

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care and Public Health Cabinet Committee – 10 September 2025

Subject: **Performance of Public Health Commissioned Services (Quarter 1 2025/2026)**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides the Adult Social Care and Public Health Cabinet Committee with an overview of the activity and Key Performance Indicators for Public Health commissioned services.

In the latest available quarter, April to June 2025, of 14 Red-Amber-Green (RAG) rated quarterly Key Performance Indicators, **seven** were Green (met or exceeded target), and **five** were Amber (below target but above the floor threshold). Two Key Performance Indicators were not available at the time of writing this report. These are detailed below:

Number of people (adults) accessing structured treatment substance misuse services.

Number (%) of people (adults) successfully completing drug and/or alcohol treatment of all those in treatment

There are also two Key Performance Indicators reported annually: the participation rate of Year R (4–5 year olds) pupils and the participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme. Both Key Performance Indicators are currently RAG rated Green based on the most recently available data.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 1 (Q1) 2025/2026.

1. Introduction

1.1. A core function of the Adult Social Care and Public Health Cabinet Committee is to review the performance of services that fall within its remit. 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).

- 1.2. 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. Seven of the 14 quarterly KPIs remain above target and were RAG rated Green and five were below target although did achieve the floor standard (Amber). Regarding the KPIs RAG rated Amber, commissioners will continue to work with providers to improve performance. 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.
- Number (%) of people (adults) successfully completing drug and/or alcohol treatment of all those in treatment

3. Health Visiting

- 3.1. In Quarter 1 2025/2026, the Health Visiting Service completed 16,526 out of 18,918 scheduled health and wellbeing reviews, achieving a completion rate of 87%. This means that 66,831 out of 76,244 (88%) were completed on a 12-month rolling basis, which meets the 86% target. Following a review of the target for the *percentage of mandated health and wellbeing reviews delivered (12 month rolling)*, it has been determined that the initial proposed target of 90% is not currently achievable within staffing resources and budgets. A revised target of 86% is proposed to ensure the expectations remain ambitious and realistic, but support continuous improvement. The performance in the current quarter is consistent with performance in previous quarters and reflects the continued stability and resilience of the service.
- 3.2. Three of the five mandated health and wellbeing reviews met or exceeded their respective targets. Performance for New Birth Visits completed within 10–14 days was 94%, slightly below the 95% target. This performance remains in line with the previous quarters and considerably above national, regional and nearest neighbour benchmarks. The proportion of antenatal contacts (excluding antenatal information letters) was 47%, falling short of the 50% target and RAG rated Amber. However, antenatal contacts delivered face-to-face, online, or by telephone, or via antenatal information letters reached 98%, exceeding the 97% target and RAG rated Green. This broader measure better reflects the service's efforts to ensure early engagement with families through multiple channels.
- 3.3. The Family Partnership Programme (FPP) is a targeted service that empowers parents and families who have experienced difficulties such as poverty, mental health issues, family problems, or domestic abuse, to lead happier, healthier lives. The service continues to demonstrate strong engagement and continuity

of care, with 78% of families attending at least 80% of their scheduled contacts, exceeding the 75% target and RAG rated Green.

- 3.4. Commissioners continue to work closely with Kent Community Health Foundation Trust (KCHFT) to improve antenatal contact performance. The Trust has successfully completed five key actions from its improvement plan, including a review of staffing levels, caseload management, and Kent-wide performance monitoring. It has also assessed the impact of recruitment and retention premiums in North Kent and West Kent and developed a proposal to centralise antenatal contacts to support delivery against the indicator.
- 3.5. Health Visiting workforce challenges are prevalent nationally. KCHFT is currently progressing a further five actions to address workforce challenges in Dartford, Gravesham, Sevenoaks, Tunbridge Wells, and Tonbridge and Malling. These efforts form part of the broader Public Health Service Transformation programme, which aims to enhance the antenatal offer and ensure equitable access and delivery across the county. The service has a strong track record of staff retention across Kent, which supports the sustainability of these improvements.
- 3.6. 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 4 2024/2025) from the Office for Health Improvement and Disparities (OHID). During this period, Kent was the best-performing LA in the South East for delivering New Birth Visits within 14 days. Additionally, Kent performed strongly in the delivery rates for the 6–8 week reviews (3rd of 19 LAs), 12-month reviews (4th of 19 LAs), and the 2–2½ year reviews (3rd of 19 LAs). This sustained high performance reflects Kent's ongoing commitment to early intervention and child development, supported by active recruitment, workforce development, and service transformation initiatives.

