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To: Health Reform and Public Health Cabinet Committee

Date: 22 September 2017

Subject: Public Health Quality Annual Report 2016-2017

Classification Unrestricted

**Past Pathway/
Future Pathway** Annual item to committee

Electoral Division All

Summary: This Public Health Quality Annual Report provides a review of the Quality activity and programmes between April 2016 and March 2017. It provides assurance that quality activity within all commissioned services meets national standards and demonstrates a model of continuous improvement. This is reflected in local policy and procedure and reflected in the Public Health governance framework, quality dashboard and indicators delivery and performance plans.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the Public Health Quality Annual Report 2016-2017

1. Introduction

- 1.1** This Public Health Quality Annual Report 2016-2017 provides an overview of the Quality and Governance Strategy as well as the processes and controls that have been developed to deliver quality assurance for the providers of our commissioned services and the Public Health Directorate. Quality requires providers of health and social care services to deliver safe quality services and for all commissioners to drive improvement in quality and safety.
- 1.2** The Health and Social Care Act (2012) defines quality in terms of three elements:

Clinical effectiveness - care is delivered to the best evidence of what works. Most interventions, support services and treatments will be provided at the right time to those patients/clients who will benefit. Our providers will have service / care outcomes which achieve those described in the Public Health Outcomes Framework and NICE Clinical, Public Health and Quality Standards.

Safety - care is delivered so as to avoid all avoidable harm and risks to the individual. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.

Patient experience - care is delivered to give as positive an experience as possible for the individual. Patients will experience compassionate and caring communication from those who work in partnership with patients, relatives and their carers to achieve the best possible health outcomes.

High quality services require all three dimensions to be present.

- 1.3 Clinical governance and quality requires organisations to develop a culture where staff are supported to work safely and can utilise the best available evidence to guide and reflect on practice. It is reliant on strong leadership, effective partnership, continuous learning, and innovation to deliver safe and effective care and ensures that the essential standards of quality and safety are maintained and there is a drive for continuous improvement in quality and outcomes.

2. Quality and Governance Strategy

- 2.1 All KCC Public Health provider contracts have quality and safeguarding clauses that they are required to comply with, these include policies, risk registers, complaints and governance processes.
- 2.2 KCC Public Health has quality and safeguarding indicators that include NICE quality guidance as part of the quality dashboard. All providers from July 2016 provided their evidence using a digital reporting system. All quality and safeguarding issues are assured through the Quality Committee.
- 2.3 The KCC Public Health provider assurance process is managed through the provider's quarterly indicator reports and performance and quality meetings.

3. Quality & Governance Accountability and Assurance

- 3.1 The overall responsibility for delivery of the Governance, clinical governance and Quality agenda rests with the Director of Public Health. This responsibility is delegated to the Deputy Director of Public Health who has responsibility for ensuring that governance and clinical governance is delivered throughout the Public Health programmes, remains a priority, and is an integral part of Public Health's policies, procedures and commissioning.
- 3.2 The Quality Committee is the main committee responsible for the accountability and assurance for quality and governance. It is the responsibility of the Head of Quality and Safeguarding to coordinate the work of the committee and the safeguarding advisory group which met quarterly in 2016-2017.
- 3.3 The Head of Quality and Safeguarding provided quarterly quality assurance reports to the Quality Committee throughout 2016-17.

3.4 All providers have systems and processes that ensure that they are able to meet the quality and governance requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A), which are reflected in the Public Health quality dashboard and quality Indicators underpinning quality and continuous improvement. It exists to safeguard high standards of service, and provide an environment in which excellence can flourish. The main components of governance are:

1. Risk Management and Safety
2. Effectiveness and Evidence based service
3. Client, Staff and carer experience and involvement
4. Audit and due diligence
5. Education Training and Continued Professional Development
6. Staffing and staff management
7. Serious incident management
8. Complaints and Compliments
9. Human Resources including DBS checks and staff welfare
10. Informatics and Information governance
11. Policies and Procedures
12. Equality and diversity
13. Inclusive culture

3.5 Providers have responsibility for effective governance, including assurance and auditing systems or processes. They must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service.

