

From: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health
Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee
21st April 2015

Subject: Public Health Performance – Children and Young People

Classification: Unrestricted

Previous Pathway: DMT

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the performance indicators monitored by the Public Health division which directly relate to services delivered to children, or services which aim to improve the health and wellbeing of children and young people.

There have been no updates to the National Child Measurement Programme, the work currently being undertaken on the 2014/15 cohort is regularly monitored and on track to continue meeting its participation target.

Responsibility for commissioning the Health Visiting service transfers to the local authority in October 2015; Public Health continue to work with NHS England and the provider to assess and baseline current provision and performance. There continues to be poor data quality surrounding the reporting of breastfeeding status; however there will be opportunities to address this with the changing arrangements in commissioning of the Health Visiting service.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health, and note the current performance of the Health Visiting Service in regards to workforce growth.

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent Public Health which directly relate to services delivered to children and young people, or services which aim to improve the health and wellbeing of children and young people.

2. Performance Indicators

2.1. There is a wide range of indicators for public health, including the indicators contained in the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to KCC Cabinet, and which are relevant to this committee. The key to the tables is available in appendix 1, at the foot of this report.

- 2.2. There are currently no updates to the annual national child measurement programme (NCMP). The work currently being undertaken on the 2014/15 cohort is regularly monitored with the provider and on track to continue meeting its participation rate target for both age groups

Table 1: National Child Measurement Programme

National Child Measurement	2010/11	2011/12	2012/13	2013/14	DoT
Participation rate of 4-5 year olds	95% (G)	94% (G)	92% (G)	96% (G)	↑
Participation rate of 10-11 year olds	93% (G)	95% (G)	95% (G)	94% (G)	↓
Prevalence of healthy weight 4-5 year olds	77% (A)	78% (G)	78% (G)	79% (G)	↑
Prevalence of excess weight 4-5 year olds	23% (A)	22% (G)	22% (A)	21% (G)	↑
Prevalence of healthy weight 10-11 year olds	66% (A)	66% (G)	66% (G)	66% (G)	↔
Prevalence of excess weight 10-11 year olds	33% (A)	33% (G)	33% (A)	33% (G)	↔

- 2.3. In regards to the breastfeeding status of babies at their 6-8 week check, there continues to be poor data completion and Kent has not met the data validation criteria for publication of the proportion of women totally or partially breastfeeding. To meet the criteria only 5% of statuses are allowed to be unknown, Kent had 27% missing in Q1 and 20% in Q2 2014/15

Table 3: Breastfeeding status at 6-8 week check

Kent	No. of infants due a 6-8 week check	Infants totally or partially breastfed	Infants not at all breastfed	Infants whose status was not known
Q1 14/15	4,192	1,324	1,740	1,128
Q2 14/15	4,360	1,434	2,066	860

- 2.4 Changes by Public Health England to the data source of breastfeeding status at 6-8 weeks will be implemented with the transition of the Health Visiting Service commissioning to Local Authorities. As of October 2015 the status will be provided to NHS England from Health Visitors who will be asking and recording the status at the 6-8 week check they deliver with the mother.
- 2.5 The expectation is that the proportion of unknown statuses will drop and publication of Kent and CCG level breastfeeding statuses will increase allowing the focus to shift away from data quality to the prevalence of breastfeeding.
- 2.6 Commissioning of the Health Visiting service will transfer from NHS England to the local authority from October 2015. Nationally the focus has been on increasing the size of the local health visiting workforces. The target for Kent was to have 342.2 whole-time equivalent health visitors in post by 31st March 2015. Figures provided by the NHS England Area team show the provider's position in February as 338.58. The provider has given NHS England Area Team assurances that they will meet the 342.2 target.
- 2.7 From April 2015, there will be five mandated assessments offered by Health Visitors – Antenatal visits, new birth visits, 6-8 week reviews, 1 year review and 2-2½ year reviews. In preparation for October, Public Health are working with NHS England and the provider to baseline current provision and performance across Kent. Public Health will continue to emphasize the importance of accurate reporting and will use the recently published Public Health England guidance on health visiting reporting requirements for October 2015 as a minimum standard. The provider will

be implementing a new recoding database for the Health Visiting Service in September 2015. On current information, performance is mixed, this is being validated and future reports will provide further detail before the commissioning transfer.

3. Annual Public Health Outcomes Framework Indicators

3.1 The Public Health Outcomes Framework (PHOF) contains figures on a wide variety of indicators that cover the breadth of Public Health. Although the framework has been in place since the transition of Public Health to Local Authorities, it continues to develop and expand to cover differing geographical boundaries and time frames.

3.2 There have been no updates or additions to the annual PHOF indicator on conception rates; 2013 conception rates are expected to be released early 2015.

Table 4: PHOF indicator 2.04 Under 18 conceptions

	2009	2010	2011	2012	DoT
Under 18s conception rate (per 1,000)	34.1 (G)	34.6 (A)	31.0 (A)	25.9 (A)	↑

3.3 Quarterly CCG level data is published on the indicator 'smoking status at time of delivery'; there has been no update since the previous report.

Table 5: PHOF indicator 2.03 via C&YPHBT Smoking Status at time of delivery

	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	DoT
Ashford CCG	10% (A)	9% (A)	14% (A)	10% (A)	↑
Canterbury & Coastal CCG	13% (A)	14% (A)	10% (A)	9% (A)	↑
Dartford, Gravesham & Swanley CCG	11% (A)	15% (R)	14% (A)	15% (R)	↓
South Kent Coast CCG	15% (R)	15% (R)	15% (A)	14% (A)	↑
Swale CCG	26% (R)	9% (A)	21% (R)	17% (R)	↑
Thanet CCG	17% (R)	17% (R)	17% (R)	19% (R)	↓
West Kent CCG	10% (G)	10% (G)	11% (A)	9% (G)	↑
England	12%	12%	12%	12%	↔

4. Conclusion

4.1 The commissioning responsibility within Public Health continues to expand; substance misuse services transitioned in October 2014 and the health visiting service is due to transition across from NHS England in October 2015. The on-going performance of the health visiting service is being monitored by Public Health to ensure there is clarity on the service's performance once commissioning responsibilities are assumed later this year

5. Recommendations

The Children's Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health, and note the current performance of the Health Visiting Service in regards to workforce growth.

6. Background Documents

6.1 None

7. Contact details

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Appendix 1:

Key to KPI Ratings used:

(G) GREEN	Target has been achieved or exceeded; or is better than national
(A) AMBER	Performance at acceptable level, below target but above floor; or similar to national
(R) RED	Performance is below a pre-defined floor standard; or lower than national
↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

Data quality note: Data included in this report is provisional and subject to later change. This data is categorised as management information.