

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

Service	KPIs	Target 21/22	Target 22/23	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	DoT**
Health Visiting	PH04: No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	65,000	65,000	73,559 (G)	72,530 (G)	70,923 (G)	69,657 (G)	69,082 (G)	↓
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	2,183 62%(G)	1,809 54%(G)	1,561 44%(G)	1,846 52%(G)	1,656 53%(G)	↑
	PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	95%	95%	4,009 94%(A)	3,620 94%(A)	3,777 94%(A)	3,921 94%(A)	3,868 93%(A)	↓
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	4,038 92%(G)	3,530 91%(G)	3,605 91%(G)	3,792 92%(G)	3,899 91%(G)	↓
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	2,125 51%	1,836 49%	1,953 50%	2,051 52%	2,139 52%	↔
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,828 92%(G)	3,631 91%(G)	3,691 92%(G)	3,908 92%(G)	4,119 92%(G)	↔
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,691 92%(G)	3,772 91%(G)	3,539 87%(G)	3,322 85%(G)	3,452 86%(G)	↑
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	55 89%(G)	30 83%(A)	36 78%(A)	25 57%(R)	27 77%(R)	↑
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,475 29%(G)	1,467 29%(G)	1,484 29%(G)	1,410 28%(G)	nca	-
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	9,546	23,844	13,378 (G)	16,740 (G)	19,834 (A)	20,946 (A)	22,255 (A)	↑
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	55%	547 51%(A)	793 60%(G)	661 54%(A)	627 62%(G)	691 57%(G)	↓
	PH25: No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent	-	55%	1,067 55%(G)	1,339 57%(G)	734 54%(A)	786 46%(R)	670 45%(R)	↓
Sexual Health	PH24 No. and % of all new first-time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	92%	95%	6,245 97%(G)	5,990 96%(G)	6,495 95%(G)	7,571 95%(G)	7,954 96%(G)	↑

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%	98%	363 99%(G)	384 99%(G)	449 99%(G)	581 97%(A)	388 99%(G)	↑
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Commissioned services annual activity

Indicator description	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	97% (G)	93% (G)	95% (G)	95% (G)	85% (G)**	88% (A)	↑
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	96% (G)	96% (G)	94% (G)	94% (G)	9.8% (A)**	87% (A)	↑
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	157,303	198,980	36,093	76,093	79,583	96,323	-
PH06: Number of adults accessing structured treatment substance misuse services	4,616	4,466	4,900	5,053	4,944	5,108	↑
PH07: Number accessing KCC commissioned sexual health service clinics	78,144	75,694	76,264	71,543	58,457	65,166	↑

** In 2020/21 following the re-opening of schools, the Secretary of State for Health and Social Care via Public Health England (PHE) requested that local authorities use the remainder of the academic year to collect a sample of 10% of children in the local area. PHE developed guidance to assist Local Authorities achieve this sample and provided the selections of schools. At request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme, achieving 85%.

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.