

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

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To: Health Reform and Public Health Cabinet Committee

Date: 28th September 2018

Subject: Public Health Quality Annual Report 2017 -2018

Classification: Unrestricted

Electoral Divisions:All

Summary: This Public Health Quality Annual Report provides a review of the quality activity and programmes between April 2017 and March 2018. 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. Performance measures through key performance & quality indicators are reported to the committee every other meeting.

Recommendation: The Health Reform and Public Health Committee is asked to **COMMENT** on and **NOTE** the Public Health Quality Annual Report 2017-2018

1. Introduction

1.1 This Public Health Quality Annual Report 2017-2018 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 both in health and social care to deliver safe quality services and 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 which 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 regular 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 Consultant in 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 Public Health Quality Committee has been the main committee responsible for the accountability and assurance for quality and governance and the Head of Quality and Safeguarding provided quarterly quality assurance reports to the Quality Committee throughout 2017-18.
- 3.3 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 2017-2018. In addition, the Public Health Safeguarding Group minutes are currently reported to the Quality Committee. There are plans to migrate the work of the Quality Committee to the Public Health Consultant and Specialist meeting which meets more regularly.

3.4 All providers have systems and processes that ensure that they can 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
14. Business continuity

3.5 Providers should have effective governance, including assurance and auditing systems or processes. These 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 the employment of staff and the overall management of the regulated activity.

3.8 As 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 2017-18 all providers and the Public Health Directorate generally have evidenced a person-centred, accountable, safe and high-quality service in an open and questioning environment

4. Public Health Quality & Safeguarding successes - 2017-18

Quality

- 4.1** The PH Clinical Governance audit final report, which had only one comment and no outstanding actions, was completed during Quarter 2 and presented to the Cabinet Audit Committee by KCC Internal Audit Team. This review audit demonstrated the excellent improvement that Public Health has achieved since the previous 2016 poor audit.
- 4.2** Generic Quality & Safeguarding assurance clauses have been agreed and included for all PH contracts and specifications
- 4.3** All Quality and Safeguarding information and evidence including data is now accessible on a shared drive accessible to relevant public health staff and aligned to the performance data. This is GDPR compliant.
- 4.4** Quality and Governance Audits have been completed for a core group of providers who experienced budgetary and contractual changes in 2017/18. Action plans are in place and are being closely monitored to ensure quality and safety is maintained and any risks are mitigated appropriately
- 4.5** Quality and Governance for newly commissioned contracts are being closely monitored during the current directorate transformation process.
- 4.6** The Quality dashboard, digital Indicators and quality reporting and evidence systems are now embedded for Public Health and providers. This has meant that providers are not repeatedly asked for the same evidence.
- 4.7** All Public Health directorate staff have completed bespoke quality and safeguarding mandatory training and are compliant for 2017/18.

Safeguarding

- 4.8** Public Health achieved a totally compliant (green) Kent Safeguarding Children's Board Section 11 audit of the Children's Act 2004 which places duties on a range of organisations, agencies and individuals to ensure their functions and any services that they contract have regarding to the need to safeguard and promote the welfare of children.

Inspections

- 4.9** Kent was not inspected as part of the six joint targeted area inspections of Children living with Neglect, which involved Ofsted, Care Quality Commission, HMI Constabulary and HMI Probation during 2017-2018. These inspections evaluate 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. Public Health assurance evidence and a crib sheet were made available for this area and are still available on request from a shared drive.

- 4.10 Ofsted and the Care Quality Commission (CQC):** Public Health quality has led on ensuring that all our relevant providers are prepared for a joint Inspection, on SEND (Special Educational Needs and Disability), an inspection is expected during 2018/19.
- 4.11** A key quality and governance vehicle is the Kent Safeguarding Children's Board (KSCB) electronic (ECR) system for Serious Case reviews which Public Health as a commissioner has a log in and holds all the strategic assurance that all PH providers report and all the lessons learnt actions which ensure that providers provide assurance of completion. This is a key assurance improvement as Public Health will now be involved in the process.
- 4.12** All providers have a ratified child's and adult safeguarding policy and an assurance framework. Public Health safeguarding group issues are reported through to the quality committee
- 4.13** Kent Safeguarding Children's Board (KSCB) are reviewing their Quality and Effectiveness Audit committee to ensure all lessons from the serious case reviews are learnt and to facilitate the embedding of the learning process and change in practice.

