

## **The Future of PCT Provider Services**

Overview of NHS Eastern and Coastal Kent and NHS West Kent  
Health Overview and Scrutiny Committee - 14<sup>th</sup> May 2010

### **1.0 Introduction**

1.1 This paper is a joint paper between NHS Eastern and Coastal Kent (NHS ECK) and NHS West Kent (NHS WK). It aims to provide Members of the Committee with an overview of the current position of both organisations with regard to the future of their PCT Provider Services. It aims to answer the questions posed in the letter of the 1<sup>st</sup> April 2010 from the Committee to our organisations.

1.2 The questions can be broadly grouped into five areas:

- What are Community Services?
- Commissioning Community Services
- Governance of the PCT Provider Services
- Decision Making on the future of PCT Provider Services
- Consultation

1.3 The questions answered in each section of this paper are referenced on the right hand side of the paper.

1.4 However the following questions are answered, as set out below:

1.5 Question 6: Appendix One lists the services provided by NHS Eastern and Coastal Kent Community Services and NHS West Kent Community Health.

1.6 Question 7: Appendix Two highlights the number of staff and their associated staff groups for both NHS Eastern and Coastal Kent Community Services and NHS West Kent Community Health.

1.7 Question 8: Appendix Three focuses on the role of Health Visitors within Community Services and the current and historical establishment figures for NHS Eastern and Coastal Kent Community Services and NHS West Kent Community Health. (*Specifically in answer to Question 8 of your letter*).

### **2.0 What are Community Services?**

2.1 The national Transforming Community Services and World Class Commissioning initiatives have led to the requirement for PCTs to split out

their providing and commissioning functions to avoid conflict of interests and for both functions to concentrate on their core business. This has led to the formation of arms-length community providers being established in each Primary Care Trust.

## 2.2

Community Services are primarily those health services which are provided outside of acute hospitals and in, or close to, patients homes, delivering care, treatment and support in the following main areas of healthcare:

- Long Term Conditions
- End of Life Care
- Rehabilitation
- Healthy Living and Wellbeing
- Children and Families

## 2.3

They are also increasingly playing a role in supporting a shift in the delivery of care, from traditional hospital settings to more community settings closer to people's homes where this is appropriate and clinically safe. Community Services are currently predominately delivered by PCT Provider Services but are also delivered by primary care services (GP, Dentistry, Optometry and Pharmacy) as well as some third sector and private providers.

## 3.0

### Commissioning Community Services

## 3.1

The table below shows how much was spent on Community Services for 2009/10 in NHS ECK and NHS WK.

**Q11**

	<b>Provider</b>	<b>2008/09 Budget</b>	<b>2009/10 Budget</b>	<b>2010/11 Budget</b>	<b>% of total PCT budget (09/10)</b>
NHS ECK	NHS ECK Community Services	£116,071m	£119,473m	£121,633m	9.85%
	Other Providers	£2,261m	£1,774m	£1,642m	
NHS WK	NHS West Kent Community Health	£58.725m	£59.921m	£57.408m*	6.16%
	Other Providers in Kent	£99,515.48	£170,288.19	£175,000 Est	0.017%

\*For 2010/11, the reduction in spend is attributed to following changes in providers for certain services. The budget has followed the provider.

1. £2m from the Urgent Care Centre Contract
2. £165K from the Rainbow Lodge Contract
3. £261 from the Primary Care Counselling Contract
4. £779K from the GP Out of Hours Contract

3.2

In the last year both NHS ECK and NHS WK have developed and approved community commissioning strategies that detail the five year strategy for community services, as a whole.

3.3

The commissioning and funding of community services, from the perspective of both NHS ECK and NHS WK, is managed in the same way as the commissioning of any other healthcare service including those provided by acute hospitals or in primary care.

**Q12**

3.4

Decisions about healthcare provision are informed by local priorities which are developed by considering the current and future health needs of the population; developing clinical practice and the existing provision of services. NHS ECK and NHS WK as the commissioners engage the public and clinicians in the ongoing development of services which will deliver these local priorities. Each organisation has a five year Strategic Commissioning Plan which sets out the priorities and the actions that will be taken to deliver the improvements in health outcomes for the population they serve.

