

From: Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

22 September 2017

Subject: Performance of Public Health commissioned services

Classification: Unrestricted

Past/Future Pathway: Regular item to committee

Electoral Division: All

Summary: This report provides an overview of key performance indicators (KPIs) for Public Health commissioned services. Most KPIs were rated as green against the annual targets and there were improvements in performance from the previous quarter for most services.

Public Health are working on a number of service improvements which aim to sustain improvements in performance whilst responding to ongoing budget challenges.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the Quarter 1 performance of Public Health commissioned services.

1. Introduction

1.1. This report provides an overview of the performance of the public health services that are commissioned by KCC. It focuses on the key performance indicators (KPIs) that are included in the Public Health Business Plan and presented to Cabinet via the KCC Quarterly Performance Report (QPR).

2. Key Performance Indicators

2.1. The KPIs presented in the table below provide an overview of quarterly and annual performance of public health commissioned services in Kent. The Red, Amber, Green (RAG) status reflects performance against the targets in the Public Health business plan.

Table 1: Commissioned services quarterly or annual performance

Indicator Description	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Target 17/18	Q1 17/18
No. of mandated universal checks delivered by the health visiting service (12 month rolling)	-	63,016	65,088	64,633	65,000	66,902 (g)
% of mothers receiving an antenatal visit/contact with the health visiting service	32%	34%	37%	36%	30%	44% (g)
% of new birth visits delivered by the health visitor service within 30 days of birth	92%	99%	95%	97%	95%	97% (g)
% of infants due a 6-8 week who received one by the health visiting service	79%	84%	88%	88%	80%	89% (g)
% Total or partial breastfeeding status at 6-8 weeks (health visiting service)	47%*	45%*	48%*	49%*	95% coverage	51%*
Percentage of infants receiving their 1 year review at 15 months by the health visiting service	78%	81%	81%	83%	80%	86% (g)
% of children who received a 2-2½ year review with the health visiting service	76%	78%	74%	81%	80%	82% (g)
% of young people exiting specialist substance misuse services with a planned exit	89% (a)	94% (g)	89% (g)	93% (g)	85%	97% (g)
No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	37,078 (a)	39,039 (a)	41,057 (a)	42,071 (g)	41,600	42,568 (g)
% of people quitting at 4 weeks, having set a quit date with smoking cessation services	55% (g)	53% (g)	55% (g)	53% (g)	52%	nca
% of clients accessing GUM services offered an appointment to be seen within 48 hours	100% (g)	100% (g)	100% (g)	100% (g)	90%	100% (g)
No. of new clients accessing the health trainer service being from the 2 most deprived quintiles & NFA	64% (g)	59% (a)	61% (a)	59% (a)	62%	65% (g)
% Successful completion of drug and/or alcohol treatment of all those in treatment	31% (g)	29% (a)	28% (a)	27% (a)	28%	27% (a)
% of sign-ups to the Live Well Kent service from the most deprived quintiles	69% (g)	69% (g)	70% (g)	71% (g)	50%	62% (g)
			13/14	14/15	15/16	16/17
Participation rate of Year R (4-5 year old) pupils in the National Child Measurement Programme			96% (g)	96% (g)	97% (g)	nca
Participation rate of Year 6 (10-11 year old) pupils in the National Child Measurement Programme			94% (a)	95% (g)	96% (g)	nca
No. receiving an NHS Health Check over the 5 year programme (cumulative from 2013/14)			32,924	78,547	115,232	157,303
No. of adults accessing structured treatment substance misuse services			4,652	5,324	5,462	4,616
No. of people accessing KCC commissioned sexual health services			-	-	77,158	77,791

*Coverage above 85% however no quarter met 95% for robustness

Health Visiting

2.2. The Health Visiting Service achieved all of the expected targets in Q1 with the greatest improvement in delivery against the antenatal visit. Nearly 2,000 visits were delivered in Q1 compared to fewer than 900 in the first quarter following transfer to KCC. KCC is working with the Health Visiting service provider, Kent

Community Health NHS Foundation Trust (KCHFT) to continue to improve uptake of the antenatal check, working closely with maternity services across the county.

- 2.3. Performance on delivery of the 6-8 week assessment also continues to improve, along with the collection of breastfeeding data.