5. Serious Incidents

- 5.1** Any provider-reported serious incidents are discussed as part of the provider sections (below)

5.2 Serious Incidents Learning Partnership (SILP)

The membership and remit of the Serious Incident Learning partnership for substance-related deaths was refreshed and the new terms of reference have a strong focus on sharing and embedding learning within organisations. The availability of a thematic report, which includes Police data on reported deaths in Kent that involve substances, facilitates open and productive group discussions

There are two important improvements:

The sharing of knowledge from Police-reported substance misuse deaths in Kent. This facilitates partnership learning and assists partners to use such learning to effect significant changes

Evidence is emerging of how substance misuse is changing. For instance, there is evidence that there has been a decrease in young male heroin users but an increase in heroin users with long term medical conditions/ chronic illness (LTCs). We are reviewing the types of LTCs involved from both local events and the national evidence base for possible correlations. E.g. 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.

5.3 Review of Alert System in Kent Following an Incident in Quarter 3 where several young men were admitted to Kent & Canterbury Hospital Intensive Therapy Unit after using an illegal synthetic Cannabinoid substance, our Kent-wide alert processes have been reviewed. They are now more robust with a new alert box and a Public health alert group with a supporting professional group which ensures that all the learning and information is disseminated to the relevant groups. This new process will be tested in Quarter 2 2018/19.

5.4 Suicide Prevention - KCC Public Health led, and coordinated, the Kent and Medway Suicide Prevention group for Kent, which during 2017/18 achieved:

- Delivered Suicide Awareness training to 811 individuals (including from many of our commissioned providers)
- Further extended the Release the Pressure social marketing campaign
- Developed a successful bid to NHS England for £660k of funding for the 2018/19 year.
- Analysed potential suicide clusters linked to railway lines, students and children and young people
- Developed a new Children and Young People's Suicide Prevention strategy and action plan

6. Public Health Provider Quality Summary

6.1 Kent Community Health NHS Foundation Trust (KCHFT)

Public Health commission the following programmes from KCHFT:
NHS Health Checks; Health Improvement, including the One You weight loss, smoke free and lifestyle services; Sexual Health Service; Public Health School Nursing and Health visiting:

6.1.1 NHS Health Checks

6.1.1.1 The NHS Health Check is a programme that delivers a free assessment of an individual's vascular health across Kent via Primary care and outreach. This Kent programme is part of the national primary presentation screening programme for Cardiovascular disease(CVD) risk assessment and risk management for adults aged 40-74 without a pre-existing condition; it checks the circulatory and vascular health and assesses the risk of developing vascular disease, to improve the health and quality of life for 40- 70-year olds whilst reducing overall health inequalities.

6.1.1.2 Clinical effectiveness – The NHS Health Checks service met and succeeded its invitation target. The service has moved the IT infrastructure system for 2018/19 which aims to reduce the uptake challenges experienced in 2017/18.

6.1.1.3 Patient safety - No serious incidents or incidents have been reported in the NHS Health Check service. 99.9% of the staff have completed their mandatory training and 100% have completed their appraisals.

6.1.1.4 Patient experience - 99.6% of the patients who used the NHS Health Check 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.

6.1.2 Health Improvement – The One You lifestyle programme is a localisation of a national programme specifically designed to tackle health inequalities. It is a targeted service focusing on areas of deprivation rather than an overarching approach. One Your Lifestyle Advisors reach out to people who are in circumstances that put them in a greater risk of poor health.