3.5

Service specifications are developed to ensure the delivery of clinical care pathways which have been tested against national and local best practice. The commissioners use these service specifications to ensure providers deliver services in line with their requirements. The funding for community services is allocated from the overall Primary Care Trust (PCT) budget, in the same way as any other service areas, and again in line with the PCTs five year Strategic Commissioning Plan.

3.6

The delivery of the PCTs Strategic Commissioning Plan which includes community services, are set within the challenging economic climate that faces local NHS and public service organisations in the coming years. Both NHS ECK and NHS WK have undertaken financial forecasting in order to publish their Strategic Commissioning Plan and understand the scale of quality improvements and productivity and efficiency gains needed in the coming years to meet the needs of the population and ensure financial stability in the local health economies.

**Q13**

3.7

As part of these plans there is a strong emphasis in both organisations on delivering more efficient community services and enabling a significant shift of services from acute hospitals to community settings. The development of both the NHS ECK and NHS WK Provider Services as providers in their own right is an important part of ensuring that we have a

provider environment capable of delivering a wide range of services in a number of settings as well as high quality care and improved patient experience.

#### 4.0

### **Governance of the PCT Provider Services**

#### 4.1

The commissioner and provider functions of the PCT are distinctly different. The commissioner's role is to understand the health needs of their population area, specify services to deliver upon that need and then commission and performance manage providers who deliver those services. The provider function within the PCT manages and operates the services it has been commissioned to deliver, to the highest standard and to agreed quality and performance measures.

**Q5**

#### 4.2

To ensure effective and proper governance of the PCT Provider Services and in line with national requirements, both NHS ECK and NHS WK have set up a committee of their respective PCT Board to manage the operations of those services. These committees have evolved at different rates in both organisations.

**Q10**

#### 4.3

In the case of NHS ECK much of the strategy and management of the clinical and support services have been delegated through a scheme of delegation from the PCT Board to a board committee called the Community Services Board which meets in public and has an independent Lay Chair.

#### 4.4

The West Kent Community Health Management Board is a formal sub committee of the main PCT Board. Members include our Executive Directors and the Chair of the Staff Partnership Forum. The Board Chair is a non executive member from the PCT Board. The Management Board has delegated responsibility for the strategic leadership of West Kent Community Health. Work will continue over the coming months to increase the independent membership of the Board.

#### 5.0

### **Decision making on the future of PCT Provider Services**

#### 5.1

Health Overview and Scrutiny Committee members were last updated on this specific matter in October 2009. Since then the NHS Operating Framework for 2010/11 has been published, which accelerates the decision making timescales for PCTs to make a decision about their PCT Provider Services. It stated:

#### 5.2

*“by 31 March 2010 PCTs have agreed with Strategic Health Authorities (SHAs) proposals for the future organisational structure for all current PCT-provided community services with implementation of the new organisational form or very substantial progress made by March 2011”.*

#### 5.3

It stated that the most likely options for organisational form would be:

- Integration with an NHS acute or mental health provider
- Integration with another community based provider
- Social Enterprise

5.4

It also highlighted three less likely options which were not expected to be the norm:

- Community Foundation Trust
- Continued Direct Provision
- Care Trust which includes provision

5.5

The document also specifically stated that integration means “the single management of services to promote innovation, provide better quality and experience of care for individuals, and improve the efficiency of service delivery.”

5.6

In light of this document, and building on the work previously undertaken, both NHS ECK and NHS WK have made recommendations to their Board on the future organisational form for their PCT Provider Services.

**Q1**

5.7

NHS ECK confirmed their intention to move their PCT Provider Services towards a Community Foundation Trust model. This model would build on the strong track record of joint working and integration between NHS ECK Provider Services and other agencies and sectors such as KCC Social Services and Primary Care. It will also provide real opportunity to take the work of integration further through the proposed clinical operating model which would ensure joint management arrangements between ECK Provider Services, Social Care and Practice Based Commissioning could be expanded. It would also build on the strong community services commitment to initiatives such as Total Place and Gateways. Further details of this proposed model is available on request.

