

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

Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee

3 December 2015

Subject: Public Health Performance - Adults

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 Public Health key performance indicators of its commissioned services which specifically relate to adults, and selected Public Health Outcome Framework indicators.

The latest available data show a varied performance across the different indicators. Public Health continues to contract-manage the providers closely in order to address any performance issues and drive improvement in service outcomes.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to comment on the current performance and actions taken by Public Health

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent Public Health which relate to services for adults; the report includes a range of national and local performance indicators.

1.2. There is a wide range of indicators for Public Health, including some from the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to Kent County Council Cabinet, and which are relevant to this Committee.

2. Performance Indicators of Commissioned Services

2.1. The table below sets out the performance indicators for the key public health commissioned services which deliver services primarily for adults. The RAG status relates to the target.

Indicator Description	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16
Proportion of annual target population with completed NHS Health Check (rolling 12 month basis)	46% (A)	51% (G)	51% (G)	52% (G)	48% (A)
Proportion of clients accessing community sexual health services offered an appointment to be seen within 48 hrs	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
Chlamydia positivity detection rate per 100,000 for 15-24 year olds	1,672 (R)	1,635 (R)	1,335 (R)	1,084 (R)	Available mid-November
Proportion of smokers successfully quitting, having set a quit date	52% (A)	54% (A)	57% (G)	51% (A)	Available 9 th December
Local Indicator					
Proportion of new clients seen by the Health Trainer Service from the two most deprived quintiles (highest deprivation)	53% (R)	57% (A)	51% (R)	53% (R)	56% (A)

Substance Misuse Services	2009/10	2010/11	2011/12	2012/13	2013/14
% of adult treatment population that successfully completed treatment	22.6%	26.0%	26.0%	20.6%	17.2%
National Figures for comparison:	11.5%	13.7%	15.1%	15.0%	15.1%
	June 14	Sept 14	Dec 14	Mar 15	Jun 15
% of opiate users completing treatment successfully who do not return to treatment within 6 months, of all in treatment. (rolling 12 month basis)	10.3% (G)	9.7% (G)	9.6% (G)	9.4% (G)	9.3% (G)
National Figures for comparison:	7.8%	7.8%	Not available for publication		

NHS Health Checks

2.2. Kent County Council took on the commissioning responsibility for the NHS Health Check programme from April 2013. Since this time, there has been a substantial increase in the number of people receiving a check from fewer than 30,000 in 2013/14 to more than 45,000 in 2014/15.

2.3. The programme has a target for at least 50% of those eligible for a health check to receive it within a twelve month period. The performance against this target fell to 48% in the twelve months to the end of September 2015, which places it as amber.

2.4. KCC are working with Kent Community Health NHS Foundation Trust (KCHFT) who deliver the programme across Kent to increase the numbers of health checks in Q3 and Q4 in order to reach overall annual target. There is a new programme specifically aimed at targeting the approach in communities where there are high health inequalities.

Sexual Health

- 2.5. Community sexual health clinics in Kent have continued to exceed the waiting times target of offering an appointment within 48 hours, where requested. New contracts for integrated sexual health services which provide sexual health testing and treatment, contraception and HIV outpatient services are now operating across the county.
- 2.6. Validation of the data to provide national reporting of the Chlamydia positivity detection rate continues to cause delay in reporting performance against the Chlamydia target. Public Health have been informed that Q2 2015/16 rates should be released mid-November.
- 2.7. The latest available data show that there has been an increase in the numbers tested in general practice, pharmacies and integrated sexual health services as part of the new service contracts but, as yet, these have not shown as an increase in detection rates.

Smoking

- 2.8. The Stop Smoking Service narrowly missed its 'quit-rate' target for the first quarter of 2015/16. The target is for 52% of people accessing the service and setting a quit date to have quit smoking for 4 weeks by the end of the 7-week programme.
- 2.9. Public Health are commissioning various changes to help ensure that Stop Smoking Services meet the changing needs of the population in relation to smoking but also delivers best value for money for KCC. These changes include a targeted 'cut down to quit' programme which is designed to engage people who are less likely to quit without more prolonged support. This approach is being trialled and will be assessed to inform decisions on any wider roll-out.
- 2.10. The Stop Smoking Service also remains focused on reducing health inequalities across Kent; of the 737 Kent residents successfully quitting in the first quarter of 2015/16, 10 were pregnant women; 71 had never worked or had been unemployed for over 1 year; 48 were sick/disabled and unable to return to work and 199 were in routine and manual occupations.