One You Kent delivered by KCHFT includes programmes for weight loss and smoking cessation and began reporting in Quarter 3 2017-2018. KCHFT reorganised and launched its new Health Improvement directorate to facilitate this change. During this time of change all the services maintained their service delivery but as expected there was an increase in both managed staff turnover and vacancy rates, by year end the figures were reducing.

6.1.3 KCHFT Healthy Weight Service (Quarter 1&2 2017/18) and One You weight loss programme Quarter 3&4 2017/18)

6.1.3.1 Introduction to the programme - KCHFT Weight loss programmes are commissioned to deliver services in East Kent. The team, along with a variety of partners, including community Pharmacies and localities, delivers seven distinct schemes of work across all three tiers of the healthy weight pathway (Health Walks, Exercise Referral Scheme, Food Champions and weight loss).

6.1.3.2 Clinical Effectiveness - KCHFT provides several programmes that support healthy weight:

- Tier 1 of the healthy weight service model, free trained volunteer-led walks, which in 2017-18 offered 3500 walking opportunities over many sites.
- A Community Weight Management Programme called Fresh Start is delivered by KCHFT Health Trainers and subsequently Health advisors are 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%, as expected for an effective Tier 2 programme.
- KCHFT also provides 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 difficult to recruit to, although the families that do participate show good outcomes with regards to behaviour change. The Healthy Weight Team has provided training for

all Kent School Public Health nurses on a nationally designed programme. This training aims at increasing the confidence of School Public Health nurses in raising the issue of weight and to be able to support families, schools and the wider community. KCHFT has also trained 16 Food Champions who are based in several settings, including Children's Centres.

6.1.3.3 Patient safety - There have been no reported complaints or serious incidents in the service during this period. The vacancy rate in the service at end of 2017-18 is 9.8%. KCHFT is achieving more than the year-to-date target for mandatory training and 96.8% of the staff completed the mandatory training. The appraisal rate is 100% and 83% of the staff working in the weight service completed children safeguarding training.

6.1.3.4 Patient experience - 98.0% 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.

6.1.4 One You Smoke-Free Service

6.1.4.1 Introduction to the programme - The service is commissioned to provide a universal service to smokers who want to quit. The service has a 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.

6.1.4.2 Clinical Effectiveness - 2017-2018 has seen a decline in the number of smokers accessing smoking cessation services. This is in line with a national trend and despite fewer people accessing the service, the success rate of those quitting was 51%. A notable achievement is the Smoking in Pregnancy Home Visit Advisors in Thanet and South East Coast. This service may be extended to the whole of Kent during 2018/19.

The service is e-cigarette friendly in line with national and regional policies and Skype and telephone support are now widely available to ensure that anyone who wants to quit has a number of options available to them.

6.1.4.3 Patient safety - There have been no reported complaints or serious incidents in this service during this period. There has been a high staff turnover rate and the vacancy rate in the service is 12.8%. 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.

6.1.4.4 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.

6.1.5 One You Lifestyle which was the Health Trainers service until quarter 3

6.1.5.1 Introduction to the programme – the One You Lifestyle Advisors have very similar objectives to the Health Trainer Programme, which is a national programme specifically designed to tackle health inequalities.

It is a targeted service focusing on areas of deprivation where One You Lifestyle Advisors work with people at greater risk of poor health. They work with clients on a one-to-one basis in a wide variety of community settings to help clients achieve their own goals and to make healthier lifestyle choices. Part of their role also includes signposting individuals to other services and activities that might be suitable to their interest and needs and promote the uptake of such facilities.

6.1.5.2 Clinical effectiveness - The service achieved the target in 2017/8 of 62% from 2 of the most deprived quintiles Good progress has been made within Job Centre Plus and Probation services where the One You service is seeing a sizable number of clients. The service is also experiencing an increase in the number of clients with mental health conditions, as a result of working more closely with Kent and Medway Partnership Trust (KMPT), Porchlight, Change Grow Live (GCL) and Turning Point. All Health Trainers/ One You Lifestyle Advisors have been trained and deliver NHS Health Checks and have moved to an electronic record system.

