

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

Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee

July 10th 2015

Subject: Public Health Performance - Adults

Classification: Unrestricted

Previous Pathway: DMT

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of Public Health key performance indicators which specifically relate to adults.

The annual targets for the number of NHS Health Checks completed and the availability of open access sexual health services were met.

Public Health are awaiting final full-year figures for stop smoking services and chlamydia positivity rates in line with national submission deadlines.

Outcomes for people accessing drug and alcohol treatment in Kent remain above the national average but have fallen in 2014/15. Public Health continues to contract manage the providers closely in order to address any performance issues and drive improvement in treatment outcomes.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent Public Health which relate to services for adults; the report includes a range of national and local performance indicators.

1.2. There are a wide range of indicators for Public Health including some from the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to Kent County Council Cabinet, and which are relevant to this committee.

2. Performance Indicators of Commissioned Services

2.1. The table below sets out the performance indicators for the key public health commissioned services which deliver services primarily for adults. The RAG status relates to the target.

Indicator Description	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15
Proportion of annual target population with completed NHS Health Check (rolling 12 month basis)	36% (R)	41% (R)	46% (A)	51% (G)	51% (G)
Proportion of clients accessing community sexual health services offered an appointment to be seen within 48 hours	99.9% (G)	100% (G)	100% (G)	100% (G)	100% (G)
Chlamydia positivity detection rate per 100,000 for 15-24 year olds	1,949 (R)	1,545 (R)	1,540 (R)	Available mid-June	Expected September
Proportion of smokers successfully quitting, having set a quit date	57% (G)	52% (G)	50% (A)	51% (A)	Available mid-June
Local Indicator					
Proportion of new clients seen by the Health Trainer Service from the two most deprived quintiles (highest deprivation)	54%	52%	53%	57%	51%
Substance Misuse Services					
	2009/10	2010/11	2011/12	2012/13	2013/14
% of adult treatment population that successfully completed treatment	22.6%	26.0%	26.0%	20.6%	17.2%
National Figures for comparison:	11.5%	13.7%	15.1%	15.0%	15.1%
	Dec 12- Nov 13	Jan 13- Dec 13	Mar 13- Feb 14	Apr 13- Mar 14	May 13- Apr 14
% of opiate users completing treatment successfully who do not return to treatment within 6 months, of all in treatment. (rolling 12 month basis)	10.4% (G)	10.3% (G)	9.7% (G)	9.7% (G)	9.5% (G)
National Figures for comparison:	7.8%	7.8%	7.7%	7.8%	7.7%

NHS Health Checks

2.2. To provide a more accurate picture of progress of the NHS Health Checks programme, the figures will now be reported as 12 month rolling. Since KCC took on the commissioning responsibility for the programme, there has been a steady increase in numbers of invited and checks completed. In 2014/15 45,623 people received an NHS health check compared to 29,845 in 2012/13.

2.3. Public Health is committed to driving further improvement in uptake of health checks and has agreed a minimum target for the programme to deliver 48,893 checks for Kent residents in 2015/16.

2.4. Public Health expects this increase to be delivered through a combination of improved uptake in response to invitations from general practices as well as opportunistic checks in targeted outreach settings or health and wellbeing

events, especially in areas of low uptake and high preventable cardiovascular mortality.

Sexual Health

- 2.5. Community sexual health clinics in Kent continue to consistently offer clients an appointment within 48 hours, performing above the target of 95%. Integrated sexual health services, including GUM, contraceptive services and HIV outpatient services commenced operation from April 2015 and access targets have been included in the new contracts.
- 2.6. There continues to be a delay on the national reporting of the Chlamydia positivity detection rate, Public Health have been informed that Q3 14/15 rates should be released mid-July, which is outside the time for inclusion in this report; Public Health have requested an explanation from the responsible Public Health England unit.

Smoking

- 2.7. The Stop Smoking Service narrowly missed its 'quit-rate' target for 2014/15. The target is for 52% of people accessing the service and setting a quit date to have quit smoking for 4 weeks by the end of the programme. The actual performance in quarter 2 and 3 was 50% and 51% respectively. Public Health are commissioning various changes to ensure that the Stop Smoking Service meets the changing needs of the population in relation to smoking but also delivers best value for money for KCC. These changes include a targeted 'cut down to quit' programme which is designed to engage people who are less likely to quit without more prolonged support. This approach is being trialled in three areas and will be assessed to inform decisions on any wider roll-out.
- 2.8. The Stop Smoking Service also remains focused on reducing health inequalities across Kent; year to date (Q1-Q3) there were 259 people who had never worked or were unemployed for over a year who quit within 4 weeks of setting a quit date; 612 who had retired, 177 who were sick/disabled and unable to return to work, 792 in routine and manual occupations, and 141 in prison (please note that these are not exclusive categories).

