

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

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To: Children's Social Care and Health Cabinet Committee

22nd January 2016

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 changes in performance that have occurred since the December report. The indicators monitored here relate to commissioned services delivered to children and young people and their families by Public Health.

Most recently available information shows performance of the Health Visiting Service continued to vary whilst under NHSE commissioning responsibility; Public Health is working closely with the provider to improve performance through incentive measures and performance improvement planning.

The 2014/15 figures have been published on the National Child Measurement Programme; there has been an increase in the proportion of 4-5 year olds with excess weight, whilst excess weight in 10-11 year olds has remained stable.

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

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. Following the report that was taken to the committee in December this report focuses on the areas where there has been updated information.

2. Performance Indicators of commissioned services

Smoking during pregnancy

2.1. There has been no update to the number of women recorded as smoking at time of delivery from the previous report taken to the committee in December. Figures to Q1 2015/16 show an overall reduction for Kent, although the figures

vary from quarter to quarter. Kent continues to have a higher proportion smoking than national figures. Work continues to be targeted at areas of high prevalence; a pilot campaign is currently in development focussing on Swale, and work continues in Thanet and Dover.

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

SATOD	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	DoT Q1 to Q1
% of women with a smoking status at time of delivery in Kent	13.1%	12.6%	12.8%	12.9%	11.8%	12.1%	↑
No. of women with a smoking status at time of delivery in Kent	524	534	543	531	473	500	↑
% of women with a smoking status at time of delivery in England	12.3%	11.5%	11.5%	11.4%	11.1%	10.7%	↑

Source: HSCIC

Infant Feeding Services

2.2. There has been no update to the infant feeding status publication since the previous report. Q1 2015/16 is expected be the final publication by NHS England of infant feeding statuses at 6-8 weeks; this status now forms part of the recording and reporting by the Health visiting Service and will be presented in that section of the report from Q3 2015/16 onwards.

2.3. To report the breastfeeding status at 6-8 weeks, the proportion of fields completed is required to be 95%. The table below shows the proportion of missing fields, all of which exceed the allowed 5%.

Table 2: Quarterly published breastfeeding status for Kent

	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16
% missing fields (maximum 5%)	30.2%	18.0%	26.4%	28.6%	28.7%	29.3%
% missing fields for England	12.0%	11.9%	12.8%	12.6%	13.7%	12.0%

Source: NHS England

Health Visiting Service and Family Nurse Partnership (FNP)

2.4. Commissioning of the Health Visiting service and FNP transferred from NHS England to the local authority on 1st October 2015.

2.5. The Family Nurse Partnership (FNP) is a targeted programme which currently operates in Gravesend, Swale, Thanet, Dover, Shepway, Maidstone and Tonbridge & Malling. Nurses' work with a small caseload as the service offers intensive support to first time mums under the age of 20 until their child is two-years old.

2.6. The table below outlines a selection of key characteristics of those young women working with FNP in North and South Kent. The profile of mothers engaged in the programme identifies the cohort as presenting with a range of vulnerabilities

Table 3: FNP Intake figures delivered in 12 months to Oct 15 whilst under NHS England Commissioning.
Kent figures

		North Kent		South Kent	
		Nov 14 – Oct 15	Nov 12 – Oct 15	Nov 14 – Oct 15	Nov 12 – Oct 15
No. of active clients in programme during period		140	179	115	126
No. of clients enrolled during period		58		57	
Intake characteristics (of those enrolled during the period)	% who are NEET (16+)	76%	72%	65%	60%
	% with a very low income or living entirely on benefits	67%	60%	60%	55%
	% reporting ever had mental health problems	41%	33%	40%	34%
	% who are on a child in need plan	12%	15%	14%	10%
	% ever abused by someone close to them	51%	48%	54%	45%
	% afraid of current or previous partner	18%	16%	19%	17%
	% who had ever smoked in pregnancy	81%	79%	63%	64%
	% who had smoked in the last 48hrs at intake	50%	50%	39%	36%

2.7. Positive outcomes can be expected when fidelity to the programme is met - this includes the client enrolment within the first 16 weeks of gestation and then receipt of the expected number of visits at each stage of the programme. The table below shows most targets are exceeded. However, fewer women are enrolled in a timely manner than the expected target. This is due to inconsistent information sharing between maternity services and community services, the provider organisations are working together to address this.

Table 4: FNP fidelity figures for 12 months to Oct 15, whilst under NHS England Commissioning.

Nov 14 – Oct 15		North Kent	South Kent	National Average
Enrolment	% clients enrolled within 16 weeks gestation (60% at least)	38%	44%	50%
Frequency of visits	% clients getting 80%+ expected visits of those completing the Pregnancy Stage	79%	84%	60%
	% clients getting 65%+ expected visits of those completing Infancy stage	65%	86%	59%
	% clients getting 60%+ expected visits of those completing Toddlerhood stage	75%	85%	61%

2.8. NHSE took over commissioning responsibility for the health visiting service in April 2013 from which point performance was reported locally at Kent level. Rate of uptake of the universal reviews varied during this period; however no national data was published to offer any comparison.

2.9. The table below sets out performance of the service in first 6 months of 2015/16; Q1 (April to June 2015) and Q2 (July to September 2015) whilst still under NHSE

commissioning responsibility. Published data for Quarter 1 15/16 has offered the first opportunity to assess performance within a regional and national context.

- 2.10. There is a downward trend over this six month period in the uptake of the mandated universal reviews, with only the percentage of New Birth visits occurring within 14 days showing improvement.
- 2.11. Performance from Q3 will reflect delivery of the service since commissioning responsibility moved into Public Health. The new contract with the local authority has implemented performance incentivisation targets and a clear improvement plan to drive up coverage of the universal mandated interventions.
- 2.12. Public Health England will publish Q2 figures for all Local Authorities and England on the 27th January; this will include a refresh of Q1 figures. The refreshed Q1 figures for Kent are presented below.

