DEMOCRATIC SERVICES
SESSIONS HOUSE
MAIDSTONE

Friday, 13 July 2007

To: All Members of the County Council

Please attend the meeting of the County Council in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 24 July 2007 at **10.00 am** to deal with the following business. **The meeting is scheduled to end by 4.30 pm.**

1. To formally report the election of Mr Ian Stephen Chittenden of 12 Blakeney Close, Maidstone, ME14 4QF, Liberal Democrat, as County Councillor for the Maidstone North East Electoral Division to fill the vacancy occasioned by the death of Mrs M E Featherstone.

2. Chairman's Announcements

3. Draft Public Health Strategy for Kent (Pages 1 - 60)

4. PSHE/Children's Health Select Committee (Pages 61 - 68)

1pm Lunch and Health Showcase in Sessions Hall

2pm Briefing on "Fit for the Future"

Peter Sass
Head of Democratic Services and Local Leadership
01622 694002

By: Mr Graham Gibbens – Cabinet Member for Public Health

To: County Council – 24 July 2007

Subject: DRAFT PUBLIC HEALTH STRATEGY FOR KENT

Classification: Unrestricted

Summary: To receive and comment upon the Draft Public Health Strategy for Kent prior to approval and adoption by the County Council in September 2007.

FOR DECISION

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1. Introduction:

The first strategy for public health in Kent has been produced following the permanent appointment of the Joint Director of Public Health between the Eastern & Coastal Kent and West Kent Primary Care Trusts and Kent County Council.

2. Report:

(1) As a first strategy it brings together the elements of public health that are currently being delivered by a variety of organisations across Kent. It will form the basis for discussions about how public health in the County needs to develop further and in particular how public health priorities should be reflected in the next round of strategic plans for both the County Council and the NHS.

(2) The attached draft strategy has been the subject of consultation with key stakeholder partners. It was crucial that all KCC directorates, NHS colleagues, District Councils and others were involved in developing the final iteration of this document so that it can be taken to the wider public as the foundation of wider public consultation on the various elements of public health and the priorities for action.

3. Recommendations:

(1) that this Council be committed, at a local level, to working in partnership with the Eastern & Coastal Kent and West Kent Primary Care Trusts and Local Government to secure maximum funding for a Public Health strategy to reduce health inequalities and improve the health of Kent's residents; and

(2) that consultation on the draft Public Health Strategy continue prior to the Strategy being presented to Eastern & Coastal Kent and West Kent Primary Care Trust Boards and the County Council for approval and adoption in September 2007.

Mr G K Gibbens
Cabinet Member for Public Health

Background documents: None

Live Life to the Full

A Strategy for Public Health in Kent

DRAFT

2007/2008

Eastern and Coastal Kent
Primary Care Trust

West Kent
Primary Care Trust

1 Executive Summary

Good health is what we aspire to - for ourselves, families, carers, friends and communities. There are many factors that affect our health, ranging from our social circumstances, to the environment as well as our genetic makeup.

It is important to recognise that many people contribute to public health including; health and social care professionals, organisations, Government, the voluntary sector and communities.

Public Health is described as having three components; health protection, health promotion and health care quality.

Compared to England and Wales, Kent has reasonably good health. But this conceals some communities and families that do not enjoy good health.

The primary care trusts (PCTs) and local authorities are jointly committed to improving the health of people in Kent and reducing inequalities in health. These organisations have many public health targets and actions from a number of sources - some from Government and some agreed with local people.

From now until October 2008, it is recommended that we, together with local people, focus on six important public health goals. After that we have an opportunity to set more or different public health outcomes with the Government. These are called the “Local Area Agreement”. This strategy is being used to consult on the next public health targets for the Local Area Agreement.

The recommended priorities are:

1. **Reducing health inequalities**

The gap in life expectancy between wards is wide at 17 years. To help close this gap we believe that programmes to regenerate the communities and increase the economic wealth and average income levels are just as important as healthy lifestyles

2. **Improving mental health and well-being of children**

There are worrying trends in childhood obesity, mental health and educational achievement in some areas as well as large numbers of children still living in poverty. Action is not straightforward. Parents, carers, communities as well as public services all have a responsibility to address these.

Kent County Council will continue to encourage all schools to reach the healthy school standards to improve nutrition and physical activity among children. The district councils will promote a wider range of options for physical activity in schools, local leisure centres and in the private sector; while primary care trusts will monitor child obesity levels and support good nutrition in the early years through health visitors and midwives.

3. **More Adults reporting healthier lifestyles**

In the adult population preventable diseases like cancer and coronary heart disease are reducing but these are not reducing as quickly in some communities in Kent. The PCTs will extend the NHS smoking quitting service to schools, council buildings, and the private sector. Kent County Council will promote the “stop smoking” message to its own staff and district councils will run stop-smoking services in their own facilities and promote a greater range of physical activity options.

4. Improved sexual health and reduction in teenage pregnancies

Are young people equipped to be making healthy choices in life? Some of the issues facing them are trends in teenage pregnancy, binge drinking, rise in sexual health diseases and mental health. Kent County Council will arrange media campaigns which reflect the lives of young people, and provide advice on targeted sexual health services. The PCTs will develop sexual health services in accessible places like town centres and nurses will communicate with young people via texting. District councils will support healthy living centres for young people and extend access to computers.

5. More older people able to live at home with chronic disease

As the population is living longer there are rising proportions of older people in Kent. This has a big impact on health and social services in particular. The quality and availability of services to support people at home is crucial, as well as older people enjoying a quality life. Kent County Council will drive the introduction of the Telehealth service so people can be monitored by their GP at home, while the PCTs will continue to develop services in the community and at home to prevent inappropriate admissions and assist early discharge from hospital.

6. Reduce the levels of substance misuse
Fewer people drinking above recommended alcohol levels

There are many public health issues arising from alcohol misuse - “the night-time economy”, binge drinking, violence on the streets and in the home, drug abuse, teenage pregnancies and sexual health diseases. Crime and Disorder Partnerships have plans to control the “night time economy”, and a new data collection system for use of A&E is being used to better identify how policing can support specific areas. An alcohol select committee is investigating the problem and possible solutions.

There are innovative drugs programmes in all schools. Through the theatre, young people themselves are designing their own programmes and working with their peers.

This strategy outlines the numerous action plans and targets that the public sector aspires to in improving health and well-being and concludes with six priority outcomes.

2 Preface

This strategy is a joint commitment to the public from the PCTs and local authorities, to improve the health of Kent residents.

It brings together public health plans from both the PCTs and local authorities and aims to clarify what is meant by public health, why health inequalities are so important to address, and what we believe are the top priorities.

There are short and long term priorities beyond 2008 but these will be reviewed following further consultation.