4. Adult Health Improvement

- 4.1. In Quarter 1 2025/2026, there were 7,869 NHS Health Checks delivered to the eligible population in Kent. This represents a decrease of 11% (-962) from the 8,831 checks that were delivered in the previous quarter. However, this is still in line with the expected seasonal trends.
- 4.2. During the current quarter, a total of 22,898 first invitations were sent out, compared to 26,408 in the corresponding period of the previous year. Over this quarter, GPs have been supported in switching from sending the majority of invites via letter to sending the majority via SMS. This will account for the slight reduction in invites being sent out, but the number of invites still remains within target for the financial year.
- 4.3. Following the presentation and subsequent key decision at the last Adult Social Care and Public Health cabinet meeting, the team continue to progress work towards a new model for delivering health checks. Conversations will be held with GPs and Pharmacies over the coming months to support them with this transition and support them with the transition to SMS.

- 4.4. In Quarter 1 2025/2026, the Stop Smoking Services in Kent supported 995 people to successfully quit smoking, achieving a quit rate of 57% (Green). The core service (KCHFT) supported 761 of 1,328 (57%) of people setting a quit date to successfully quit and continued to support the Lung Cancer Screening Programme. This programme allows for smoking workers to be colocated alongside programme staff to offer stop smoking interventions promptly following a person's lung screening. Allen Carr's Easyway programme supported 233 of 394 (59%) of people setting a quit date to successfully quit, through both virtual and face-to-face seminars delivered in priority locations such as Folkestone, Swale, and Thanet.
- 4.5. In this quarter, Everyone Health commenced delivery of the place-based stop smoking support service, with a focus on embedding service provision within local communities. The service has focused on developing various community partnerships to establish referral pathways, in-person clinics within community spaces, and active participation at community events. The service is designed to engage key priority groups who may face greater barriers to quitting, including routine and manual workers, people experiencing homelessness, and people who are unemployed. In total, 22 clinics were set up based in community spaces such as libraries and community centres, providing weekly stop smoking support to people within the local community and contributing to a more inclusive and targeted approach across Kent.
- 4.6. In Quarter 1 2025/2026, the One You Kent (OYK) Lifestyle Service engaged with 1,733 (53%) people from Quintiles 1 & 2, below the 55% target and RAG rated Amber. All services continue to undertake promotional activities within areas of deprivation to increase the number of referrals from Quintiles 1 & 2. Due to staffing challenges in several areas, there has been less targeted promotion of the service compared to previous quarters. Commissioning and Public Health continue to work with providers to ensure their service offer reflects the needs and preferences of the people living locally. The local nature of the providers means that they have good knowledge of their residents and can work flexibly around their needs.
- 4.7. 61% of individuals on the weight management programme completed the programme in Quarter 4 2024/2025 (reported with a one-quarter lag). This figure is above the target of 60% and therefore RAG rated Green. Notably, the number of people completing the weight management programme (505) represents the largest cohort to do so in 2024/2025. This is encouraging in what is an increasingly volatile weight loss landscape, given the increased media coverage of pharmaceutical weight loss solutions (not available through this service). An action plan to improve completion rates from referrals on the weight management programme continues to be in place with one of the service providers. This action plan will be monitored and escalated as necessary.

5. Sexual Health

- 5.1. KCC commissions several organisations to deliver statutory sexual health services. These include free testing and treatment for sexually transmitted infections (STIs), access to a broad range of contraception, and the provision of

information and advice to support optimising sexual health and wellbeing across Kent.

- 5.2. In Quarter 1 2025/2026, 98% of first-time patients were offered a full sexual health screen and 63% of first-time patients received one. This is lower than the previous quarter (67%) and below the 72% target, and therefore RAG rated Amber. KCC has worked with the providers to understand barriers to achieving this target. A dedicated workshop has been planned, and effective solutions will be explored and implemented during Quarter 2 2025/2026 to support improved uptake.
- 5.3. During the current quarter, 10,764 home testing kits were ordered through the online STI Testing Service and 4,650 packs of condoms were issued to under-25s through the Kent Condom Programme. In addition, 868 issuances of Emergency Oral Contraception for under-30s were processed through Community Pharmacies, and General Practice reported 2,086 Long Acting Reversible Contraception (LARC) procedures.
- 5.4. Transformation of the Sexual Health services remains a key priority for the commissioning team and will incorporate recommendations from the 2024 Kent Sexual Health Needs Assessment.

