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

22nd March 2016

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Past Pathway: None

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the performance of Public Health commissioned services for children and young people.

This is the first report to include the Health Visiting Service and the Family Nurse Partnership performance since the commissioning responsibility transferred to Kent County Council. It is clear that performance is varied and needs to significantly improve in key areas.

At the request of Committee members the report includes a section on New Psychoactive Substances (NPS), also referred to as 'Legal Highs', outlining the context of use amongst young people.

Recommendation: 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

Health Visiting Service and Family Nurse Partnership (FNP)

2.1. Commissioning of the Health Visiting service and FNP transferred from NHS England to the local authority on 1st October 2015. As well as the wider requirements of the specification, KCC is now legally required to ensure the delivery of 5 mandated developmental checks. Kent Community Health NHS Foundation Trust (KCHFT) provide the service.

2.2. The table below sets out performance of the service in relation to the mandated checks. NHS England commissioned the service for the first 6 months of 2015/16 and at the start of Quarter 3, commissioning transferred to Kent County Council.

2.3. The local authority contract includes performance incentivisation and a clear improvement plan to drive up coverage of the universal mandated interventions.

2.4. Performance in Q3 is varied; delivery has been maintained for the 2-2½ year check and increased for the new birth visit within 30 days. The performance of 1 year checks at 12 months is of particular concern. KCHFT have investigated the data and have identified a number of recording issues and management issues relating to practice prior to October 2015.The percentage receiving a 1-year check by 15 months is significantly higher but remains a concern.

2.5. The Director of Public Health has raised the issues of performance and data collection with the new Chief Executive of KCHFT. KCHFT have confirmed that they have implemented a new data collection system and provided assurance that this will enable better data capture and more accurate targeting within the service. KCHFT's initial work on Q4 data has already shown a marked improvement. KCC will be organising an audit relating to these concerns. The structure of the contract does mean that payment is not made where there is lower than required activity.

Table 2: Health visiting mandated interventions delivered in 15/16. Kent figures

Health Visiting Service	Q1 15/16	Q2 15/16	Q3 Target	Q3 15/16
No. of mothers receiving an Antenatal Visit	1,091	915	-	866
% of New Birth Visit's within 14 days	70%	71%	**75%**	67% (a)
% of New Birth Visit's in total (0-30 days)	98%	94%	-	98%
% of infants due a 6-8 week check who received one	not reported	87%	**65%**	65% (g)
% of all infants receiving their 1 year review at 12 months	71%	65%	**75%**	38% (r)
% of all infants receiving their 1 year review at 15 months	83%	74%	-	78%
% receiving their 2-2½ year review	71%	70%	**75%**	71% (a)

2.6. The 6-8 week check includes capturing the infant feeding status, a measure which has previously fallen under the reporting responsibility of Primary Care. National reporting will now flow directly from the Health Visiting Service.

Table 3: Health Visiting 6-8 week check infant feeding continuance figures. Kent figures

Health Visiting Service – Infant Feeding Status	Q3 15/16
Number of infants due a 6-8 week check by the end of the quarter	4,196
Number and percentage with an infant feeding status – needs to be at least 85%, preferably over 95% to be robust	3,411 (81%)
Number recorded as totally breastfed	1,124

Health Visiting Service – Infant Feeding Status	Q3 15/16
Number recorded as partially breastfed	460
Number recorded as not at all breastfed	1,827
% total or partially breastfed of the statuses recorded	46%

2.7. Reporting of the infant feeding status includes infants seen outside of the 8 week criteria but within the quarter, so there can be more statuses than checks reported. From this new reporting mechanism, 81% of infants due a check had an infant feeding status recorded. This does not meet the needed criteria of 85% to consider the data or the 95% for data to be robust. However it is a positive start towards increasing the coverage of data reporting which will allow robust reporting of prevalence.

2.8. The Family Nurse Partnership is a targeted programme for first time mums aged under 20, the programme works intensively with families until the child is 2 years old. This is a prescribed programme where positive outcomes are achieved through early and consistent engagement. Current performance shows that fewer women are enrolled in a timely manner than the expected target however both service areas are increasing the proportion. Partnership working between the provider and maternity services is looking to address the inconsistent information sharing which hampers the early enrolment.

2.9. Clients should receive a required number of expected visits from the service (80% for pregnancy stage, 65% for Infancy and 60% for Toddlerhood) and with the exception of the North team during the pregnancy stage visits are above the fidelity goals.

