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To: Health Reform and Public Health Cabinet Committee - 14 May 2024

Subject: **Performance Management Overview:
Public Health Commissioned Services**

Classification: Unrestricted

Summary: This paper provides an overview of the Key Performance Indicators for Public Health commissioned services which Kent County Council commission, including the approach of the Kent Analytics performance team to the selection and target setting of Key Performance Indicators.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the approach being taken to Key Performance Indicator selection and target setting.

1. Introduction

- 1.1. This paper provides an overview of the Key Performance Indicators (KPIs) for the Public Health services which Kent County Council (KCC) commission (see: <https://www.kent.gov.uk/social-care-and-health/health>), including our approach to KPI selection and target setting.
- 1.2. The paper includes a subset of KPIs which are presented to the Cabinet via the KCC Quarterly Performance Report (QPR). The KPIs represent the key performance measures for monitoring mandated services and align with strategic priorities. They provide a clear focus which facilitates discussion, enabling better-informed decisions to drive the continuous improvement of service performance, quality, and effectiveness.

2. Approach

- 2.1. The process for performance management is outlined in the Performance Management Toolkit available to Public Health colleagues. This includes additional guidance such as the ten principles of good performance management and their impact on performance, guidance on target setting, the performance management framework, and the performance management cycle. This information is further covered in detail in the Commissioning Handbook available to Public Health colleagues.
- 2.2. For Public Health commissioned services, performance measures for each contract should be designed to meet the specific requirements of each service

and should be clearly explained in the tender documentation. This is to ensure suppliers are fully aware of the performance measures through which the contract will be monitored before it is awarded. All performance measures should be SMART (Specific, Measurable, Attainable, Realistic and Timely) and must enable effective monitoring of the following:

- value for money
- performance against contract and customer satisfaction levels
- added value and benefits realised
- delivery capacity
- relationship strength

- 2.3. The Public Health commissioned services therefore include a number of performance metrics (“business-as-usual” measures) and KPIs (critical measures). Of note, the underlying data includes evidence in two forms, numerical (or quantitative data) and case studies or insight (qualitative data). For some services, performance measures are available at a finer level of geographic granularity (e.g., district level). The further underlying data provides a useful way of considering performance which extends beyond the high-level KPIs presented in the Health Reform and Public Health Cabinet Committee (HRPHCC) paper. However, as regularly noted by members of this committee, local variation would need to be tracked and monitored through normal contract management processes.
- 2.4. Kent Analytics (Performance and Analytics) work closely with Public Health colleagues and providers to monitor the performance of commissioned services. Service-specific dashboards, including current and historic performance, trend analysis, benchmarking and [where available] forecasting, and ad-hoc analysis are produced by Kent Analytics to provide Public Health colleagues with the information they need to make decisions and encourage positive change through contract monitoring. This encourages performance management to be a dynamic process.
- 2.5. KPIs for Public Health commissioned services are agreed through the annual business planning cycle and performance against targets is regularly reported to Cabinet Committees (HRPHCC) and Cabinet (QPR). The KPIs are selected to align with the priorities of each service, as well as areas identified through needs analysis, national guidelines, the [Public Health Outcomes Framework](#), or policy. For example, the Smoking Cessation Service has a target to engage with Routine and Manual Smokers as these are a group with higher smoking prevalence who may not always engage.
- 2.6. Target setting of KPIs typically involves using one or a combination of historical performance data and trends and benchmarking (national, regional, nearest neighbour), where they are not determined by national guidance of budgetary restrictions, to ensure they are SMART. Increasing targets to support continuous improvements is always considered but needs to be balanced alongside practical restraints, for example, do staff have enough hours in the working day to undertake additional activity or will the budget fund additional consumables?

2.7. Thresholds (upper and lower limits) of desired performance around a target value are determined for KPIs. These thresholds are used to create the boundaries related to the RAG ratings as below:

- Red (Poor): Performance is below a pre-defined floor standard
- Amber (Satisfactory): Target level is not being achieved but performance is above the floor standard
- Green (Good): Target level is currently being achieved or exceeded.

2.8. These performance thresholds are periodically reviewed, particularly where providers are consistently RAG rated Green (Good) or Red (Poor), to ensure they are set at the right level. Where providers are consistently achieving KPIs, alternative KPIs are considered to encourage continuous improvement. Any necessary corrective actions are discussed at contract monitoring. This ensures KPIs remain challenging, relevant, and meaningful. Any changes to Public Health commissioned services KPIs require working in partnership with providers to get agreement and contract changes to be completed.

