

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
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To: Health Reform and Public Health Cabinet Committee
– 11 March 2025

Subject: **Performance of Public Health Commissioned Services (Quarter 3 2024/2025)**

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, September to December 2024, of 14 Red Amber Green (RAG) rated Key Performance Indicators, six were Green, five Amber, and one Red. Two KPIs were not available at the time of writing this report. These are detailed below:

- Number of people (adults) accessing structured treatment substance misuse services (12 month rolling)
- Number of people (adults) successfully completing drug and/or alcohol treatment of all those in treatment (12 month rolling)

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 2025/2026.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 3 (Q3) 2024/2025 and the proposed KPI target changes for 2025/2026.

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 14 targeted KPIs for Public Health commissioned services, six achieved the target (Green), five were below target although did achieve the floor standard (Amber), and one was below target and did not achieve the floor (Red). The red KPI was:

- Number (%) of young people exiting specialist substance misuse services with a planned exit

3. Health Visiting

3.1. In Quarter 3 2024/2025, the Health Visiting Service delivered 17,051 mandated universal health and wellbeing reviews representing an increase of 0.4% (+72) from the previous quarter (16,979). This accounted for 88.6% of those due, the highest proportion since Quarter 4 2022/2023. In the previous 12 months, the service conducted 67,008 mandated health and wellbeing reviews, which represents 87% of those due (77,061). This is similar to the same quarter of the previous year, where 67,011 reviews were conducted (87.6% of those due), and falls just below the annual target of 68,000.

3.2. Four of the five mandated contacts met or exceeded the target. The proportion of new birth visits delivered within 10–14 days at 94.2%, was slightly below the 95% target. The proportion of antenatal contacts delivered during this quarter was 50.7%, surpassing the 50% target and representing the highest rate since Q4 2022/2023.

3.3. The provider has action plans in place to enhance service delivery for antenatal performance, which are being closely monitored by commissioners. Kent Community Health Foundation Trust (KCHFT) has completed five actions from its action plan, including reviewing current staffing levels, caseload management, monitoring Kent-wide achievement, assessing the impact and benefit of recruitment and retention premiums for north/west Kent teams, and developing a proposal for centralising antenatal contacts to support the achievement of the indicator. KCHFT is currently working on five actions to address staffing challenges in Dartford, Gravesham, Sevenoaks, Tunbridge Wells, and Tonbridge and Malling. The antenatal offer will be reviewed and revised through the Public Health Service Transformation process.

3.4. KCC has excelled in health visiting performance compared to other local authorities (LAs) in the South East region, according to the most recent data (Quarter 2 2024/2025) from the Office for Health Improvement and Disparities (OHID). During this period, Kent was the second best-performing LA in the South East for delivering New Birth Visits within 14 days, demonstrating a commitment to timely support for new families. Additionally, Kent performed strongly in the delivery rates for the 6–8 week reviews (5th of 19 LAs), 12-month reviews (5th of 19 LAs), and the 2–2½ year reviews (3rd of 19 LAs),

highlighting a consistent dedication to monitoring and supporting child development at crucial early stages.

4. Adult Health Improvement

- 4.1. In Quarter 3 2024/2025, there were 7,678 NHS Health Checks delivered to the eligible population in Kent. This represents a reduction of 9.3% (-784) from the 8,462 checks delivered in the previous quarter in line with seasonal trends, however an increase of 4.8% (+356) from the 7,322 checks delivered in the same quarter of the previous year (2023/2024).
- 4.2. During the current quarter, a total of 19,963 first invitations were sent out, compared to 20,344 in the corresponding period of the previous year. Year-to-date, the total number of first invitations is 70,074, an increase of 18.6% (+11,014) from 59,060 at the same point in the 2023/2024 period. The team continue to progress the transformation work, including the development of a new delivery model with the aim of prioritising residents who are at high risk of cardiovascular disease for the NHS Health Check.
- 4.3. The workplace Health Checks pilot, funded by the Department of Health and Social Care (DHSC), has overcome multiple challenges and is now operational in a variety of workplaces across Kent, including several KCC sites. To date, a total of 582 cardiovascular disease health checks have been conducted, with high demand anticipated for the upcoming quarter (Q4 2024/2025) due to significant uptake from workplaces.
- 4.4. In Quarter 3 2024/2025, the Stop Smoking Service supported 871 people to successfully quit smoking this quarter, achieving a quit rate of 58%. The core service (KCHFT) supported 711 (56%) of 1,280 people setting a quit date to successfully quit. Allen Carr supported 160 (69%) of 232 people setting a quit date to successfully quit. Allen Carr's Easyway programme is a one-day seminar (online or in-person) with follow up phone and email support for those who need it. The programme aims to change the way you feel and think about cigarettes, helping millions of people break the addiction and feel great to be a non-smoker. The seminar is funded for smokers living in Kent.
- 4.5. This quarter the Core Stop Smoking Service has continued to deliver face-to-face and virtual appointments to support individuals that want to quit smoking. Alongside core delivery the service has continued to support the NHS Lung Health Check programme (being renamed the Lung Cancer Screening Programme from February 2025) which allows for smoking workers to be colocated alongside programme staff to offer stop smoking interventions promptly following a clients lung screening. This programme continues to prove very successful and it is being explored as to how the Stop Smoking Service can continue to support the programme as it is rolled out further across Kent over the next year.
- 4.6. In Quarter 3 2024/2025, the One You Kent (OYK) Lifestyle Service engaged with 1,744 (52.8%) people from Quintiles 1 & 2, slightly below the 55% target. All services continue to undertake promotional activities within areas of deprivation to increase the number of referrals from Quintiles 1 & 2; however,