Table 1: Family Nurse Partnership intake and fidelity figures

		Area	Nov 14 - Oct 15	Feb 15 – Jan 16
No. of active client in the programme		North Kent	140	137
		South Kent	115	126
No. of clients enrolled onto the programme		North Kent	58	57
		South Kent	57	61
Enrolment	% clients enrolled within 16 weeks gestation (60% at least)	North Kent	38%	39%
		South Kent	44%	49%
		National Ave.	50%	51%
Frequency of visits	% clients getting expected visits of those completing the **Pregnancy** Stage (80%)	North Kent	79%	74%
		South Kent	84%	82%
		National Ave.	60%	59%
	% clients getting expected visits of those completing **Infancy** stage (65%)	North Kent	65%	69%
		South Kent	86%	79%
		National Ave.	59%	58%
	% clients getting expected visits of those completing **Toddlerhood** stage (60%)	North Kent	75%	75%
		South Kent	85%	74%
		National Ave.	61%	61%

National Child Measurement Programme (NCMP)

2.10. For the 2014/15, participation rates remained stable for 4-5 year olds (Year R) and increased by 1% for 10-11 year olds (Year 6). For 4-5 year olds the proportion of those with Healthy weight decreased from 79% to 77% and excess weight (overweight and/or obese) increased from 21% to 22%. For 10-11year olds, the proportion of those with Healthy weight remained stable at 66% as did the proportion with excess weight at 33%. Within the excess weight category there was an increase in those measured as overweight, however there was a decrease in those measured as obese.

2.11. Figures presented here and on the Public Health Outcomes Framework NCMP profile are based on the postcode of the school.

Table 4: NCMP participation rates (RAG against target) and metrics on healthy and excess weight for Kent (RAG against National)

NCMP	2013/14	2014/15	DoT
Participation rate of 4-5 year olds	96% (g)	96% (g)	⇔
Participation rate of 10-11 year olds	94% (g)	95% (g)	⇧
% of healthy weight 4-5 year olds	79% (g)	77% (a)	⇩
% of excess weight 4-5 year olds	21% (g)	22% (r)	⇩
% of healthy weight 10-11 year olds	66% (g)	66% (a)	⇔
% of excess weight 10-11 year olds	33% (g)	33% (a)	⇔

Source: HSCIC

2.12. The Kent Public Health Observatory has produced a data release of the 2014/15 measurements at District level for both cohorts; the website link is provided in section 5.

2.13. It is important that the weighing and measuring in schools is supported by interventions aimed at families where there are children identified as having excess weight. The Public Health Nursing team is making pro-active calls with offers of advice and support to parents and carers in schools within the wards that have the highest prevalence based on 2013/14 published data.

2.14. Across Kent, District multi-agency National Child Measurement Programme groups plan and oversee the supportive work that is undertaken in schools. This includes working with schools to develop whole school plans for promoting healthy eating, physical activity and emotional well-being. A range of organisations support this approach by offering cookery, sports premium activities, Inspire Kent and Family Weight Management Programmes for example.

2.15. The Kent Health and Well-being Board has requested that all the local Boards develop action plans for tackling adult and child obesity by May 2016.

2.16. Public Health has appointed a communications agency to extend the Change4Life's Sugar Smart campaign, across Kent. The campaign commenced in February and will be continuing into March, using a number of communication

channels to promote the campaign messages and resources. Online advertising has been used to target Kent families on social media and websites such as Mums Net, Primary Times and Kent Online. There has also been involvement of the press and an outdoor based poster campaign, including bus adverts and advertising vans across the county. The Director of Public Health has written to all the GP practices and a number of schools within Kent, providing campaign materials and encouraging engagement. Information has also been uploaded onto the Kelsi website to support schools involvement with the campaign.

Substance Misuse Services

2.17. The proportion of planned exits from the specialist service remains high above 90% and continues to exceed national performance; however the previous 12 months have not met the 98% target. Following a recent performance monitoring meeting, the provider is investigating further the decrease in proportion of planned exits.

Table 5: Proportion of planned exits from specialist services in Kent

Specialist Treatment Service Exits	Target	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	DoT
% exiting specialist services with a planned exit	98%	97% (A)	94% (A)	94% (A)	96% (A)	⇔

Source: Provider

2.18. Substance misuse providers deliver additional Public Health interventions alongside their work on substance misuse; the table below outlines all clients accessing specialist treatment receive sexual health advice and are screened for chlamydia, and nearly all clients accessing any service received stop smoking advice.

Table 6: Proportion of Kent clients receiving other Public Health Priorities

Specialist Treatment Service Exits	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	DoT
% of young people accessing any service receiving a stop smoking	99%	98%	94%	95%	98%	⇔
% of young people newly accessing specialist service given sexual health information	100%	100%	100%	100%	100%	⇧
% of young people accessing specialist services, for whom it is appropriate, to be screened for chlamydia	100%	100%	100%	100%	100%	⇧

Source: Provider

NPS

2.19. At the previous Cabinet Committee in January it was requested that additional information on Novel Psychoactive Substances (NPS) be added to the performance paper as a one-off.

