

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
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To: Health Reform and Public Health Cabinet Committee – 2 July 2024

Subject: **Performance of Public Health Commissioned Services (Quarter 4 2023/2024)**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Is the decision eligible for call-in? *N/A*

Summary: This paper provides an overview of the Key Performance Indicators (KPI) for Public Health commissioned services. In the latest available quarter, January to March 2024, of 15 Red Amber Green (RAG) rated KPIs ten were rated Green and five Amber.

To ensure we are focusing the attention of the committee on priority areas and driving providers to deliver continuous improvement, this Cabinet Committee paper proposes several changes to the KPI targets for 2024/2025.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2023/2024 and the proposed KPI target changes for 2024/2025.

1. Introduction

- 1.1 A core function of the Health Reform and Public Health Cabinet Committee is to review the performance of services that fall within its remit.
- 1.2 This paper provides an overview of the Key Performance Indicators (KPI) for the Public Health services 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 five quarters. This table includes benchmarking (England, region, nearest neighbour) where available.

2. Overview of Performance

- 2.1 Of the 15 targeted KPIs for Public Health commissioned services, ten achieved the target (Green) and five were below target although did achieve the floor standard (Amber).

3. Health Visiting

- 3.1 In this quarter, the Health Visiting Service delivered 16,587 mandated universal health and wellbeing reviews, slightly lower than the previous quarter (16,789). Three of the five mandated contacts met or exceeded the target. The proportion of antenatal contacts delivered this quarter was 39%, slightly below the 43% target. In addition, the proportion of new birth visits delivered within 10–14 days at 94.8%, was slightly below the 95% target. In 2023/2024, the service delivered 66,846 (87.1% of those due) mandated health and wellbeing reviews, slightly lower than the previous year (68,852; 87.7% of those due). Therefore, the service performed slightly below the annual target of 68,000. Notably, the total number of mandated health and wellbeing reviews due in 2023/2024 (76,758) was 2.2% (1,715) lower than the previous year, partially explaining the reduced KPI performance.
- 3.2 In this quarter, the provider Kent Community Health Foundation Trust (KCHFT) has identified a data reporting error related to the way data has been recorded since migration to a different IT system. This has resulted in over-reporting of the activity related to antenatal contacts that affects Q1–Q4 2023/2024. This has since been rectified and the data for indicators PH04 and PH14 (see Appendix 1) has been updated within this paper. The antenatal contact is the first delivery point of the Healthy Child Programme. The delivery of antenatal contacts is prioritised for families allocated to a targeted or specialist caseload following the receipt of a maternity notification form from Midwifery. The service also, where possible, prioritises delivery to first-time parents. For those families where an antenatal contact could not be completed a welcome letter is sent to the families.
- 3.3 The revised data now shows a reduction in KPI compliance and commissioners will work closely with KCHFT to address this. The underperformance is a direct result of Health Visiting workforce challenges that are being experienced in the North and West Kent Teams. The service is taking several actions to address the workforce challenges which are, in part, aligned with the Health Visiting Strategy implementation. Further steps include implementing a recruitment and retention premium, utilisation of agency and StaffBank, and proactive recruitment to vacancies. Virtual support is also being provided by Health Visiting teams in East Kent which have a more favourable position in terms of their workforce.

4. Adult Health Improvement

- 4.1 In Q4 2023/2024, there were 8,894 NHS Health Checks delivered to the eligible population. This represents an increase of 21% from the 7,322 checks delivered in the previous quarter and an increase of 15% from the 7,703 checks delivered

in the same quarter of the previous year (2022/2023). A total of 31,379 checks were delivered in the 12 months to March 2024, exceeding the target of 23,844.

