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To: Children's Social Care and Health Cabinet Committee

6th September 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 on the performance of Public Health commissioned services for children and young people.

Health visiting performance is variable; the service has improved on most indicators that were low in delivery at time of transition from NHS England to Kent County Council; however others are not improving in line with contracted requirements. A service improvement action plan is in place with the provider, who regularly meets with Public Health, to improve on the coverage of those receiving the mandated checks.

To optimise partnership working with maternity services, Public Health is running targeted campaigns in areas of high prevalence of women smoking during pregnancy in Swale, Thanet and Shepway, where prevalence is of particular concern.

The quality section has been expanded to provide an overview of the actions and measures taken by Public Health to address the concerns raised relating to KCC commissioned sexual health services by the Operation Lakeland overview report "Multi-agency review of the services provided to victims of child sexual exploitation in Kent", published in June 2016.

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 responsibility for the Kent Health Visiting service transferred from NHS England to KCC in October 2015. KCC now has a statutory obligation to ensure the delivery of five mandated developmental checks for children under the age of 5. Table 1 sets out performance of the service in relation to these checks, all of which are delivered by Kent Community Health NHS Foundation Trust (KCHFT). The contract with KCHFT includes an incremental quarter-on-quarter increase and a performance payment to incentivise improvement and drive up coverage of the checks. Performance Incentivisation payments are not made if targets have not been met (please refer to Appendix 2).
- 2.2. Although performance improved in Q1 16/17 for the interventions that had previously shown particularly poor performance, the New Birth Visit, the 6-8 week check and the 1 year review, the provider continues to work to a Service Improvement Action Plan, which is scrutinised at quarterly performance meetings with the Public Health Consultant responsible for Child Health programmes and the Head of Public Health Commissioning. The Service Improvement Action Plan includes actions surrounding workforce, which, when not at an optimum level, affects delivery of the checks. To help address this, the provider has re-distributed staff across the County, using intelligence on need and population levels.
- 2.3. At the previous Cabinet Committee on 5 July 2016, a proposal to extend the contract with KCHFT was endorsed; this extension provides a significant opportunity to improve service delivery and provide better value for KCC investment through re-engineering and reshaping the existing service. Steps that are currently underway include identifying and exploring opportunities for integration with wider early years service provision, negotiating terms of the extension with KCHFT to deliver efficiency savings, alongside which the Key Performance Indicators (KPIs) and targets are being reviewed and rationalised.
- 2.4. KCC and KCHFT are scrutinising the variance in take-up of all the mandated checks and their forms of delivery; the provider is investigating the effect of parents declining or not responding to invites and also the 'do not attends' (DNAs) across the checks, including the 1 year and 2½ year reviews. KCHFT are also looking into the effect of different methods of communication to optimise the contacts between themselves and parents and increase those receiving the 5 mandated checks, all of which will inform the reshaping of the Health Visiting Service.

Table 1: Health visiting mandated interventions delivered in 15/16 and 16/17. Kent figures

Health Visiting Service	Aim	Q3 15/16	Q4 15/16	Q1 16/17	DoT
No. of mothers receiving an Antenatal Visit	-	866	1,083	1,370	↑
% of New Birth Visits within 14 days	75% - 90%	68%	75%	78%	↑

Health Visiting Service	Aim	Q3 15/16	Q4 15/16	Q1 16/17	DoT
% of New Birth Visits in total (0-30 days)	-	98%	95%	92%	↓
% of infants due a 6-8 week check who received one	65% - 95%	65%	76%	79%	↑
% of infants receiving their 1 year review at 12 months	75% - 90%	35%	56%	67%	↑
% of infants receiving their 1 year review at 15 months	-	72%	93%	78%	↔
% of children receiving their 2-2½ year review	75% - 95%	71%	91%	76%	↔

Source: KCHFT Health Visiting Service

- 2.5. The Committee will be aware of concerns on the accuracy of some of the Health Visiting data, which has been highlighted in previous reports. KCHFT has reported that these data recording and reporting issues will have been fully resolved in Q2 2016/17, hence the assignment of a neutral direction of travel to two of the indicators in Table 1 above. KCC is planning to undertake an audit later this year to verify the improvements that have been reported and the Performance Officers from Public Health and KCHFT meet regularly to address recording and reporting practices.
- 2.6. The table below provides a breakdown of the breastfeeding data that has been collected by the Health Visiting Service. Increased data recording in Q4 2015/16 meant that it could be reported that 45% of mothers reported partial or total breastfeeding at the 6-8 week check. Recording coverage decreased to 88% in Q1 2016/17 and therefore although there has been 47% of mothers with a status reporting breastfeeding, the completion is not robust enough to use this as a fact.