3. Key Performance Indicators: Commissioned Services

3.1. The following section provides a summarised overview of the KPIs covering the Public Health commissioned services, as presented in the HRPCC paper and QPR. Each section covers the primary service aims and the rationale for KPI selection and the approach to target setting, with recent performance data presented in the Appendix 1 for context.

3.2. **Health Visiting:** The overarching aim of the service is to protect and promote the health and wellbeing of children aged 0–4 years. The National Institute for Health and Care Excellence (NICE) recognises the health visiting services have the potential to:

- build resilience and reduce costs later in life
- tackle inequalities and promote healthy lifestyles

3.3 Health visitors lead the Healthy Child Programme, the key element of which is the five universal health and wellbeing reviews: Antenatal health promoting review, new baby review, six to eight-week review, nine to twelve months developmental review, and the two to two-and-a-half-year developmental review.

3.4 The selected KPIs for the service report the level of activity related to the five universal health and wellbeing reviews, and the proportion of each review being delivered within the suggested timeframes. The information used to inform target setting for both KPIs includes historic performance data (trends) and national and similar local authority benchmarking data.

3.5 To use the Health Visiting Service as an illustrative example of the underlying data captured for Public Health commissioned services, there are a large number of KPIs and metrics which are captured and reviewed as part of

contract management. This includes activity and outcomes metrics such as the number of healthy child clinics held or the proportion of children partially/fully breastfed at six to eight weeks, quality metrics such as patient experience (satisfaction rate) and workforce compliance with mandatory training, and financial metrics such as the agency spend and total spend. These are available at the district level for the Health Visiting Service.

- 3.6 **Substance Misuse:** Helping people overcome drug and/or alcohol dependence and/or harm reduction are the primary aims of the Substance Misuse Service. To monitor and assess the effectiveness of the treatment and recovery services, both of the KPIs (PH03 [Adults] and PH13 [Young People]) focus on the successful completion of structured treatment. Those people achieving this outcome demonstrate a significant improvement in health and wellbeing, including increased longevity, reduced blood-borne virus transmission, reduced alcohol-related illnesses and hospital admissions, and improved mental health.
- 3.7 Furthermore, developing resilience, particularly in young people, leads to improved life skills and the ability to make better choices. These KPIs align with those present in the outcomes framework within both the [Kent Drug and Alcohol Strategy](#) and the UK Government strategy ([From Harm to Hope](#)).
- 3.8 The information used to inform target setting for both KPIs includes historic performance data (trends) and national and similar local authority benchmarking data.
- 3.9 **Health Checks:** The NHS Health Check programme aims to prevent heart disease, stroke, diabetes, and kidney disease. It targets people aged 40–74 who have not been diagnosed with a pre-existing condition. These people receive an invitation once every five years for an NHS health check. During the check, their risk of the aforementioned conditions is assessed and they receive advice to reduce or manage their risk. Prevention and earlier detection of disease can improve the quality of life and outcomes for people in addition to saving money for the wider health system and reducing future demand on staff resource. Encouraging participation is crucial.
- 3.10 Therefore, the KPI measures the effectiveness of the NHS Health Check programme by monitoring the uptake of these checks. The target (23,844) has regularly been reviewed to recover performance towards pre-COVID levels but the target is determined by the budget available, and the capacity of primary care and core provider.
- 3.11 **Smoking Cessation:** The primary aim of the service is to deliver a programme to smokers who wish to quit and achieve a successful quit rate. Smoking has been proven to cause premature death and a range of adverse health outcomes. It is also a major risk factor for social deprivation and health inequalities.
- 3.12 The KPI measures the effectiveness of the Smoking Cessation Service in converting people from setting a quit date to quitting. Quitting is the ultimate

aim rather than simply engagement in the service. The information used to inform target setting for the KPI includes historic performance data (trends) and national and similar local authority benchmarking data.

3.13 **One You Kent**: The primary aims of the service (Healthy Lifestyle Service and Weight Management Service) are to promote healthier lifestyles amongst the Kent population with the broader objectives of:

- extending life expectancy through prevention of chronic conditions such as obesity, cardiovascular diseases, and diabetes
- reducing health inequalities
- reducing avoidable demand on the health and care system in Kent
- signposting people to relevant community support options
- support people in reaching and maintaining a healthy Body Mass Index (BMI).