referrals remain high for weight services which are not necessarily from areas of deprivation. Commissioning and Public Health are working with providers to ensure they continue to evolve their service offer to reflect the needs and preferences of the people living locally.

- 4.7. 57.3% of individuals on the weight management programme completed the programme in Q2 2024/2025 (reported quarter behind). Although this figure is below the target of 60% for the county this represents a slight rise on the previous quarter and performance continues to be closely monitored through commissioning governance processes. An action plan, to improve completion rates from referrals on the weight management programme, continues to be in place with one service. This action plan will be monitored and escalated, as necessary.

5. Sexual Health

- 5.1. In Q1 and Q2 2024/2025, the cabinet committee metric for the Integrated Sexual Health Service was not available due to one of the providers experiencing unforeseen data extraction issues after having mobilised to a new clinical IT system. This has since been resolved and the performance data is as follows for the proportion of first-time patients accepting a full sexual health screen: Quarter 1, 65.0%; Quarter 2, 65.2%; Quarter 3, 64.6%. Although this trend is below the 72% target, the service is successfully offering full sexual health screens to the majority of first-time patients (Quarter 1, 94.3%; Quarter 2, 94.8%; Quarter 3, 95.9%). The Sexual Health team is currently in discussions with providers in order to improve acceptance rates. In particular, one of the providers has recently implemented a new clinical IT system and is reviewing the data and working with clinicians on enhancing coding practices. The other provider is undertaking a deep dive into performance for this KPI to better understand service user preferences with a view to informing future practice.
- 5.2. Activity in other Sexual Health services include 10,348 kits being ordered from the online STI Testing Service, 2,538 packs of 6 condoms issued to under 25s via the Kent condom programme, and 746 issuances of Emergency Hormonal Contraception via the Community Pharmacies for under 30s. Elsewhere, the Sexual Health team have finalised the Kent Sexual Health Needs Assessment (2024), which will form a key part of KCC's strategic planning and commissioning activity for Sexual Health.

6. Drug and Alcohol Services

- 6.1. The Community Drug and Alcohol Services data for Quarter 3 2024/2025 was not yet released at the time of writing this report. OHID have communicated their intention to award grant funding (currently still indicative amounts) to KCC for 2025/2026, linked to the 10-year national drug and alcohol strategy – 'From Harm to Hope'. Whilst the previous focus on improving the number of people accessing structured treatment remains, there will be an additional focus on quality including: ensuring the retention of people in structured treatment for at least 12 weeks, and increasing the number of people showing 'substantial progress' whilst still in treatment (i.e., reducing substance use, entering employment, or securing housing).

6.2. Following a thorough review and adherence to the relevant procurement processes, the new drug and alcohol contracts for adults and young people commenced on 1st February 2025. Commissioners and providers are working together in order to confirm performance targets. Increased targets will be implemented around areas including:

- Reducing the average wait from the date of referral to intervention start date
- Number of people successfully completing treatment who are free from dependence on drugs or alcohol
- Reduced proportion of people who drop-out of structured treatment (unplanned exits)

6.3. Table 1 below shows Successful completion rates for the substance groups. Notably, the performance in Kent exceeds both the national and regional benchmarks across all substance groups.