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

Health Visiting Service – Infant Feeding Status	Q3 15/16	Q4 15/16	Q1 16/17
Number of infants due a 6-8 week check by the end of the quarter*	4,196	4,058	4,181
Number* and percentage with an infant feeding status (needs to be 95% to be robust)	3,411 (81%)	3,853 (95%)	3,691 (88%)
Number* recorded as totally breastfed	1,124	1,192	1,228
Number* recorded as partially breastfed	460	536	507
Number* recorded as not at all breastfed	1,827	2,125	1,956
% total or partially breastfed of the statuses recorded	46%	45%	47%

Source: KCHFT Health Visiting Service

*The absolute number varies quarter on quarter due to the total number of births varying by quarter

National Child Measurement Programme (NCMP)

- 2.7. There has been no update for NCMP since the previous Cabinet Committee as 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.

2.8. In addition to the actions reported to the previous Cabinet Committee, Public Health presented an update on Kent's obesity action plans to the Kent Health and Wellbeing Board in May 2016. An evaluation of the outcomes following the recent Sugar Smart campaign has also been undertaken and is published on the Kent Public Health Observatory Website (please see Section 6 for the web page link). The national childhood obesity strategy is expected within the coming months and will be supported by a consultation on a Kent Healthy Weight Strategy.

Young People's Substance Misuse Services

2.9 The proportion of young people leaving specialist substance misuse services in a care-planned way continues to exceed the national average and was 91% for Q1 2016/17 in Kent. This is below the target of 98%, although it should be noted that this performance relates to very low numbers of young people leaving the service in an unplanned way. The actual number of unplanned exits was fewer than 10 young people in Q1; when a young person drops out of the service, the therapeutic worker for that young person will make every effort to contact and re-engage them back into structured treatment. Analyses of unplanned exits from the service are discussed at every performance monitoring meeting with all learning noted for continuous improvement.

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

Specialist Treatment Service	Target	14/15				15/16				16/17	DoT
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
% exiting specialist services with a planned exit	98%	99% (g)	100% (g)	94% (a)	97% (a)	94% (a)	94% (a)	96% (a)	94% (a)	91% (a)	↓

Source: Addaction, provider of young people's substance misuse services

2.10 Substance misuse providers deliver additional Public Health interventions alongside their work on substance misuse; for Q1, 94% of the young people accessing early intervention services received stop smoking information and 90% of those starting specialist treatment, and 100% newly accessing the specialist service were given sexual health information. 100% of the young people accessing specialist services, for whom it was appropriate, were screened for chlamydia.

Smoking during pregnancy

- 2.11 The number of pregnant women who reported being smokers by the end of pregnancy increased over the first 3 quarters of 2015/16. However, the proportion did fall in the final quarter. Nationally, 86.9% of women who are pregnant are reported as non-smokers and the Kent CCGs range from 79.6% to 90.3%, with Kent overall at 86.2%; Dartford, Gravesham and Swanley has the highest proportion reporting non-smoking, followed by West Kent.
- 2.12 The national BabyClear programme has been implemented in Kent for over a year. Public Health, along with the delivery partners, have identified a number of systemic issues and have been working to resolve these. The issues include confidence by the midwives to use the carbon monoxide monitors, training and understanding of the entire BabyClear process and recording and reporting of the information. New training is being arranged to tackle use of the monitors and increase the full understanding of BabyClear. A new midwifery lead to tackle smoking in pregnancy has been appointed jointly with East Kent hospitals.

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

Smoking status at time of delivery	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
% of women with a smoking status at time of delivery Kent	11.8%	12.1%	12.3%	13.9%	13.7%
No. of women with a smoking status at time of delivery Kent	473	500	514	561	549
% of women with a smoking status at time of delivery England	11.1%	10.7%	10.5%	10.6%	10.8%

Source: NHS Digital (formerly HSCIC)

- 2.13 A pilot campaign known as *What the Bump?* is currently in development in Swale, and Kent is part of a national pilot to develop new 'quit smoking in pregnancy' models - Baby Be Smokefree in Thanet and Shepway (SKC CCG).

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

Smoking status at time of delivery	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Ashford CCG	8%	11%	9%	13%	12%
Canterbury & Coastal CCG	9%	11%	10%	13%	15%
DGS CCG	11%	12%	11%	10%	10%
South Kent Coast CCG	17%	14%	15%	18%	20%
Swale CCG	22%	22%	17%	24%	19%
Thanet CCG	14%	14%	20%	22%	20%
West Kent CCG	9%	9%	10%	10%	10%

Source: NHS Digital (formerly HSCIC)

3 Quality Exception Report

- 3.1 The Overview Report into a Multi-Agency Review of the Services provided to Victims of Childhood Exploitation in Kent was published on 27 June 2016 by the Kent Children's Safeguarding Board (KCSB). The report identified a particular case in which visits had been made to sexual health clinics where

there was clear evidence of harmful under-age sexual activity, yet the opportunity was missed to make a safeguarding referral on each occasion.

3.2 This is being reported to the Children's Social Care and Health Cabinet Committee to provide the assurance that sexual health services have put into place systems and processes to ensure recognition of childhood sexual exploitation (CSE) and ensure that appropriate safeguarding referrals are made in the future.

3.3 Actions taken by Sexual Health providers are as follows:

- Reviewed the format of their health records and, as a result, have now introduced electronic records.
- Reviewed their consent policies which reflect the voice of the child.
- A programme of training staff in CSE has been put in place. The voice of the child is now at the core of the work undertaken for young people. Assurance is sought by Public Health from providers on numbers of staff who have completed the CSE mandatory training. The figures for July 2016 are: Kent Community Health Foundation Trust sexual health service 96.2%, Maidstone and Tunbridge Wells NHS Trust sexual health service 98.0%.
- Reviewed their safeguarding referral pathway and case conference pathways. The voice of the child/young person is now embedded into the pathway and follow-up provision.
- Have identified a Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding. Their current safeguarding policies have been reviewed to include the details of the SPOC.
- All the sexual health providers provide assurance via the ongoing quality safeguarding assurance process of the quality dashboard and indicators.

The specific indicators for supervision are:

- That all relevant staff complete biannual safeguarding supervision (Q1 2016/17 reports that all staff have access to supervision and are taking it up)
- Agreed safeguarding audits are completed.

3.4 Additionally, as the commissioner, KCC Public Health have put into place a contract variation for young people's sexual health services which now requires 'All staff working with children and young people to undertake mandatory training on sexual exploitation and grooming'.

3.5 The final assurance that all the actions that have been implemented will be ratified and signed off at the next KCSB case review group in September 2016 and by the KCSB board in October, when a final Operation Lakeland assurance report will be presented. Ongoing assurance for Public Health commissioned services will continue via the quality and safeguarding governance process.

4 Conclusion

- 4.1 Public Health continues to scrutinize delivery of the Health Visiting Service through quarterly performance meetings with the provider, who is working to a Service Improvement Action Plan. Actions and their outcomes are being assessed as to their impact on delivery of the 5 mandated checks. As part of the wider efficiency and transformation programme within health visiting, Public Health are reviewing the Health Visiting service to improve service delivery and provide better value for KCC investment through re-engineering and reshaping the existing service. Current steps underway include identifying and exploring opportunities for integration with wider early years service provision, negotiating terms of the extension with KCHFT to deliver efficiency savings and reviewed and rationalised KPIs and targets.
- 4.2 Public Health are targeting campaigns on women smoking during pregnancy in Swale, Thanet and Shepway, in addition to the ongoing work with the stop smoking provider and midwifery service on delivery of the BabyClear programme, as the numbers of women with a smoking status at time of delivery continues to cause concern.

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

2016 Change4Life Sugar Smart Campaign.

<http://www.kpho.org.uk/health-intelligence/lifestyle/obesity#tab1>

7 Appendices

Appendix 1 – Key to KPI Ratings used

Appendix 2 – Health Visiting Performance Charts

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.

Appendix 2 – Health Visiting Performance Charts

Figure 1: Health Visiting Service: New Birth Visit within 14 days for Kent, against target and available National figures