5.8

In line with this, in January 2010 ECK NHS submitted a Business Case to NHS South East Coast and the Department of Health to become an independent Trust, which would then move to Foundation Trust status. At the end of February 2010 NHS ECK were informed that their Provider Services had been successful in their bid for Trust status, subject to ratification by the DH Transactions Board.

5.9

NHS ECK are still awaiting the final ratification but expect this in mid-May 2010 for a 1st July 2010 establishment date. NHS ECK is now one of eight PCTs / Community Services in England to be successful on this path. This will move the PCT Provider Services for NHS ECK to independent NHS Trust status outside of the PCT. The new Trust would then continue its journey to Foundation Trust status over an 18 month period. Extensive public consultation is a mandatory part of the application for Foundation Trust status.

5.10

NHS WK has agreed that it would welcome an integration of Community Services across Kent with core community services focused around Practice Based Commissioning clusters. NHS WK will also review their specialist services in the coming months to see whether some of these should integrate with local acute hospitals, for example, community paediatric outpatients.

5.11

NHS South East Coast agrees with both NHS ECK and NHS WK that integration of community services across Kent can provide considerable efficiency gains, reduction in management costs and has significant benefits including:

- Supporting the shift from acute to community and so providing patients with greater choice and an alternative to acute services
- Strong alignment with Kent County Council and social care
- Allows strong integration of clinical services with other sectors and agencies at a patient, rather than organisational level
- Economies of scale with a reduction in overheads and an increasing level of productivity and efficiencies
- Supported by staff as NHS Terms and Conditions are retained
- Builds on the momentum already generated and provides a timely and efficient solution across the county
- Best practice can be emulated across Kent
- Enables the delivery of the PCTs Strategic Commissioning Plans
- Strong links with Practice Based Commissioning and GPs
- Opportunity to develop specialist services such as Sexual Health and Specialist Dental and share specialist talent and skill
- Provides a strong community membership model (as a Foundation Trust)

5.12

For integration across Kent to be successful a number of key pieces of due diligence work will need to take place including an assessment of the current alignment of services and business/strategic plans, along with an assessment of the current alignment of commissioning strategies and functions. This would enable any challenges to integration to be clearly identified and addressed.

5.13

This integration will be overseen by NHS South East Coast as the intention

is for NHS ECK Community Services to become a Trust in July with the integration across Kent to take place in the six-nine months to March 2011. The integrated Kent organisation would then proceed to Foundation Trust status during 2011/12 and 2012/13. **Q2**

5.14

When the Trust is established it will not directly own any buildings. The freehold of the buildings owned by the PCT, including the community hospitals, will remain with them when the provider moves out of the PCT. The new Trust will retain a small amount of leases with private landlords for office buildings that are solely occupied by PCT Provider Services staff. **Q9**

**6.0**

### **Consultation**

6.1

Both NHS ECK and NHS WK have undertaken staff and partner engagement during 2009 and 2010. This has included direct engagement with HOSC in October 2009 and other key stakeholders through various forums during 2009. NHS WK also held a workshop with stakeholders including other NHS Trusts in Kent, in March 2010 to inform their Board decision. **Q4**  
**Q14**

6.2

The move of NHS ECK to Trust status will not adversely affect or change the delivery of clinical services for patients. As such it is proposed that the move to Trust status does not warrant public consultation under the Local Government and Public Involvement in Health Act 2007. However the move from Trust to Foundation Trust status does mandate a 12 week public consultation period which will be undertaken as per legislative requirements. Both NHS ECK and NHS WK and the new Trust would also undertake formal public consultation if any significant clinical service changes were to be proposed in line with the above Act. **Q14**

6.3

Although formal public consultation is not required NHS ECK and NHS WK are committed to strong engagement throughout this transition. There has been good engagement with other stakeholders including other NHS organisations, Kent LINK and CASE Kent (Community Action South and East Kent). Both Kent LINK and CASE Kent have written letters of recommendation to support NHS ECK Community Services becoming an NHS Trust.

