



To all Members of the Adult Social Care and Public Health
Policy Overview and Scrutiny Committee

Direct Dial/Ext: 01622 694277
Fax: 01622 694383
e-mail: theresa.grayell@kent.gov.uk
Ask for: Theresa Grayell
Date: 19 September 2011

Dear Member

**ADULT SOCIAL CARE AND PUBLIC HEALTH POLICY OVERVIEW AND SCRUTINY
COMMITTEE - TUESDAY, 20 SEPTEMBER 2011**

I am now able to enclose, for consideration at tomorrow's meeting of the Adult Social Care and Public Health Policy Overview and Scrutiny Committee, the following report, which was unavailable when the agenda was printed.

Agenda No	Item
D1	<u>Kent Annual Public Health Report</u> (Pages 1 - 4)

Yours sincerely

Peter Sass
Head of Democratic Services

This page is intentionally left blank

By Graham Gibbens, Cabinet Member, Adult Social Care and Public Health
Meradin Peachey, Director – Public Health

To: Adult Social Care And Public Health Policy Overview And Scrutiny Committee – 20 September 2011

Subject: **ANNUAL PUBLIC HEALTH REPORT**

Classification: Unrestricted

1 Summary:

- 1.1 The Annual Public Health Report of the Director of Public Health 2009/10 highlighted two issues, one relating to Dementia and the other to Excess Winter Deaths. This report summarises the progress on the recommendations made.

2 Dementia

- 2.1 The recommendations within the Dementia chapter focused on the development of the Quality Innovation Prevention and Productivity (QIPP) agenda. The Kent and Medway Dementia QIPP Board is now well established and is led and chaired by Anne Tidmarsh Director of Older People and Physical Disability Services for Families and Social Care. With the coming together of the three Primary Care Trusts (PCT) across Kent and Medway, work is well underway to bring all three Dementia Strategies and associated action plans into one strategic Dementia QIPP plan across Kent & Medway.
- 2.2 The Dementia QIPP Board continues to look at large scale service redesign and the development of more proactive, community and primary care model of care and support, with reduced reliance on acute services. In Kent the Health and Social Care Integration Board (HASCIP) brings together Kent Community Health Trust (KCHT), Kent Families and Social Care (FSC) and The Kent and Medway Health and Social Care Partnership Trust (KMPT) to look at ways of achieving more joined up services and efficient services. More projects are starting across Kent to test out new ways of providing a social model of care to keep people with Dementia out of hospital and to give them better outcomes. This includes single assessment and co-location of services.
- 2.3 Public Health is working with the QIPP Board to start modelling the impact of these new services on the system, cost and efficiency. The aim is to show how the Dementia pathway is transformed.

2.4 These are the new services:

- Developing memory assessment services in primary care ensuring a high % of assessment are completed in own home - less stigma to support increasing diagnosis rates
- More support in early stages – procure a range of Dementia Cafes and Dementia Peer Support in each of 12 LA districts
- Develop proactive integrated case management including input from KMPT OPMHN who are now to be included in scope of Health and Social Care Integration Programme (HASCIP), see above.
- Developing flexible Intermediate care that is responsive to people with dementia
- Reviewing the acute hospital liaison services across the county to support care management and care planning for people with dementia on acute wards.
- Commission flexible domiciliary care services
- Provide adequate short breaks for carers and improve support for carers, recommissioning all carers services to ensure universal offer and equitable allocation of resources
- Reviewing day service provision
- Increase crisis response services - commission WK crisis service in the East - reduce permanent care home admission made at time of crisis
- Improve quality of services in care homes providing in reach support & advice - reduce emergency admissions to acutes from care homes - ensure better support from NHS
- Workforce development (Training, Dementia Care Mapping, My Home Life)
- Reducing the use of anti psychotic medication by developing a joint programme that has identified areas of good practice to be rolled out across Kent and Medway.

2.5 The recent Health and Well-Being Board workshop discussed how to improve services for people with Dementia. These are some of the recommendations:

- A 2 pronged approach is needed – single referral process (one-stop shop) *and* Integrated Team (multi-disciplinary)
- The current care pathway recommends that patients call their GP. GPs are not aware of all of the services available. GPs need to be made aware of all of the options available
- Integrate the voluntary sector into an integrated model
- Dementia should be a key priority for the Health and Wellbeing Board

A follow up report regarding achievements will go back to the Health and Wellbeing Board in January 2012.

2.6 The KCC Select Committee Report regarding Dementia will be published in Late September 2011. The recommendations of the committee will also be incorporated into the County QIPP Plan.

3 Excess winter deaths

3.1 A number of recommendations were made in the 2010 annual report around excess winter deaths. The first recommendation was that a referral system for GP practices should be in place that can identify people vulnerable to health problems due to cold temperatures and refer them for support. In response to this recommendation, funding has been obtained from the Department of Health South East, Canterbury City Council and Thanet District Council to operate a pilot at Whitstable Medical Practice and St Peters Surgery in Broadstairs. Both practices have patient populations from ward areas that were highlighted in the annual report as having a relatively high excess winter death ratio. The pilot involves a primary healthcare professional referring a patient who may be at risk, to a professional with the relevant expertise to offer advice improving energy efficiency in the home, benefit advice and practical information on keeping warm and healthy in cold. The criteria for the project is for people aged over 65 and over and have one of the following conditions or circumstances;

- Diabetes
- Asthma
- COPD
- Heart Disease
- Stroke / TIA
- Risk of / Actual Falls
- Housebound / Low Mobility
- Hypothermia / Risk of Hypothermia
- Living alone with no help available

The pilot project started in at both practice sites in September 2011.

3.2 A second recommendation was to develop partnerships at a local level that have a shared understanding of the seasonal excess deaths agenda. Following a multi-agency workshop held in Canterbury last year, a local action group has been established to see how various partners can contribute to tackling this issue. The group meets on a bi-monthly basis and has representatives from a range of agencies. This includes housing managers from Canterbury City Council, the Head of Service for Older People and Physical Disability (Swale & Canterbury Locality) from the Department for Families and Social Care at Kent County Council, Canterbury District Pensioners Forum, Kent Fire and Rescue, Homestay Agency (operated by Canterbury City Council), Age Concern and a representative from Canterbury District Voluntary Action and Support (infrastructure organisation providing services to Voluntary and Community Organisations across the Canterbury district).

- 3.3 A partnership has been developed with the community wardens employed by Kent County Council. This has led to the development of a pilot in the Chestfield area of Canterbury, which is an area that has a particularly high excess winter death ratio. The aim of the pilot is to raise awareness of the risk that cold temperatures can have on health and change the attitudes and behaviours that people may have towards ensuring that their household temperature is appropriate during cold weather. This project will allow the public health department to gain greater insight from those at risk of dying during the winter months. This project involves a community warden visiting the homes of residents who may be potentially at risk. The residents will be given a free thermometer attached to a small card so that they are aware of the temperature in their room. The card will contain information around the risks that cold temperatures can have on health and useful telephone numbers about local agencies that would be able to offer services regarding benefit advice, household repairs and social support. This project is scheduled to start in October 2011 and will be complete including the evaluation in March 2012.
- 3.4 One aim was to undertake annual review of health data relating to excess winter deaths at a local level to assess if changes to practice are necessary. It will not be possible to undertake this task until October 2011 due to the mortality data not being available until then.
- 3.5 It was recommended that excess winter deaths should be a key component of the forthcoming Kent Health and Affordable Warmth Strategy which will be published before the end of 2011. Tackling excess Winter deaths are a key objective of the strategy that is currently in draft.

4 Conclusion/Recommendations:

Adult Social Care And Public Health Policy Overview And Scrutiny Committee Members are asked to note the report.

Meradin Peachey
Director of Public Health