Health Trainers

- 2.9. The Health Trainer service continues to exceed the target of new clients engaged with their service and has sustained working with at least 50% of their clients being from the 2 most deprived quintiles in Kent; the target set for 2015/16 aims to challenge the provider to further target their work at the most deprived quintiles and see 62% for quintiles 1 and 2.

Substance Misuse

2.10. As outlined in the previous performance report to this Committee, the Local Authority Circular (LAC (DH) (2014)2, dated 17th December 2014) places a new condition on the use of the Public Health grant, that Local Authorities have regard to the need to improve the outcomes from their drug and alcohol misuse treatment services.

2.11. Kent has continued to experience a fall in the number of successful completions, from 2010/11 at 904 to 482 in 13/14; this is a sharper fall than the number in treatment. Nationally the figures have remained stable for both successful exits and numbers in treatment. Public Health is working with drug and alcohol treatment providers in Kent via regular performance monitoring meetings to identify and address any performance issues. Despite these reductions in the number of people in treatment, Kent remains above the national average on the critical performance indicator of opiate clients completing treatment as a proportion of all in treatment.

3. Annual Public Health Outcomes Framework (PHOF) Indicator

3.1. The table below presents the most recent nationally verified and published data; the RAG is in relation to National figures.

Annual PHOF Indicators	2007-09	2008-10	2009-11	2010-12	2011-13
Under 75 mortality rates for:					
Cardiovascular diseases considered preventable per 100,000	59.8 (G)	57.4 (G)	55.9 (A)	52.3 (A)	49.3 (A)
Cancer considered preventable per 100,000	84.3 (G)	83.7 (G)	82.6 (G)	80.5 (G)	78.2 (G)
Liver disease considered preventable per 100,000	12.4 (G)	12.1 (G)	12.0 (G)	12.4 (G)	13.2 (G)
Respiratory disease considered preventable per 100,000	17.4 (A)	17.4 (A)	17.6 (A)	16.6 (A)	16.7 (A)
Suicide rate (all ages) per 100,000	8.4 (A)	7.7 (A)	8.4 (A)	8.1 (A)	9.2 (A)
Proportion of people presenting with HIV at a late stage of infection (%)	Not available		49.7 (A)	47.0 (A)	50.5 (A)
		2010	2011	2012	2013
Percentage of adults classified as overweight or obese	Not available			64.6 (A)	Not available
Prevalence of smoking among persons aged 18 years and over (%)		21.7 (A)	20.7 (A)	20.9 (A)	19.0 (A)
Opiate drug users successfully leaving treatment and not re-presenting within 6 months (%)		14.6 (G)	14.7 (G)	10.9 (G)	10.3 (G)
	2009/10	2010/11	2011/12	2012/13	2013/14
Alcohol related admissions to hospital per 100,000. All ages	568 (G)	574 (G)	557 (G)	565 (G)	Not available
Proportion of adult patients diagnosed with depression (%)	Not available			5.6	6.4

3.2. The Kent suicide rate for persons masks the difference between genders, with significantly higher rates for males at 14.6 per 100,000 (2011-13) compared to

4.1 per 100,000 for females. Public Health has a suicide prevention strategy, which is on the agenda for this Committee today, and commissions wellbeing programmes specifically targeted at men, and example of which is the Kent Sheds programme. Public Health commission alongside a range of other mental health commissioning in Social Care, CCGs and NHS England.

- 3.3. Whilst the proportion nationally of people presenting with HIV at a late stage of infection has been decreasing, Kent experienced an increase between 2010-12 and 2011-13 and was performing above the benchmark of 50% at 50.5%. The goal on the PHOF is to be below 25%.
- 3.4. The new Community Sexual Health Services contracts will offer testing for a range of sexually transmitted infections including HIV as well as targeted outreach. The services are designed to engage particular groups of the population who can be at risk of HIV but are less likely to access mainstream sexual health services. This targeted provision along with widening access to sexual health services and relevant campaigns and promotion are expected to lead to improvements (reductions) in the numbers of HIV tests offered and taken up.
- 3.5. It is expected that the social marketing campaign to raise awareness of HIV and promote testing in Kent during November as part of an HIV late diagnosis research programme, will show an increase in the incidence of late diagnosis of HIV over the coming months.

4. Conclusions

- 4.1. The NHS Health Checks programme met its 2014/15 target for the number of health checks completed in the year. Community Sexual Health services also reached the target on availability of waiting times for open access appointments. Public Health are awaiting final figures on Cessation and Chlamydia detection but data for the first part of 2014/15 indicates that the targets for these programmes will not have been met.
- 4.2. Commissioning and contract management of substance misuse treatment services continues to identify and address performance issues and improve treatment outcomes in these areas.

5. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health
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6. Background Documents

6.1. None

7. Contact Details

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