6.1.5.3 Patient safety - There have been no reported complaints or incidents in the service from April 2017 to March 2018. There has been a high staff turnover rate of 30.1%. This is due to promotion within KCHFT and the internal KCHFT Health Improvement restructure of the service. 96.8% KCHFT Health Trainer/ One You Lifestyle Advisors staff have completed mandatory training.

6.1.5.4 Patient experience - 99.3% of the patients who used the service said they would recommend the service to friends or family. 96.8% of the clients accessing the services were satisfied with the service. 99.9% of the clients surveyed in the 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.

6.1.6 Sexual Health Services

6.1.6.1 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 include contraception services, genitourinary medicine (GUM), HIV treatment and support, psychosexual therapy,

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.

6.1.6.2 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 good coverage of this service across all districts, but there is a special focus on areas with the highest teenage pregnancies rates.

The Chlamydia screening programme is integral to all the community programmes, with the programme being delivered through clinics, outreach work, postal kits, websites, pharmacies, GPs and wider partners. This has positively 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.

6.1.6.3 Patient safety - There have been no serious incidents, 1 incident which was successfully resolved, and the actions completed. and 0 near misses in the service. There are 8.2 WTE vacancies in the sexual health services, which equates to a vacancy rate of 9.6%. The staff turnover rate is 11.3%, an improvement on the position in 2017/18. 96.6% of staff have completed their mandatory training against an agreed trajectory of 85% with 86.6% of the staff have completing the adult safeguarding training and 95.9% of staff have completed the children safeguarding training. The appraisal rate is 100%.

6.1.6.4 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.

6.1.7 School Health Team

6.1.7.1 Introduction to the programme - The 5-19 element of the Healthy Child Programme is led by the School Public Health 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 need 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, to achieve outcomes. There is now a targeted emotional health and wellbeing provision for 5-19-year olds which brings together the integration of the School Nursing team with the Children and Wellbeing team.

6.1.7.2 Clinical Effectiveness - The new structure was implemented by the end of 2017/2018. However, the journey was at times challenging due to the streamlining of contracts to ensure an equitable and effective service.

6.1.7.2 Patient safety - There have been no serious incidents, incidents or near misses. 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% with 95.8% have completed the children safeguarding training is excellent. 86.7% of the school nurses have completed the adult safeguarding training which is within trajectory.

6.1.7.3 Patient experience - 96.3% 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 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.

6.1.8 Health Visiting Service

6.1.8.1 Introduction to the programme - The 0-5 element of the Healthy Child Programme is led by Health Visiting services. The Health Visiting service employs 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 universally offered mandated checks carried out by the Health Visiting service in the programme.

6.1.8.2 Clinical effectiveness - The Health Visiting service during 2017/18 developed a more systematic approach to partnership working with Children's Centres and other community providers to promote optimal health and wellbeing for all children.

6.1.8.3 Patient safety - In this period time there have been 4 serious incidents, 8 incidents and 3 near misses in the service. 2 complaints were received about the service which related to changes in service provision and have now been successfully resolved.

The vacancy rate is high, which reflects the national picture, but staff turnover rates are improving. Health visiting resources are allocated based on need

and are reviewed regularly to ensure equity of provision based on changing demographics and deprivation weightings.

Workforce strategy development work was completed and embedded in quarter 2 of 2017/18. A new collaboration with Kent University for a fully accredited course to train newly qualified nurses to be Health visitors will commence in September 2018

96.9% of staff completed their mandatory training. 97.4% completed children`s safeguarding training with an end of year adult safeguarding training of 87.5%. 100% of staff had appraisals

Serious Incident learning has been addressed and embedded throughout the service.