The strategy covers many existing local authority and NHS plans and activities currently undertaken and funded as well as future initiatives that will be introduced. The strategy will also be used as a platform for further discussion with stakeholders, on future priorities.

This strategy will be used to raise awareness and inform future discussion about how we address public health issues and develop priorities for the next Local Area Agreement from October 2008.

This is a final draft available for debate during July and August and for and adoption by councils, primary care trusts and partners in September 2007.

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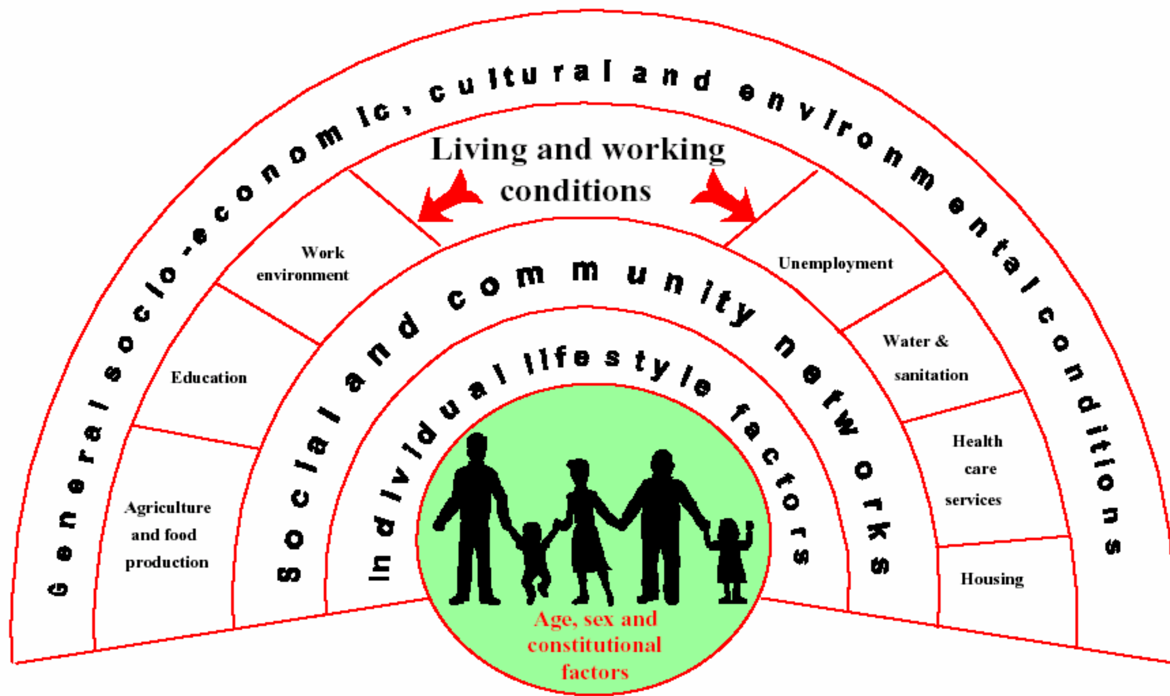
4 What factors contribute to our health?

Many things influence health including our environment, living and working conditions, genetic factors, and choices we make in our lifestyles.



Source: Dahlgren G and Whitehead M "Model of Health" From Policies and Strategies to Promote Social Equity in Health. Institute for Future Studies. Stockholm (1991)

All of these interact to affect our health for better or worse. Some things are impossible to change, for example inherited characteristics, but others, such as behaviours like whether we smoke, or if we have a warm and dry home, can be altered to improve our health.

5 What is public health?

Public Health is a discipline practised by a broad body of people and organisations. They can range from specialist staff, (consultants in public health), health promotion staff, environmental health officers, housing officers, the nurses and doctors in a GP practice, to the people who influence behaviour such as schools, retailers, employers, sports coaches, police; through to the planners and providers of quality health and social care, roads, environment and other facilities. All of these impact directly or otherwise on our health.

The breadth of public health can be described in three areas, though there will always be some overlap. These are the protection of health, the promotion of good health and the delivery of quality health care.

Health protection	Health and social Care quality	Health promotion
• Clean air, water and food • Infectious diseases • Emergency response • Radiation • Chemicals and poisons • Environmental health hazards • Prevent war and social disorder	• Service planning • Clinical effectiveness • Clinical Governance • Efficiency • Research, audit and evaluation	• Improving health • Reducing Inequalities • Employment • Housing • Family/ community • Education • Lifestyles
Surveillance and monitoring of health and determinants of health support all three		

But how this is done is almost as important as what is done. Improving public health can only be achieved in partnership with others, especially individuals and communities because it concerns changing people's behaviour and the way we live.

Health protection

Protecting the population from the effects of major disasters or outbreaks of infections is a very important part of public health. The Health Protection Agency takes day- to-day responsibility for monitoring and managing health protection on behalf of the PCTs. They provide a 24-hour on-call service to provide expert advice on all issues to do with communicable diseases and potential outbreaks.

Other aspects of health protection include measures to prevent infection and to enable early detection of some conditions. These are often targeted to those groups who will derive most benefit. It is important that the proportion of the eligible population making use of these opportunities is as high as possible.

Immunisation

- Flu vaccination uptake rates are good in Kent at over 70%. This programme is aimed at older people and those with chronic disease
- MMR uptake rates are below 70% in parts of Kent which means that some children are at high risk of these debilitating diseases.

Screening

There are a number of new and improved screening programmes and all these will be implemented with quality standards and control. All communities will have access to these programmes.

- Screening for breast cancer uptake rates are 66.3% (2004 – 2006) and whilst this is successful in picking up early disease more women could be screened. Breast screening has been extended to women between the ages of 65 and 70
- Cervical screening rates are high at over 80% but take up by women from ethnic minorities needs to increase
- Retinal screening will be extended so that all people with diabetes can be screened annually by December 2007
- Chlamydia screening is available to all 16-24yr olds during 2007/08 in community settings but the uptake of this by young people is slow
- Cystic fibrosis screening will be introduced during 2007.

Emergency planning

Kent is a large county that contains many facilities such as nuclear power plants, ports and the Channel Tunnel where there is potential for serious harm to the public in an emergency. In addition there are natural risks and dangers from flooding, earthquakes, storms, illnesses like flu and imported epidemics such as SARS and avian (bird) flu.

The NHS, local authorities and their partners in Kent must be able to respond to major incidents of any type or scale in a way that:

- delivers optimum care and assistance to the victims,
- minimises the consequential disruption to health care and other services
- brings about a speedy return to normal levels of functioning.

This can only be achieved by ensuring there is effective co-ordination of all necessary services including health, local authorities, police and fire services and the voluntary sector.