Health Trainers

- 2.11. The Health Trainer service has seen 893 new clients this quarter, which greatly exceed the number of new clients engaged in the same period last financial year and means they are well on track to achieving the annual target of 2,500 with a stretch target of 2,750.

2.12. Over 50% of new clients are from the 2 most deprived quintiles in Kent and 74% from the 3 most deprived quintiles. The target set for 2015/16 of 62% of new clients being from quintiles 1 - 3, aims to challenge the provider to target their work at the most deprived quintiles. This has seen additional Health Trainers being placed in Thanet and Swale and a review of staff locations.

2.13. 82% of goals were either achieved or part-achieved by those engaged in the service with common goals relating to diet, exercise and emotional wellbeing.

Substance Misuse

2.14. The latest available data on adult community drug and alcohol services show substantial increases in the numbers of people starting and successfully completing drug and alcohol treatment over the past twelve months.

2.15. The successful completion rate also remains above the national average although it has fallen slightly to 9.3% in the twelve months to the end of June 2015, compared to 10.3% for the preceding twelve months.

3. Annual Public Health Outcomes Framework (PHOF) Indicator

3.1. The table below presents the most recent nationally-verified and published data; the RAG is the published PHOF RAG and is in relation to National figures. Alcohol-related admission to hospital is the only indicator to have been updated since the previous report.

Annual PHOF Indicators	2007-09	2008-10	2009-11	2010-12	2011-13
Under 75 mortality rates for:					
Cardiovascular diseases considered preventable per 100,000	59.8 (G)	57.4 (G)	55.9 (A)	52.3 (A)	49.3 (A)
Cancer considered preventable per 100,000	84.3 (G)	83.7 (G)	82.6 (G)	80.5 (G)	78.2 (G)
Liver disease considered preventable per 100,000	12.4 (G)	12.1 (G)	12.0 (G)	12.4 (G)	13.2 (G)
Respiratory disease considered preventable per 100,000	17.4 (A)	17.4 (A)	17.6 (A)	16.6 (A)	16.7 (A)
Suicide rate (all ages) per 100,000	8.4 (A)	7.7 (A)	8.4 (A)	8.1 (A)	9.2 (A)
Proportion of people presenting with HIV at a late stage of infection (%)	Not available		49.7 (A)	47.0 (A)	50.5 (R)
		2010	2011	2012	2013
Percentage of adults classified as overweight or obese	Not available			64.6 (A)	Not available

Prevalence of smoking among persons aged 18 years and over (%)		21.7 (A)	20.7 (A)	20.9 (A)	19.0 (A)
Opiate drug users successfully leaving treatment and not re-presenting within 6 months (%)		14.6 (G)	14.7 (G)	10.9 (G)	10.3 (G)
	2009/10	2010/11	2011/12	2012/13	2013/14
Alcohol-related admissions to hospital per 100,000. All ages	568 (G)	574 (G)	557 (G)	565 (G)	551 (G)
Proportion of adult patients diagnosed with depression (%)	Not available			5.6	6.4

3.2. The alcohol-related admissions to hospital rate continues to fluctuate year on year and currently for 2013/14 is on a general downward trend. Kent remains RAG Green against national with lower rates of admissions.

3.3. Although there has been no update to the proportion of people presenting with HIV at a late stage of infection since the previous report, it is important to note that the new Community Sexual Health Services contracts offer testing for a range of sexually-transmitted infections, including HIV, as well as targeted outreach. The services are designed to engage particular groups of the population who can be at risk of HIV but are less likely to access mainstream sexual health services. This targeted provision and relevant campaigns and promotion are expected to lead to improvements (reductions) in the numbers of HIV tests offered and taken up.

4. Conclusions

4.1. Overall performance against the indicators for NHS Health Checks and Stop Smoking Services moved from to Green to Amber in Q2. Public Health are contract-managing service providers closely to drive up performance on these indicators as well as maintaining performance on the other areas that have been highlighted as green.

5. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to comment on the current performance and actions taken by Public Health

6. Background Documents

6.1. None

7. Contact Details

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