Table 5: Health visiting mandated interventions delivered in Q1 and Q2 15/16 under NHS England Commissioning. Kent figures

Measure	Components	Q1 England	Q1 15/16	Q2 15/16	DoT
Antenatal Visit	No. of mothers receiving an Antenatal Visit	49,187	1,091	915	-
New Birth Visit	% of NBV's within 14 days	85%	70%	71%	↑
	% of NBVs in total (0-30 days)	97%	98%	94%	↓
6-8 Week Review	% of infants due a 6-8 week check who received one	80%	not reported	87%	-
1 year review	% of all infants receiving their 1 year review at 12 months	71%	71%	65%	↓
	% of all infants receiving their 1 year review at 15 months	79%	83%	74%	↓
2-2½ year review	% receiving their 2-2½ year review	72%	71%	70%	↓

National Child Measurement Programme (NCMP)

- 2.13. Participation and measurement outcomes for the 2014/15 cohorts were published in December. Participation rates remained stable for 4-5 year olds (Year R) and increased by 1% for 10-11 year olds (Year 6). Kent continues to exceed the required 85% participation rates. Figures presented here and on the Public Health Outcomes Framework NCMP profile are based on the postcode of the school.
- 2.14. For 4-5 year olds the proportion of those with Healthy weight decreased from 79% to 77% and excess weight (overweight and/or obese) increased from 21% to 22%. Individually both measurements of excess weight - overweight and obese, increased. (Table 7)

Table 6: NCMP participation rates and metrics on Healthy and excess weight for Kent. RAG against National; DoT for 2 most recent timeframes

	2010/11	2011/12	2012/13	2013/14	2014/15	DoT
Participation rate of 4-5 year olds (RAG against target)	95% (g)	94% (g)	92% (g)	96% (g)	96% (g)	↔
Participation rate of 10-11 year olds (RAG against target)	93% (g)	95% (g)	95% (g)	94% (g)	95% (g)	↑
% of healthy weight 4-5 year olds	77% (a)	78% (g)	78% (g)	79% (g)	77%	↓
% of excess weight 4-5 year olds	23% (a)	22% (g)	22% (a)	21% (g)	22%	↓
% of healthy weight 10-11 year olds	66% (a)	66% (g)	66% (g)	66% (g)	66%	↔
% of excess weight 10-11 year olds	33% (a)	33% (g)	33% (a)	33% (g)	33%	↔

Source: HSCIC

2.15. For 10-11 year olds, the proportion of those with Healthy weight remained stable at 66% as did the proportion with excess weight at 33%. Within the excess weight category there was an increase in those measured as overweight, however there was a decrease in those measured as obese. (Table 7)

Table 7: NCMP drill down on excess weight into its components of Overweight or Obese; DoT for 2 most recent timeframes

Excess Weight		2010/11	2011/12	2012/13	2013/14	2014/15	DoT
Year 4-5	Overweight	14.0%	13.1%	12.9%	12.6%	13.4%	↓
	Obese	8.9%	8.6%	8.8%	8.2%	9.1%	↓
Year 10-11	Overweight	14.9%	14.4%	14.5%	14.2%	14.8%	↓
	Obese	18.4%	18.3%	18.2%	18.5%	18.0%	↑

Source: HSCIC

2.16. The Kent Public Health Observatory has produced a data release of the 2014/15 measurements at District level for both cohorts; the website link is provided in section 5.

Substance Misuse Services

2.17. There has been no update to the planned exits from substance misuse services since the previous report. The proportion of planned exits from the specialist service remains high above 90% and continues to exceed national performance; however the previous four quarters have not met the 98% target. Following a recent performance monitoring meeting, the provider is investigating further the decreasing proportion of planned exits.

Table 8: Proportion of planned exits from specialist services in Kent

Specialist Treatment Service Exits	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	DoT
% of young people exiting specialist services with a planned exit	99% (G)	100% (G)	94% (A)	97% (A)	94% (A)	94% (A)	↓

Source: Provider

2.18. Substance misuse providers provide other Public Health priorities alongside their work on substance misuse; the table below outlines that all clients

accessing specialist treatment receive sexual health advice and are screened for chlamydia, and nearly all clients accessing any service received stop smoking advice.

Table 9: Proportion of Kent clients receiving other Public Health Priorities

Specialist Treatment Service Exits	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	DoT
% of young people accessing any service receiving a stop smoking information	98%	99%	99%	98%	94%	96%	↔
% of young people newly accessing specialist service given sexual health information	100%	100%	100%	100%	100%	100%	↑
% of young people accessing specialist services, for whom it is appropriate, to be screened for chlamydia	100%	100%	100%	100%	100%	100%	↑

Source: Provider

3. Conclusion

3.1. The Health Visiting service continues to show variance on performance across the mandated checks in the first 6 months of 2015/16. Commissioning responsibility has been with Local Authorities since October 2015 and Public Health is working with the provider to improve performance through incentive measures and improvement plans.

3.2. The recent release of NCMP data continues to show high levels of participation for both cohorts; however there has been an increase in the proportion of 4-5 year olds measured as having excess weight.

4. Recommendations

Recommendation: The Children’s Social Care and Health Cabinet Committee is asked to note current performance and actions taken by Public Health commissioned services.

5. Background Documents

5.1. Kent Public Health Observatory: National Child measurement Programme data release 2014/15: December 2015.

http://www.kpho.org.uk/_data/assets/pdf_file/0004/52195/NCMP-201415-Report.pdf

6. Appendices

Appendix 1 – Key to KPI Ratings used

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
(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.