6. Drug and Alcohol Services

- 6.1. The Adult Community Drug and Alcohol Service's data for Quarter 1 2025/2026 had not been released at the time of reporting. The latest available data (Quarter 4 2024/2025) shows that 28% of people (1,573 out of 5,543) successfully completed treatment in the 12-month rolling period to March 2025, exceeding the 25% target and RAG rated Green. The target for this KPI has been increased to 28% for 2025/2026.
- 6.2. Regarding the substance groups, the service is currently meeting the targets for successful completions among *opiate* and *alcohol* users. The successful completion rate for *alcohol and non-opiate* users and *non-opiate* users are currently below target. However, the substance group targets are ambitious, particularly for non-opiate users, and Kent's performance exceeds both the regional and national performance for all substance groups (Table 1). These targets have been adjusted for 2025/2026 to ensure they can remain ambitious but can reasonably be expected to be met.
- 6.3. The number of people accessing treatment continues to be an area of focus, with a recent campaign implemented to increase awareness of treatment services (the impact of which will be monitored). The providers are continuing to implement their opiate improvement plans and the number of people accessing structured treatment is monitored and reviewed monthly.
- 6.4. Service user satisfaction remains high, with the percentage of feedback rating the service as 'good' or 'excellent' exceeding the 90% target for all pathways, ranging between 93 and 100%.

- 6.5. The services continue to focus on utilising additional grant funding to improve service delivery, which supports activities such as additional training to ensure staff remain highly skilled, specialist roles to support those with complex needs, and increased harm reduction through drug testing and naloxone distribution.
- 6.6. Table 1. Successful completion rates for the substance groups.

Substance Group	Target	Q4	Q1	Q2	Q3	Q4	Benchmarking	
		23–24	24–25	24–25	24–25	24–25	Nat.	Reg.
Opiate	8%	8.4%	8.2%	8.2%	8.5%	9.1%	5.7%	7.3%
Non-opiate	48%	37.9%	40.7%	38.8%	38.5%	36.0%	31.2%	32.4%
Alcohol	40%	39.4%	39.0%	38.2%	39.7%	40.3%	35.3%	36.6%
Alcohol & Non-opiate	33%	30.4%	33.4%	31.8%	32.8%	32.8%	28.4%	29.1%

- 6.7. In Quarter 1 2025/2026, the proportion of young people exiting treatment in a planned way was 83%, slightly below the 85% target and therefore RAG rated Amber. This represents 89 planned exits (33 more compared to Quarter 4 2024/2025), one transfer, and 17 unplanned exits (one less compared to Quarter 4 2024/2025). Successful completions for young people under 18 achieved the target. Performance for over 18s was 81%, which represents a 27% increase from the previous quarter.
- 6.8. 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. Of those young people who exited treatment in a planned way, 20% reported abstinence. This is no longer a KPI within the service as it is recognised that not all young people wish to achieve abstinence – some may only require harm reduction – therefore, the service also monitors feedback from young people. In the current quarter, based on 84 responses, 84% rated the programme ‘good’, 90% said the experience helped them learn more about drugs and alcohol, and 97% would recommend the service. In addition to structured treatment, the service also supported 419 young people through group work this quarter.

7. Mental Health and Wellbeing Service

- 7.1. Live Well Kent and Medway is our commissioned community mental health and wellbeing service. The service supports adults across Kent with issues such as anxiety, depression, isolation, housing, and financial stress. The service is delivered by Porchlight and Shaw Trust, working with a wide network of local voluntary organisations.
- 7.2. In Quarter 1, Live Well Kent and Medway received 2,016 referrals countywide, representing an increase of 8% compared to the same quarter of the previous year. This growth reflects its integration into the Mental Health Transformation programme and stronger referral pathways from secondary care. The service remained responsive to demand, with 99% of eligible referrals contacted within two working days. Of those completing support, 88% showed improved or maintained wellbeing scores using the DIALOG scale. DIALOG+ is a full therapeutic intervention that uses the DIALOG scale to facilitate structured conversations between people using the service and clinicians. The scale includes 11 questions rating satisfaction across life and treatment domains on a

7-point scale from 1 (totally dissatisfied) to 7 (totally satisfied), producing scores for quality of life and treatment satisfaction. Exit survey completion rates also increased, demonstrating strong engagement with the service.

8. Conclusion

- 8.1. Seven of the 14 KPIs remain above target and were RAG rated Green, and five were below target although did achieve the floor standard (Amber). Regarding the KPIs RAG rated Amber, 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. Recommendation

- 9.1. **Recommendation(s):** The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Quarter 1 2025/2026.

10. Background Documents

- 10.1. None

11. Appendices

- 11.1. Appendix 1: Public Health commissioned services KPIs and activity.

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