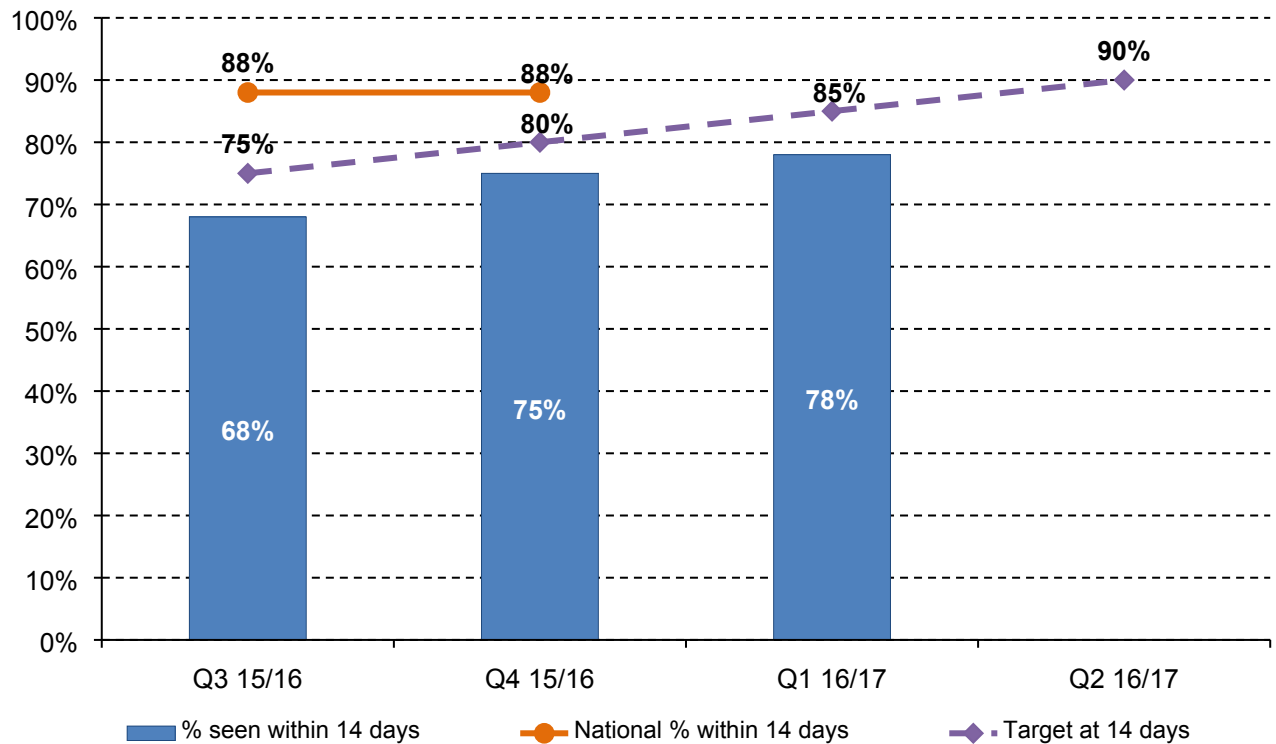


Figure 2: Health Visiting Service: 6-8 week check for Kent, against target and available National figures