**7.0**

### **Conclusion**

7.1

This paper aims to provide a summary of the work being undertaken to commission and provide Community Services in Kent. It also aims to provide answers to the questions posed in the letter of the 1<sup>st</sup> April. Both NHS ECK and NHS WK will welcome questions on this matter at the Health Overview and Scrutiny Committee on the 14<sup>th</sup> May.

## **Appendices**

Appendix 1: Services provided by NHS Eastern and Coastal Kent Community Services and NHS West Kent Community Health

Appendix 2: Number of staff and their associated staff groups for both NHS Eastern and Coastal Kent Community Services and NHS West Kent Community Health

Appendix 3: The role of Health Visitors within NHS Eastern and Coastal Kent Community Services and NHS West Kent Community Health and the current and historical establishment figures.



**Appendix 1 - Services provided by NHS Eastern and Coastal Kent  
Community Services and NHS West Kent Community Health**

<b>Eastern and Coastal Kent</b>	<b>West Kent</b>
<p>Primary Care Nursing Teams</p> <p>Community Hospitals</p> <p>Community Matrons</p> <p>Intermediate Care</p> <p>Specialist Teams</p> <p>Walk in Centre and Minor Injury Units</p> <p>Community Learning Disability Team</p> <p>Counseling Services for Children</p> <p>Health Visiting</p> <p>School Nursing</p> <p>Primary Mental Health</p> <p>Team Around the Child Service</p> <p>Looked After Children</p> <p>Adult Speech and Language Therapy</p> <p>Podiatry and Podiatric Surgery</p> <p>Chronic Pain</p> <p>Orthopedics</p> <p>Primary Care and Specialist Dental</p> <p>Clinical Dietetics and Healthier Living Services</p> <p>Physiotherapy</p> <p>Integrated Equipment and Wheelchair Services</p>	<p><b>ADULT SERVICES</b></p> <p>Community Nursing Service</p> <p>Specialist Nursing</p> <p>Community Hospitals</p> <p>Intermediate Care Teams</p> <p>Community Dietitian</p> <p>Home Enteral Feeding</p> <p>Adult Speech &amp; Language Therapy Service</p> <p>Community Triage</p> <p>Orthoptist</p> <p>Specialist Nurse Safeguarding Vulnerable Adults (SVA) /Mental Capacity Act (MCA)</p> <p><b>CHILDREN YOUNG PEOPLE AND FAMILIES</b></p> <p>Newborn Hearing Service</p> <p>CAMHS Liaison</p> <p>CASH (Contraception and Sexual Health)</p> <p>Community Paediatrician</p> <p>Community Paediatric Diabetes Specialist Nurse</p> <p>Specialist ADHD Nurse (Attention Deficit Hyper Activity Disorder)</p> <p>Special Needs Team</p> <p>Health Visitors and School Nurses</p> <p>Orthoptist</p> <p>TB Service</p> <p>Children's Community Nursing Team</p> <p>Children's Resource Centre Nursery</p> <p>Maidstone Child Development and Therapy Centre Nursery</p> <p>Children's Therapies</p> <p>Services to Specialist Schools</p> <p>West Kent Children's Hearing Service</p> <p>Safeguarding Children Services</p> <p><b>ADULT THERAPY AND EQUIPMENT SERVICES</b></p> <p>Advanced Musculoskeletal Practitioner Service (AMPS)</p> <p>Outpatient Physiotherapy</p> <p>Community Equipment and Wheelchair Service</p> <p>Podiatry</p> <p><b>INFECTION CONTROL</b></p> <p>Infection Control Team</p> <p>Practice Nurse Advisors</p>

**Appendix 2 - Number of staff and their associated staff groups for both NHS Eastern and Coastal Kent Community Services and NHS West Kent Community Health**

Eastern and Coastal Kent (as at 20 Apr 10)		West Kent	
Summary of Headcount		Summary of Headcount	
<b>Staff Group</b>	<b>Total</b>	<b>Staff Group</b>	<b>Total</b>
Add Prof Scientific and Technical	<b>16</b>	Add Prof Scientific and Technical	<b>3</b>
Additional Clinical Services	<b>731</b>	Additional Clinical Services	<b>376</b>
Administrative and Clerical	<b>845</b>	Administrative and Clerical	<b>387</b>
Allied Health Professionals	<b>463</b>	Allied Health Professionals	<b>210</b>
Estates and Ancillary	<b>190</b>	Estates and Ancillary	<b>116</b>
Healthcare Scientists	<b>4</b>	Healthcare Scientists	<b>4</b>
Medical and Dental	<b>88</b>	Medical and Dental	<b>125</b>
Nursing and Midwifery Registered	<b>1156</b>	Nursing and Midwifery Registered	<b>631</b>
<b>Grand Total</b>	<b>3493</b>	Students	<b>17</b>
		<b>Grand Total</b>	<b>1870</b>
Summary of Full Time Equivalent		Summary of Full Time Equivalent	
<b>Staff Group</b>	<b>Total</b>	<b>Staff Group</b>	<b>Total</b>
Add Prof Scientific and Technical	<b>11.99</b>	Add Prof Scientific and Technical	<b>2.09</b>
Additional Clinical Services	<b>567.86</b>	Additional Clinical Services	<b>274.85</b>
Administrative and Clerical	<b>665.77</b>	Administrative and Clerical	<b>271.30</b>
Allied Health Professionals	<b>396.59</b>	Allied Health Professionals	<b>157.76</b>
Estates and Ancillary	<b>113.94</b>	Estates and Ancillary	<b>75.95</b>
Healthcare Scientists	<b>2.05</b>	Healthcare Scientists	<b>3.65</b>
Medical and Dental	<b>52.12</b>	Medical and Dental	<b>19.16</b>
Nursing and Midwifery Registered	<b>955.30</b>	Nursing and Midwifery Registered	<b>468.98</b>
<b>Grand Total</b>	<b>2765.62</b>	Students	<b>17</b>
		<b>Grand Total</b>	<b>1290.7</b>

### **Appendix 3 - The role of Health Visitors within NHS Eastern and Coastal Kent Community Services and NHS West Kent Community Health and the current and historical establishment figures.**

#### ***Eastern and Coastal Kent***

Health Visiting teams in Eastern & Coastal Kent Community Services play a key and fundamental role in the delivery of the Healthy Child Programme 0-5 years. The Healthy Child Programme is a national screening and support programme for children and constitutes a number of assessments to be undertaken at key points in the child's development. This includes delivering a range of services to all families (Universal Service) with additional support offered to families and children who through our Family Health assessment model have been identified as requiring additional support (Progressive Universalism).

All families have a comprehensive assessment, taking into account both Health and Social needs, whilst also considering resilience and protective factors such as additional family support and access to available services. This assessment is undertaken by a qualified Health Visitor.

The key purpose of the service is to ensure that all families have access to a range of assessment and support at key stages in their baby and child's life, and also includes promotion of healthy lifestyle choices to all families. This aims to engage in and promote key health priorities such as raising breast feeding rates, early identification of Postnatal Depression, increase immunisation uptake, reduce obesity, smoking and substance misuse, reduce teenage conception rates, promote positive parenting with a particular emphasis on supporting young parents. Additionally we work closely with our School Nurse colleagues identifying those families who will require support on transition into school.

Through early detection of vulnerability we identify and support high level complex families requiring additional support such as those suffering domestic abuse, mental health issues, substance misuse or poor socio economic factors. These supportive services seek to reduce inequalities and deprivation, prevent social exclusion, and reduce criminal behaviour in the long term. We support the Child In Need process through working in partnership with our Social Work colleagues and when required produce professional reports and attendance in addition at Case Conferences, Core groups and Court. Health Visiting also directly supports families in the CP process.

Within Eastern and Coastal Kent area due to the high levels of deprivation in areas such as Thanet, Swale and Shepway a large proportion of Health Visiting service time is undertaken to support this Safeguarding Children agenda.

We are developing close working relationships with colleagues in Childrens Centres and delivering many of our services collaboratively through these centres. EG family clubs, infant feeding groups, support for young parents and first time families, postnatal depression, self esteem groups and domestic abuse freedom groups.

We continue to work closely in partnership with our colleagues in Midwifery, G.P practices, therapies such as Speech and Languge and Early Support, voluntary sector, early year's education and Social Services. We have a range of skilled staff in our teams including Health Visitors and Specialist Lead Health Visitors. They lead our teams and ensure appropriate delegation of work to our Community Health nurses and Community Nursery nurses who provide vital elements of our service.

There has been a remodelling of the workforce over recent years ensuring that the highly specialised skills of qualified Health Visitors is used appropriately. This has created the skill mix team as described and also enabled a career pathway both into the profession and within it.

The last two years have also seen particular difficulties in recruitment of Health Visitors and we have an aging demographic within the workforce. This has also resulted in skill mix in order to maintain safe effective services. Both of these issues are reflected in the establishment figures below.

### 2005 - 2006

	Band 4		Band 5		Qualified Health Visitor	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Ashford	*	6.14	*	1.00	*	16.43
Canterbury & Coastal	*	5.92	*	5.44	*	19.09
Dover/Deal	*	5.54	*	1.00	*	15.44
Shepway	*	6.30	*	0.80	*	14.49
Swale	<i>Swale figures unavailable prior to merger of PCTs</i>					
Thanet	*	10.01	*	1.00	*	18.46
<b>TOTAL for Band</b>	*	<b>33.91</b>	*	<b>9.24</b>	*	<b>83.91</b>
<b>Service FTE TOTAL</b>	<b>127.06</b>					

### 2006 - 2007

	Band 4		Band 5		Qualified Health Visitor	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Ashford	*	5.81	*	2.00	*	17.18
Canterbury & Coastal	*	5.92	*	6.10	*	19.36
Dover/Deal	*	5.27	*	2.00	*	16.72
Shepway	*	6.21	*	0.80	*	16.44
0	<i>Swale figures unavailable prior to merger of PCTs</i>					
Thanet	*	10.47	*	0.00	*	20.36
<b>TOTAL for Band</b>	*	<b>33.68</b>	*	<b>10.90</b>	*	<b>90.06</b>
<i>Change on previous year</i>	*	<b>-0.23</b>	*	<b>1.66</b>	*	<b>6.15</b>
<b>Service FTE TOTAL</b>	<b>134.64</b>					
<i>Change on previous year</i>	<b>7.58</b>					

### 2007 - 2008

	Band 4		Band 5		Qualified Health Visitor	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Ashford	*	6.45	*	2.00	*	16.66
Canterbury & Coastal	*	5.12	*	4.26	*	22.39
Dover/Deal	*	5.41	*	2.00	*	16.32
Shepway	*	5.35	*	2.33	*	16.50
Swale	<i>Some Swale figures unavailable prior to merger of PCTs</i>			1.00	*	12.74
Thanet	*	8.27	*	2.40	*	19.71
<b>TOTAL for Band</b>	*	<b>30.60</b>	*	<b>13.99</b>	*	<b>104.32</b>
<i>Change on previous year</i>	*	<b>-3.08</b>	*	<b>3.09</b>	*	<b>14.26</b>
<b>Service FTE TOTAL</b>	<b>148.91</b>					
<i>Change on previous year</i>	<b>14.27</b>					

### 2008 - 2009

	Band 4		Band 5		Qualified Health Visitor	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Ashford	9	6.30	3	2.20	24	18.44
Canterbury & Coastal	6	4.64	7	5.35	23	18.94
Dover/Deal	5	3.44	6	5.20	22	16.35
Shepway	8	4.59	7	5.93	17	14.34
Swale	7	4.88	7	6.45	18	15.01
Thanet	12	9.41	6	4.65	21	16.26
<b>TOTAL for Band</b>	<b>47</b>	<b>33.26</b>	<b>36</b>	<b>29.79</b>	<b>125</b>	<b>99.35</b>
<i>Change on previous year</i>	*	2.66	*	15.80	*	-4.97
<b>Service Headcount TOTAL</b>	<b>208</b>					
<i>Change on previous year</i>	59.09					
<b>Service FTE TOTAL</b>	<b>162.39</b>					