A major target for emergency planning is to improve communication at senior level using the Kent Resilience Forum and to ensure that the learning from exercises is effectively incorporated into the plans. Pandemic Flu planning is a priority.

Health Care Acquired Infection

Health Care Acquired Infection (HCAI) is a matter of serious public concern at a national level. Currently there are unacceptable levels of MRSA and Clostridium Difficile in our local hospitals. Improvements must be made not only in the big general hospitals but throughout the health care system including community hospitals and community and primary care to ensure the safety of patients throughout their care. Controlling HCAI requires strong and consistent action at the point where health care is delivered to the patient. The Health Protection Agency is working with the Health Care Communities in Eastern and Coastal Kent and West Kent PCTs to develop better systems to implement and monitor infection control action plans in local hospitals and the wider NHS.

MRSA

The NHS is committed to reducing the MRSA infection rate in hospitals by up to 60% by March 2008.

The reported cases of MRSA in the major hospitals in Kent is

Acute Trust	2003/04 base line	2007/08 target	2007/08 performance to date April/May 07
Maidstone and Tunbridge Wells	58	23	4
Darent Valley Hospital	24	12	8
East Kent Hospitals Trust	70	28	6

Source: LDP returns & Health Protection Agency

Clostridium Difficile

Clostridium Difficile is a bacterium that many people carry but which can cause serious symptoms in people who are ill. It can be caused by the use of certain antibiotics. Clostridium Difficile is easily transmitted to other patients in hospital and major efforts are being made to control it. Good hygiene and hand washing is essential in preventing the spread of Clostridium Difficile.

The NHS is committed to reducing the rate of Clostridium Difficile infection by 25% in Maidstone and Tunbridge Wells Hospital and East Kent Hospital Trusts, and by 15% in Darent Valley Hospital.

Reported Cases per occupied bed of C. Difficile

Acute Trust	2006/07 quarterly average	2007/08 target	2007/08 first quarter performance to date
Maidstone and Tunbridge Wells	136	25% reduction	72 (Apr-May)
Darent Valley Hospital	53	15% reduction	40 (Apr-Jun)
East Kent Hospitals Trust	132	25% reduction	76 (Apr-Jun)

Source: Health Protection Agency

Health Care Acquired Infection

Eastern and Coastal Kent and West Kent PCTs are aiming for zero tolerance of MRSA and Clostridium Difficile. Local Health Economy-wide Health Care Acquired Infection Committees have been established engaging all partners including the independent and care home sector, adult social care and Kent Ambulance Service. The aim is to work towards eliminating HCAI. A number of improvements are being made including:

- The development of common transfer of care standards across the whole health economy.
- A workforce review project linked to implementation of “100% right every time" to hand washing.
- Investing in the appointment of an Infection Control Team that will consist of 3 infection control nurses and a lead Infection Control Nurse.
- Undertaking Annual Infection Control environmental audits. These include cleanliness and hand washing and will be further developed by the new Infection Control Team.
- Establishing an infection surveillance sub-group of the infection control committee to engage all stakeholders and determine specific local strategies, as well as local auditing and surveillance methods. These include: pilots to monitor specific community infections, prescribing practice in community hospitals, and enhanced alert systems.

Health and Social Care Quality

Ensuring that the health and social care services people receive are of the right quality is an essential part of being healthy. This is particularly important when we are redesigning services in the home and community instead of hospital. The workforce must be properly trained and service quality must be monitored and evaluated effectively. Department of Health and Social Care inspection programmes are an important part of this process and the movement towards shared performance indicators and monitoring will bring health and social care closer together.

Health Promotion

How we enable and support people to choose a healthy lifestyle is central to this strategy. It is here that we can make significant impact on health outcomes as these are preventable diseases. How we communicate health messages is essential in enabling people to make these choices.

6 How will this happen?

Why public health is the business of the public sector

Public health incorporates several important responsibilities of public sector organisations:

Planning and environment
Local authorities have many planning functions including housing, transport, open spaces, waste management, and the built environment that contribute directly to the health and well-being of the population. They also have responsibilities for education, regeneration and the local economy that directly relate to deprivation and inequalities.

Civic and community leadership
Many organisations in the public sector, including local authorities, have a community leadership role that requires them to identify and address the major issues affecting those they represent or that use their services. The health of the public is one of the most serious and obvious issues of concern to everyone and should be a major focus of community leadership.

Building sustainable and resilient communities
Communities that are able to look after themselves have a better chance of good health. Communities need an infrastructure for them to do this to enable safety, employment, good housing, access to education, health services and leisure facilities.

Public engagement and accountability
Public sector organisations have a responsibility to ensure that their actions are held to account by the public. Public health is a very democratic activity that can only succeed when people are properly engaged at every stage in the process of planning and delivering what is to be done and how. Increased participation by people and communities can improve the general relationship between organisations and the people they are intended to serve.

Combating social exclusion
Many public health problems are especially difficult for people who may be excluded in some way from society or their communities. This may be because of physical segregation (e.g. prisoners) or because of particular characteristics of individuals or groups of people (e.g. disability, ethnic origin, or social class). Combating social exclusion in order to reduce the effects of inequalities is a major priority of both national and local government as well as other organisations.

Partnerships

Public health works with partnerships across statutory and voluntary agencies and with the public. These are listed in Appendix 6. These partnerships are now looking at joint targets called the Local Area Agreement.

The Kent Partnership provides the vision for a better Kent and the Local Strategic Partnerships are key partnerships to link the partners together in local areas. In particular the connections between the County Council, the Primary Care Trusts, and the District Councils with the police and the voluntary sector.

Delivering messages

We need to find better ways of delivering the messages and information to people. People continue to become more sophisticated and want to be approached in different ways. Social Marketing recognises that not everyone responds to messages in the same way, especially those traditionally regarded as

“hard to reach”. We will be using a variety of media and methods to engage people in the issues of public health. Public campaigns will underpin some of the priorities we identify using the best marketing techniques available. New media opportunities such as Kent TV offer ways to reach more people in their homes. Schools, libraries, youth centres and other facilities in the community can be invaluable in reaching people and we need to work closely with them to find out what works best.

Why use “Social Marketing”?

“Social Marketing” builds on the best public sector experience and marries it with commercial and private sector skills in understanding how different people think. It also takes into account what best helps individuals to change so that they can enjoy the healthier lives that they wish for. Crucially it looks at the priorities people have, how they live their lives and what individuals think would be the best ways to deliver messages and information that would promote life changes.

Smoking is a classic example. Most people know the effects of smoking, yet many people still smoke. Some may not know all the details of how it affects them, others (especially younger people) may smoke because it is “cool” or rebellious. Some people may enjoy smoking despite knowing how bad it is for them but will continue nevertheless. Others may have recently given up but be tempted to return to smoking. All of these people, and others, have different reasons for their behaviour and will need different messages and support to help them not to smoke. “Social Marketing” tries to find out what these different approaches will be by involving people in the design of how information is given.

