

**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

11<sup>th</sup> January 2017

**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 key performance indicators of Public Health commissioned services for children and young people.

Since taking on the commissioning of the Health visiting service, overall there have been increases in the delivery of the mandated developmental checks with prominent increases in those receiving an ante-natal check and the 1 year check by 12 months. The provider continues to investigate and account for the effect of parents who do not attend and/or decline the visits.

Recently released figures on the National Child Measurement Programme for 2015/16 show increases in participation rates for both year cohorts and proportions of excess weight have remained stable on the previous year.

The proportion of mothers with a smoking status at time of delivery has remained consistent for Kent at around 13%; Kent remains above national levels and the national aspiration.

**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 key performance indicators for Kent Public Health which directly relate to commissioned services for children and young people.

## 2. Performance

Health Visiting Service

- 2.1. KCC has a statutory obligation to ensure the delivery of five mandated developmental checks for children under the age of 5; this is accomplished via the Health Visiting Service, currently provided by Kent Community Health NHS Foundation Trust (KCHFT). The contract has included incentivisation and financial measures to drive improvements.
- 2.2. From commencement with KCC, delivery of the checks has improved with substantial increases in delivery of the two checks that had previously struggled - the number of mothers receiving an antenatal visit and the proportion receiving a 1 year review by 12 months.

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

<b>Health Visiting Service</b>	<b>Q3 15/16</b>	<b>Q4 15/16</b>	<b>Q1 16/17</b>	<b>Q2 16/17</b>	<b>DoT</b>
No. of mothers receiving an Antenatal Visit	866	1,083	1,370	1,466	↑
% of New Birth Visits within 14 days	68%	75%	78%	88%	↑
% of New Birth Visits in total (0-30 days)	98%	95%	92%	99%	↑
% of infants due a 6-8 week check who received one	65%	76%	79%	84%	↑
% of infants receiving their 1 year review at 12 months	35%	56%	67%	77%	↑
% of infants receiving their 1 year review at 15 months	72%	93%	78%	81%	↑
% of children receiving their 2-2½ year review	71%	91%	76%	78%	↑

Source: KCHFT Health Visiting Service

- 2.3. Improved rates of breastfeeding remain an important public health priority. The proportion of women reported to be totally or partially breastfeeding at 6-8 weeks is around 45%. This is very similar to the national average of 43%.

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>	<b>Q1 16/17</b>	<b>Q2 16/17</b>
Number of infants due a 6-8 week check by the end of the quarter*	4,196	4,058	4,181	4,177
Number* and percentage with an infant feeding status (needs to be 95% to be robust)	3,411 (81%)	3,853 (95%)	3,691 (88%)	3,849 (92%)
Number* recorded as totally breastfed	1,124	1,192	1,228	1,259
Number* recorded as partially breastfed	460	536	507	489
Number* recorded as not at all breastfed	1,827	2,125	1,956	2,101
% total or partially breastfed of the statuses recorded	46%	45%	47%	45%

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)

- 2.4. Figures for 2015/16 have now been published; the participation rates in Kent continue to exceed the target needed for robustness (85%) and participation rates for both school years have increased to 97% for Year R and 96% for Year 6.
- 2.5. Initial figures show the proportion measured as having excess weight has remained stable in both Kent cohorts whereas national has experienced slight increases.

Table 3: Excess weight in Kent, published RAG against national.

NCMP measured excess weight	2012/13	2013/14	2014/15	2015/16**
Proportion excess weight for Year R (4-5 year olds)	22% (a)	21% (g)	23% (a)	23% (22% national)
Proportion excess weight for Year 6 (10-11 year olds)	33% (a)	33% (g)	33% (a)	33% (34% national)

Source: NHS Digital \*\*awaiting published RAG

- 2.6. Changes in the levels of excess weight have varied across the districts. All Local Health and Wellbeing Boards have childhood obesity as a priority with mapping exercises feeding into action plans. The majority of Local Children's Partnership Groups (LCPGs) have also prioritised childhood obesity and are conducting outcome-based accountability processes to action plan in their areas. Through the Annual Conversations, Early Help are setting targets for childhood obesity where it is identified as a priority.
- 2.7. An audit undertaken of NCMP Locality groups led to a paper being taken to the LCPG Chairs group in December to agree governance of local groups.
- 2.8. Public health are extending the reach of the national Change 4 Life campaign; the campaign has 3 elements – traditional promotion to the public through various methods and key locations, support for frontline workers through amending resources and developing tools to aid good conversations, and support for the wider system to ensure consistent messaging, for example in campaign guides and tweets.