- 4.2 The number of first invitations sent out during this quarter was 24,320 compared to the previous quarters, 20,433 (Q3) and 20,020 (Q2). Of the total 24,320 first invites sent in Q4 2023/2024, 3,428 were SMS invites under the SMS invitation pilot. This represents an increase from 2,739 SMS invites in the previous quarter. Commissioners continue to progress the Public Health Transformation Programme and look at different models that may support uptake.
- 4.3 Due to an increase in the number of GPs engaging with the programme and a consistent year-on-year increase in the number of health checks delivered since COVID-19, it has been proposed that the target for health checks delivered is increased from 23,844 to 31,000 in continued support of the programmes Covid recovery. KCHFT continues to work hard encouraging GPs to sign up to the programme to ensure equitable access for the whole county.
- 4.4 The Stop Smoking Service supported 879 people to successfully quit smoking this quarter, achieving a quit rate of 57%. In Q4 2023/2024, the service continued its work with the Lung Health Check Scheme by working alongside the NHS to support people identified through this scheme to access stop smoking support. This has proven successful with people identified through the scheme being highly motivated to quit smoking. The service and KCC are continuing to explore how the service can support this offer as it is rolled out wider across the county.
- 4.5 It is proposed that an additional indicator for the Stop Smoking Service focused on the number of people setting a quit date will commence from Q1 2024/2025. As part of the [Stopping the Start initiative](#), KCC has been given a grant to support more people in Kent to quit smoking. The indicator being used to measure the success of this programme is the number of people setting a quit date. Commissioners, Public Health Specialists, and Consultants recently attended the [Health Reform and Public Health Cabinet Committee](#) to discuss plans as to how this funding will be best used to achieve government targets on quit dates set. For 2024/2025, this indicator will not be RAG rated as service procurement is ongoing, and therefore the service will not be operational until September 2024 at the earliest. Targets will be addressed for 2025/2026 when sufficient data is available.
- 4.6 In the current quarter, the number of referrals to the One You Kent (OYK) Lifestyle Service increased compared to the previous quarter, with more people electing to engage with the service post-Christmas. This increase in referrals is despite the data for the Maidstone OYK service not being available at the time of reporting due to changes in personnel within Maidstone Borough Council. Services have continued to focus on working with people located in Quintiles 1 and 2 with 56% (2,046) of people being from these areas.
- 4.7 The service has increased the number of health walks that are run across the county leading to 28,091 health walk attendances in 2023/2024, an increase of 13% (3,305) compared to the previous year. The walks provide the opportunity

for members of the public to take part in regular physical activity and reduce social isolation by engaging with others while walking. The service will continue to explore ways to increase these in 2024/2025.

- 4.8 From Q1 2024/2025, an additional OYK indicator has been proposed that will demonstrate another key aspect of the service. This indicator will focus on the weight management element of the service by monitoring how many people start and complete the weight loss programme.

5. Sexual Health

- 5.1 In Q4 2023/2024, 8,586 (99%) patients were offered a full sexual health screen, achieving the 95% target. In this quarter, the proportion of genitourinary medicine (GUM) appointments set within four working days following triage consistently exceeded the target (90%) for the second successive quarter, showing continued improvement. Additionally, in this quarter the reported positivity rate for chlamydia (6.1%) was the lowest since Q1 2020/2021 while the number of tests taken was the highest since Q1 2020/2021, demonstrating the effectiveness of the sexual health service. The Integrated Commissioning Team is currently working on the Public Health Transformation Programme objectives for shaping the future of KCC-commissioned sexual health services, and this continues to be a key priority moving into 2024/2025.
- 5.2 From Q1 2024/2025, the sexual health KPI is proposed to be replaced with the number and percentage of first-time patients receiving a full sexual health screen to focus on the service outcomes. This will demonstrate the extent to which the service achieves sexually transmitted infections (STI) screening coverage for first-time patients and encourages the service to focus on quick identification and treatment of previously undiagnosed STIs.

6. Drug and Alcohol Services

- 6.1 In Q4 2023/2024, Community Drug and Alcohol Services continued to perform above target for the proportion of successful completions from drug and alcohol treatment (27%). Whilst overall numbers in treatment have improved, the number of opiate users in treatment in Kent is declining. At the latest Kent Combatting Drugs Partnership, partners came together to review some of the barriers and generate solutions to getting more opiate users into treatment. This included the provision of breakfast and supper clubs to improve engagement and looking to increase pharmacy access for those who are prescribed Opiate Substitution Therapy. Commissioners, providers, and individuals from Kent's Lived Experience Recovery Organisation will also be supporting the Office for Health Improvement and Disparities (OHID) with an upcoming opiate diagnostic conversation to understand the picture nationally. This will be a continued focus as we move to new contracts.
- 6.2 The Young People's Drug and Alcohol Service received 158 referrals in Q4 2023/2024 with 124 referrals suitable for structured treatment – an increase of 7% from the previous quarter (116). Of the 34 young people who were not suitable for structured treatment, 15 were offered a brief intervention – this

includes advice, information, and harm reduction. The remaining 19 young people were deemed to be 'inappropriate'. The provider is required to submit a breakdown of these young people for discussion at quarterly contract monitoring; common themes include not responding to multiple attempts/methods of contact, being referred without consent (this is always addressed with the referrer), moving out of the area, requiring an onward referral to a more appropriate service, or the young person stating they do not want support from the service. The latter is the most common reason – 14 young people this quarter representing 73.7% of those deemed inappropriate. The provider reports that “disguised compliance” is common in young people, where they consent to the referral to please the person making the referral or to avoid negative consequences, such as exclusion from school. In instances where the young person decides they do not want support from the service, the referrer is informed. Young people can always be re-referred should circumstances change.