3.6 The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.

3.7 Providers must securely maintain accurate, complete and detailed records in respect of each person using the service and records relating to the employment of staff and the overall management of the regulated activity.

3.8 As a part of their governance assurance, providers must seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.

3.9 During 2016-17 all providers, and the Public Health department in general, have evidenced a person-centred, accountable, safe and high quality service in an open and questioning environment

4. Public Health Quality & Safeguarding 2016-17 successes

Quality

4.1 Generic Quality & Safeguarding assurance clauses have been agreed and included for all PH contracts and specifications.

- 4.2 All Quality and Safeguarding information and evidence including data is now accessible on the PH G drive and aligned to the performance data.
- 4.3 Quality and Governance Audits have been completed for the core group of providers who have experienced external budgetary and contractual changes in 2016/17 and have potentially been affected due to increased staff turnover at a time when services are embedding new structures and responsibilities. Action plans are in place and are being closely monitored to ensure quality and safety is maintained and any risks are mitigated appropriately.
- 4.4 Quality and Governance for newly commissioned contracts are being closely monitored during the transformation process.
- 4.5 Quality dashboard, digital indicators and quality reporting and evidence systems are embedded for Public Health and providers. The key success is that we do not have to ask providers repeatedly for the same evidence.
- 4.6 All Public Health directorate staff have completed bespoke quality and safeguarding mandatory training, and are complaint for 2016/17.

Safeguarding

- 4.7 Public Health Safeguarding Toxic Trio audit (the Toxic Trio refers to a combination of mental health problems, substance misuse and domestic violence) – Public Health providers completed a toxic trio audit during Quarter 3. All providers had policies and processes in place. Assurance with adherence to the details of the processes was not complaint in all providers. Audit plans with robust time frames are in place to address the issues through the performance meetings.

Inspections

- 4.8 **JTAI** – Joint Targeted Area Inspections - Children living with Domestic Abuse September 2016- April 2017 has now been completed without a Kent JTAI. KCC conducted its own audit programme to examine partnership working with a focus on Children Living with Domestic Abuse. All our providers have robust policies and procedures in place. Work is ongoing to ensure that there is adequate response for the children, victims and perpetrators.

JTAI – Between May and December 2017 there is a JTAI regarding Children Living with Neglect. The inspection will be evaluating the multi- agency response to all forms of child abuse, neglect and exploitation at the point of identification and the quality and impact of assessment, planning and decision-making in response to notifications and referrals.

Ofsted and the Care Quality Commission (CQC) SEND (Special Educational Needs and Disability) joint inspection of the local area of in implementing the special educational needs and disability reforms as set out in the Children and Families Act 2014. Public Health quality has lead on ensuring that all our relevant providers are prepared for the Inspection.

4.9 Public Health Safeguarding Group minutes are reported to the Quality Committee.

A key quality and governance change in quarter 4 is that the Kent Safeguarding Children's Board (KSCB) have an electronic (ECR) system for Serious Case Reviews which Public Health, as a commissioner, has access to and will hold strategic assurance that all PH providers report and action all lessons learnt. This is a key assurance improvement as Public Health now be involved in the process whereas previously we were excluded as commissioners.

All providers have a ratified children's and adult safeguarding policy and an assurance framework.

5 Serious Incidents Learning Partnership (SILP)

5.1 The membership and remit of the Serious Incident Learning Partnership for drug deaths was refreshed, and new terms of reference developed, with a strong focus on sharing and embedding learning within organisations. The availability of a thematic report which now includes data from the police of deaths in Kent involving any substance, facilitates open and productive group discussions and two important changes which are;

- Knowledge on every substance misuse death in Kent which facilitates the partnership learning and with reducing resources evidence for how the partners can make significant changes to make a difference from the learning.
- Evidence is emerging of how substance misuse is changing. There has been a decrease in young male heroin users but an increase in heroin users with long term medical conditions (LTCs)/ chronic illness. We are reviewing the types of LTCs involved from both local events and the national evidence base for possible correlations. For example, we know that many long-term substance misusers have respiratory diseases and we will look for assurance that primary and community NHS care support links are in place or improved.