Supervision, which was a recurring concern in the first 2 serious incidents, was embedded and achieved for staff. Serious Incident learning has been addressed and embedded throughout the service.

6.1.8.4 Patient experience - 98.4% 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.

6.2 METRO

6.2.1 Introduction to the programme - Metro provides preventative sexual health awareness programmes online, condoms (GETTIT) and training sessions for mainly young people across Kent.

6.2.2 Clinical effectiveness - During 17/18 the provider has evaluated their various programmes identified innovative and client- focussed improvements to support the delivery, promotion and monitoring of these programmes. This work from the provider has led to an increase in providing their expertise, support and collaboration with other providers working with young people.

6.2.3 Patient safety - No serious incidents or incidents or complaints were reported. There have been no reported issues with staffing levels in the service. All practitioners have completed their mandatory training including safeguarding and are assessed as being competent to deliver the service.

6.2.4 Patient experience - 99% of the clients who used the service said they would recommend the service to friends or family. 99% of the clients 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.

6.3 MAIDSTONE AND TUNBRIDGE WELLS HOSPITAL NHS TRUST (MTW)

6.3.1 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.

6.3.2 Clinical effectiveness - Assurance was achieved in 17/18 despite the provider having to successfully manage various issues with clinical premises. These were, mitigated by being flexible in the approach to the delivery of safe services. Online services including screening have been very successful with an unexpected rise in reporting of adult safeguarding issues particularly domestic abuse.

6.3.3 Patient safety - No serious incidents, incidents, or near misses were reported by the service. All staff have completed their safeguarding and mandatory training. 95.6% of staff working in the sexual health services have completed their children`s and adult training. 2.5% vacancies have been successfully mitigated via internal skill mix.

6.3.4 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.

6.4 Substance Misuse Providers - Forward Trust & Change, Grow, Live (Formerly known as CRI)

6.4.1 Introduction to the programme - CGL (Change, Grow, Live) deliver substance misuse treatment services in West Kent (covering districts of Maidstone, Tonbridge and Malling, Tunbridge Wells, Sevenoaks, Dartford and Gravesham). Forward Trust delivers substance misuse treatment services in East Kent (covering districts of Swale, Ashford, Canterbury, Thanet, Folkestone & Hythe and Dover).

Forward Trust provides substance misuse services including access to detox and residential rehabilitation, whilst CGL deliver an integrated drug and alcohol service in West Kent. Both services help vulnerable adults to understand the risks their drug or alcohol use pose to their health and wellbeing and support them to reduce or stop their use safely. Once stability or abstinence has been achieved, an aftercare service is provided to help maintain recovery and prevent the possibility of a relapse. CGL offers support for people who use legal highs, illegal drugs, Over the counter (OTC) medication and multiple drug/or alcohol use.

Forward Trust, CGL and Addaction (the Provider of county-wide Young People`s services) have reported no serious incidents in the given time period. The learning from root cause analysis is shared with wider partners via the

SILP meeting to ensure there is a continuous programme of service improvement. CGL, Forward Trust and Addaction have robust safeguarding and safety policies which they audit and review regularly

6.4.2 Forward Trust Clinical effectiveness – Forward Trust were awarded the East Kent contract, and this commenced in May 2017. Forward Trust have maintained professionalism throughout the transformation. All the clients received a safe, competent service with the majority of staff moving over to Forward trust via TUPE the service governance and policy structures are now fully embedded.

6.4.3 Forward Trust Patient safety -, incidents or complaints were reported. There have been no reported shortages in staffing levels in the service. All practitioners have completed their mandatory training with 85% completing children`s and 87% adults safeguarding. All staff are assessed as being competent to deliver the service.

6.4.4 Forward Trust Patient experience - 99% of the clients who used the service said they would recommend the service to friends or family. 99.0% of the clients 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.

6.4.5 CGL Clinical effectiveness - CGL achieved a competent service during 2017/18 with significant improvement and quality assurance following their reorganisation during 2016/17. All practitioners have completed their mandatory training with 95% completing children`s and 97% adults safeguarding. All staff are assessed as being competent to deliver the service.