The workforce

We will also ensure that the public health workforce is trained in the necessary skills through a workforce strategy that improves the skills of those delivering public health interventions.

Training
The Workforce Development Team in Eastern and Coastal Kent PCT delivers a range of training courses some in collaboration with other agencies. Many of these courses enable the voluntary and community (children’s centres, Healthy Living Centres, Home Starts and in some cases the private sector’s contribution to the public health agenda in Kent. Many of the sexual health courses for the teenage pregnancy partnership are run by this team.

7 Health of people in Kent

How healthy are the people of Kent?

The latest Community Health profiles have just been published by the Department of Health. All local authority areas are covered. The Health Profile for Kent details a number of the health characteristics for the county and compares them by district. Further analysis is available from their website:

www.communityhealthprofiles.info

Kent at a glance

- The population of Kent is generally healthy and indicators of health are good when compared to England.
- Life expectancy is increasing and is above that in England. However, there are large differences in life expectancy between districts.
- The rate of reported violent crime is lower than the England average.
- Teenage pregnancy rates are low compared to England.
- While overall poverty is low, over 141,000 people are dependent on means tested benefits and over 47,000 children are living in low income households.
- Although the death rate for smoking in Kent is low, smoking accounts for over 2000 deaths every year. Early deaths from heart disease and stroke are lower than the England average.
- Binge drinking is below the England average, but nearly 1 in 4 people are obese. (These are based on surveys and may differ from the district rates which are estimates.)
- Fewer people reported their health as "not good" compared to England. The rate of hip fracture in people aged 65 and over is low.
- Local Priorities: to reduce health inequalities across the local population and promote healthy living; to continue implementing the Kent Local Area Agreement including relevant health improvement objectives.
- Local Key Documents: Director of Public Health Annual Reports; Kent Local Area Agreement; Local Authority Community Strategies; Vision for Kent (second version); Towards 2010.

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8 Good Information

We need information about the population to help direct resources to where they are needed. We will establish a Kent Public Health Observatory bringing together information from many sources and agencies.

Kent Public Health Observatory

Public health is based on patterns of health and disease. There are information sources and information skills in all organisations. Good information helps us to use resources appropriately. To make sure that the people of Kent benefit from the best information available we will create the new observatory to integrate public health information across the NHS, local councils, and others.

This will provide:

- Better information for the NHS and councils to plan and develop services
- Better knowledge of health patterns
- Integrated joint needs assessments of the health of populations and care groups
- Easier access to more information for the public on-line
- Better information and monitoring of health outcomes for people from black and ethnic minorities and people with disabilities.

Joint Strategic Needs Assessment

This is a new approach that the Kent observatory will adopt. It will give details of the local population's general health and make recommendations for action to address the problems that are identified, using data from health and local authorities and other partners. The priorities for action will inform the commissioning decisions of both the NHS and the local authority, through a joint commissioning strategy, to the satisfaction of the Director of Public Health. These investment decisions will demonstrate clearly that resources are being moved from acute hospital services to those in primary care and the community and to prevention.

The Joint Strategic Needs Assessment is therefore an extremely important way to influence spending on public health. As the big increases in NHS budgets come to an end, the movement of funding from hospitals into the community will be essential for preventative services and public health. It is vital that this assessment properly reflects all the needs of the population and that the jointly agreed priorities between the local authority and the NHS benefit properly from this.

Gateways
This is a new concept for Kent that will provide people with a single place where they can go to find out about any of the services or supports they may need in the community. Situated in shopping centres, Gateways offer information and advice on a wide range of topics from health and social care, to education and employment, volunteering and benefits. Currently operating in Ashford, Gateways will soon be appearing in other towns across Kent.

Local communities leading for health

Improved public health can only be delivered with the active engagement and support of the community. Changes in lifestyles especially can rarely be achieved without the general support of the people they affect. We will be asking communities how they want to improve their health.

There are a number of ways we plan to work with communities to do this:

- Listening to local communities to establish what they need to make healthier choices through healthy living centres, community and voluntary organisations, and new opportunities in the "Gateways"
- Developing the use of healthy living centres
- Engaging with the Department of Health's Communities for Health programme
- Developing the corporate citizenship role of local public sector organisations

The Supporting Independence Programme (SIP)

The KCC Supporting Independence Programme has been highly successful in reducing the dependency on benefits in a number of the most deprived areas of the county. Helping people to be more independent and to have greater control over their lives is one of the best ways of improving their health and wellbeing in the longer term, as well as making the community more self-sufficient.

The programme works in 20 of the most deprived wards in Kent. It aims to increase the independence of individuals and communities - crucially moving people that wish to, off welfare and benefits into work and training and reducing their dependency on others. SIP has enabled a number of communities to become more self-sufficient and able to deal better with their own problems.

Healthy Living Centres

They can be found in Gravesend, Ashford and Maidstone. They are facilities within our more deprived communities that offer a wide range of activities, as well as advice and support for local people. Often run by the voluntary sector, many will have a particular interest in the health and welfare of young children and families. Learning new parenting skills, knowing how to cook nutritious food on a tight budget and the importance of a healthy life for young children are all very important if we are to break the cycle of poverty and disadvantage leading to poor health in later life. Other centres focus on young people, sexual health services and access to IT.

9 The Priorities

9.1 Priority 1 – Health Inequalities

We will see a significant reduction in health inequalities

Why reducing health inequalities is so important

Health inequality is the difference in health between rich and poor - 'the health gap between the worst off in society and the better off' (Wanless 2001). Health inequality covers the whole population and exists 'right across the spectrum of advantage and disadvantage' (CMO England 2001).

The latest community health profile for Kent (June 2007 p2 – see Section 5) shows the statistical relationship between income (expressed as the proportion of the population living on low incomes) and life expectancy.

Tackling health inequalities requires a break in the link between poverty and ill health and improvements in health for the worst off. It must rectify unequal distribution of health that leads to poorer health for the poorest people and in differences between socio-economic groups. Many factors need to be addressed to reduce these inequalities. These include improving the economic viability of communities, increasing the average annual income, creating an environment that enables people to make healthy choices, and increasing the proportion of the resources spent on health.

This is a national problem that is both complicated and hard to tackle. In Kent we recognise the link with poverty but we also know that many other factors contribute to inequalities including individual lifestyle choices.

There are two main measures used for inequality:

- ***The difference in life expectancy between different areas***
- ***The difference in infant mortality rates***

In Kent we score well compared to the national average but when districts are compared there are important differences.

Tackling health inequalities is a complex task that needs action on many different issues. It can only be achieved by organisations working together to affect the many different determinants of health described in section one.

