

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

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To: Adult Social Care and Health Cabinet Committee

6 December 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 a range of Public Health Outcome Framework indicators.

Performance has improved or remained stable for delivery of NHS Health Checks and access to sexual health services in Q2. The latest figures available for smoking cessation and substance misuse services indicate that performance is above target. The Health Trainer Service did not make its target during Q2 but is still performing better than previous quarters, on a challenging target.

Recently published Public Health Outcomes Framework data show mixed outcomes for Kent.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on current performance of Public Health commissioned services.

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent's Public Health Services for adults.

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 targets outlined in the business plans.

Table 1: Commissioned services quarterly performance, RAG against target

Indicator Description	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
Number of target population with completed NHS Health Check (rolling 12 month basis)	44,221	41,328	38,072	36,685	37,175 (a)	39,039 (a)
% of clients accessing GUM services offered an appointment to be seen within 48 hrs	100 (g)	100 (g)	100 (g)	100 (g)	100 (g)	100 (g)
% of smokers successfully quitting, having set a quit date	55 (g)	57 (g)	54 (g)	54 (g)	53 (g)	Not yet available
% of adult drug and alcohol treatment population that successfully completed treatment	29	31	34	33	31 (g)	29 (a)
% of new clients seen by the Health Trainer Service from the two most deprived quintiles (and No Fixed Abode (NFA))	53 (r)	56 (a)	55 (r)	56 (a)	64 (g)	59 (a)

NHS Health Checks

2.2. There continues to be an increase in the number of NHS Health Checks delivered in Kent. 39,039 checks were delivered in the twelve months to the end of Q2 compared to 37,175 in the previous period.

2.3. Following a successful pilot of a health check outreach programme, providers are working together to offer a combination of NHS Health Checks and 'Health MOTs'. This offer of a Health MOT extends to any adults, not just those who are eligible for an NHS Health Check. This enables people with the greatest health needs to understand their health risks and provides a direct referral route to healthy lifestyles services as well as clinical referrals for cardiovascular conditions.

2.4. The programme has succeeded at engaging people from the most deprived communities, with over 53% of the 1,600 who engaged in the programme being from the most deprived quintiles. The health check outreach programme will run to February 2017 and the evaluation will inform future commissioning of the NHS Health Check Programme.

2.5. It is expected that health check outreach will form part of the new adult lifestyle service called *One You Kent*. Public Health is looking at the best approach to commission the core service in 2017/18.

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 for genito-urinary medicine (GUM) services. 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.

Smoking

2.7. For Q1 2015/16 the service continued to exceed the 'quit-rate' target of 52% with a rate of 53%. 1,569 Kent residents set a quit date during Q1 with the service provider, of which 828 were recorded as having quit smoking. Smoking cessation services will form part of *One You Kent*.

Health Trainers

2.8. In Q2 the Health Trainer Service saw an increase in the number of new clients accessing the services, with 59% of new clients engaged from the two most deprived quintiles in Kent. This is slightly below the target of 62% and is a slight decrease from the previous quarter's performance. Performance does vary across the quarters and across Kent, with 79% of new clients in Thanet being from the two most deprived quintiles 1 and 2.

Substance Misuse

2.9. The proportion of people in drug or alcohol treatment who completed treatment successfully in the twelve months to the end of Q2 fell to 29.4%. This is slightly below the target of 30% but is still significantly better than the national average (for 2015/16) of 22%. Commissioners are raising concern at the rate of decline, particularly in the areas with the sharpest decline.

2.10. The Committee will be aware that the new contract for the West Kent Adult Substance Misuse Service started in April 2016 and was followed by a co-design period with the provider and stakeholders.

2.11. The new service model began in September 2016. Using the lessons learnt from West Kent, the re-commissioning for the East Kent Adult Substance Misuse Service has begun, with the intention of following a similar co-design process and implementation of a new model during 2017/18.

3. Annual Public Health Outcomes Framework (PHOF) Indicator

3.1. The table below presents the most recent published PHOF data. The RAG rating is the published PHOF RAG and is in relation to national figures and mostly indicates whether Kent is above or below the national average on each indicator.

Table 2: Public Health Outcomes Framework Metrics

	2009-11	2010-12	2011-13	2012-14	2013-15
U75 mortality rate Cardiovascular diseases considered preventable per 100,000	55.9 (a)	52.3 (a)	49.3 (a)	46.0 (g)	42.3 (g)
U75 mortality rate Cancer considered preventable per 100,000	83.6 (g)	81.5 (g)	79.3 (g)	78.4 (g)	78.8 (a)
U75 mortality rate Liver disease considered preventable per 100,000	12.0 (g)	12.4 (g)	13.2 (g)	13.7 (g)	14.4 (g)
U75 mortality rate Respiratory disease considered preventable per 100,000	17.6 (a)	16.6 (a)	16.7 (a)	16.5 (a)	17.8 (a)
Suicide rate (all ages) per 100,000	9.3 (a)	9.0 (a)	10.3 (a)	11.4 (r)	12.0 (r)
People presenting with HIV at a late stage of infection (%)	48.8 (a)	46.4 (a)	50.7 (a)	54.5 (r)	54.2 (r)
Adults classified as overweight or obese (%)	Not available			65.1 (a)	65.5 (r)
	2011	2012	2013	2014	2015
Smoking prevalence in adults – current smokers (%)	Not available	20.7 (a)	19.2 (a)	18.6 (a)	17.0 (a)
Opiate clients successfully completing drug treatment and not re-presenting within 6 months (%)	14.7 (g)	10.9 (g)	10.3 (g)	9.3 (g)	8.5 (g)
	2011/12	2012/13	2013/14	2014/15	2015/16
Alcohol-related admissions to hospital per 100,000. All ages	557 (g)	565 (g)	551 (g)	526 (g)	Not available
Adult patients diagnosed with depression (% - QOF Register)	Not available	5.6	6.4	7.3	8.5

3.2. The increase in the suicide rate, especially for males, was expected following local analysis. The campaign 'Release the Pressure', outlined in previous papers to the Cabinet Committee, was implemented in March 2016 to raise awareness of mental wellbeing and encourage men to seek help when they need it.

3.3. New figures for the late diagnosis of HIV show a plateau into 2013-15 following an increasing trend from previous years. In 2014, the County Council ran a campaign called 'It's better to know' to raise awareness of HIV and encourage people to get tested.

3.4. Kent has experienced a small increase in the proportion of adults who are overweight or obese. Although it is a relatively small increase of 0.4%, Kent's is higher than the national rate. At district level, there were improvements in 5 districts. The biggest improvement was in Shepway, where there was a reduction of 1.8%. Of the 7 districts with an increase in rates of excess weight, the sharpest increase was in Dover at +3.6%.

4. Quality Issues

4.1. The Public Health Head of Quality and Safeguarding has reported that there are no quality exception items to report for Q1 and Q2.

5. Conclusions

5.1. Increases in the number of NHS Health Checks delivered have continued into Q2 and the pilot delivering outreach has successfully targeted the most deprived areas. Smoking cessation and substance misuse services continue to deliver above target, whilst the health trainer service has improved on previous performance.

5.2. Public Health continues to closely monitor performance of commissioned services in order to drive improved performance and value for money.

6. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on current performance of Public Health commissioned services.

7. Background Documents

Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS), 1st April 2015 to 31st March 2016. Available at:

[http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016\[0\].pdf](http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016[0].pdf)

8. Appendices

8.1. Appendix 1 – Key to KPI rating used

9. 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.