3.14 The service has a target to predominantly support people from Quintiles 1 and 2 as research suggests people living in deprivation tend to have more unhealthy lifestyle behaviours. Therefore, the selected KPI encourages the providers to focus on those most in need of assistance and those with no fixed abode who may not be able to access other mainstream services. Historic performance data (trends) is used to inform the target setting for this KPI. The challenge with a KPI of this type is that the current model is open access and as such providers will see people who are referred or self-refer to the service. Despite targeted marketing and delivery, the performance against this KPI can therefore be challenging for suppliers.

3.15 **Sexual Health**: The Integrated Sexual Health Service seeks to improve sexual and reproductive health by ensuring people have timely access to high-quality services. Key service outcomes include:

- increasing the proportion of new first-time patients receiving a full sexual health screen
- improving the detection rates of Sexually Transmitted Infections (STIs)

3.16 Knowledge of STI status leads to improvements in quality of life for individuals but importantly reduces the risk of onward transmission. The current KPI assures that newly opened episodes of care (i.e., new first-time patients) are offered a full sexual health screen, with the purpose of improving detection rates. Historic performance data (trends) is used to inform the target setting for this KPI.

3.17 **Live Well Kent & Medway**: The vision of the Community Mental Health and Wellbeing Service (Live Well Kent and Medway) is to keep people well and provide an holistic offer of support for people living with and without a mental health diagnosis. The service supports people with a Common Mental Illness (such as depression and anxiety) and/or Serious Mental Illness (such as schizophrenia or psychosis) to prevent the escalation of need and also provide support as part of their recovery journey. The primary aims, therefore, are to aid recovery and prevent relapse, improve health and social care outcomes for

people with poor mental health and wellbeing, prevent suicide, and reduce the stigma of mental illness.

3.18 The current performance measure assesses the satisfaction of people using the service, via a recommendation measure, which is directly linked to a positive experience of support. Therefore, this indirectly measures the service effectiveness. Historic performance data (trends) is used to inform the target setting for this KPI.

3.19 This is a jointly commissioned service with Kent and Medway NHS Integrated Care Board (ICB).

3.20 **National Child Measurement Programme:** The primary purposes of the National Child Measurement Programme (NCMP) are to:

- provide robust data on the child weight status of eligible children in reception class (age 4–5) and year six (age 10–11) to understand obesity prevalence and inform related commissioning
- provide parents (or carers) with feedback on their child’s weight status and further information regarding where to access relevant support and advice

3.21 Understanding NCMP participation rates is therefore crucial for achieving these purposes and promoting child health and wellbeing. The selected KPIs for NCMP provide this data. The information used to inform target setting for both KPIs includes historic performance data (trends) and national and similar local authority benchmarking data. The current target (92%) for both targets exceeds the suggested target (90%) in the latest NCMP operational guidance.

4 Performance paper changes for 2024–25

4.1 The following changes to the HRPHCC paper for 2024–25:

- the KPIs for the Public Health commissioned services are to be reviewed with the relevant commissioner(s) and provider(s), with KPI selection and target setting aligned to current service priorities and demand. The KPI proposals will be brought to the next Cabinet Committee (July 2024)
- the HRPHCC paper is to include, where available, historical trend analysis, national benchmarking data, and nearest neighbour comparisons within the appendix to provide context for the Kent data
- the HRPHCC paper is to include detailed geographic data on an ad-hoc basis where available and appropriate, for example for persistently red and/or non-improving KPIs
- the Health Intelligence team (Kent Public Health Observatory) will provide data to cover strategic indicators aligned with the five shared outcomes in the Integrated Care Strategy for Kent & Medway as below:
 - Give children and young people the best start in life
 - Tackle the wider determinants to prevent ill health
 - Supporting happy and healthy living

- Empower people to best manage their health conditions
- Improve health and care services

5 Conclusion

5.1 This paper provides an overview of the Key Performance Indicators for Public Health commissioned services which Kent County Council commission, including the approach of the Kent Analytics performance team to the selection and target setting of Key Performance Indicators. Furthermore, this paper covers the expected changes to the HRPCC paper, which will be included as part of the full report (Q4 23–24) presented to the next Cabinet Committee (July 2024).

6 Recommendation

6.1 The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the approach being taken to Key Performance Indicator selection and target setting.

7 Background Documents

7.1 None

8 Appendices

8.1 Appendix 1: Public Health commissioned services KPIs and activity.

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