Life expectancy at birth in Kent is 79.7 years (81.7 for women and 77.6 for men). This is higher than the national average but between the best and worst wards in Kent there is nearly 17 years difference.

Health inequalities are a major public health priority, both nationally and locally in Kent. Health inequalities have been associated with gender, ethnicity, age, socio-economic status and geography. The geographic variation can partly be explained by socio-economic and behavioural factors, but there is evidence that the place where people live can affect their health.

Although the life expectancy in Kent is higher than in England generally, there is variation between the districts. Thanet has the lowest life expectancy for both men and women at 75.0 and 80.0 respectively. This is substantially below the Kent County average of 77.6 and 81.7 and the England and Wales averages of 76.9 and 81.1. The district with the highest life expectancy is Sevenoaks where men can expect to live to 79.4 and women to 83.4.

The differences between wards in a district are even more striking. This shows that public health action to reduce health inequalities in the county will need to focus on local communities.

Differences in Life Expectancy within Districts

District	Lowest Life Expectancy	Years Life Expectancy	Highest Life Expectancy	Years Life Expectancy	Years Difference
Ashford	Stanhope	74.1	Washford	85.6	11.5
Canterbury	Heron	75.7	St. Stephens	85	9.3
Dartford	Joyce Green	75	Castle	89	14
Dover	Castle	73.5	St Margaret's-at-Cliffe	82.2	8.7
Gravesham	Northfleet North	74.6	Riverview= Meopham North	83	8.4
Maidstone	Heath	76.1	Downswood & Otham	85	8.9
Sevenoaks	Swanley St Marys	77.6	Ash	85.1	7.5
Shepway	Folkestone Harvey Central	73.6	Lympne & Stanford Elham & Stelling Minnis	84.1	10.5
Swale	Milton Regis	74.2	East Downs	82.4	8.2
Thanet	Cliftonville West	72.4	Bradstowe = Birchington North	81	8.6
Tonbridge & Malling	Burham Eccles & Wouldham	76.3	Ightham	85	8.7
Tunbridge Wells	Fittenden & Sissinghurst	76.7	Brenchley & Horsmonden	83.5	6.8
Lowest & highest wards	***Thanet Cliftonville West***	***72.4***	***Dartford Castle***	***89***	***16.6***

Source: Health Informatics Service June 2007

These figures are subject to statistical variation and some other wards will have figures very similar to those quoted. The important message is that within one district (Dartford) there is a measurable difference in how long people can expect to live of around 14 years. Across Kent that figure rises to almost 17 years. Even in the district with the least difference (Tunbridge Wells) there is nearly 7 years difference between wards. See Appendix

Neonatal and Infant Deaths

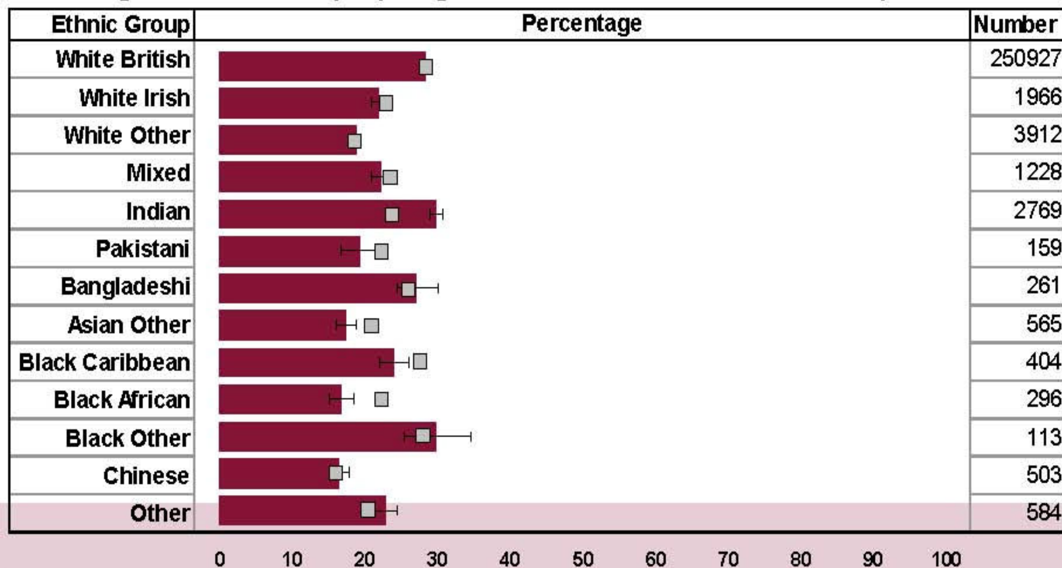
The neonatal mortality rate is the number of deaths within 28 days of birth per 1,000 live births. It is an indicator of the health of a population. The Kent rate of 3.2 is lower than England and Wales (3.4). There is variation among the districts with highest rate being in Shepway (6.6).

The infant mortality rate is the number of deaths in the first year of life per 1000 live births. As with neonatal mortality, it is an indicator of the health of a community. Similarly, with neonatal mortality the rate is lower in Kent compared to England and Wales, with differences between the districts. Shepway has the highest rate in Kent. (It should be noted that the above rates for the districts are based on small numbers and are therefore likely to show marked fluctuations).

Health inequalities: **ethnicity**

This chart compares the percentage of the population of each ethnic group in the local authority who are in routine and manual occupations. People in these occupations have poorer health than those in professional occupations, and are more likely to be smokers. The infant death rate is higher than average among babies born into this group. There are national targets to address these health inequalities.

Percentage and number of people aged 16-74 in routine and manual occupations



Note: This chart is based on the 2001 Census. Where the total population in an ethnic group in the local authority is less than 30, no data have been presented and the number column shows n/a. Where the number is less than 5, no percentage is shown.

Confidence intervals are shown for local data

England - average

Kent

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Prisons

Although prisoners are not naturally part of the county's population, Kent contains a large number of penal establishments that pose particular health problems. Prisoners are more likely to have poor health (both mental and physical) when admitted. Smoking rates in prison are high, dental health may be poor and opportunities to eat a healthy diet and take exercise may be limited. Prison health is therefore a bigger issue for Kent than many other places.

How we will measure the impact of health inequalities

Short term outcomes

- Improved lifestyle choices by children in schools in deprived areas
- Improved lifestyle choices by adults and young people in deprived areas
- Improved access to public services

Long term outcomes

- Halt in the rise of childhood obesity
- All schools reach the healthy school standard
- Infant mortality rates in Eastern and Coastal Kent better than national average
- Improved education levels of looked after children (children in the care of the local authority/foster homes)
- Fewer people of working age on benefits

	▪ Fewer children living in low income households in deprived areas
	▪ Reduction in gap in life expectancy from 6.5 years to 6 years
▪ Reduced number of smokers	▪ Reduction in incidence and deaths from cancer

9.2 Priority 2 – Children and Young People

We will improve the mental Health and well-being of children

Children and young people are a major priority for public health. A healthy start in life is the best foundation for future health and well being.

We will support children and young people in Kent to be physically, mentally, emotionally healthy. We will help children, young people and their parents and carers to make healthier choices, especially about:

- Smoking, alcohol and drugs
- Obesity, diet and nutrition
- Exercise
- Emotional and mental health
- Sexual health

We want to narrow the health inequalities gap between richer and poorer families.

We will continue to work with parents, carers, schools and others that support children and young people so that all children and young people can lead a healthy and safe life, and grow up able to take decisions that will let them succeed in life.

Government priorities:

Over the last four years, the Government has issued a range of legislation, guidance and regulation concerning children and families.

'Every Child Matters' is based upon five crucial and interdependent outcomes.

All children and young people, whatever their background or circumstances, should expect :

a) *to be healthy*: enjoying good physical and mental health and living a healthy lifestyle.
b) *to stay safe:* being protected from harm and neglect and growing up able to look after themselves.
c) *to enjoy and achieve*: getting the most out of life and developing broad skills for adulthood.
d) *to make a positive contribution*: to the community and to society and not engaging in anti-social or offending behaviour.
e) *to achieve economic well-being*: overcoming socio-economic disadvantages to achieve their full potential in life.

Children's Services are expected to be integrated, comprehensive and centred on the needs of children and young people. The services must be planned jointly by the local authorities and PCTs. Plans should be based on a joint needs analysis, and be jointly commissioned and resourced from pooled budgets where appropriate.

How healthy are children and young people in Kent?

Overall, children living in Kent have a good start in life compared to the rest of the country. We also know that educational attainment and health outcomes are closely linked and those with

poor educational attainment tend to have poorer health. There are significant health inequalities across the county with a clear split based on wealth and deprivation. Tackling this gap poses the greatest challenge to public health in Kent.

- 85% of young people in Kent aged 11-16 and 73% post-16 report that they never smoke, while 15% of post-16s indicated smoking on most days. Rates vary widely between districts.
- The number of Kent's young people aged 11-16 who reported they never get drunk is 61%, implying that 39% of 11-16 do get drunk. More than a third said they never drink alcohol, while 9% report getting drunk at least once or twice per week (rising to 25% of post 16s).
- 17% of people receiving drug treatment are under 18.
- 11% of young people aged 11-16 reported feeling sad or depressed on most days (7% post 16). Most would be able to speak to an adult at home if they were concerned about something – an important protective factor for emotional health and also for safety. Yet too many feel they would not be able to speak to an adult at home (10% of 7-11s 15% of 11-16s and 20% of post 16s.
- It is estimated that 15% of Kent's children and young people have mild emotional and behavioural difficulties, 8.85% have moderate to severe mental health problems and 0.08 have the most severe, persistent and complex mental health problems requiring specialist, usually residential, provision.

What we have been doing in Kent

In April 2006, the new Children, Families and Education Directorate of Kent County Council was created, joined in September by representatives from Health. This brought together those organisations and services that have an important and long-lasting effect on the quality of children's lives that will influence their future adult life.

In Kent the multi-agency Kent Children's Trust Board has been established to ensure these aspirations are turned into action. The Strategic Plan for the Trust is the Kent Children and Young People's Plan, "Positive about our Future" (available on www.kent.gov.uk/publications/education-and-learning/kcc-children-young-people-plan.htm)

A new Division dedicated to Children's Health issues has recently been created within KCC to reflect the commitment to improving health for all children and young people, in partnership with the PCTs and other agencies. The Division is still new and developing. During the next year we will bring together a team from Health to deliver this work, at both a county and district levels. The Trust will support joint projects and activities that seek to reduce child health inequalities and promote social inclusion.

Work planned for 2007/08 by the Children's Health Commissioning Team and the Kent Children's Trust:

The establishment of a Children's Trust with joint planning, new commissioning processes, integrated management structures, pooled budgets, co-located services and delivery points. Services will be based at GP surgeries, Children Centres, Health Centres, community centres and extended schools, depending on the needs of the local population.

The Children's Trust will also undertake strategic planning and commissioning for children's hospital services.

Workforce Reform: Integration will radically change current working practices giving staff within organisations the freedom to work in a wider range of settings and to take on new roles and greater responsibilities. It will also facilitate more innovative approaches to service delivery.

Integrating working practices to provide a seamless experience for the children and their families is at the centre of our services. We are adopting a common, holistic approach to single assessments, which should be undertaken once, and meet requirements of all organisations. IT and information sharing protocols using the Common Assessment Framework (CAF) and methods of communicating and sharing information should benefit children and young people and their carers

We are expanding health promotion, seeking to prevent ill health and harm through information and education. This should not only improve the health of children and young people but also to reduce the need for health and social care, both now and in the future, through a new approach to public health nursing teams for children and young people.

Improving Health Outcomes for Children and Young People – we want to:

- Promote healthy and active lifestyles for all children and young people.
- Reduce health inequalities for children and young people in Kent.
- Improve emotional and mental health, resilience and self-confidence of children and young people.
- Identify children and young people (aged 0-15) with emotional and/or psychological difficulties at the earliest possible stage and respond with the most effective support.
- Improve the co-ordination, availability and accessibility of child and adolescent mental health services.
- Reduce the use of harmful drugs and alcohol among young people and increase access to drug/alcohol targeted prevention and treatment services.
- Reduce unwanted teenage pregnancies and sexually transmitted infections and improve access to young people's sexual health services.
- Improve joint planning, services and outcomes for vulnerable groups of children and young people.

To do this we will have to change our approach:

Current Practice	**Vision for the Future**
Statutory bodies seen as having responsibility for the health of children	Children, young people and their parents/carers 'fully engaged' in ensuring they maintain their own health
Single agencies working in isolation or in an uncoordinated way	Multi-agency services, working in partnership to promote the health and well being of all children
Resources focussed on treating illness and ill health	Resources focussed on promotion of health, well being and early, effective intervention

How we will measure it

Short term outcomes

- Reduced level of smoking amongst mothers who are pregnant
- Increased levels of breast feeding
- Children accessing physical activity

Long term outcomes

- Healthier children through mother not smoking
- Reduction in youth crime
- Increased educational attainment
- Reduction in referrals for tier 4 CAMHS
- Reduction in gap in life expectancy from 6.5 years to 6 years

9.3 Priority 3 – The Adult Population

More people will report healthier lifestyles and less preventable disease

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Healthy lifestyles for adults

The economic cost of poor health to the NHS, workplaces and the national economy is very high. The estimated cost of illness related to obesity alone is £3.7 billion a year.