Table1: Successful completion rates for the substance groups

Substance Group	Target	Q2	Q3	Q4	Q1	Q2	Benchmarking	
		23–24	23–24	23–24	24–25	24–25	National	Regional
Opiate	8%	7.4%	7.5%	8.4%	8.2%	8.2%	5.5%	6.8%
Non-opiate	48%	38.6%	37.9%	37.9%	40.7%	38.8%	31.6%	33.3%
Alcohol	40%	36.6%	36.8%	39.4%	39.0%	38.2%	35.3%	36.5%
Alcohol & Non-opiate	33%	30.4%	30.4%	30.4%	33.4%	31.8%	28.5%	29.7%

- 6.4. In Quarter 3 2024/2025, the proportion of young people exiting treatment in a planned way was 75%, below the 85% target. This represents 54 planned exits (11 more compared to Quarter 2 2024/2025), three transfers, and 15 unplanned exits (three more compared to Quarter 2 2024/2025). Of the unplanned exits, five young people reported that they had made positive changes to their substance use and further that they no longer felt they required support. Five individuals were aged 18 or over and did not engage following an online assessment. Commissioners will work with the provider to understand whether the online assessment is resulting in non-engagement and will make changes to the process if that is the case.
- 6.5. Every unplanned closure must be reviewed by a manager to ensure every available route to re-engage has been explored. This will include calls, texts, letters, and discussion with the referrer where appropriate.
- 6.6. Of those young people who exited treatment in a planned way, 31% reported abstinence (target = 24%), which is an increase of 19% from the previous quarter. It is recognised that not all young people wish to achieve abstinence (some may only require harm reduction), therefore the service also monitors health and wellbeing outcomes. In the current quarter, based on the 78 responses, 53% of young people indicated an improvement in their satisfaction

with life, 22% reported an improvement in their anxiety levels, and 55% reported feeling happier.

- 6.7. In addition to structured treatment, the service also supported 747 young people through group work this quarter.

7. Mental Health and Wellbeing Service

- 7.1. In Quarter 3 2024/2025, LWKM (Live Well Kent and Medway) continued to see high demand whilst achieving good outcomes for those accessing the services, with 95% reporting improvements in their personal goals. Both Strategic Partners have made great steps in ensuring their network of voluntary and community sector partners are better connected, leading to closer working and reduction in duplication of support.

8. Conclusion

- 8.1. Six of the 14 KPIs remain above target and were RAG-rated Green. Regarding the KPIs RAG-rated Amber or Red, commissioners will continue to work with providers to improve performance.
- 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 (2025/2026)

- 9.1. Directorates are expected to review their KPIs and activity measures annually. This is to ensure we are focusing the attention of the committee on priority areas and driving providers to deliver continuous improvement. Table 2, 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 as part of ongoing contract management.
- 9.2. All other KPIs and their targets are to remain the same. Performance Indicator Definition forms (PIDs) are available on request.
- 9.3. Table 2. Proposed KPI changes for 2025/2026

Key Performance Indicator	Proposed change	Reason
PH04: No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	Indicator to be removed	This indicator will be replaced with PH29. The number of mandated health and wellbeing reviews will still be reported as part of the new indicator.
PH29: No. (%) of mandated health and wellbeing reviews	New Health Visiting indicator Target: 90%	This indicator replaces PH04 and includes the proportion (%) of health

delivered by the health visiting service (12 month rolling)		and wellbeing reviews delivered of those due. The target (90%) is correlated to the original numerical target (PH04).
PH30: No. (%) of pregnant women receiving an antenatal contact (face-to-face, online, telephone) by the health visiting service or an antenatal information letter.	New Health Visiting indicator Target: 97%	This indicator will include mandated contacts (PH14) and antenatal information letters to demonstrate the full breadth of support available to pregnant women.
PH31: No. (%) of families who attended at least 80% of Family Partnership Programme (FPP) contacts	New Health Visiting indicator Target: 75%	This indicator has been introduced to bring the FPP service element to the attention of the cabinet committee.
PH06: No. of adults accessing structured treatment substance misuse services (12 month rolling)	Target change to be guided by OHID Target: TBC	One of the aspirations of the from harm to hope drug strategy is to increase the number of people accessing drug and/or alcohol treatment. The new target will support the aims of the strategy to encourage this.
PH03: No. (%) of people successfully completing drug and/or alcohol treatment of all those in treatment (12 month rolling)	Target increased from 25% to 28%	Indicator regularly achieving target. Target increased to continue to encourage successful outcomes.
PH26: No. of people setting a quit date with smoking cessation services (cumulative)	Target increased from 6,252 to 7,599	As part of the Stopping the Start initiative , KCC has been given a grant to support more people in Kent to quit smoking. Target increased to meet the requirements for the grant.

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- 10. Recommendation(s):** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 3 2024/2025 and the proposed KPI target changes for 2025/2026.

11. Background Documents

11.1. None

12. Appendices

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

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