

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

24 January 2018

Subject: **Performance of Public Health commissioned services**

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 (KPIs) for Public Health commissioned services. 12 of the 15 KPIs were RAG rated green in the latest quarter, 3 were amber, and none were red.

There has been some decline in the direction of travel although performance remains at or above acceptable levels. A range of campaigns are due to commence in 2018 and will be utilised by the providers to increase engagement in the services.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the Q2 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). Appendix 1 contains the full table of KPIs and the performance over the previous 5 quarters.
- 1.2. This report does not include data and commentary on the longer term measures of population health outcomes. This information will be presented to the Committee in a separate report in March 2017.

2. Overview of Performance

- 2.1. Of the 15 KPIs for Public Health commissioned services, 12 remained above target in Q2 17/18 (green), 3 fell below target but remained within acceptable

levels (amber), these were for adults completing substance misuse treatment successfully and the smoking cessation 4 week quit rate. No KPIs fell below the 'floor target' (red).

Health Visiting

- 2.2. The Health Visiting Service achieved all of the expected targets in Q2 with the greatest improvement in delivery seen on the antenatal contact. This has been achieved through improved information sharing processes with local maternity services leading to increased notifications of pregnancies to health visitors at an appropriate stage.
- 2.3. Breastfeeding continuation rate (at 6-8 weeks) has fallen slightly compared to Q1, but remain consistent with last year's performance. Completion of this data by the provider remains above 90% but just below nationally set levels for robustness and should be considered when looking at figures on breastfeeding rates in Kent.

Adult Health Improvement

- 2.4. The NHS Health Check Programme met its Q2 target and has continued to improve compared to the same time period last year. Developments intended to further enhance the service include rolling out a new IT system and using outreach and marketing to promote the checks to underrepresented groups in Kent. Health Checks will be offered as a core part of the One You Kent Lifestyle Services which went live in October 2017.
- 2.5. Health Trainers are now called 'One You Lifestyle Advisors', and will continue to work with clients from areas of high deprivation. The target for this KPI was not met in Q2 and was a reduction in comparison to Q1; however 61% remains a higher proportion than experienced in previous quarters.
- 2.6. Stop Smoking Services are also a core part of the One You Kent Lifestyle Services and despite a drop in performance in Quarter 2 the service will be able to utilise a number of campaigns running in January 2018 which aim to motivate people to make lifestyle changes including quitting smoking, including a Public Health England campaign highlighting the harms of smoking.

Sexual Health

- 2.7. Attendances at sexual health clinics have remained relatively stable. There are on average 6,500 clinic attendances each month across Kent. Services have maintained rapid access for cases requiring an urgent genito-urinary medicine (GUM) appointment.
- 2.8. A new online service went live on the 1st October 2017 and has extended the range of home testing kits that can be ordered online. The service asks E-users a series of questions to determine their risk profile and the tests they need to be sent. It can also help identify any areas of concerns from their answers so that the specialist team in the E-Bureau can follow this up with them. The service

aims to improve access, reduce unnecessary demand on clinic sessions and target those at greatest risk.

Drug and Alcohol Services

- 2.9. The numbers of adults accessing structured treatment for substance misuse has continued to decline to 4,445 in the 12 month to September 2017 compared to 4,999 in the same time period last year. Analysis has identified this decrease to be attributed to the decreasing number of alcohol-only clients and work is underway by providers to increase the number of alcohol-only clients accessing the services with targeted campaigns running in 2018. The number of opiate clients has remained relatively stable and at 2,120 is the largest population accessing structured treatment in Kent.
- 2.10. The decrease in the numbers of people accessing treatment is reflected in the reduced number of people successfully completing treatment, and these decreases are seen nationally. Kent has however seen a slight rise in the proportion of opiate clients successfully completing treatment. Whilst this in-year proportionate rate tells us something about the effectiveness of the treatment and the area in general in promoting recovery, it does not give the full picture.
- 2.11. Recovery from substance misuse, particularly of opiates such as heroin is a long-term process. Clients in treatment for alcohol only and opiates tend to be much older than individuals who have presented for problems with other substances. These groups are often in ill health and are less likely to have the personal and social resources that are known to aid recovery, such as employment and stable housing. Alcohol clients in particular are also not getting into structured treatment early enough and have other health related problems which makes recovery more challenging.
- 2.12. In East Kent, the Forward Trust is six months into the new contract and in the final stages of co-designing the new service model. In West Kent, the Drug and Alcohol Service (delivered by CGL) continue to promote a recovery community through their use of the newly appointed Recovery Co-ordinators. Both providers are continuing to develop a range of solutions to increase access into structured treatment services, build the recovery capital of clients and improve integration with other services.
- 2.13. The numbers of young people accessing the Kent Young Person's Substance Misuse service has remained fairly constant and in the 12 months up to the end of September 2017, there were 405 young people in structured treatment. In Quarter 2 of 2017/18, 93% of young people excited the service in a planned way.
- 2.14. The Young Person's Substance Misuse service has been competitively tendered and the new contract started on 1st January 2018.

