children who received a 12 month review by the time they turned 15 months	80.0%	72.9%	78.6%
Percentage of children who received a 2-2½ year review	68.3%	67.6%	71.8%

National Child Measurement Programme (NCMP)

- 2.12. Figures for the 2014/15 cohorts of NCMP are due for publication in December and will be reported in the next report to Cabinet. There are no updates from the previous performance report.

Substance Misuse Services

- 2.13. During the first 6 months of 2015/16, 1,754 young people were engaged through early intervention and 296 young people accessed Specialist Treatment Services. The service takes a holistic approach to public health interventions as 909 of these young people were given sexual health information, 1,783 stop smoking information and 126 were screened for chlamydia.
- 2.14. The service continues to discharge a higher proportion of young people from treatment in a planned way when compared to the national average

Specialist Treatment Service Exits – reported directly by Kent Public Health	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Overall DoT
% of young people exiting specialist services with a planned exit	94%	97%	94%	94%	↔

3. Conclusion

The number of services which impact on the health and wellbeing of children and young people commissioned by Public Health has increased since taking responsibility for the Health Visiting and Family Nurse Partnership Services on October 1st.

This commissioning responsibility brings to the local authority the opportunity to influence delivery of the service and the responsibility to seek continuous improvement of performance.

4. Recommendation(s)

Recommendation(s): The Children’s Social Care and Health Cabinet Committee is asked to **NOTE** the current performance and actions taken by Public Health.

5. Background Documents

- 5.1. None

6. Contact Details

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Appendix 1

Key to KPI Ratings used:

(g) GREEN	Target has been achieved or exceeded; or is better than national
(a) AMBER	Performance at acceptable level, below target but above floor; or similar to
(r) RED	Performance is below a pre-defined floor standard; or lower than national
↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

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