

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

12 July 2016

Subject: Public Health Performance - Adults

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 key performance indicators for Public Health commissioned services relating to adults, and also for a range of Public Health Outcome Framework indicators. Most performance is good and retains the green or amber status.

Where there is a decline, in particular in substance misuse and health checks, Public Health are working with the providers to agree the actions to improve delivery, as well as ensuring that payment reflects performance.

Access to community sexual health services continues to be open and accessible to those who need it, and the Health Trainer service remains focused on targeting and engaging those in the most deprived areas across Kent. The smoking cessation service not only increased the numbers of Kent residents quitting smoking in the quarter, but also worked with higher numbers of residents who were unemployed or have never worked, who were sick/disabled or unable to work, home carers and those in routine and manual occupations to set a quit date.

This report will now include an exception reporting section on quality assurance as requested by the Cabinet Committee in May 2016.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to;

i) **COMMENT** on the performance outlined in this report;

ii) **AGREE** that the chlamydia detection metric be temporarily removed whilst system-wide concerns on recording and reporting are resolved, and Public Health calculate a robust alternative; and

ii) **AGREE** to replace the substance misuse measure from opiate-only representation to all clients planned exits.

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 is 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.

Table 1: Commissioned services quarterly performance, RAG against target

Indicator Description	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
% of annual target population with completed NHS Health Check (rolling 12 month basis)	46 (a)	51 (g)	51 (g)	52 (g)	48 (a)	45 (a)	43 (a)
% of clients accessing community sexual health services offered an appointment to be seen within 48 hrs	100 (g)	100 (g)	100 (g)	100 (g)	100 (g)	100 (g)	100 (g)
Chlamydia positivity detection rate per 100,000 for 15-24 year olds	1,672 (r)	1,635 (r)	1,335 (r)	1,099 (r)	951 (r)	Delayed by CTAD to after July 2016	
% of smokers successfully quitting, having set a quit date	52 (g)	54 (g)	57 (g)	55 (g)	57 (g)	54 (g)	54 (g)
% of opiate users completing treatment successfully who do not return to treatment within 6 months, of all in treatment. (rolling 12 month basis)	9.7 (g)	9.6 (g)	9.4 (g)	9.3 (g)	9.7 (g)	8.9 (a)	8.7 (a)
Local Indicator							
% of new clients seen by the Health Trainer Service from the two most deprived quintiles (and NFA)	53 (r)	57 (a)	51 (r)	53 (r)	56 (a)	55 (r)	56 (a)
% of adult drug and alcohol treatment population that successfully completed treatment (NEW)	25	27	29	29	31	34	33

NHS Health Checks

2.2. Kent County Council took on the commissioning responsibility for the NHS Health Check programme from April 2013. Since this time, over 115,000 checks

have been delivered, whilst over 280,000 of the eligible Kent population have been invited to have an NHS Health Check.

- 2.3. The programme has a target for at least 50% of those eligible for a health check to receive it within a twelve month period. The performance against this target fell to 43% in the twelve months to the end of March 2016.
- 2.4. Performance on overall uptake of checks, as a proportion of invites issued, has remained constant over the past two years at 42%. The decline in the actual number of checks completed is therefore likely to be the result of fewer invites needing to be issued in 2016/17 and the increasing capacity constraints in primary care. The provider is aiming in 2016/17 to increase its work with primary care by offering practices assistance with delivery to their patients and increase the work with pharmacies across Kent. The contract payments for the health checks are also based upon actual activity so the fall in the numbers of checks based payments has resulted in a saving for the County Council and has not resulted in any reduction in value for money.
- 2.5. Public Health will be conducting an equity audit to unpick equity gradients in access and performance across Kent. The audit which will follow an agreed methodology developed by Public Health England will help guide and inform a more targeted approach to Health Checks delivery and will also inform the wider Public Health strategy with regard to tackling inequalities in health

Sexual Health

- 2.6. Community sexual health clinics in Kent have continued to exceed the waiting times target of offering an appointment within 48 hours, where requested. Community sexual health services are available across Kent and provide sexual health testing and treatment, contraception and HIV outpatient services. Most clinics offer walk-in clinics as well as appointment-based systems.
- 2.7. There are ongoing concerns about the reporting of the chlamydia detection rate for Kent; Public Health Commissioners have investigated discrepancies between local information and national reporting and found multiple causes across the system, from completion of the forms by providers, the labs processing and Chlamydia Testing Activity Database (CTAD) reporting. Public Health are in the process of addressing the causes at provider and laboratory level and will be meeting with Public Health England who oversee CTAD in June.
- 2.8. This report is asking the committee to agree that the chlamydia metric be removed temporarily whilst these problems are being addressed to allow action by the relevant agencies to show an accurate detection rate; as these measures will not be in place in time to affect the CTAD figures presented within the next

financial year, Public Health will be working towards a robust local measure to provide an alternative detection rate during this time period.

Smoking

2.9. The latest available data for the Stop Smoking Service shows that in Q4 2015/16 the service exceeded the 'quit-rate' target of 52% with a rate of 54%. 1,001 Kent residents were recorded as having quit smoking through the programme during this time period; for 2015/16, 3,417 Kent residents quit smoking via the service, leading to an overall 'quit-rate' of 55%.