Mental Wellbeing Service

- 2.15. Live Well Kent is jointly commissioned by Public Health, Adult Social Care and Clinical Commissioning Groups, and aims to engage a minimum of 50% of clients from areas of deprivation. In Q2, 53% of new sign ups were from the most deprived quintiles in Kent. This exceeded the target of 50% but is a decrease on the previous quarter. The service is open to anyone aged over 17 and fluctuations are expected in this KPI despite services targeting resources in areas of high inequality.
- 2.16. The service works with clients who have low level mental health problems such as stress and anxiety in addition to those with a mental health diagnosis including Schizophrenia or personality disorders. The support offered by the service is individually tailored and includes help to find employment, maintain tenancies or find suitable housing, advice on debt issues or to find local community activities to keep them healthy and well.

3. Quality

- 3.1. Quality assurance for KCC Public Health commissioned services is fundamental to delivering safe, high quality services and all commissioners are driving improvements in the quality and safety of commissioned services. The majority of providers are now achieving this. Action plans are in place where required.
- 3.2. There have been a number of serious case reviews, in recent months which have highlighted important learning for some Public Health commissioned services. The services are implementing various quality improvement actions which are being monitored by the Public Health team and will give assurance that identified issues have been addressed.

4. Conclusion

- 4.1. 12 of the 15 KPIs with targets stated in the Public Health business plan were rated green in Q2 and 3 were amber. All were performing within acceptable levels of the target. Where negative direction of travel occurred into Q2 further work with the providers has identified areas for improvement.

5. Recommendations

<p>Recommendation: The Health Reform and Public Health Cabinet Committee is asked to NOTE and COMMENT on the Q2 performance of Public Health commissioned services.</p>
--

6. Background Documents

None

7. Appendices

Appendix 1 - Public Health Commissioned Services KPIs

8. Contact Details

Report Authors:

- Mark Gilbert: Interim Head of Public Health Commissioning
- 03000 416148
- Mark.gilbert@kent.gov.uk
- Penny Spence: Head of Quality & Safeguarding, Public Health
- 03000 419555
- penny.spence@kent.gov.uk

Relevant Director:

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

Appendix 1: Public Health Commissioned Services – Key Performance Indicators Dashboard

Service	KPI's	Target 2017/18	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	DoT– 2 most recent
Health Visiting	No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	63,016	65,088	64,633	66,902 (g)	68,837 (g)	↑
	No. and % of mothers receiving an antenatal contact with the health visiting service	30%	1,466 34% (r)	1,609 37% (r)	1,567 36% (r)	1,914 44% (g)	2,457 54% (g)	↑
	No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	4,184 99%	4,198 95%	3,864 97%	4,259 97% (g)	4,459 97% (g)	↔
	No. and % of infants due a 6-8 week who received one by the health visiting service	80%	3,488 84% (a)	3,965 88% (a)	3,543 88% (a)	3,859 89% (g)	3,989 89% (g)	↔
	No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	1,748 45%*	1,936 48%*	1,843 49%*	2,077 51%*	2,025 49%*	-
	No. and % of infants receiving their 1 year review at 15 months by the health visiting service	80%	3,426 81%	3,547 81%	3,447 83%	3,666 86% (g)	3,751 88% (g)	↑
	No. and % of children who received a 2-2½ year review with the health visiting service	80%	3,153 78% (a)	3,200 74% (r)	3,390 81% (a)	3,440 82% (g)	3,520 84% (g)	↑
Structured Substance Misuse Treatment	No. and % of young people exiting specialist substance misuse services with a planned exit	85%	60 94% (g)	51 89% (g)	75 93% (g)	65 94% (g)	76 93% (g)	↓
	No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	28%	1,468 29% (a)	1,330 28% (a)	1,256 27% (a)	1,221 27% (a)	1,143 26% (a)	↓
Lifestyle and Prevention	No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	41,600	39,039 (a)	41,057 (a)	42,071 (g)	42,568 (g)	43,677 (g)	↑
	No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	789 53% (g)	819 55% (g)	991 53% (g)	828 52% (g)	708 46% (a)	↓
	No. and % of new clients accessing the health trainer service being from the 2 most deprived quintiles & NFA	62%	666 59% (a)	619 61% (a)	626 59% (a)	584 65% (g)	414 61% (a)	↓
Sexual Health	No. and % of clients accessing GUM services offered an appointment to be seen within 48 hours	90%	100% (g)	100% (g)	100% (g)	100% (g)	100% (g)	↔
Mental Wellbeing	No. and % of sign-ups to the Live Well Kent service from the most deprived quintiles	50%	1,006 61% (g)	864 60% (g)	880 62% (g)	844 60% (g)	1,043 53% (g)	↓

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

Commissioned services annual activity

Indicator Description	2013/14	2014/15	2015/16	2016/17	DoT
Participation rate of Year R (4-5 year old) pupils in the National Child Measurement Programme	96% (g)	96% (g)	97% (g)	97% (g)	↔
Participation rate of Year 6 (10-11 year old) pupils in the National Child Measurement Programme	94% (a)	95% (g)	96% (g)	96% (g)	↔
Number receiving an NHS Health Check over the 5 year programme (cumulative from 2013/14)	32,924	78,547	115,232	157,303	-
Number of adults accessing structured treatment substance misuse services	4,652	5,324	5,462	4,616	-
Number accessing KCC commissioned sexual health service clinics	-	-	73,153	78,144	-

Key:

RAG Ratings

(g) GREEN	Target has been achieved
(a) AMBER	Floor Standard* achieved but Target has not been met
(r) RED	Floor Standard* has not been achieved
nca	Not currently available

* Floor Standards are set in Directorate Business Plans and if not achieved must result in management action

DoT (Direction of Travel) Alerts

↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

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