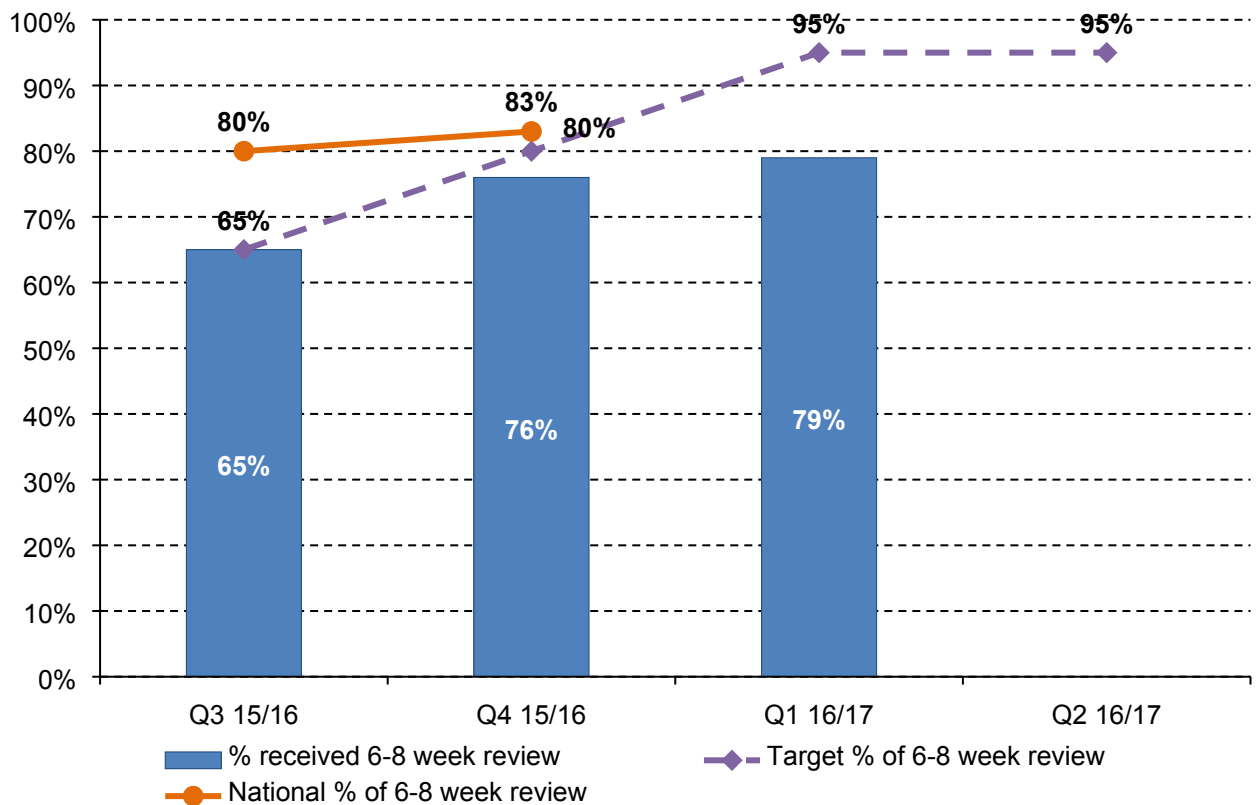


Figure 3: Health Visiting Service: 1 year review at 12 months for Kent, against target and available National figures

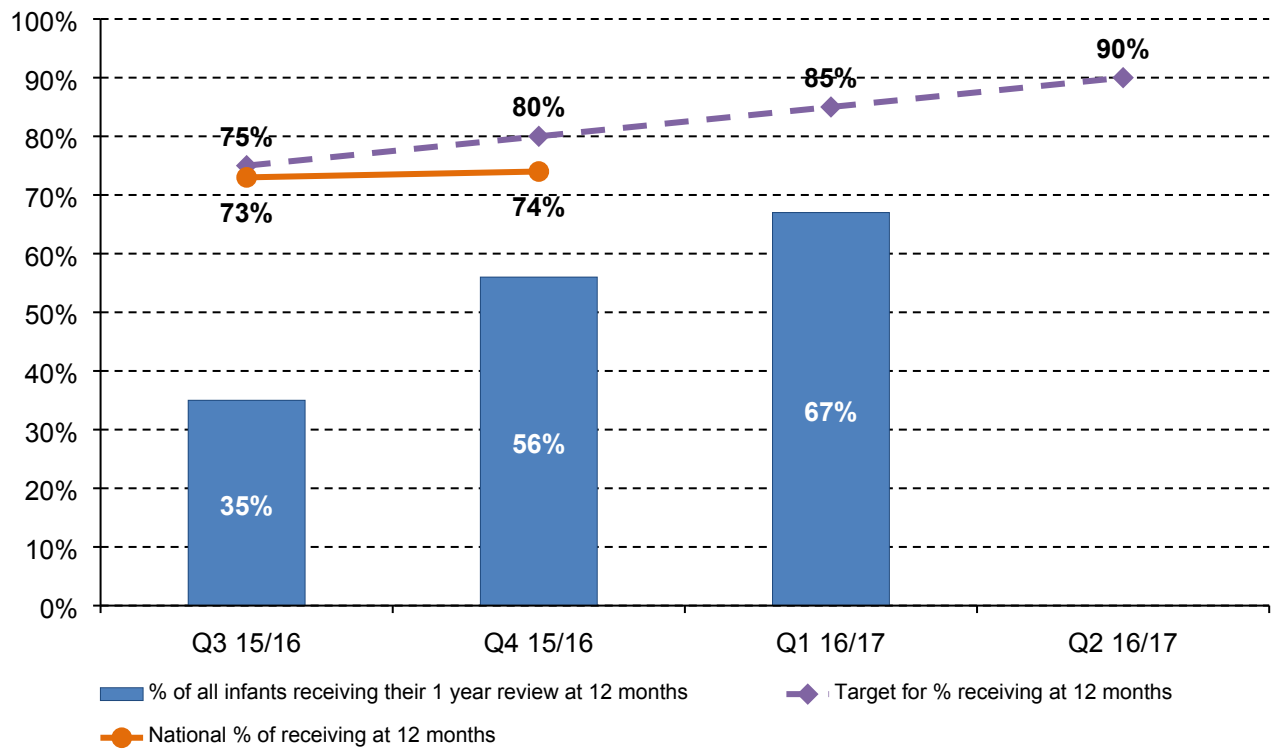


Figure 4: Health Visiting Service: 2-2½ year checks by 2½ years for Kent, against target and available National figures

