

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

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To: Health Reform and Public Health Cabinet Committee

Date: 1 November 2019

Subject: **Public Health Quality Annual Report 2018-2019**

Classification: Unrestricted

Summary: This Public Health Quality Annual Report provides a review of the quality activity and programmes between April 2018 and March 2019. 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 2018-2019.

1. Introduction

- 1.1 This Public Health Quality Annual Report 2018-2019 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:
- 1.3 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.
- 1.4 Safety - care is delivered so as to prevent 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 don't happen.

- 1.5 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 delivered.

- 1.6 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 which has been completely updated and made fit for purpose due to the increase and variety of commissioned services in 2019. The Public Health commissioned providers are very diverse from small charities to large national organisations therefore, to provide quality assurance equality and diversity the quality dashboard has remained the same but digital indicators and the quality reports have been streamlined. 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 and 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 in Public Health who has responsibility for ensuring that governance and clinical governance is delivered throughout the Public Health programmes and that this 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.
- 3.3 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:

- 3.4
 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 2018-19 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 – 2018-19

Quality

- 4.1 Public Health was transformed twice during 2018-19 and is now part of Strategic Commissioning. Quality and safeguarding assurance has been maintained during all the changes.
- 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 and commissioning staff. All processes are 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 appropriately mitigated.
- 4.5 Quality and Governance for newly commissioned contracts are being closely monitored.
- 4.6 The quality dashboard, digital Indicators and quality reporting and evidence systems are currently undergoing review to be made fit for purpose. The intention is to align quality reporting more closely with performance data and the new contract management purchased by Strategic Commissioning. This will mean that providers are not repeatedly asked for the same evidence and there will be better support tracking of trends.
- 4.7 All Public Health directorate staff have completed their mandatory Quality and Safeguarding training and are compliant for 2018/19.

Safeguarding

- 4.8 Public Health achieved a totally compliant (green) KSCB 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 regard to the need to safeguard and promote the welfare of children.

Inspections

- 4.9 **JTAI (Joint Targeted Area Inspection):** 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 2018-19. 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), which was held during 2018/19. All relevant actions from the report are being completed during 2019/2020.
- 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)

Serious Incidents Learning Partnership (SILP)

- 5.2
- The membership and remit of the Serious Incident Learning Partnership (SILP) 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.
- 5.3 There are three 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.

- The providers have moved to a model of holistic care rather than the person-centred model used previously. The quality benefits of this are that the voice of the child is discussed with every client and all health including mental health and social care including housing are discussed and documented at every visit. Comorbidities and co-occurring conditions are documented, and a care plan is in place for every client. The services will ensure and facilitate that their clients are receiving care from the appropriate services.

Hepatitis C in Kent

5.4 NHS England had set a target to eliminate Hepatitis C by 2025. This date has been dropped but the intention is to eliminate Hepatitis C as quickly as possible. KCC Public Health and our substance misuse providers have been actively ensuring that every substance misuse client, and their families, who requires treatment receives it.

6. Public Health Provider Quality Summary

6.1 Kent Community Health Foundation Trust (KCHFT)

Public Health commission a number of programmes from KCHFT including:

- NHS Health Checks
- Health Improvement, including the One You weight loss, smoke free and lifestyle services
- Sexual Health Service
- Primary and Adolescent School Health services
- Health Visiting

6.1.1 NHS Health Checks

6.1.1.1 The NHS Health Check is a Kent wide programme that delivers a free assessment of an individual's vascular health via primary care and outreach. This 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 had a new IT software system for 2018/19 which has had some success in reducing 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. 98.9% of the staff have completed their mandatory training and 100% have completed their appraisals.

6.1.1.4 **Patient experience** – At least 90.0% 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, had been listened to and had been spoken to about life.

6.1.2 **Health Improvement** – The One You Kent 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 You Kent Lifestyle Advisors reach out to people who are in circumstances that put them in a greater risk of having poor health.

One You Kent delivered by KCHFT includes programmes for weight loss, smoking cessation and lifestyle. KCHFT reorganised and launched its new Health Improvement directorate to facilitate the necessary changes. The various strategies to improve staff retention and competencies have maintained their service delivery assurance 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 **One You Healthy Weight Service**

6.1.3.1 **Introduction to the programme** – The One You Kent weight loss team operates in East Kent only. The team, along with a variety of partners, including community pharmacies and leisure centres, deliver a variety of programmes across tiers 1 and 2 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 2018-19 offered walking opportunities over many sites and achieved 2,469 attendances.
- A community weight management programme called One You Weight Loss is delivered through community pharmacies and locality groups.
- A training scheme called Food Champion Programme (FCP) which builds capacity in local communities and supports them to take forward initiatives within their settings.

6.1.3.3 **Patient safety** - There have been no reported complaints, incidents or serious incidents, in the service during this period. KCHFT is achieving more than the year-to-date target for mandatory training with 97% of the staff completing the

mandatory training. The appraisal rate is 100% and 83% of the staff working in the weight service have completed their children safeguarding training.

6.1.3.4 **Patient experience** – 97.1% of the patients who attended the service said they would recommend the service to friends or family. 99% 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 spoken to 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 advisors who are based within community settings. These vary from GPs, pharmacies, mental health workers, libraries, supermarkets, hospitals, Children Centres and workplaces.