Suicide - KCC Public Health lead and coordinated the Kent and Medway suicide prevention group for Kent which during 2016/17 have achieved

- All partners signing up to the dual diagnosis policy and processes.
- Partnership working to understand and put measures in place to raise awareness of suicide prevention
- Prevent the suicide clusters linked to railway lines and prison deaths.

6 Provider Summaries

6.1 Kent Community Health NHS Foundation Trust (KCHFT)

Public Health commission the following programmes from KCHFT:

6.1.1 HEALTH TRAINERS SERVICES

Introduction to the programme - The Health Trainer Programme is a national programme specifically designed to tackle health inequalities. It is a targeted service focusing on areas of deprivation. Health Trainers work with people at greater risk of poor health. They work with clients on a one to one basis to assess their health and lifestyle risks and facilitate behaviour change. Part of their role also includes signposting individuals to other services and activities that might be suitable to their needs.

Clinical effectiveness - The Health Trainer service over achieved on their targets in 2016-17 and the team has increased in size and continues to grow. There has been some good progress made within Job Centre Plus and Probation where the service is seeing a sizable number of clients. The service is experiencing an increase in the number of clients with mental health conditions, and as result is working more closely with Kent and Medway Partnership Trust (KMPT), Porchlight, Change Grow Live (GCL) and Turning Point. Number of clients seen from deprived areas was 61%. All Health Trainers have been trained and deliver Health Checks and have moved to an electronic record system.

Patient safety - There has been no reported complaints or incidents in the service from April 2016 to March 2017.

There has been a high staff turnover rate of 15.2 %. This is due to promotion within KCHFT and the internal KCHFT Health Improvement restructure of the service. There were 3.6 whole time equivalent (WTE) vacancies in month 12.

KCHFT Health Trainer staff have completed 98% mandatory training and 95% have completed their appraisals.

Patient experience - 99.3% of the patients who used the service said they would recommend the service to friends or family. 99.1% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the Health Trainer service felt that they had been involved in decision making about their health, had been given the right information and had been listened to.

6.1.2 HEALTHY WEIGHT SERVICE

Introduction to the programme - KCHFT Health Weight Team is commissioned to deliver services in East Kent. The team deliver seven distinct schemes of work across all three tiers of the healthy weight pathway (Health Walks, Exercise Referral Scheme, Food Champions, Fresh Start, Specialist Weight Management Service, Change for Life and Ready Steady Go).

Clinical Effectiveness - KCHFT provides a number of programmes that support healthy weight. A specialist weight management service is provided in Swale for people who have severe and complex problems. KCC is currently reviewing the obesity pathway including tier 3 services and is in discussions

with Clinical Commissioning Groups (CCG's) around the future of these services to ensure there are sufficient services in place to meet local need.

A Community Weight Management Programme called Fresh Start is delivered by KCHFT health Trainers and is subcontracted by KCHFT to 34 pharmacies across Kent. 80% of people who engage in the programme complete it, which is in line with national guidance. The average weight loss is above 3% which is expected for an effective Tier 2 programme.

KCHFT also provide a Family Weight Management programme which is targeted at families where there is one or more child who is overweight or very overweight. These programmes are proving hard to recruit to. The families who do participate show good outcomes with regard to behaviour change. The Healthy Weight Team has provided training for all Kent school nurses on a nationally designed programme. The training aims at increasing the confidence of school nurses in raising the issue of weight and to be able to support families, schools and the wider community. KCHFT has also trained 36 Food Champions who are based in a number of settings, including Children's Centres.

Patient safety - There has been no reported complaints or serious incidents in the service during this period. The vacancy rate in the service is 14.8%. KCHFT is achieving more than the year to date target for mandatory training. 99.3% of the staff completed the mandatory training. The appraisal rate is 95.2%. 100% of the staff working in the healthy weight service completed children safeguarding training.

Patient experience - 98.1% of the patients who attended the service said they would recommend the service to friends or family. 96.2% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the Healthy Weight service felt that they had been involved in decision making about their health, had been given the right information and had been listened to and talked about life.