Table 4: Excess Weight by district of residence and direction of travel.

Measured excess weight	Year R			Year 6		
	2014/15	2015/16	DoT	2014/15	2015/16	DoT
Ashford	24%	26%	↓	34%	35%	↓
Canterbury	20%	15%	↑	33%	28%	↑
Dartford	26%	25%	↑	36%	36%	↔
Dover	24%	25%	↓	34%	37%	↓
Gravesham	22%	26%	↓	39%	36%	↑
Maidstone	21%	23%	↓	32%	32%	↔
Sevenoaks	21%	21%	↔	28%	27%	↑
Shepway	24%	24%	↔	35%	36%	↓
Swale	23%	22%	↑	33%	35%	↓
Thanet	25%	23%	↑	35%	36%	↓
Tonbridge & Malling	21%	21%	↔	29%	29%	↔

Measured excess weight	Year R			Year 6		
	2014/15	2015/16	DoT	2014/15	2015/16	DoT
Tunbridge Wells	21%	25%	↓	29%	27%	↑

Source: NHS Digital

### Young People's Substance Misuse Services

2.9. It has been agreed between Public Health and Strategic Business Development and Intelligence for the target of those with a planned exit to be amended to 85%, reflecting national performance in 2015/16. This target has not been reviewed in a number of years and not since commissioning moved to Public Health. With a high-risk and more complex client group than experienced nationally it was agreed that a more realistic target would be needed to account for the challenging delivery of structured treatment necessary for a planned exit.

Table 5: Proportion of planned exits from specialist services in Kent

	Target	14/15		15/16				16/17		DoT
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
% with a planned exit	85%***	94% (a)	97% (a)	94% (a)	94% (a)	96% (a)	94% (a)	91% (a)	93% (g)	↑

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

\*\*\* Target amended as of Q2 2016/17; online business plan updated by SBDI with authorisation

2.10. Substance misuse providers deliver public health interventions alongside their work on substance misuse; young people accessing early intervention services and specialist treatment receive stop smoking information, are given sexual health information and for whom it is appropriate, are screened for chlamydia.

### Smoking during pregnancy

2.11. From Q3 2014/15 to Q1 2016/17 the number and proportion of women smoking at time of delivery has remained consistent at around 520 smokers and 13%; Kent remains above national levels of 10% and the national ambition of 11%.

2.12. Public Health have been working with Children's Centres in Sheppey to develop a pilot campaign called "What the bump?" aimed at encouraging and supporting pregnant smokers to quit. This will be running from January 2017 to August 2017 to test the effectiveness.

2.13. Public Health have developed a partnership programme with East Kent Hospitals University Foundation Trust maternity teams to support the BabyClear programme. This includes the recruitment of a Midwife lead in Smoking in Pregnancy to provide appropriate resources and training to midwives, ensure that women who smoke in pregnancy are clearly identified and effectively referred to stop smoking services. Further work is being undertaken to reduce the number of women who are lost to the service once referred and/or decline service support

- 2.14. From when the post commenced in September 2016 there has been a 10% increase in the number of pregnant women who have received a Carbon Monoxide monitor test (which helps determine smoking status) and a 67% increase in the number of pregnant women who smoke being referred to the Stop Smoking Services. Public Health are offering similar support to other Acute Trusts.

Table 6: Published smoking status at time of delivery Kent and England

Smoking status at time of delivery <sup>1</sup>	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17
% of women with a smoking status at time of delivery Kent	13%	12%	12%	12%	14%	14%	13%
No. of women with a smoking status at time of delivery Kent	531	473	500	514	561	549	534
% of women with a smoking status at time of delivery England	11%	11%	11%	10%	11%	11%	10%

Source: NHS Digital

### 3. Quality Exception Report

- 3.1. The Head of Quality and Safeguarding for Public Health reports that there are no quality exception items for Q2.

### 4. Conclusion

- 4.1. Current performance of the commissioned services has shown increases in coverage and delivery of the Health Visiting Service and National Child Measurement Programme. Excess weight has remained stable for Kent, as has the number and proportion of women with a smoking status at time of delivery with an increase in the proportion of young people with a planned exit from structured substance misuse services. Services continue to be monitored closely by Public Health at a time of increasing pressures.

### 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

<sup>1</sup> Number or proportion of pregnant women who reported that they were smokers at the time of giving birth.

## 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.