6.4.6 CGL Patient safety - incidents or complaints were reported. 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.

6.4.7 CGL Patient satisfaction - 99.1% 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. 98.7% 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.

6.5 Young Addaction

6.5.1 Introduction to the programme – Young Addaction provide advice on drugs and alcohol for young people aged 10 to 24 in 2017/18. Young Addaction support young people to understand the effects of their substance misuse and the harm might 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.

6.5.2 Clinical effectiveness – 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 and Children in Care. The provider delivers structured treatment for those young people who have very complex needs around their substance misuse.

Young Addaction is successfully engaged in prevention with both of the more complex client groups, especially those with two or more vulnerabilities, and prevention and awareness generally with targeted young people using the latest appropriate technology. 100% of all staff have received their adult and children's safeguarding and all other mandatory training.

6.5.3 Patient safety – Young Addaction has not reported any serious incidents or complaints in the service in this time.

6.5.4 Patient satisfaction – Young Addaction conducts a young people's survey each quarter and have very active user groups. All feedback is used to inform development and reflected in the service governance. 98% of young people stated they would recommend the service to their friends and would be happy using the service in the future.

7. Discussion & Risk

During this very challenging year there has been a high level of engagement with the process from all providers of Public Health Services and the Public Health team, with all services providing a high-quality client experience and assurance. Most 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 have action plans which are closely monitored ...