- 6.3 The amount of young people exiting treatment in a planned way was slightly below the target, achieving 84% during Q4 2023/2024. This represents 41 planned exits, two transfers and six unplanned exits, the latter mainly due to non-engagement with treatment although these clients have engaged in some interventions. Young people who have not engaged with treatment are sent an SMS survey to understand if there was anything different that could have encouraged them to engage with support and all feedback is reviewed. The service always works with referrers and parents/carers (where consent is given) to maximise the chances of engagement. Of those young people who exited treatment in a planned way, 27% reported abstinence (target = 24%). It is recognised that not all young people wish to achieve abstinence, so the service also monitors health and wellbeing outcomes. This quarter, out of 46 responses 65.2% of young people indicated an improvement in their satisfaction with life, 21.7% reported an improvement in their anxiety levels, and 54.3% reported feeling happier.
- 6.4 As of Q4 2023/2024, the service is fully recruited and working with commissioners on a referral generation plan, which is expected to have a positive impact on the number in structured treatment.

7. Mental Health and Wellbeing Service

- 7.1 In Q4 2023/2024, Live Well Kent and Medway (LWKM) completed the first year of the contract with good outcomes continuing to be achieved, including 96% of people reporting improvements in their personal goals during the quarter. The service continues to integrate with the Community Mental Health Framework (Community Mental Health Transformation). For example, workers from both providers have been trained in a cognitive behavioural therapy (CBT) 'lite' intervention, which will be offered in all geographical areas following a successful pilot in Thanet since May 2023.

8. Conclusion

- 8.1 Ten of the 15 KPIs remain above target and were RAG-rated Green.

8.2 Commissioners continue to explore other forms of delivery, to ensure the current provision is fit for purpose and able to account for increasing demand levels and changing patterns of need. This will include ongoing market review and needs analysis.

9. Proposed KPI Changes (2024/2025)

9.1 Directorates are expected to review their KPIs and activity measures annually. This is to ensure we are focusing the committee's attention on priority areas and driving providers to deliver continuous improvement. Table 1, below, outlines the proposed changes for Public Health commissioned services. It should be noted that the data for the indicators that are proposed to be removed will continue to be held and monitored.

9.2 All other KPIs and their targets are to remain the same. Performance Indicator Definition forms (PIDs) are available on request.

Table 1: Proposed changes for 2024/25.

KPI	Change	Reason
PH16: No. (%) of infants receiving a 6–8 week review by the health visiting service	Indicator to be removed	Indicator regularly achieving target. No longer a priority for HRPH CC to scrutinise
PH23: No. (%) of infants who are totally or partially breastfed at 6–8 weeks (health visiting service)	Indicator to be removed	Indicator regularly achieving target. No longer a priority for HRPH CC to scrutinise
PH17: No. (%) of infants receiving a 1-year review at 15 months by the health visiting service	Indicator to be removed	Indicator regularly achieving target. No longer a priority for HRPH CC to scrutinise
PH18: No. (%) of children receiving a 2–2½ year review by the health visiting service	Indicator to be removed	Indicator regularly achieving target. No longer a priority for HRPH CC to scrutinise
PH14: No. (%) of mothers receiving an antenatal contact by the health visiting service	Target increased from 43% to 50%	This reflects the target within the existing contract
PH06: No. of adults accessing structured treatment substance misuse services (12-month rolling)	New substance misuse indicator Target: 5,998	One of the aspirations of the from harm to hope drug strategy is to increase the number of people accessing drug and alcohol treatment in UK. Therefore, this measure has been RAG-rated.
PH01: No. of the eligible population aged 40–74 years old receiving an NHS Health Check (12-month rolling)	Target increased from 23,844 to 31,000	There has been an increase in the number of GPs engaging with the programme and a consistent year-on-year increase in the number of NHS Health Checks delivered since COVID-19. The increased target will support and encourage this continued recovery.
PH26: No. of people setting a quit date with smoking cessation services	New smoking cessation indicator Target: 6,252	As part of the Stopping the Start initiative , KCC has been given a grant to support more people in Kent to quit smoking. This indicator will be used to

		measure the success of this programme.
PH27: No. (%) of clients that complete the Weight Loss Programme	New One You Kent indicator Target: 60%	This indicator will focus on service outcomes. It will focus on the effectiveness of a key aspect of the service (weight management).
PH24: No. (%) of all new first-time patients (at any clinic) offered a full sexual health screen	Indicator to be removed – replaced with below	This indicator will be replaced with PH28 to encourage a focus on outcomes.
PH28: No. (%) of all new first-time patients (at any clinic) receiving a full sexual health screen (excluding online referrals)	New sexual health indicator Target: 72%	This indicator will focus on service outcomes. This indicator demonstrates the extent to which the service achieves Sexually Transmitted Infections (STI) screening coverage for first-time patients and encourages the service to focus on quick identification and treatment of previously undiagnosed STIs

10. Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2023/2024 and the proposed KPI target changes for 2024/2025.

11. Background Documents

None

12. Appendices

Appendix 1: Public Health commissioned services KPIs and activity.

13. Contact Details

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