2.10. The 1,849 residents setting a quit date during Q4 included 34 pregnant women, 200 who had never worked or been unemployed for over 1 year, 138 sick/disabled and unable to return to work, 104 home carers (unpaid) and 464 in routine and manual occupations.

Health Trainers

2.11. The Health Trainer service engaged with 901 new clients during Q3 and exceeded the target of 2,750 by engaging 3,689 new clients during 2015/16.

2.12. 56% of new clients are from the two most deprived quintiles in Kent. The target set for 2015/16 was for 62% of new clients to be from quintiles 1 and 2 in order to help address health inequalities. This was a challenging target for the provider and performance has increased in comparison to the previous time frame.

2.13. The Health Trainer Service clients reported that 89% of goals were either achieved or part-achieved. Common goals related to diet, exercise and emotional wellbeing.

Substance Misuse

2.14. The Q4 data on adult community drug and alcohol services show that 200 adult opiate clients completed treatment successfully in the twelve months to the end of March 2016 and did not return within the following six months.

2.15. This was 8.7% of all opiate clients in treatment, which misses the target of 9%. However, Kent's performance on this indicator remains well above the national average of 6.9%. The decline in Kent reflects the national trend which is likely to be due to the complexity of opiate clients who require on-going drug treatment.

2.16. Whilst this can be a useful performance indicator, it does not reflect the outcomes for non-opiate or alcohol clients who access treatment. Public Health are therefore proposing a new performance indicator which shows the proportion

of the whole treatment population who successfully completed treatment; this measure includes all clients accessing structured treatment regardless of their substance status. It is the first time that Public Health has been able to present alcohol clients alongside opiate and non-opiate clients. The opiate non-representation measure will still be presented in the PHOF section below.

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 the published PHOF RAG and is in relation to National figures.

Table 2: Public Health Outcomes Framework Metrics

	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14
U75 mortality rate Cardiovascular diseases per 100,000	59.8 (g)	57.4 (g)	55.9 (a)	52.3 (a)	49.3 (a)	46.0 (g)
U75 mortality rate Cancer per 100,000	85.4 (g)	84.8 (g)	83.6 (g)	81.5 (g)	79.3 (g)	78.4 (g)
U75 mortality rate Liver disease per 100,000	12.4 (g)	12.1 (g)	12.0 (g)	12.4 (g)	13.2 (g)	13.7 (g)
U75 mortality rate Respiratory disease per 100,000	17.4 (a)	17.4 (a)	17.6 (a)	16.6 (a)	16.7 (a)	16.5 (a)
Suicide rate (all ages) per 100,000	8.4 (a)	7.7 (a)	8.4 (a)	8.1 (a)	9.2 (a)	10.2 (r)
Proportion of people presenting with HIV at a late stage of infection (%)	Not available		49.5 (a)	46.7 (a)	51.0 (a)	52.8 (r)
Adults classified as overweight or obese (%)	Not available					65.1 (a)
		2010	2011	2012	2013	2014
Prevalence of smoking among persons aged 18 years and over (%)		21.7 (a)	20.7 (a)	20.9 (a)	19.0 (a)	19.1 (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)	9.3 (g)
		2010/11	2011/12	2012/13	2013/14	2014/15
Alcohol-related admissions to hospital per 100,000. All ages		574 (g)	557 (g)	565 (g)	551 (g)	526 (g)
Proportion of adult patients diagnosed with depression (% - QOF Register)		Not available due to methodology changes		5.6	6.4	7.3

3.2. All mortality rates considered preventable presented here have continued to decrease, with the exception of liver disease, which experienced an increase. However, it does remain better than national.

3.3. The report taken to the committee in December 2015 reported on the partnership work undertaken to address the increasing suicide rate in Kent. This increase is being driven by middle-aged men who were not known to secondary mental

health services. A particular focus of the partnership work since December has been a social marketing campaign targeting this group of men. An update of the impact of this campaign is presented in the next item on this agenda.

- 3.4. Kent County Council continues to monitor commissioned sexual health services and their ability to engage those in the population who are particularly at risk of sexually transmitted diseases including HIV.

4. Quality Issues

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

5. Conclusions

- 5.1. Performance has varied across the commissioned services with decreases in delivery of NHS Health Checks and completion of drug treatment for opiate misuse; Public Health are working with the provider of both services to look at factors which have affected performance and look to make improvements into 2016/17.
- 5.2. Access to community sexual health services has been maintained whilst new services have been implemented and the Health Trainer service continues the challenging aim to engage those in the most deprived areas. In Q4 the smoking cessation service assisted 1,001 Kent residents to quit smoking.
- 5.3. An update of the recent campaign targeting male suicides in Kent has been included in the next item on this agenda; this was a social marketing campaign targeting men under the age of 50, following the increase in male suicides driven by those who were not known to secondary mental health services.

6. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to;

- i) **COMMENT** on the performance outlined in this report;
- ii) **AGREE** that the chlamydia detection metric be temporarily removed whilst system-wide concerns on recording and reporting are resolved, and Public Health calculate a robust alternative; and
- iii) **AGREE** to replace the substance misuse measure from opiate-only re-presentation to all clients' planned exits

7. Background Documents

7.1. None

8. Appendices

8.1. Appendix 1 – Key to KPI rating used

9. 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
(r) RED	Performance is below a pre-defined floor standard; or lower than
↑	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.