Adult Health Improvement

- 2.4. The NHS Health Check Programme met its Q1 target and delivered more than 9,500 checks in Q1. The improvements over the past year have successfully expanded coverage of the health checks programme so that Kent had a better uptake of checks in 2016/17 than the overall national average. Most NHS health checks are delivered in GP practices or pharmacies although some are delivered by a 'Health MOT roadshow' which targets the areas of greatest deprivation, who also have the greatest risk of cardiovascular disease.
- 2.5. Stop Smoking Services and KCC have been working to improve and streamline access to a broader range of licensed medication for people aiming to give up smoking. This will enable people to gain access to Varenicline (stop smoking medication, NICE recommended) from a specialist stop smoking advisor without having to visit the GP. This will result in quicker and easier access to the medication and should reduce the need and burden of unnecessary GP appointments. The Patient Group Direction (PGD) will begin to be rolled out in October 2017 and will operate across the county from January 2018; a PGD is for healthcare professionals to supply specified medicines to a pre-defined group of patients without the need of a prescription.

Sexual Health

- 2.6. KCC-commissioned sexual health services provide clinic-based sessions and outreach services across the county as well as access to some home testing kits for STIs. Services have maintained rapid access for cases requiring an urgent genito-urinary medicine (GUM) appointment.
- 2.7. Attendances at sexual health clinics have remained relatively stable over the past 2 years. Rates of new infections show there is a continuing need for STI testing as part of sexual health services.
- 2.8. Public Health are in the process of expanding the range of home testing kits that can be ordered online in order to improve access, support to those at greatest risk and reduce unnecessary demand on clinic sessions. The online chlamydia testing service issued more than 1,000 home testing kits in Q1 and had a return rate of over 70%. On average 10% of tests returned resulted in a positive diagnosis which is a better than average uptake.

Drug and Alcohol Services

- 2.9. The numbers of adults accessing structured treatment for substance misuse has been steadily decreasing over the past 2 years; this can be attributed to the

decreasing number of alcohol-only clients. The number of opiate clients has remained relatively stable and this remains the largest population accessing structured treatment, with over 2,000 people receiving treatment. This pattern is reflected in the reduced number of successful treatment completions.

- 2.10. Recovery from substance misuse, particularly of opiates such as heroin is known to be a long-term process and for many people it may take many attempts lasting more than a year. Kent's treatment population has been changing with increases in the proportion of new clients from the older age groups, from 2009/10 to 2015/16. This group are often in ill health and are less likely to have the sorts of personal and social resources that we know can aid recovery, such as employment (26% of alcohol clients and 30% of drug clients in 2015/16 were long-term sick or disabled) and stable housing. Alcohol clients in particular are also not getting into structured treatment early enough and have other related problems such as smoking/mental health problems and poor nutrition and immune systems.
- 2.11. In East Kent, the Forward Trust (previously known as RAPt) are now four months into the contract and are in the process of co-designing and implementing a new service model in collaboration with service users and other key stakeholders. In West Kent, the Drug and Alcohol Service (delivered by CGL) have expanded service capacity by appointing new 'Recovery Co-ordinators'. These roles will support frontline staff and help enable service users to achieve successful and lasting recovery. Both providers in Kent are developing a range of solutions to aid recovery and are linking up with community assets and improving pathways with other health services.

Mental Wellbeing Service

- 2.12. As requested at the June meeting of the Committee, this report now includes a performance indicator for the community mental wellbeing service, Live Well Kent that is jointly commissioned by Public Health, Adult Social Care and CCGs. Live Well Kent is an integrated service that helps Kent residents to improve their mental and physical health and wellbeing by giving them the support, information and skills they need to build a healthy, independent life. This includes; help to find employment, maintain tenancies or find suitable housing, support on debt issues or support to find local activities that help keep them healthy and well.
- 2.13. The service is free for anyone living in Kent who is aged over 17. The new service replaced a number of historically funded services and funding has been redistributed to ensure greater equity across Kent.
- 2.14. One important objective for the service is to ensure new clients are coming from the more deprived areas of the county, as mental health need is correlated to deprivation. In Q1, 62% of clients accessing the service lived in the two most deprived quintiles (two fifths) of the county. This exceeded the target of 50%.

3. Conclusions

- 3.1. Performance of commissioned services against the Key Performance Indicators met or exceeded targets, with improvements across the majority of the indicators.
- 3.2. Public Health is working with service providers to ensure further and continuous improvement in performance and service delivery.

4. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the Quarter 1 performance of Public Health commissioned services.

5. Background Documents

None

6. Appendices

Appendix 1 – Key to KPI rating used

7. 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 national
(r) RED	Performance is below a pre-defined floor standard; or lower than national
nca	Not currently available

Data quality note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision.