

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

23 March 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.

Performance of the Health Visiting service on the universal checks was mixed although actual the number of visits completed has continued to rise.

National Child Measurement Programme figures for 2015/16 show increased in participation and stable rates of excess weight among children in Year R and Year 6.

Extensive partnership work to reduce the numbers of women who smoke during pregnancy continued in Q3.

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 Public Health and Kent Community Health NHS Foundation Trust (KCHFT) have continued to work together to drive the Health Visiting Transformation Programme forward in recent months. Public Health have

facilitated a series of workshops with health visitors and children’s centre staff to explore opportunities for closer joint working and co-location of services where possible. This programme of work is designed to deliver efficiencies on the contract whilst also ensuring that the service responds to consultation feedback about the need for a clear service offer from health visitors and joint working with children’s centres.

- 2.2. There has been a decrease in the proportion of children receiving either their new birth assessment or their 2-2½ year assessment within the expected timeframes compared to the previous quarter. The Health Visiting Service has reported that the reduction is due to a number of different factors including an increase in the number of children in these age groups and an increase in the number of families declining the offer for a 2-2½ year check or not attending the scheduled appointment. The service is reviewing the process for offering this check to improve uptake and increase the proportion of children who receive this check for Q4.
- 2.3. Public Health are seeking further assurance that the service is on track to achieve performance targets by increasing the frequency of performance monitoring submissions by the provider from quarterly to monthly.

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

Health Visiting Service	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	DoT¹
No. of mothers receiving an Antenatal Visit	866	1,083	1,370	1,466	1,609	↑
% of New Birth Visits within 14 days	68%	75%	78%	88%	87%	↓
% of New Birth Visits in total (0-30 days)	98%	95%	92%	99%	95%	↓
% of infants due a 6-8 week check who received one	65%	76%	79%	84%	88%	↑
% of infants receiving their 1 year review at 12 months	35%	56%	67%	77%	79%	↑
% of infants receiving their 1 year review at 15 months	72%	93%	78%	81%	81%	↔
% of children receiving their 2-2½ year review	71%	91%	76%	78%	74%	↓

Source: KCHFT

- 2.4. Increasing rates of breastfeeding remains an important public health priority. The proportion of women reported to be at least partially breastfeeding at 6-8 weeks is around 45%. This is very similar to the national average.

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	Q2 16/17	Q3 16/17
Number of infants due a 6-8 week check by the end of the quarter	4,196	4,058	4,181	4,177	4,524
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%)	4,026 (89%)

¹ Direction of Travel, compared to previous quarter

Health Visiting Service – Infant Feeding Status	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
Number recorded as totally breastfed	1,124	1,192	1,228	1,259	1,363
Number recorded as partially breastfed	460	536	507	489	573
Number recorded as not at all breastfed	1,827	2,125	1,956	2,101	2,090
% total or partially breastfed of the statuses recorded	46%	45%	47%	45%	48%

Source: KCHFT

National Child Measurement Programme (NCMP)

- 2.5. The proportion of children weighed and measured as part of the NCMP in Kent (participation rate) in 2015/16 exceeded the 85% target for the year. The latest data show that participation rates increased to 97% for Year R and 96% for Year 6.
- 2.6. The figures show the proportion of children recorded as being having excess weight (overweight or obese) remained relatively stable for Year R and Year 6. However in comparison to national, at 22%, Kent is recorded as being as being worse than the national average and is therefore reported as red.

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% (r)
Proportion excess weight for Year 6 (10-11 year olds)	33% (a)	33% (g)	33% (a)	33% (g)

Source: PHE Fingertips NCMP Local Authority Profiles

- 2.7. In addition to the work of the Local Children's Partnership Groups (LCPGs) reported the previous paper to the Cabinet Committee, seven LCPGs have prioritised childhood obesity for their small grant applications 2017.
- 2.8. A paper was taken to the LCPG Chairs group in December 2016 to discuss proposed changes to the Terms of Reference and membership of local groups that have been overseeing the local arrangements for implementing the NCMP. The aim of the paper was to discuss with Chairs whether they could provide governance of local childhood obesity groups, with a 0-19 remit. The Chairs group has taken this for consideration, in the context that they need to consider what other locality groups would benefit from this oversight.
- 2.9. Examples of work by the Local Health & Wellbeing Boards include a Childhood Obesity workshop for Dartford, Gravesham and Swanley (DGS) Board Members and a monthly Healthy Weight Task and Finish Group in Ashford.
- 2.10. Public Health are extending the reach of the national Change 4 Life campaign which is now live. In addition to involving stakeholders and providing resources, plans are to recruit and train families to try out the top tips and change behaviours. It is anticipated that this will result in video and media coverage.

Young People's Substance Misuse Services

- 2.11. The Young Person Substance Misuse Service continues to deliver over 90% planned exits from specialist treatment services.

Table 4: Proportion of planned exits from specialist services in Kent

	Target	15/16				16/17			DoT
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	
% with a planned exit	85%*	94% (a)	94% (a)	96% (a)	94% (a)	91% (a)	93% (g)	90% (g)	↓

Source: Addaction, provider of young people's substance misuse services *Target change as of Q2 16/17

- 2.12. As well of providing specialist community treatment, the provider delivers DUST (Drug Use Screening Tool) training for a wide range of professionals working with children and young people across the county.
- 2.13. The service also delivers a range of early intervention and targeted support for the most vulnerable young people to prevent substance misuse issues escalating. The service is closely linked into the wider service provision to support children and young people's emotional health and wellbeing.

Smoking during pregnancy

- 2.14. Smoking in pregnancy continues to present a significant public health challenge for Kent where the rates smoking rates (as measured by those with a smoking status at time of delivery) remain above national average.
- 2.15. Q2 figures correspond to women who would have had a BabyClear contact at the end of 2015/16; a contact at a time when the programme was undergoing local adaptations following the identification of blockers to the referral process and under-utilisation of CO monitoring.
- 2.16. Since then a number of training and resource solutions have been implemented to ensure that more women are routinely CO monitored and appropriately referred to stop smoking services. There have been increases in CO monitoring from an average of 43% to 66% in December 2016. The smoking status of these women (ie currently 8 weeks into pregnancy) will be checked and reported in Q2 2017/18 SATOD figures.

Table 5: Published smoking status at time of delivery Kent and England

Smoking status at time of delivery ²	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
% of women with a smoking status at time of delivery Kent	13%	12%	12%	12%	14%	14%	13%	14%
No. of women with a smoking status at time of delivery Kent	531	473	500	514	561	549	534	606
% of women with a smoking status at time of delivery England	11%	11%	11%	10%	11%	11%	10%	10%

Source: NHS Digital

² Number or proportion of pregnant women who reported that they were smokers at the time of giving birth.

3. Quality Exceptions

3.1. There are no quality exceptions to report.

4. Conclusion

4.1. Public Health are taking a number actions to address concerns within the performance of the commissioned services whilst progressing good delivery, as well as in key areas concerning the health of the public such as smoking in pregnancy and excess weight in children.

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

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.