

**From:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee

10 May 2019

**Subject:** **Performance of Public Health commissioned services**

**Classification:** Unrestricted

**Previous Pathway:** This is the first committee to consider this report

**Future Pathway:** None

**Electoral Division:** All

**Summary:** This report provides an overview of key performance indicators (KPIs) for Public Health commissioned services. Ten of the fifteen KPIs were RAG rated Green in the latest available quarter, four were Amber, and one was Red.

Delivery of the antenatal face to face contact by the Health Visiting Service did not achieve the floor standard, and is RAG rated Red. Kent reflects the National trend in the decline of health visitor numbers, and in response the provider completed a prioritisation process and introduced a change in the way ante-natal contacts are delivered from Q3.

Delivery of the antenatal face to face contact has been prioritised to new mothers or those families identified as vulnerable; all families will receive a letter introducing the Health Visiting Service and providing the contact details of the local district team where they can still request a visit from the service or attend a health visitor drop in session at a local Children's Centre.

To increase capacity in the health visiting workforce the provider has been working with Canterbury Christ Church University to develop a fully accredited course to train registered nurses in the Community Public Health (CPHN) role and the first cohort of students have recently achieved the required competence level to start delivering services.

Due to changes in delivery mechanisms and current performance trends experienced by Kent and Nationally, the paper proposes amendments to four of the KPI targets for 2019/20.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on

- the proposed target changes for 2019/20
- the performance of Public Health commissioned services in Q3 2018/19

## 1. Introduction

- 1.1. A core function of the Cabinet Committee is to review the performance of services which fall within its remit.
- 1.2. This report provides an overview of the performance of the public health services that are commissioned by KCC. It focuses on the key performance indicators (KPIs) that are included in the Strategic and Corporate Services Directorate 2018-19 Directorate Business Plan and presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and the performance over the previous 5 quarters.

## 2. Overview of Performance

- 2.1. Of the 15 targeted KPIs for Public Health commissioned services 10 achieved target (Green), 4 KPIs were below target but achieved the floor standard (Amber), and 1 did not achieve the floor standard (Red) and relates to delivery of the antenatal visits by the Health Visiting Service.

### Health Visiting

- 2.2. Delivery of the face to face antenatal contact has reduced to 25% from previous levels of over 40%. The provider has reported that this drop in performance is due to the implementation of a revised service business continuity plan (BCP) which changes the approach to delivering the face-to-face antenatal contact. The BCP has been implemented to ensure consistent prioritisation of service activities across Kent based on available staffing levels.
- 2.3. The BCP prioritises the universal offer of the 4 postnatal developmental contacts, with the antenatal contact (face-to-face) prioritised for first time mothers and vulnerable families. The provider has given assurances within the BCP that safeguarding work continues to be the highest priority.
- 2.4. To ensure a contact is made at the antenatal stage, in Q3 the provider introduced sending a letter to all families with a pregnancy. The letter introduces the family to the Health Visiting Service and provides the contact details of the local district team where visits can be requested, or details can be provided of Health Visitor drop-in sessions at local Children's Centres.
- 2.5. In Q3 the provider sent 1,673 letters; Antenatal contacts, either via letter or face to face, reached 64% of the new birth numbers during that quarter.
- 2.6. There has been a national decline in health visitors and a reduction nationally in the funding available for health visitor training. Kent has, and continues to, experience challenges with the recruitment of qualified health visitors. The provider has implemented a number of activities to maintain and improve the capacity of the workforce, including the trial of recruitment and retention premiums within two areas of Kent. KCC Commissioners are working with the PHE South East CYP Network to gather insight in to how other local authorities are managing workforce challenges.

- 2.7. A collaboration between the provider and Canterbury Christ Church University has resulted in a fully accredited course to train registered nurses in the Community Public Health (CPHN) role. The first cohort of CPHN's started their training in Quarter 3 2018/19 and on completion of their training the CPHNs will support the delivery of the service and improve the capacity of the workforce. A number of the students have already achieved the required competence levels and are starting to deliver universal checks. Expressions have been made by these CPHN's in completing the full health visitor training.
- 2.8. The decrease in the delivery of universally offered health visiting checks (as a whole) is reflective of the decrease in antenatal face to face contacts; delivery of all the other visits remain above expected levels.

#### Adult Health Improvement

- 2.9. The number of NHS Health Checks delivered continues to increase following the drop in delivery in early 2018 with the roll-out of a new IT system across Kent; the service is on track to deliver the volume of Health Checks within acceptable levels and invite 100% of the eligible population.
- 2.10. The numbers accessing the One You Kent (OYK) service has been steadily increasing and work is continuing by the providers to ensure Advisors are working with those from the most deprived areas in the county. Following a refresh of the figures and data quality checks by the provider, OYK continue to work with over 50% of clients being from the most deprived areas.

#### Sexual Health

- 2.11. All clients needing to access an urgent genito-urinary medicine (GUM) appointment in Kent were offered within 48 hours. Levels of delivery have remained consistent over previous time frames.

#### Drug and Alcohol Services

- 2.12. The proportion of people successfully completing treatment has been sustained at 25% in the 12 months to December 2018. Overall the proportions completing treatment successfully, of all those in treatment, has been steadily decreasing, this trend follows National experiences. The national proportion for 2017/18 (most recently published figures) was 22%.

