

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

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To: Health Reform and Public Health Cabinet Committee

9th September 2020

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 the Key Performance Indicators (KPIs) for Public Health commissioned services. Eight of the fifteen KPIs were RAG rated Green in the latest available quarter, three were Amber, one was Red and three had data unavailable due to the Coronavirus pandemic (COVID).

The Red KPI is Health Checks which was paused in delivery due to the current pandemic.

Delivery of the Live Well Kent service and majority of Health Visiting services have delivered at or above target levels.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q1 2020/21

1. Introduction

1.1. A core function of the Cabinet Committee is to review the performance of services which fall within its remit.

1.2. This report provides an overview of the Key Performance Indicators (KPIs) for the public health services that are commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous 5 quarters.

1.3. Due to the coronavirus pandemic, some providers have been unable to provide data in time for publication. Providers have needed to focus on maintaining services, ensuring delivery is safe and in line with national guidance and with this it was agreed for some data submissions to be postponed.

2. Overview of Performance

2.1. Of the fifteen targeted KPIs for Public Health commissioned services eight achieved target (Green), three were below target but achieved the floor standard (Amber), and one did not achieve the floor standard (Red). This KPI relates to delivery of the NHS Health Checks Service.

3. Health Visiting

3.1. Despite some of the Health Visiting Service workforce having been re-deployed into frontline NHS services, the Health Visiting Service has increased the number of mandated universal contacts delivered. This is due to an increased focus on delivering antenatal contacts in line with the national Coronavirus response guidance. 76% of pregnant women have received a virtual antenatal contact, exceeding the 43% target. 94% of parents have received a virtual or face to face new birth visit contact, with the service focusing on vulnerable and first-time parents.

3.2. Where capacity has allowed, the service have also continued to deliver the other 3 mandated contacts which were deprioritised nationally. Alongside these, a weekly health clinic has run in each district and appointments were made available, following triage, on a bookable basis.

4. Adult Health Improvement

4.1. The NHS Health Check Programme had a strong year in 19/20 delivering over the targeted level. The programme was halted in March due to the Coronavirus pandemic. Public Health are working with the provider on a future recovery plan, which will be informed by national guidance and capacity in primary care. There will be an impact to the number of checks that can be completed within 20/21, however the programme runs on a 5-year cohort and work is ongoing to ensure catch up cohorts are invited within that timeframe.

4.2. In Q1 the smoking service has been offering telephone and video appointments to help to maintain a service through the Coronavirus Pandemic. Referrals initially reduced however are now increasing weekly following a successful quit for Covid campaign (which is currently on hold locally). Third party providers (GP & Pharmacy) ceased their delivery of quit support at the beginning of the pandemic as their work was diverted to supporting and dealing with pandemic orientated work. 60% of the service is traditionally provided by these providers who continue to have limited capacity to step up services. This has resulted in a waiting list.

4.3. Urgent work is underway to support people to quit and address the waiting list. This includes launch of a new quit smoking app and upskilling staff to increase provider capacity. Data is not currently available for Q1 as the deadline for the national submission was extended.

4.4. The number of service users accessing the One You Kent adult healthy lifestyle service has also dropped as expected. Service providers with the support of KCC have worked together to find new ways to continue to support people in

improving their health and well-being. The use of brief health promotion and wellbeing videos along with physical activity videos was initiated to enable providers to increase interest in the services (these included diet advice, portion sizes, wellbeing, physical activity). Early data shows an increase in referrals and positive perceptions on using the technology for some service users.

5. Sexual Health

5.1. Sexual health services have continued during the pandemic but have altered the service delivery model to control patient flow and provide additional capacity through digital methods and virtual triage. Core clinics have remained open throughout to see those patients who need to be seen face to face, this is determined through the triage assessment. During recovery, Sexual Health providers, KCC commissioners and Health commissioners are working together to evidence that the new triage service delivery model is sustainable for pre-Covid levels of demand and to understand any potential adverse effects on patient access.

5.2. The new sexual health metric came into effect from April 2020 and to benchmark future delivery and present pre 2020/21 figures the national dataset was used. Due to the Coronavirus pandemic, use of the dataset has been embargoed by Public Health England and data is currently unavailable for October 2019 to March 2020.

5.3. Coronavirus has also affected performance for Q1 due to restricted activity, drop in demand and a focus on reducing patient contact time during appointments. To minimise face to face contact, the service referred many patients to home testing services and commissioners are working further to enhance the use of this medium.

6. Drug and Alcohol Services

6.1. Adult Drug and Alcohol Services have seen a decline in referrals over the Coronavirus period, however the conversation rates for people starting structured treatment has increased in quarter 1, meaning that the referrals have been more appropriate. Final data for Q1 is not yet available.

6.2. The Young Person service has seen a decline in the percentage of young people who complete their treatment successfully (82%) although the number that are completing successfully is in line with pre-Coronavirus levels (56 individuals). This is due to a small proportion (28) electing to not continue their treatment digitally and being added to a waiting list until the service is able to meet clients face to face. This has led to an increase in the number of young people exiting the service in an unplanned way, the service is adding them to a list to re-contact once face to face interventions are available. These young people will still get an offer of a service and can choose to reengage at any time.

7. Mental Wellbeing Service

7.1. Live Well Kent continue to reach their target of 90% of clients saying they would recommend the service to family, friends, or someone in a similar situation. For Quarter 1 2020/21 they achieved 99.7%.

8. Conclusion

8.1. Eight of the fifteen KPIs remain above target and were RAG rated green.

8.2. Commissioners across all the service areas are exploring other forms of delivery, for example digital services, to compliment traditional delivery mechanisms, to ensure current provision is fit for purpose, meets user needs and able to account for increasing demand levels in the future.

9. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to NOTE the performance of Public Health commissioned services in Q1 2020/21

10. Background Documents

None

11. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

12. Contact Details

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

Service	KPI's	Target 19/20	Target 20/21	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	65,000	67,541 (g)	67,168 (g)	67,387 (g)	67,627 (g)	69,073 (g)	↑
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,340 (33% (r))	1,390 (32% (r))	1,412 (34% (r))	1,321 (34% (r))	3,095 (76% (g))	↑
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	95%	3,957 (99% (g))	4,231 (98% (g))	4,103 (97% (g))	3,729 (96% (g))	3,868 (97% (g))	↑
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,543 (90% (g))	3,908 (90% (g))	3,760 (89% (g))	3,446 (86% (g))	3,447 (89% (g))	↑
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,836 (50%*)	2,001 (46%*)	1,905 (48%*)	1,591 (48%*)	1,646 (51%)	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,591 (84% (a))	3,909 (88% (g))	4,089 (90% (g))	3,841 (89% (g))	3,669 (89% (g))	↔
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,547 (80% (g))	3,679 (84% (g))	3,816 (84% (g))	3,764 (81% (g))	3,269 (72% (a))	↓
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	61 (87% (g))	64 (85% (g))	40 (91% (g))	77 (90% (g))	56 (82% (a))	↓
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,285 (26% (g))	1,366 (27% (g))	1,361 (27% (g))	1,345 (27% (g))	nca	↔
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	41,600	41,600	41,151 (a)	43,964 (g)	43,126 (g)	39,995 (a)	29,046 (r)	↓
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	52%	881 (57% (g))	937 (59% (g))	977 (63% (g))	1,102 (61% (g))	nca	↓
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	60%	524 (55% (a))	636 (54% (a))	677 (55% (a))	647 (53% (a))	nca	↓
Sexual Health	PH24 % of all new first-time attendances who take up the offer and are screened for chlamydia, gonorrhoea, syphilis and HIV	-	70%	12183 (71% (g))	12819 (72% (g))	nca	nca	621 (48% (a))	↓
Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends or someone in a similar situation	90%	90%	383 (99% (g))	429 (100% (g))	339 (100% (g))	219 (99.7% (g))	308 (99.7% (g))	↔

*Coverage above 85% however quarter did not meet 95% for robustness expected for national reporting

Commissioned services annual activity

Indicator Description	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	96% (g)	97% (g)	97% (g)	93% (g)	95% (g)	95% (g)	↔
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	95% (g)	96% (g)	96% (g)	96% (g)	94% (g)	94% (g)	↔
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	78,547	115,232	157,303	198,980	36,093	76,093	-
PH06: Number of adults accessing structured treatment substance misuse services	5,324	5,462	4,616	4,466	4,900	5,053	↑
PH07: Number accessing KCC commissioned sexual health service clinics	-	73,153	78,144	75,694	76,264	71,543	↓

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

DoT (Direction of Travel) Alerts

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

**Relates to two most recent time frames

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