8. Conclusions

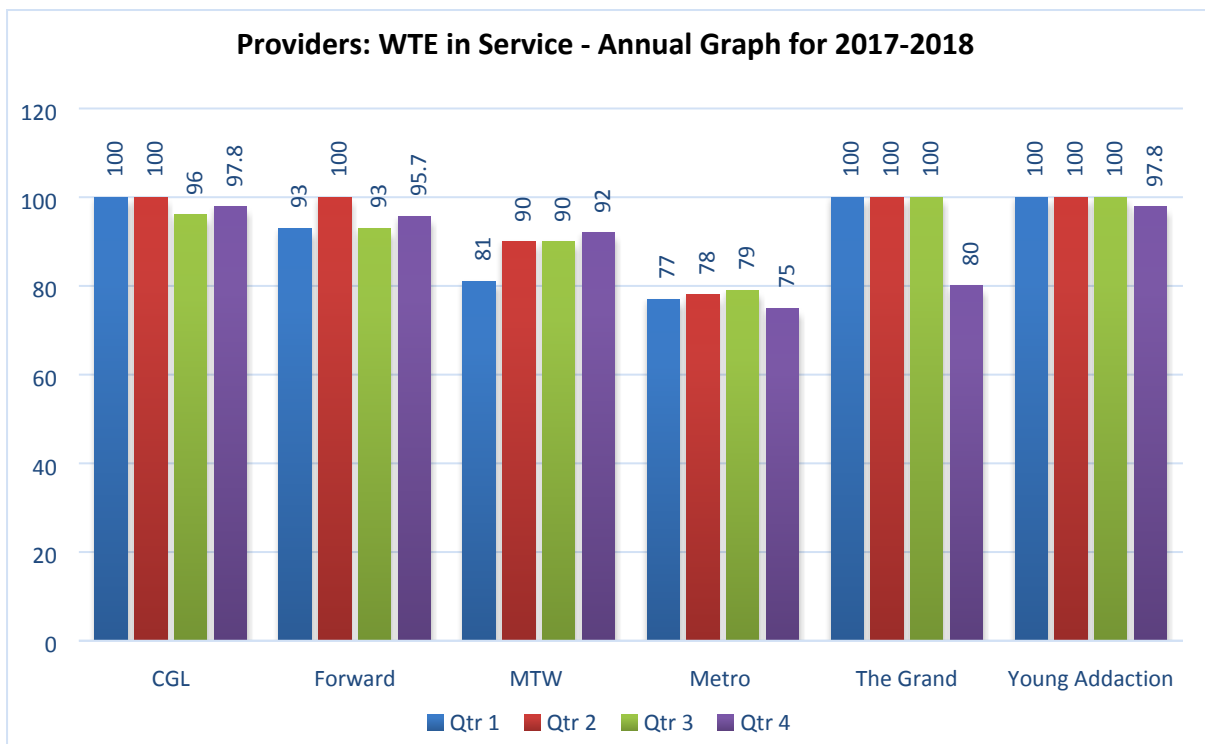
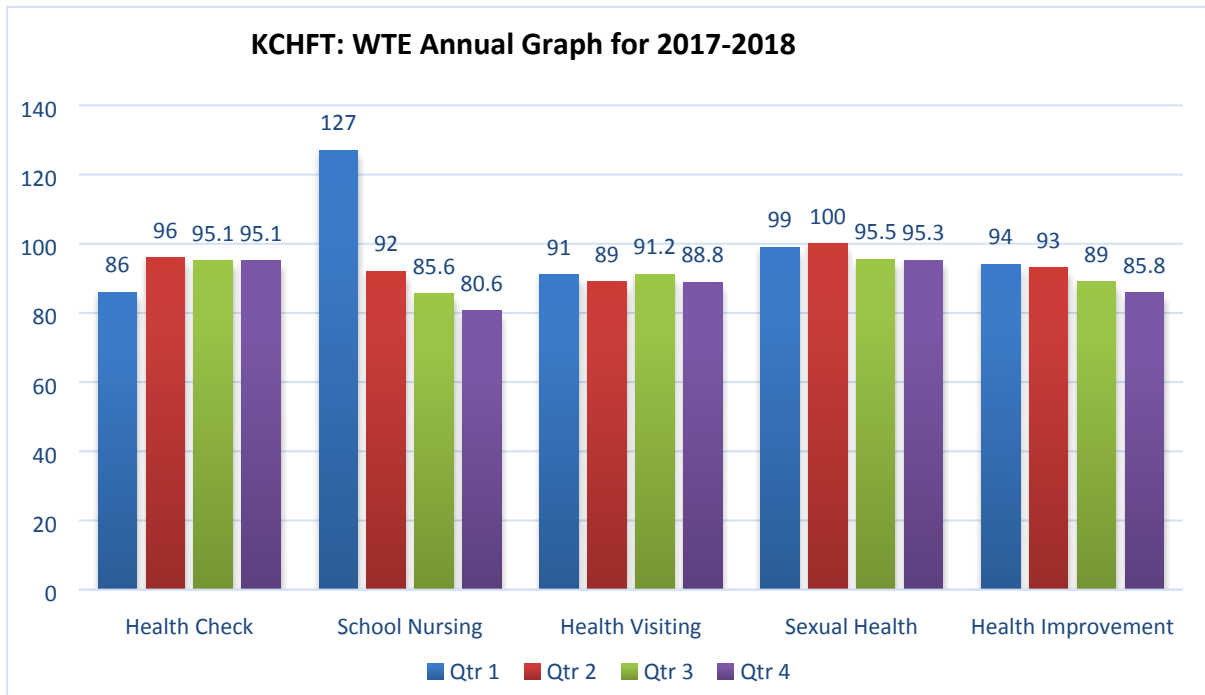
This report provides assurance that the quality of Public Health and commissioned services meet national standards and demonstrates that a model of continuous improvement has been achieved.

9. Recommendations

<p>Recommendation: The Health Reform and Public Health Cabinet Committee is asked to COMMENT on and NOTE the Public Health Quality Annual Report 2017-2018</p>

10. Background Documents: None

11. Appendices



KCC Public Health
Quality Dashboard P!

<https://democracy.kent.gov.uk/documents/s86565/KCC%20Public%20Health%20Quality%20Dashbord.pdf>

12. Contact details

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