#### Mental Wellbeing Service

- 2.13. The Live Well Kent providers continue to ensure that the services deliver high levels of satisfaction with 98% of clients completing the NHS Friends and Family Test (FFT) indicating that they would recommend the service to family, friends or someone in a similar situation. Providers have completed a refresh of submitted figures following a deep-dive into recording mechanism and previous quarters have been amended, satisfaction remains at high levels.

### 3. Proposed KPI changes for 2019/20

- 3.1. Table 1 outlines proposed changes to four of the current KPI targets for 2019/20. It is proposed that the KPIs have the targets to reflect current performance trends and changes to current delivery mechanisms.
- 3.2. All other KPIs and their targets are to remain the same. Performance Indicator Definition forms (PIDs) are available on request.

Table 1: Proposed KPI changes for 2019/20

KPI:	Change:
Mothers receiving an antenatal visit/contact with the Health Visiting Service	Target change to reflect changes in delivery with a focus on new mothers and those identified by the midwifery teams as having concerns and/or vulnerabilities.  43% of the entire cohort have been identified by Public Health as families with vulnerabilities and/or new mothers in Kent. The target is set at 43% with the expectation that all of these families are to be seen.  All pregnant women will be contacted via a letter
Infants due a 6-8 week check who receive one by the Health Visiting Service	Target increased to 85% due to consistent delivery above the previous 80% target.
Children receiving a 1 year review by 15 months, by the Health Visiting Service	Target increased to 85% due to consistent delivery above the previous 80% target.
Successful completion of drug and alcohol treatment of all those in treatment	Target decreased to 25%, from 26%, to reflect National trends and ongoing performance in Kent.

### 4. Conclusion

- 4.1. Delivery of the antenatal face to face contact provided by the Health Visiting Service did not achieve the floor standard of performance in Q3, the provider had implemented a revised service business continuity plan based on health visitor staffing levels which changed the delivery mechanism for this measure. Letters are being sent to all families in Kent due a contact, providing Health visiting service information and face to face contacts are being prioritised to new mothers and vulnerable families.
- 4.2. To reflect current performance trends and changes to current delivery mechanisms it is proposed that four KPIs receive target changes for 2019/20. Two are increases, two are decreases (Table 1).

## 5. Recommendations

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on

- the proposed target changes for 2019/20
- the performance of Public Health commissioned services in Q3 2018/19

## 6. Background Documents

Strategic and Corporate Services Directorate 2018-19 Directorate Business Plan  
<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/business-plans>

## 7. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

## 8. Contact Details

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

Service	KPI's	Q3 17/18	Q4 17/18	Target 18/19	Q1 18/19	Q2 18/19	Q3 18/19	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	70,456 (g)	71,495 (g)	65,000	71,287 (g)	70,639 (g)	69,318 (g)	↓
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	2,282 52% (g)	1,755 43% (g)	50%	2,078 48% (a)	1,804 41% (a)	1,066 25% (r)	↓
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	4,346 98% (g)	3,954 98% (g)	95%	4,094 98% (g)	4,294 98% (g)	4,250 98% (g)	↔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	4,199 92% (g)	3,809 91% (g)	80%	3,628 89% (g)	3,771 86% (g)	3,885 88% (g)	↑
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	2,041 47%	1,788 46%*	-	1,833 49%*	1,852 48%*	1,926 48%*	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	3,878 89% (g)	3,723 87% (g)	80%	3,609 86% (g)	3,907 87% (g)	4,075 87% (g)	↔
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	3,634 83% (g)	3,725 82% (g)	80%	3,546 80% (g)	3,703 82% (g)	3,605 82% (g)	↔
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	76 92% (g)	55 85% (g)	85%	87 94% (g)	54 87% (g)	56 89% (g)	↑
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	1,126 25% (a)	1,073 24% (a)	26%	1,160 26% (g)	1,139 25% (a)	1,171 25% (a)	↔
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	42,943 (g)	41,677 (g)	41,600	38,021 (a)	33,617 (a)	33,917 (a)	↑
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	746 54% (g)	809 49% (a)	52%	706 56% (g)	698 53% (g)	740 51% (a)	↓
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	New Service, New Metric		60%	440 53% (a)	420 51% (a)	456 55% (a)	↑
Sexual Health	PH02: No. and % of clients accessing GUM services offered an appointment to be seen within 48 hours	100% (g)	100% (g)	90%	11,136 100% (g)	11,356 100% (g)	10,871 100% (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	New Metric		90%	300 99% (g)	317 97% (g)	250 98% (g)	↑

\*Coverage above 85% however quarter did not meet 95% for robustness expected for national reporting

## Commissioned services annual activity

Indicator Description	2013/14	2014/15	2015/16	2016/17	2017/18	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	96% (g)	96% (g)	97% (g)	97% (g)	93% (g)	↓
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	94% (a)	95% (g)	96% (g)	96% (g)	96% (g)	↔
PH05: Number receiving an NHS Health Check over the 5-year programme (cumulative from 2013/14 to 2017/18)	32,924	78,547	115,232	157,303	198,980	-
PH06: Number of adults accessing structured treatment substance misuse services	4,652	5,324	5,462	4,616	4,466	-
PH07: Number accessing KCC commissioned sexual health service clinics	-	-	73,153	78,144	75,694	-

### Key:

#### RAG Ratings

<b>(g) GREEN</b>	Target has been achieved
<b>(a) AMBER</b>	Floor Standard*** achieved but Target has not been met
<b>(r) RED</b>	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

\*\*\* Floor Standards are set in Directorate Business Plans and if not achieved must result in management action

### 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