6.1.4.2 **Clinical Effectiveness** - The service is e-cigarette friendly in line with national and regional policies. Skype and telephone support are offered, alongside the traditional face to face and group work, 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 14.5%. In the Stop Smoking service 97.5% of the staff have completed their mandatory training and 94.3% 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. 99% of the patients accessing the services were satisfied with the service. Of the patients surveyed in the Stop Smoking service, 97.1% felt that they had been involved in decision making about their health, felt they had been given the right information and had been listened to and talked to about lifestyles.

6.1.5 **One You Kent Lifestyle Advisors**

6.1.5.1 **Introduction to the programme** – the One You Kent Lifestyle Advisors' objectives, are 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 64%% of clients from two of the most deprived quintiles. Fantastic 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 Forward Trust. One You Kent Lifestyle Advisors have been trained and deliver NHS Health Checks and have moved to an electronic recording system.

6.1.5.3 **Patient safety** - There have been no reported complaints or incidents in the service from April 2018 to March 2019 There has been a reduction in the staff turnover rate which the service is confident will be addressed with the current action plan. 97% of One You Lifestyle Advisors staff have completed mandatory training.

6.1.5.4 **Patient experience** - 99.3% 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 and 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 to 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.

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 pregnancy rates.

6.1.6.3 **Patient safety** - There have been one serious incident, seven incidents, which were successfully resolved, and the actions completed. and zero near misses in the service. There are 6.7 vacancies in the sexual health services, which equates to a vacancy rate of 8.2%. The staff turnover rate is 8.2%, an improvement on the position in 2017/18. 96.6% of staff have completed their mandatory training against an agreed trajectory of 85% with 87.3 % of the

staff having completed the adult safeguarding training and 98.9% of staff having completed the children safeguarding training. The appraisal rate is 100%.

6.1.6.4 **Patient experience** – 97.7 % 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 to about life.

6.1.7 **School Public 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 Children and Young People's Emotional Wellbeing and Mental Health team.

6.1.7.2 **Clinical Effectiveness** - The new structure was implemented by the end of 2017/18. The journey was, at times, challenging due to the streamlining of contracts to ensure an equitable and effective service. However, the service continues to engage with all stakeholders to ensure evidence based measurable outcomes. Collaborative working with partner agencies including NELFT North East London foundation to develop the (SPA) single point of access is delving improved clinical effectiveness and patient access.

6.1.7.3 **Patient safety** - There have been one serious incident, seven incidents and one near miss. 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 97.3% with 98.8% having completed the children safeguarding training is excellent. The school nurses (.91.7%) have completed the adult safeguarding training which is above trajectory.

6.1.7.4 **Patient experience** - 90.6% of the (patients) children and their parents / guardians who used the service said they would recommend the service to friends or family. One hundred per cent of the clients 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 to about life.

6.1.8 **Health Visiting Service**

- 6.1.8.1 **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 2018/19 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 there have been three serious incidents, eight incidents and three near misses in the service.

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. A new collaboration with Kent University for a fully accredited course to train newly qualified nurses to be Health Visitors commenced in September 2018 with encouraging results.

The completion rate for staff completing their mandatory training. was 97.3%. Those completing children's safeguarding training was 98.1 % with an end of year adult safeguarding training of 91.7%. One hundred per cent of staff had appraisals.

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

Supervision, which was a recurring concern in the first two 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** – 96.8% 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 (GET IT) and training sessions for mainly young people across Kent.
- 6.2.2 **Clinical effectiveness** - During 18/19 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** – No formal client/patient experience has been recorded however the verbal and social media messages have all been very positive and is reflected in the numbers of new clients attending services as a result of positive experiences of friends.
- 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 a sexual health outreach service.
- 6.3.2 **Clinical effectiveness** - Assurance was achieved in 2018/19; the provider successfully managed 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, 96.6 % of staff working in the sexual health services have completed their children`s and 97.5 adult safeguarding 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 and talked to about life.
- 6.4 **Substance Misuse Providers (adults) - Forward Trust & Change, Grow, Live**

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).

The substance misuse services offer drug and alcohol treatment to Kent residents aged 18 or over and give support to family and friends who are concerned about someone's drug and/or alcohol use.

Both services provide an integrated drug and alcohol service with access to community and in-patient detox and in-patient residential rehabilitation. They support vulnerable adults and help them understand the risks their drug or alcohol use pose to their health and wellbeing and encourage 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.

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 and/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 have maintained professionalism and delivered a safe service throughout 2018/19 including during an internal restructuring. All the clients received a safe, competent service with a focus on a more holistic care model of family and social involvement. The voice of the child and vulnerable adult now fully embedded.

6.4.3 **Forward Trust Patient safety** - No incidents or complaints were reported. Staffing levels and competences are assured even with the restructure and have remained at a safe level in the service. All practitioners have completed their mandatory training with 90% completing children's and 89% 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 2018/19 with significant improvement and quality assurance 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** - No incidents or complaints were reported. The reporting templates for incidents and audits have been revised which have resulted in an improved standard and assurance of lessons being learnt and processes improved. 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 (young people`s advice and substance misuse service)**

6.5.1 **Introduction to the programme** – Young Addaction provide advice on drugs and alcohol for young people aged 10 to 24. Young Addaction support young people to understand the effects of their substance misuse and the harm it might cause 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. During 2018/19 the service also provided advice on the dark web, and gangs to both young people and their adult support.

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 during 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

- 7.1 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 a high level of quality assurance of their services.

The quality indicators were revised during 2018/19 to reflect the changes and enable all providers to identify areas of good performance, and those that need improvement have action plans which are closely monitored.

8. Conclusions

- 8.1 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

- 9.1

The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the Public Health Quality Annual Report 2018/19.

10. Background Documents

- 10.1 None

11. Contact Details

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