6.1.3 STOP SMOKING SERVICE (SSS)

Introduction to the programme - The service is commissioned to provide a universal service to smokers who want to quit. The service has a particular focus towards reducing smoking prevalence in people with mental health problems, pregnant women and people from routine and manual class. The service is also commissioned to provide training, support, and resources for its own in house staff as well as for approximately 400 Advisors who are based within community settings. These vary from GPs, pharmacies, mental health workers, libraries, supermarkets, hospitals, Children Centres, prisons, and workplaces.

Clinical Effectiveness - 2016-2017 has seen a decline in the number of smokers accessing the smoking cessation services. This is a national trend and despite fewer people accessing the service, the success rate of those quitting was 54%.

The service is e-cigarette friendly. Skype and telephone support are now widely available.

Patient safety - There have been no reported complaint or serious incident in the service during this period. There has been a high staff turnover rate because of restructuring. The vacancy rate in the service is 14.7%. with a 3.5 WTE vacancies in the service. 99.5% of staff in the stop smoking service have completed their mandatory training and 96.6% of staff have completed the children safeguarding training. The appraisal rate is 100%.

Patient experience - 99.6% of the patients who attended the service would recommend the service to friends or family. 94.8% of the patients accessing the services were satisfied with the service. 94.7% of the patients surveyed in the Stop Smoking service felt that they had been involved in decision making about their health, 96.1% felt they had been given the right information and 94.7 % had been listened to and talked about life.

6.1.4 SEXUAL HEALTH SERVICES

Introduction to the programme - The sexual health service provides a range of services delivered through clinical and non-clinical settings across Kent. The services provided are contraception, genitourinary medicine (GUM), HIV treatment and support, psychosexual therapy service, pharmacy sexual health services and the National Chlamydia Screening Programme. In addition services are available on line such as chlamydia screening and HIV home sampling tests

Clinical Effectiveness - There have been major improvements in the delivery of sexual health services after the roll out of the integrated sexual health model. The establishment of a clinical service lead for psychosexual therapy has enabled the provider to make improvements in recording service outcomes and expanding the service across Kent.

The delivery of training to pharmacists to provide a sexual health service has recently been improved and the availability of Emergency Hormonal Contraception (EHC) via pharmacies has improved. There is coverage of this service across all districts, but there is a special focus on areas with the highest teenage pregnancies rates. Alcohol screening is undertaken with all clients.

Lower than target diagnosed Chlamydia positivity remains a challenge. The changes to the contract have impacted upon the volume of chlamydia screens undertaken amongst 15-24 year olds as the activity is more targeted and embedded into all components of sexual health services.

Patient safety - There has been no serious incidents, 1 incidents and 0 near misses in the service. Following the tender of the sexual health service and subsequent restructuring process within KCHFT turnover rates have been higher than the Trust average. There are 9.9 WTE vacancies in the sexual health services. The vacancy rate in the service is 10.9%. The staff turnover rate is 16.0%. 96.6% of staff have completed their mandatory training against an agreed trajectory of 85% with 85.3% of the staff have completing the adult

safeguarding training and 95.9% of staff have completed the children safeguarding training. No frontline staff in sexual health services can practice without completion of mandated CSE training. 98.9% of staff working in the sexual health services have completed their CSE training, 1.1% shortfall accounts for vacancies and absent staff. The appraisal rate is 91.3%.

Patient experience - 98.3% of the patients who attended the service said they would recommend the service to friends or family. 98.3% of the patients accessing the services were satisfied with the service. 98.5% of the patients surveyed in the Sexual Health service felt that they had been involved in decision making about their health, 97.5% felt they had been given the right information and 98.6% had been listened to and talked about life.

6.1.5 SCHOOL NURSING SERVICE

Introduction to the programme - The 5-19 element of the Healthy Child Programme is led by the school nursing service. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. School nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. Following holistic assessment, interventions are planned in partnership with both the child/young person and other agencies, in order to achieve outcomes.

Clinical Effectiveness - Safeguarding assurance has been achieved following an internal review of its operational responses to safeguarding requests and some poor documentation. The outcomes for children and young people subject to safeguarding interventions are now robust.

Patient safety - There have been no serious incidents, or near misses but there was 1 incident in this time period which has been fully addressed. The vacancy rate remains above the trust target and is reflected nationally due to shortage of qualified school nurses but is managed locally and the service remains safe.

