

**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

10 March 2016

**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 key performance indicators for Public Health commissioned services relating to adults, and for a range of 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 note the actions taken by Public Health to address areas of concern.

## **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	Q3 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)	45% (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)	100% (G)
Chlamydia positivity detection rate per 100,000 for 15-24 year olds	1,672 (R)	1,635 (R)	1,335 (R)	1,099 (R)	951 (R)	Expected March 2016
Proportion of smokers successfully quitting, having set a quit date	52% (G)	54% (G)	57% (G)	52% (G)	53% (G)	Expected March 2016
<b>Local Indicator</b>						
Proportion of new clients seen by the Health Trainer Service from the two most deprived quintiles (and NFA)	53% (R)	57% (A)	51% (R)	53% (R)	56% (A)	55% (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%	
	Sept 14	Dec 14	Mar 15	Jun 15	Sept 15	Dec 15
% of opiate users completing treatment successfully who do not return to treatment within 6 months, of all in treatment. (rolling 12 month basis)	9.7% (G)	9.6% (G)	9.4% (G)	9.3% (G)	9.7% (G)	8.9% (A)
National Figures for comparison:	7.8%	7.8%	7.6%	7.4%	7.2%	7.0%

## 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 45% in the twelve months to the end of December 2015, which places it at amber. This decline in uptake is likely to be due to a number of factors which

may include capacity constraints in primary care as most checks are delivered within GP practices across the county.

2.4. Kent County Council have been working with Kent Community Health NHS Foundation Trust (KCHFT) who deliver the programme across Kent to increase the numbers of health checks in order to reach overall annual target.

2.5. Public Health commissioned a new Health Checks outreach programme from October 2015 which is targeted the more deprived parts of the county and engaging citizens to have a 'Health MOT' and, if they are eligible go on to have a full NHS Health Check.

### Sexual Health

2.6. Community sexual health clinics in Kent have continued to exceed the waiting times target of offering an appointment within 48 hours, where requested. Community sexual health services are available across Kent and provide sexual health testing and treatment, contraception and HIV outpatient services. Most clinics offer walk-in clinics as well as appointment-based systems.

2.7. Performance on Chlamydia detection rates remain well below the target level of 2300 positive tests for 100,000 of the population. Public Health are working with Public Health England to resolve concerns on the validation, coding and reporting of the Chlamydia data as the data collated nationally does not reflect the local information.

2.8. Kent County Council working with our commissioned laboratory provider has made available the option to home test for chlamydia via an online system; this should increase access options to Kent residents who may prefer not to use clinic based services.

### Smoking

2.9. The latest available data (Q2) show that the Stop Smoking Service met the 'quit-rate' target of 52%. 760 Kent residents were recorded as having quit smoking through the programme during this time period.

### Health Trainers

2.10. The Health Trainer service engaged with 859 new clients during Q3 and had seen a total of 2,788 during the first 9 months of the financial year. This exceeds the stretch target of 2,750.

2.11. 55% of new clients are from the two most deprived quintiles in Kent. The target set for 2015/16 was for 62% of new clients to be from quintiles 1 and 2 in order to help address health inequalities.

2.12. The Health Trainer Service clients reported that 89% of goals were either achieved or part-achieved. Common goals related to diet, exercise and emotional wellbeing.

### Substance Misuse

2.13. The Q3 data on adult community drug and alcohol services show that 206 adult opiate clients completed treatment successfully in the twelve months to the end of June 2015 and did not return within the following six months.

2.14. This was 8.9% of all opiate clients in treatment which narrowly misses the target of 9%. Kent's performance on this indicator remains well above the national average of 7%. The decline in Kent reflects the national trend.

### **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. There have been updates to the mortality and suicide rates, late identification of HIV, smoking prevalence and substance misuse indicators since the previous report to the Committee in December.