### 2009 - 2010

	Band 4		Band 5		Qualified Health Visitor	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Ashford	9	5.86	4	2.68	23	17.53
Canterbury & Coastal	8	5.48	8	5.75	22	17.86
Dover/Deal	6	4.64	8	6.60	17	12.07
Shepway	9	5.23	6	4.84	19	14.78
Swale	7	5.04	7	6.20	15	13.03
Thanet	12	8.58	7	5.49	21	15.75
<b>TOTAL for Band</b>	<b>51</b>	<b>34.83</b>	<b>40</b>	<b>31.56</b>	<b>117</b>	<b>91.02</b>
<i>Change on previous year</i>	4	1.57	4	1.77	-8	-8.33
<b>Service Headcount TOTAL</b>	<b>208</b>					
<i>Change on previous year</i>	0.00					
<b>Service FTE TOTAL</b>	<b>157.41</b>					
<i>Change on previous year</i>	-4.98					

### Present (Including Vacancies)

	Band 4		Band 5		Qualified Health Visitor	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Ashford	9	5.86	4	2.68	23	17.53
<i>Ashford Vacancies</i>		0.00		0.40		
Canterbury & Coastal	8	5.48	8	5.75	22	17.86
<i>Canterbury Vacancies</i>						1.00
Dover/Deal	6	4.64	8	6.60	17	12.07
<i>Dover/Deal Vacancies</i>		0.80		0.80		1.80

Shepway	9	5.23	6	4.84	19	14.78
<i>Shepway Vacancies</i>						<b>1.00</b>
Swale	7	5.04	7	6.20	15	13.03
<i>Swale Vacancies</i>				<b>2.00</b>		<b>3.60</b>
Thanet	12	8.58	7	5.49	21	15.75
<i>Thanet Vacancies</i>		<b>0.80</b>		<b>0.90</b>		<b>4.72</b>
<b>TOTAL for Band</b>	<b>51</b>	<b>35.63</b>	<b>40</b>	<b>34.76</b>	<b>117</b>	<b>98.42</b>
<i>Change on previous year</i>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>7</b>
<b>Service Headcount TOTAL</b>	<b>208</b>					
<i>Change on previous year</i>	<b>0.00</b>					
<b>Service FTE TOTAL</b>	<b>168.81</b>					
<i>Change on previous year</i>	<b>11.40</b>					

Key: \* = No information currently available  
**Green** = Increase  
**Red** = Decrease  
**Black** = No change

## West Kent

Public Health Nursing Services are delivered across West Kent Community Health by geographically based teams, made-up of qualified community practitioners (health visitors and school nurses) supported by community staff nurses, nursery nurses and administrators. Each team is lead by a team leader, responsible for the line management of staff and providing clinical expertise. The Public Health Nursing Service overarching objective is to deliver the best available healthcare for people in our community by developing a multi agency approach to the delivery of the service and to develop a multi-skilled workforce to support a modern public health nursing service. Through progressive universalism, the teams offer universal access by offering home visiting, clinics based in local communities and schools, group work and telephone support. Many teams are co-located within children's centres and work closely with their multi-agency partners.

Through a mixture of home visiting, clinics based in local communities and schools, group work and telephone support, our aim is to deliver the best possible healthcare for children in our community and allow everyone to access the services in a way which suits them.

Based in six localities, our teams of health visitors and school nurses are supported by community staff nurses, nursery nurses and administrators. By developing a multi-agency approach with multi-skilled staff we hope to help families to lead as healthy a life as possible.

Teams are based at the following locations.

**Gravesend: The Child Health Clinic, Gravesend**

**Larkfield : Larkfield Health Centre**  
**Maidstone : Molehill Copse Clinic**  
**Swanley : The Oaks Clinic**  
**Tunbridge Wells : Allen Gardiner Cottage**  
**Dartford: The Livingstone Hospital**

The staffing numbers of Health Visitors in West Kent are shown below.

<b>Health Visitors Employed</b>	<b>FTE</b>	<b>Head Count</b>
Apr-06	40.67	52
Apr-07	43.78	55
Apr-08	37.06	46
Apr-09	64.32	86
Apr-10	64.08	85

Please note that following a data cleansing exercise at WKCH, the accuracy of the data before 2009 is unknown.