To prevent the onset of chronic conditions and to help alleviate them once they appear, there are a number of health issues we need to tackle. We would like to stress that:

- Smoking is the biggest cause of premature, preventable death
- Mental health issues are very important, with stress being responsible for a large number of days lost to sickness by people in work
- Obesity leads to coronary heart disease, diabetes, stroke and other serious conditions
- Promoting health in the workplace, where many of us spend a large part of our lives, is vital
- Alcohol misuse is increasing as a cause of ill-health

Stop Smoking Services and Tobacco Control

Adult smoking rates vary from 24% in South West Kent to 32% in Swale. Death rates from smoking-related diseases in Kent are lower than the national average but over 2,000 people in Kent die from smoking each year. Deaths from lung cancer are still unacceptably high.

Smoking is the main cause of premature and avoidable death in the United Kingdom, responsible for around one in five of all deaths. Smoking rates are higher in more deprived areas and amongst poorer people.

In Kent, we are committed to not only providing local services for people who want to give up smoking but also to addressing the wider issues of tobacco control - including promoting smoke-free public places, tackling under-age sales and preventing smoking uptake.

The Tobacco Control Strategy sets out the aims and objectives of the smoking-cessation service, KASH, to tackle tobacco control issues in Kent. The aims of KASH are to:

- reduce tobacco consumption
- reduce amount of people that start smoking
- promote stopping smoking
- protect against secondhand smoke

These will be achieved by taking a broad approach which involves:

- protecting non-smokers (adults and children) from secondhand smoke by increasing the number of smoke-free places through smoke-free legislation as well as local projects

- helping smokers who want to quit through stop smoking services throughout Kent
- working with key partners such as Kent Healthy Schools to prevent smoking uptake through health promotion activities.
- supporting the new Age of Sales legislation and providing information prior to the launch in October 2007.
- expanding the alliance to work with a broader range of partners on all tobacco control issues.

In 2005/2006, Stop Smoking Services in Kent helped 7,980 people to stop smoking after four weeks. A key to success is ensuring that help is available at the most convenient places for people wanting support.

Specialist group and individual services are available and the stop-smoking services also work closely with GPs and pharmacists to provide a wide range of support.

Specialist help is also available for pregnant women and their families, provided in their homes and in other convenient locations. Stop smoking support is offered in workplaces, mental health settings, hospitals, schools, local authorities and prisons. Other important locations for promoting stop-smoking services can include libraries, youth centres and schools.

Particular efforts will be made in areas that suffer greater social deprivation where smoking rates are higher than in more affluent parts of the county.

Overall we will reduce the smoking rate, contributing to the national target rate for people in manual occupations of 26% in 2010

Mental Health

Mental health problems account for around a third of GP consultations and cost the NHS more than £77 billion per year

Poor mental health is a major contributor to ill health:

- It affects severe disabilities and morbidity and accounts for nearly a quarter of overall disease
- Suicide, though decreasing, remains a major cause of death in England and Wales
- Stress is the most common reported cause of sickness absence.
- Depression and anxiety are other major causes of mental ill-health

Mental well-being has not received as much attention as other aspects of public health, yet it is a crucial part of our wider physical and social aspects of health. Mental illness also attracts damaging stigma from some people in the general population that leads to discrimination.

However, people with mental health issues are not served as well as they could be by public health. Statistics show:

- Recent suicide audits reveal that though suicide is falling in England and Wales generally, it is falling more slowly in the South East.
- Prison suicides have increased and the risk is particularly high for 15-17yr olds

There are a number of national targets designed to focus attention on mental health issues. These aim to

- Reduce the death rate from suicide by at least 20% by 2010 (NHS PSA target)
- Reduce the number of people with mental ill-health on incapacity benefit.
- Decrease social exclusion and discrimination encountered by individuals and groups
- Include Choosing Health: making healthy choices easier emphasises importance of improving mental health and mental well-being including depression and anxiety.

In Kent we are committed to achieve these but we have additional objectives to:

- Decrease suicide in line with the National Suicide Prevention Strategy, particularly among young people in West Kent
- Develop an integrated and dynamic approach to well-being with emphasis on a public mental health approach.
- Tackle the stigma, shame and negative media images contributing to discrimination

Obesity

In Kent an estimated 1 in 5 people are obese. This is more than the national average for England.

The number of people who are obese is rising across the UK. Obesity can be the cause of serious health problems such as coronary health disease, stroke, and diabetes. The best way to tackle obesity is through improvements to peoples' diets and increasing the amount of exercise they take.

Changing what people eat and do is not easy, even if it is what they want, and helping those that wish to adopt healthier lifestyles will need a concentrated effort from many different organisations. We must ensure that opportunities for people to lose weight, eat better food and take more exercise are available to everyone in ways that fit with individual lifestyles. We should:

- Involve the public to develop a wide variety of ways to help them control their weight and prevent obesity
- Improve the care and help provided in the community to adults and children who are already obese

Following the report of the KCC Select Committee, we will create a comprehensive strategy to tackle obesity in Kent. This will include:

- Greater help for those that need it most – people whose diet is poorest and who take least exercise. Kent is hoping to be granted £2 million for the Big Lottery Fund to start 13 projects for the Supporting Independence areas in Kent.
- A requirement that all future property developments in Kent must make it easier for people to be able to live healthier lifestyles.
- Local authorities working with local partners, such as commerce and industry, and community and voluntary organisations, to create and manage more safe spaces for physical activity such as walking and cycling.

KCC's Environment and Regeneration Directorate has a programme to develop Health Walks and increase usage of country parks and open spaces for walkers, cyclists and riders. They also manage the county's rights of way and are promoting safe usage that increases physical activity for adults and in support of the Healthy Schools initiative. A new health walk has just started in Margate led by Eastern and Coastal Kent PCT Health Walks programme.

- Learning from what has already worked to improve people's diets in Kent to broaden opportunities for others.
- Ensuring that the 2012 Olympics encourage more people in Kent to take regular exercise.
- Encouraging all GPs to prescribe exercise to patients where appropriate
- Promoting workplaces opportunities for staff to eat a healthy diet and be physically active.
- Monitoring the weight of children in school reception classes and year 6 from April 2007, as part of the national target to halt the rise in obesity amongst the under 11s by 2010.

The Select Committee on Obesity is a group of KCC council members who investigated obesity in Kent. They identified several ways we can work together to reduce obesity across the county. Their recommendations will form the obesity strategy that will support activities to help people lose weight and avoid complications like diabetes, coronary heart disease and arthritis.

Physical Activity

Along with healthy eating, physical activity is vital to good health. Taken regularly, exercise can reduce the risk of coronary heart disease, obesity, dementia and some cancers.