2.20. Questions on NPS were added to the national annual Health & Social Care Information Centre (HSCIC) survey on young people's smoking, drinking and

drugs use in 2014. Half of pupils (51%) had heard of these substances and awareness increased with age, from 21% of 11 year olds to 74% of 15 year olds. 6% of pupils reported that they had been offered legal highs, increasing from 1% of 11 year olds to 13% of 15 year olds.

2.21. Reported use was relatively low. 2.5% of pupils had taken legal highs at least once, including 2.0% who had taken them in the last year and 0.9% who had taken them in the last month. There was an increase with age in the proportions who had taken legal highs. For example, 0.5% of 11 year olds said that they ever had used legal highs, compared with5.0% of 15 year olds.

2.22. Analysis of the data of young people accessing structured treatment in Kent has shown very small numbers of young people reporting NPS use as one of the 3 main problem substances. No young people reported NPS as the primary substance of concern and currently there is no evidence of increasing use, or evidence of particular districts being more significantly affected than others.

2.23. Colleagues in Medway recently commissioned a needs assessment into NPS use including adults (TONIC, 2015) and there are some key findings that Kent colleagues can learn from were:

- The main NPS of choice reported by users were synthetic cannabinoids, nitrous oxide and herbal highs
- Highest prevalence was found in prisoners, young males aged 18-25 and users of sexual health services
- NPS use was mostly at home, used in very small groups of taken individually.
- There appeared to be low levels of knowledge about harms and low use of techniques to reduce risk
- Local services did not have a specific pathway or intervention for NPS users, with a lack of clarity about what the correct response should be.

2.24. The learning from the TONIC and the national reports will be embedded into relevant services, not just drug and alcohol services but also other services where users may be presenting.

2.25. In Kent a partnership action plan is under development to help support partners following the expected introduction of the new legislation surrounding the NPS Bill (April 2016); the plan will include:

- Kent Police's enforcement response
- Trading Standards response
- A communication plan, for organisations, providers and the public
- Contingency plans, for example implementing early alerts.

2.26. NPS use remains a significant issue within Kent prisons, putting pressure on resources. Whilst initiatives have been undertaken with the provider, Kent Police and HMPS to address these issues, the availability and until recently the inability to test for these substances, the numbers of incidents of large numbers intoxicated have increased.

2.27. We have commissioned, in partnership with NHS England, an NPS Needs assessment within the Sheppey cluster of prisons (HMP'S Standford Hill, Elmley and Swaleside) to identify the gaps in service to enable remodelling to address need. We are also working with HMPS/National Offender Management service to pilot NPS drug testing and to put in place interventions where there is a positive result in Maidstone and Rochester prisons.

Smoking during pregnancy (SATOD)

2.28. Overall, and in comparison to the previous time period there has been a reduction in numbers of women who had a smoking status at the time of delivery. Kent continues to have a higher proportion smoking than national figures. Work continues to be targeted at areas of high prevalence; a pilot campaign is currently in development focussing on Swale, and work continues in Thanet and Dover.

Table7: Published smoking status at time of delivery Kent and England

SATOD	Q2 13/14	Q2 14/15	Q2 15/16	DoT
% of women with a smoking status at time of delivery Kent	12.8%	12.8%	12.3%	⇧
No. of women with a smoking status at time of delivery Kent	536	543	514	⇧
% of women with a smoking status at time of delivery England	11.8%	11.5%	10.5%	⇧

Source: HSCIC

3. Conclusion

3.1. Performance of children and young people's public health services is mixed. FNP and Health visiting performance is below the required level on a number of the agreed targets. This is being pro-actively performance managed to assure improvement in the direction of travel going forward.

3.2. The coverage data in relation to 6 – 8 week breastfeeding status has improved this quarter and continuance on the current trajectory should allow for robust prevalence rates to be available later this year.

3.3. The smoking status of women in Kent is decreasing over time which is positive and with work focusing on areas of higher prevalence this trend should continue over time.

4. Recommendations

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note current performance and actions taken by Public Health commissioned services.

5. Background Documents

5.1. TONIC (2015) New Psychoactive Substances: Medway. info@tonic.org.uk

5.2. Smoking, drinking and drug use amongst young people in England in 2014. (HSCIS) http://www.natcen.ac.uk/media/1006810/Smoking-drinking-drug-use-2014.pdf

5.3. Kent Public Health Observatory: National Child measurement Programme data release 2014/15: December 2015. http://www.kpho.org.uk/__data/assets/pdf_file/0004/52195/NCMP-201415-Report.pdf

6. Appendices

Appendix 1 – Key to KPI Ratings used

7. Contact Details

Report Author:
- Karen Sharp
- Head of Public Health Commissioning
- 03000 416668
- karen.sharp@kent.gov.uk

Relevant Director:
- Andrew Scott-Clark
- Director of Public Health
- 03000 416659
- andrew.scott-clark@kent.gov.uk

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.