

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

22nd July 2015

Subject: Public Health Performance – Children and Young People

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 the performance indicators monitored by the Public Health division which directly relate to commissioned services delivered to children, or services which aim to improve the health and wellbeing of children and young people in Kent.

Public Health commissioned services range from pre-birth, early years and through to adolescence. The breadth of services will continue to develop as commissioning responsibility for the Health Visiting service moves into the local authority from October 2015.

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance of Public Health commissioned services and action taken by Public Health.

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 of commissioned services

2.1. There is a wide range of indicators for Public Health, including those 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 to this report.

Smoking during pregnancy

2.2. Public Health is currently undertaking an assessment of the first year of the BabyClear Pilot. The pilot focussed on getting pregnant women into commissioned stop smoking services (SCS) through partnership working between Maternity Services, Midwives and the providers of SCS in Kent. The review includes whether the pilot has had a higher impact in certain geographical locations.

2.3. Most recently available published quarterly figures on women who have a smoking status at the time of delivery show that Kent remains around 13% and the number averaging around 531. At CCG level there are particular concerns for Swale, South Kent Coast and Thanet, who either experience high or increasing levels. Outcomes will continue to be tracked as the BabyClear project continues into 2015/16

Table1: Quarterly published smoking status at time of delivery Kent and England

	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	DoT
% of women with a smoking status at time of delivery in Kent	13.6%	12.8%	12.5%	13.1%	12.6%	12.8%	↓
No. of women with a smoking status at time of delivery in Kent	558	536	493	524	534	543	↓
% of women with a smoking status at time of delivery in England	12.0%	11.8%	12.0%	12.3%	11.5%	Not available	↑

Source: HSCIC and PHOF

Infant Feeding Services

2.4. The new integrated Community Infant Feeding service commenced in October 2014. The aim is to increase the number of mothers contacted within 48 hours of giving birth to offer support in continuing with breastfeeding, and increasing the number of women breastfeeding at 6-8 weeks. The service is providing accessible community-based services and is targeting communities with the lowest rates of breastfeeding prevalence

2.5. Published figures continue to show Kent as having large proportions of missing fields on the breastfeeding status recorded at the GP 6-8 week check. From October 2015, Public Health England will be changing the source of this data away from the GP 6-8 week check to the 6-8 week check delivered by the Health Visiting Service. The expectation is that data quality will steadily increase and the reported prevalence rate of breast feeding will be more accurate than at present.

Table 2: Quarterly published breastfeeding status for Kent

	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
No. of infants due a 6-8 week check in Kent	4,263	4,012	4,192	4,360	4,380
No. of infants without a breastfeeding status recorded at 6-8 week check in Kent	917	1,211	1,128	860	1,486
% missing fields – 5% maximum threshold for missing fields	21.5% (r)	30.2%(r)	26.9%(r)	19.7%(r)	33.9%(r)
No. of infants with a totally or partially breastfed status at 6-8 week check	1,480	1,262	1,324	1,434	1,374

	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
% missing fields for England	10.6% (r)	12.0% (r)	11.8% (r)	12.9% (r)	13.1% (r)

Source: NHS England

Health Visiting Service

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 health visiting workforce. The target for Kent was to have 342.2 whole-time equivalent health visitors in post by 31st March 2015; the provider has reported meeting this target. NHS England and Public Health will continue to monitor the retention of the workforce in the lead up to transfer of the commissioning responsibilities.

2.7. From October there will be five mandated interventions offered by Health Visitors

- Antenatal visit,
- New birth visit,
- 6-8 week review,
- 1 year review,
- 2-2½ year review.

2.8. Public Health are working with NHS England and the provider to establish an accurate current baseline for provision and performance in Kent. Current information identifies that performance against the five mandated interventions is mixed. Latest data is being validated and will be included in future reports.

2.9. New minimum standards for reporting requirements will be implemented from October 2015, once the local authority is responsible for commissioning the service.

National Child Measurement Programme (NCMP)

2.10. There are no updates from the previous performance report on the delivery of the NCMP. Work is currently underway to measure the 2014/15 cohorts of 4-5 year olds and 10-11 year olds in Kent. Public Health continues to monitor the progress of the programme. By 27 May 2015, 91% of 4-5 year olds and 94% of 10-11 year olds had been measured. Children will continue to be measured until the end of the school year.

Table 3: Annual participation and prevalence rates from the NCMP

	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)	↓
% of healthy weight 4-5 year olds	77% (a)	78% (g)	78% (g)	79% (g)	↑
% of excess weight 4-5 year olds	23% (a)	22% (g)	22% (a)	21% (g)	↑
% of healthy weight 10-11 year olds	66% (a)	66% (g)	66% (g)	66% (g)	↔
% of excess weight 10-11 year olds	33% (a)	33% (g)	33% (a)	33% (g)	↔

Substance Misuse Services

- 2.11. The responsibility for commissioning substance misuse services transferred to Public Health in October 2014. Services for young people include early intervention and preventative work and specialist treatment services for those with complex substance misuse needs.
- 2.12. During 2014/15, over 7,800 young people were engaged by the Early Intervention Services, with just over 300 young people accessing specialist treatment services. Over 90% of the young people leaving the service had a planned exit.
- 2.13. The service addresses a number of public health priorities, with over 4,000 young people given sexual health information and, where appropriate, chlamydia screening and testing were provided. In specialist services, where appropriate, information, testing and vaccination for Blood-borne Viruses are provided, for example Hepatitis B and Hepatitis C.

3. Conclusion

- 3.1. The number of services commissioned by Public Health which impact on the health and wellbeing of children and young people has increased over the past year. This will continue as commissioning responsibility for the Health Visiting and Family Nurse Partnership Services moves into the local authority in October 2015 and further opportunities to improve outcomes are realised.

4. Recommendations

Recommendation: The Children's Social Care and Health Cabinet Committee is asked to note the current performance of Public Health commissioned services and action taken by Public Health.

5. Background Documents

None

6. 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
(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.