Mandatory training at 96.8% as a whole with 96.1% have completed the children safeguarding training is excellent.

85.1% of the school nurses have completed the adult safeguarding training which is within trajectory.

Patient experience - 97.3 % of the (patients) children and their parents /guardians who used the service said they would recommend the service to friends or family. 88.8% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the School Nursing service felt that they had been involved in decision making about their health, 96.3% felt they had been given the right information and 100% had been listened to and talked about life.

6.1.6 HEALTH VISITING SERVICE

Introduction to the programme - The 0-5 element of the Healthy Child Programme is led by Health Visiting services. The Health Visiting service is a

workforce of specialist community public health nurses who provide expert advice, support, and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing. The service is central to delivering public health outcomes for children. There are five mandated checks carried out by the Health Visiting service in the programme.

Clinical effectiveness - The Health Visiting service during 2016/17 developed a more systematic approach to partnership working with Children's Centres, 100% of Children Centres have partnership agreements in place now.

Patient safety - In this time period there have been two serious incidents, 29 incidents, and three near misses in the service. Eight complaints were received about the service.

Staff turnover rate is improving. Health visiting resources will be allocated based on need and will be reviewed regularly to ensure equity of provision based on changing demographics and deprivation weightings. Workforce strategy development work is ongoing which will be completed and embedded in quarter 2 of 2017/18. Benson Wintere workforce modelling is being used to inform future provision.

91.7% of staff completed their mandatory training. 98.4% completed children's safeguarding training with an end of year adult safeguarding training of 80%.

Patient experience - 98.2 % of the patients who used the service and responded to questionnaires said they would recommend the service to friends or family. 99% of the patients accessing the services and that responded to questionnaires were satisfied with the service and 100% felt they had been given the right information from the service.

6.1.7 NHS HEALTH CHECKS

Introduction to the programme - This programme is for adults aged 40-74 without a pre-existing condition; it checks the circulatory and vascular health and assesses the risk of getting a disabling vascular disease.

Clinical effectiveness - Health Checks service met its invitation target however the service had some early uptake challenges in 2016/17 with some of its GP providers.

Patient safety - No serious incidents or incidents have been reported in the service. 98.9% of the staff have completed their mandatory training and 100% have completed their appraisals.

Patient experience - 97.9 % of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the NHS Health Check service felt that they had been involved in

decision making about their health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

6.1.8 METRO C-Card Scheme

Introduction to the programme - Metro delivers the C card condom and sexual health awareness programmes across Kent. This is a free condom programme for under 19's.

Clinical effectiveness - During 16/17 the provider has evaluated the C Card programme. Through this the provider has been able to identify improvements to support the delivery, promotion and monitoring of this programme. The work done by the provider has led to an increase in usage of the C card programme amongst 17-19 year old. This was achieved through targeted and focused activity in specific geographical populations such as Swale and with other population groups.

Patient safety - No serious incidents or incidents or complaints were reported. There have been no reported shortages in staffing levels in the service. All practitioners have completed their mandatory training including safeguarding and are assessed as being competent to deliver the service. Metro has a CSE champion and have completed the KSCB CSE tool kit.

Patient experience - 98% of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed felt that they had been involved in decision making about their health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

6.1.9 MAIDSTONE AND TUNBRIDGE WELLS HOSPITAL NHS TRUST

Introduction to the programme - MTW provides sexual health services in West and North Kent. The services provided by the trust include specialist HIV care and treatment, integrated sexual health service and sexual health outreach service.

Clinical effectiveness - Assurance was achieved in 16/17 despite the provider having to successfully manage a premise issue which was mitigated by being flexible in its approach to the delivery of maintaining safe services.

Patient safety - All staff have completed their safeguarding and mandatory training. 98.6% of staff working in the sexual health services have completed their children's and CSE training, 1.4% shortfall accounts for vacancies and absent staff March 2016. No serious incidents, incidents, or near misses were reported by the service.