<b>Annual PHOF Indicators</b>	<b>2007-09</b>	<b>2008-10</b>	<b>2009-11</b>	<b>2010-12</b>	<b>2011-13</b>	<b>2012-14</b>
<b>Under 75 mortality rates considered preventable:</b>						
Cardiovascular diseases per 100,000	59.8 (G)	57.4 (G)	55.9 (A)	52.3 (A)	49.3 (A)	46.0 (G)
Cancer per 100,000	85.4 (G)	84.8 (G)	83.6 (G)	81.5 (G)	79.3 (G)	78.4 (G)
Liver disease per 100,000	12.4 (G)	12.1 (G)	12.0 (G)	12.4 (G)	13.2 (G)	13.7 (G)
Respiratory disease per 100,000	17.4 (A)	17.4 (A)	17.6 (A)	16.6 (A)	16.7 (A)	16.5 (A)
Suicide rate (all ages) per 100,000	8.4 (A)	7.7 (A)	8.4 (A)	8.1 (A)	9.2 (A)	10.2 (R)
Proportion of people presenting with HIV at a late stage of infection (%)	Not available		49.5 (A)	46.7 (A)	51.0 (R)	52.8 (R)
Adults classified as overweight or obese (%)	Not available					65.1 (A)
		<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Prevalence of smoking among persons aged 18 years and over (%)		21.7 (A)	20.7 (A)	20.9 (A)	19.0 (A)	19.1 (A)
Opiate drug users successfully leaving treatment and not re-presenting within 6		14.6 (G)	14.7 (G)	10.9 (G)	10.3 (G)	9.3 (G)

months (%)	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 (% - HSCIC)	Not available			5.6	6.4

3.2. All mortality rates considered preventable presented here have continued to decrease with the exception of liver disease which experienced a slight increase, however it does remain better than national.

3.3. Analysis of the increasing suicide rate in Kent has shown that it is mainly generated by an increase in numbers of male suicide. Further analysis shows that it is mainly middle aged men, the majority of whom aren't known by secondary mental health services. This group was identified as being at high risk in the 2015-2020 Suicide Prevention Strategy that was developed last year, and a number of actions are being taken forward to reduce the risk. These include:

- A suicide prevention partnership with the Kent County Football League to raise awareness of mental health issues amongst the football community
- A major county-wide social marketing campaign (to be launched in spring 2016) which encourages at-risk men to seek help (through the Mental Health Matters Helpline)
- The continuation of programmes such as Kent Sheds and the Primary Care Mental Health Link Workers
- The commissioning of a new Community Wellbeing Service

3.4. It should be noted that the suicide prevention strategy cannot be delivered by one single agency. That is why the Suicide Prevention Steering Group (chaired by Public Health) is made up of a wide range of agencies (including Kent Police, KMPT, and Network Rail) and charities (such as Samaritans, Mind, Rethink) who are all committed to working together to address this issue.

3.5. There has been a slight increase in the proportion of people presenting with HIV at a late stage of infection and Kent continues to perform worse than national; 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 in the numbers of HIV tests offered and taken up. Please refer to the Public Health Campaigns and Press Paper taken to the previous Cabinet committee in May 2015.

3.6. Kent County Council, as part of the Sexual Health offer, is offering free, online HIV testing in line with the national Public Health England campaign targeting high-risk groups. This offer extends to those with concerns because they have had unprotected sex with someone from a high-risk group. In order to continue raising awareness and maintain momentum, media campaigns will run throughout the year. It is important to note that online testing will encourage more testing and will result in better detection rates for early and late diagnosis.

#### **4. Conclusions**

4.1. Overall performance against the indicators for commissioned services remained stable against the targets, with the exception of substance misuse which moved from Green to Amber, missing green by 0.1%. Public Health are contract-managing service providers closely to drive up performance on all the indicators.

#### **5. Recommendations**

**Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to comment on the current performance and note the actions taken by Public Health to address areas of concern

#### **6. Background Documents**

6.1. Public Health Campaigns and Press Paper. Adult Social Care and Health Cabinet Committee. 1 May 2015

#### **7. Contact Details**

Report Author

- Karen Sharp: Head of Public Health Commissioning
- 03000 416668
- [Karen.sharp@kent.gov.uk](mailto:Karen.sharp@kent.gov.uk)

Relevant Director:

- Andrew Scott-Clark: Director of Public Health
- 03000 416659
- [Andrew.scott-clark@kent.gov.uk](mailto:Andrew.scott-clark@kent.gov.uk)

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