

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

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**To:** Children's Social Care and Health Cabinet Committee

5 July 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 performance of Public Health commissioned services for children and young people.

Performance on each of the mandated health visiting checks improved in Q4; Health Visitors have also increased substantially the recording of breastfeeding status at 6-8 weeks leading to the ability to report breastfeeding prevalence in Kent for the first time since 2012/13.

Levels of concerns remain around the level of women who have a smoking status at time of delivery and Public Health are targeting and working with the provider and midwifery service to improve the work of the BabyClear programme.

This report includes an exception reporting section on quality assurance as agreed at the Adult Social Care and Health Cabinet Committee in May 2016 where a quality paper was presented.

**Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to **COMMENT** on and **NOTE** the current performance and actions of Public Health commissioned services.

## 1. Introduction

1.1. This report provides an overview of the Public Health key performance indicators for Kent which directly relate to services for children and young people.

## 2. Performance

### Health Visiting Service

2.1. Commissioning of the Health Visiting service transferred from NHS England to the local authority on 1<sup>st</sup> October 2015. As well as the wider requirements of the

specification, KCC is now statutorily required to ensure the delivery of five mandated developmental checks. Kent Community Health NHS Foundation Trust (KCHFT) provides the service across Kent.

2.2. The table below sets out performance of the service in relation to these checks. The KCC contract with KCHFT includes an incremental quarter on quarter increase in targets and a performance payment component to incentivise improvement and drive up coverage of these key developmental checks.

2.3. It is important to note that the direction of travel in all five mandated elements of the service has improved in quarter 4.

2.4. The performance does remain below target on four of the five checks. The targets are stretching but have been set in collaboration with the provider to deliver the necessary improvement in coverage of delivery of the checks. The targets increase each quarter and the rag rating is set against the quarterly target. Hence for the 6-8 week check, KCHFT had a green status in Quarter 3 due to delivery of 65%, but are rated as amber in Quarter 4 as the agreed target was 80%. The provider has an action plan to further improve performance, which Public Health are regularly monitoring.

2.5. This action plan will be further enhanced as part of the transformation programme of work planned with this service. This programme is reported to the committee in the paper of section B1, and will involve a huge programme of work with the provider to completely reshape the service in an integrated model with other 0-5 provision.

2.6. The Committee will be aware of concerns on the accuracy of some of the Health Visiting data which has been highlighted in previous reports. The provider has reported that a new data collection system was implemented in late 2015 and will enable better data capture and more accurate targeting of the checks. KCC is planning to undertake an audit later this year to verify the improvements that have been reported.

Table 1: Health visiting mandated interventions delivered in 15/16. Kent figures

Health Visiting Service	15/16 to 16/17 target increase	Q3 15/16	Q4 15/16	DoT
No. of mothers receiving an Antenatal Visit	-	866	1,083	↑
% of New Birth Visit's within 14 days	75% - 90%	68% (a)	75% (a)	↑
% of New Birth Visit's in total (0-30 days)	-	98%	95%	↓
% of infants due a 6-8 week check who received one	65% - 95%	65% (g)	76% (a)	↑
% of infants receiving their 1 year review at 12 months	75% - 90%	35% (r)	56% (r)	↑
% of infants receiving their 1 year review at 15 months	-	78%	93%	↑
% of children receiving their 2-2½ year review	75% - 95%	71% (a)	91% (g)	↑

2.7. The Committee will also be aware of historic problems relating to incomplete data on breastfeeding which has made it difficult to gain an accurate picture of performance. Since commissioning responsibility for health visiting transferred to KCC, Health Visitors have collected breastfeeding status as part of the 6-8 week check. This has led to significant improvements in data completeness and figures on the prevalence of breastfeeding can be reported and utilised in Q4 2015/16 for the first time since 2012/13.

2.8. The table below provides a breakdown of the breastfeeding data that has been collected through this process. This data shows an increase in coverage from 81% in Q3 to 95% in Q4. The data for Q4 show that 45% of mothers reported partial or total breastfeeding at the 6-8 week check. Most recently available figures put the national average at 44% for 2014/15.

Table 2: Health visiting 6-8 week check infant feeding continuance figures. Kent figures

<b>Health Visiting Service – Infant Feeding Status</b>	<b>Q3 15/16</b>	<b>Q4 15/16</b>
Number of infants due a 6-8 week check by the end of the quarter	4,196	4,058
Number and percentage with an infant feeding status – needs to be at least 85%, preferably over 95% to be robust	3,411 (81%)	3,853 (95%)
Number recorded as totally breastfed	1,124	1,192
Number recorded as partially breastfed	460	536
Number recorded as not at all breastfed	1,827	2,125
% total or partially breastfed of the statuses recorded	46%	45%

### National Child Measurement Programme (NCMP)

2.9. There has been no update for NCMP since the previous Cabinet Committee; figures on the 15/16 cohort will be released in December 2016. Key points from the 14/15 cohort are:

- Participation rates remained stable for 4-5 year olds (Year R) and increased by 1% for 10-11 year olds (Year 6).
- The proportion of those with healthy weight for 4-5 year olds decreased from 79% to 77% and excess weight increased from 21% to 22%.
- The proportion of those with healthy weight remained stable at 66% as did the proportion with excess weight at 33% for 10-11 year olds. Within the excess weight category there was an increase in those measured as overweight, with a decrease in those measured as obese.

2.10. Actions being taken by Public Health and partners are:

- The Public Health Nursing team is making pro-active contact with offers of advice and support to parents and carers in schools within the wards that have the highest prevalence based on 2013/14 published data. Kent Public Health Observatory is reviewing the highest prevalence wards from the 2014/15 data.
- District multi-agency NCMP groups plan and oversee the supportive work that is undertaken in schools, including working with schools to develop whole school plans for promoting healthy eating, physical activity and emotional well-being. A range of organisations support this approach by

offering cookery, sports premium activities, Inspire Kent and Family Weight Management Programmes for example. An audit of the effectiveness of the activity of these groups is planned.

- The Kent Health and Well-being Board has requested that all the local Health and Wellbeing Boards develop action plans for tackling adult and child obesity.
- An evaluation of the outcomes following the recent Sugar Smart campaign is being undertaken including the analysis of Kent uptake from the PHE website.

### Substance Misuse Services

2.11. The proportion of planned exits for young people leaving specialist substance misuse services was 94% for Q4 2015/16. This is slightly below the target of 98% although it should be noted that the performance relates to very low numbers of young people leaving the service in an unplanned way.

Table 3: Proportion of planned exits from specialist services in Kent

Specialist Treatment Service	Target	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	DoT
% exiting specialist services with a planned exit	98%	97% (a)	94% (a)	94% (a)	96% (a)	94% (a)	↓

Source: Provider

2.12. Substance misuse providers deliver additional Public Health interventions alongside their work on substance misuse; For Q4, 96% of the young people accessing any service received stop smoking information, and 100% newly accessing the specialist service was given sexual health information. 100% of the young people accessing specialist services, for whom it was appropriate, were screened for chlamydia.

### Smoking during pregnancy (SATOD)

2.13. The number of women with a smoking status at time of delivery has fluctuated slightly over the last year from Q3 2014/15 to Q3 2015/16; the increase in both number and proportion smoking into Q3 is of concern but will be monitored into Q4 to see whether this is a sustained increase or an exception. Conversely, Kent has a higher than national average report of the number of women who do not smoke at the time of delivery. Nationally, 86.8% of women who are pregnant are reported as non-smokers and the Kent CCGs report between 86.8% to 90% with a non-smoking status. Swale and Thanet are exceptions at 76.3 and 78.4% respectively. Collectively, the comparisons between Smoking status and Non-smoking status at time of delivery are a reflection that Kent has submitted complete and robust data (100%) where data reporting in some comparative areas are less compliant.

2.14. Although the national BabyClear programme has been implemented in Kent for a year, Public Health has identified a number of systematic issues within the operational process and are now working to localise effective training for midwives adopting the support of a 'smoking in pregnancy midwifery' champion and improve reporting systems with Trusts across Kent. Public Health are in

discussions with the CCG Commissioner in East Kent responsible for maternity services to improve performance of BabyClear.

Table 4: Published smoking status at time of delivery Kent and England

SATOD	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	DoT
% of women with a smoking status at time of delivery Kent	12.9%	11.8%	12.1%	12.3%	13.9%	↓
No. of women with a smoking status at time of delivery Kent	531	473	500	514	561	↓
% of women with a smoking status at time of delivery England	11.4%	11.1%	10.7%	10.5%	10.6%	↑

Source: HSCIC

2.15. Work continues to be targeted at areas of high prevalence and there is evidence that Kent is performing better than the national average among routine and manual groups and many mums smoking in pregnancy will be included in this demographic group; DGS CCG was the only area to see a decrease in the number and proportion of women smoking into Q3 15/16. Thanet and Swale CCGs continue to have the higher proportions and a pilot campaign known as *What the Bump?* is currently in development in Swale. Kent is also part of a national pilot to develop new quit smoking in pregnancy models - Baby Be Smokefree in Thanet and Shepway.

2.16. Partnership working continues with CCGs who are members of the local Health and Well-being Boards, areas with high prevalence of smoking have identified tackling smoking as one of their priorities for the next 3 years. The BabyClear programme is delivered by midwives who are commissioned by CCGs as part of the maternity services, demonstrating further their commitment to reduce the prevalence of smoking amongst pregnant women. CCGs have been reviewing disease pathways and Public Health are working with them to incorporate primary prevention in the COPD pathway.

Table 5: Published smoking status at time of delivery Kent CCGs

SATOD CCG	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	DoT
Ashford CCG	8%	8%	11%	9%	13%	↓
Canterbury & Coastal CCG	9%	9%	11%	10%	13%	↓
DGS CCG	12%	11%	12%	11%	10%	↑
South Kent Coast CCG	15%	17%	14%	15%	18%	↓
Swale CCG	20%	22%	22%	17%	24%	↓
Thanet CCG	18%	14%	14%	20%	22%	↓
West Kent CCG	12%	9%	9%	10%	10%	↑

### 3. Quality Issues

3.1. A detailed Quality report on Public Health Services was presented to the Adult Social Care and Health Cabinet Committee in May. It was agreed that quality assurance issues would be reported by exception as part of the performance

reports to either the Adults or the Children's Social Care and Health Cabinet Committees as appropriate. The Head of Quality reports that there are no quality exception items to report for Q4.

#### 4. Conclusion

4.1. Performance across the Public Health commissioned services is varied but has improved in a number of key areas, notably in the delivery of the Health Visiting mandated developmental checks and the recording of breastfeeding which has led to the ability to report breastfeeding prevalence in Kent for the first time since 2012/13.

4.2. Concerns remain around the proportion of women smoking through pregnancy. Public Health are targeting campaigns in Swale, Thanet and Shepway in addition to working with the provider and midwifery service to improve the work of the BabyClear programme.

#### 5. Recommendations

**Recommendation:** The Children's Social Care and Health Cabinet Committee is asked to **COMMENT** on and **NOTE** current performance and actions taken by Public Health commissioned services.

#### 6. Background Documents

None

#### 7. Appendices

Appendix 1 – Key to KPI Ratings used

#### 8. 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.