Patient experience - 98.1 % of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 96.7% of the patients surveyed felt that they had been involved in decision making about their

health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

7. **TURNING POINT & CHANGE, GROW, LIVE (FORMERLY KNOWN AS CRI)**

Introduction to the programme - CRI now known as CGL (Change Grow and Live) deliver substance misuse treatment services in West Kent (covering districts of Maidstone, Tonbridge and Malling, Tunbridge Wells, Sevenoaks, Dartford and Gravesham). Turning Point delivers substance misuse treatment services in East Kent (covering districts of Swale, Ashford, Canterbury, Thanet, Shepway and Dover).

Clinical effectiveness - CGL had an internal reorganisation which provided them with challenges in ensuring strategic management although patient and staff safety and a competent service was maintained by the end of 2016/17 significant improvement had been achieved and going forward into 17/18 full quality assurance will be achieved.

The East Kent contract which Turning point provided at the start of 2016/17 was retendered during 2016/17 and RAPt were awarded the contract due to commenced in May 2017. Turning Point maintained professionalism throughout the transformation. All the clients received a very safe competent service and the majority of staff typed over to RAPt.

Patient safety - The providers have a very robust and active safety process within the organisation. All the staff are fully involved in the governance process and lessons learnt are actively embedded into the service improvement. CGL & Turning Point are involved in Operation Willow, have a CSE champion and have completed their Kent Safeguarding Children's Board (KSCB) CSE toolkit.

Turning Point have reported no serious incidents, incidents in the time period. The learning from root cause analysis is shared with wider partners to ensure there is a continuous programme of service improvement. Turning Point has robust safeguarding and safety policies which they audit and review regularly.

Patient satisfaction - CRI and Turning Point have a very active service user involvement programme.

CRI - 98.1% of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 96.7% of the patients surveyed felt that they had been involved in decision making about their health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

Turning Point - 96.1 % of the patients who used the service said they would recommend the service to friends or family. 95.0% of the patients accessing the services were satisfied with the service. 98.7% of the patients surveyed felt that they had been involved in decision making about their health, 92% felt they had been given the right information and 100% had been listened to and talked about life.

8. ADDACTION

Introduction to the programme - Addaction provide advice on drugs and alcohol for young people aged 10 to 17. Addaction, support young people to understand the effects of their substance misuse and the harm it can cause to them and the people around them. As well as one-to-one work, Addaction also offer a range of early intervention programmes in schools, youth clubs and other settings, helping young people reach their full potential.

Clinical effectiveness - Service continues to deliver early intervention services across Kent and continues to target vulnerable young people and those at risk. Performance data shows the provider is achieving effective results in engaging young people who are at risk of reoffending, at risk of exclusion and are children of substance misusing parents. The service is less effective in engaging young asylum seekers or refugees and looked after children. Work is continuing to ensure needs are being met for other vulnerable groups particularly Children in Care. The provider delivers more structured treatment for those young people who have very complex needs around their substance misuse. Compared to national figures Addaction is engaged with more complex client groups, especially those with two or more vulnerabilities and those with early onset.

Addaction is achieving a high proportion of planned exits from structured treatment, overall achieving over 90%. Work is going on with the provider to ensure that information about other Public Health services and GP registration is provided to clients before they exit the service.

Patient safety - Addaction has not reported any serious incidents or complaints in the service in this time period.

Patient satisfaction - Addaction conducts a young people's survey each quarter. A questionnaire is given to all young people engaged in the treatment service and feedback from the survey is used to inform development and reflect on the current offer. In the previous survey 94% of young people stated they would recommend the service to their friends and would be happy using the service in the future.

9. Discussion & Risk

There has been a high level of engagement with the process from all providers. The majority of providers have been able to provide high level of quality assurance of their services.

The quality indicators have identified areas of good performance and those that need improvement. A core group of providers (who have experienced external budgetary and contractual changes which has led them to reorganise and restructure their services) have action plans in place to ensure that their essential standards of quality, safety and governance are maintained and there is a drive for continuous improvement in quality and outcomes.

10. Conclusions

This report provides assurance that the quality of Public Health and commissioned services meet national standards and demonstrates that a model of continuous improvement has been achieved.

11. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the Public Health Quality Annual Report 2016-2017

12. Background Documents

None

13. Appendices

None

14. Contact details

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