Nationally and locally, the gap between those who take regular exercise and those who do not is widening. People in Kent will be helped to take more exercise by:

- Finding new ways of exercising, including expanding existing opportunities. Local people should be involved in the design, planning, and delivery of new initiatives so that they fit with their needs and lifestyles

- Working together across the county Council, the NHS, district Councils, the voluntary sector, and the private sector to promote physical activity for people at work

- Using the latest techniques of social marketing, and other marketing methods, to ensure new developments are what people want and will use.

Kent County Council and its partners are committed to increasing levels of physical activity amongst children through education and schools, SureStart initiatives, Children's Trusts, sports development, and youth work. The county council also wants to increase the number of adults who participate in sport, exercise and active leisure five times a week or more for at least 30 minutes. Walking programmes, GP referrals, health promotion activities, Activmobs and information services such as "What's on in Kent" are examples of new programmes supported by Kent Department of Public Health that will increase opportunities for exercise across the county. These will build on existing successes, such as those in Thanet:

Thanet successes include:

- **Community Sporting Network:** a new way of bringing together the main agencies to promote more and better ways of exercising.
- **Funding from Pfizer**: £10,000 to fund a healthy eating/physical activity/allotment project linked with the community and schools called 'Grow to Grow' and to reinstate and evaluate the vegetable bag scheme.

- **Resolutions/Let's Get Started** is adapted from a successful Dover project. This will be part of KCC libraries across East Kent from January 2007. Newington and Margate libraries will host the project for the all the libraries in Thanet.
- **Kids' Club**: Ramsgate Leisure Centre have agreed to host a kids' club for children aged 6-11 years, who are overweight/obese, based on similar lines to the Ashford club. Parents and teachers from Newington Infants and juniors have been particularly keen for such a club.

Work and Health

Work and employment are crucial to good health. Health at work and healthy workplaces are important to those that work in them and increasing employment is a main way to reduce health inequalities.

Led by Jobcentre Plus, the Kent Agreement has a target to increase the number of people currently on benefit who are helped into work, including people using social services.

Other measures to be adopted are:

- All public sector organisations to review healthy workplace policies including those focused on health transport, stopping smoking, and access to physical activity opportunities.
- Improving working conditions
- Promoting the work environment as a source of better health
- Working with the private sector to enable joint initiatives and shared policies
- Promoting smoke free policies in workplaces
- Encouraging cycling and walking

Health at Work

The public sector is Kent's major employer and has a real opportunity to influence and encourage the health and wellbeing of their staff, who are often local residents. This is a key factor to consider in promoting our public health agenda, which actively supports achievement of our targets through workplace programmes and activity.

A number of our health priorities have a significant impact on employee attendance, for example mental health, physical activity/obesity and smoking. As a result, addressing these factors in the workplace can produce a number of beneficial outcomes for both employers and the public health agenda.

Occupational Health
KCC's Work & Wellbeing programme has focused on mental health, (including stress management), and has changed working practice in Occupational Health. Better training has been provided for managers to promote better mental health at work as well as physical activity and effective weight management. Projects have included:

- A virtual walking challenge – providing free pedometers to staff
- Promoting and subsidising physical activity sessions during the lunch hour/after work
- Publicising local initiatives such as Nordic Walking and group weight management sessions
- Providing tips and ideas on nutrition, physical activity, weight management via the intranet and posters.
- Trialling a weight and wellness programme and loaning physical activity DVDs to staff.

Primary care

Although lower than the national average, there are over 49,000 people reported to have diabetes in Kent. Serious complications from the disease can be avoided through routine tests and healthier lifestyles. Coronary heart disease (CHD) is a common complication

Choosing Health highlighted the importance of pharmacy and primary care – and GPs and their primary care teams, plus dentists, opticians, and pharmacists are vital to promoting better health as well as treating people who are ill.

In Kent this includes;

- A wider range of screening services in general practice to help people monitor and manage their own chronic disease
- Better information and monitoring to enable patients with CHD and diabetes to receive appropriate advice and care
- Healthy lifestyle, stop smoking and chronic disease advice from pharmacists
- Promoting oral health for children and reducing dental decay in the under fives
- Adult social services working with primary care to support people with disability and chronic disease at home
- Exercise on referral schemes from GPs

In addition we should:

- Extend the availability of NHS dentists and access to routine examinations
- Reduce differences in referral criteria amongst GPs to ensure everyone has access to the most appropriate professional advice and services

Pharmacists are a very important part of public health and community health care. Often a first point of call for people who wish to stop smoking, they offer nicotine replacement therapy as well as advice and assistance with many other health and lifestyle issues. Private pharmacies are very interested in having an active presence in Gateways.

Culture and Heritage

Culture, arts and heritage are essential parts of everybody's identity and life. Many people are interested in music, films, dance, theatre and other arts that enrich their lives. Kent also has a very rich heritage and its long historical traditions include contributions from many cultures including Asian communities and travellers. Maintaining these traditions and cultures is very important to everyone in Kent to ensure that the diversity and vibrancy they produce continues to add to the quality of life across the county.

Promotion of social cohesion and inclusion arts and cultural activities help communities become self-sustaining and they also improve the mental and emotional health of people who participate.

There are now many different types of community in Kent and not all are defined by their geographical location. People of different races and faiths are spread throughout the county. Those with disabilities are also represented in all parts of Kent. Communities of Interest may be centred on a particular activity such as arts or sport. Each brings a unique contribution to our society that should be celebrated and valued.

There are many ways that people can express themselves or be involved in the arts and other

cultural activity and the role of community groups is vital to ensuring that opportunities are created. Libraries, adult education, museums and faith groups provide invaluable support and information and we need to ensure that they continue to be able to do so.

Sexual health

Chlamydia infection rates are increasing dramatically, mostly amongst young people. Rates of HIV infection are also rising slowly. Both can be prevented by the use of condoms.

There are rising levels of sexual transmitted infections particularly amongst young people. Access to contraceptive services and genito-urinary medicine (GUM) services are vital to prevent and treat infections early.

Contraceptive services are provided by general practices, pharmacists, and community services. Increasingly there are young people's services in community settings such as schools and Healthy Living Centres and connexions. These opportunities will be increased.

In addition:

- By 2008 there will be 100% access to GUM services within 48 hours
- Services must be offered in sensitive ways that do not embarrass and discourage people from using them.
- In particular, GUM clinics will move towards providing a drop-in service rather than one offered by appointment.

How we will measure it

Short term outcomes

- Reduced number of smokers
- Greater number of adults with increased physical activity levels
- Reduced number of people reporting obesity
- Increased number of adults leading a full active life following a heart attack

Long term outcomes

- Increase in life expectancy

9.4 Priority 4 – Teenagers

Improved Sexual health and fewer teenage pregnancies

Teenage Pregnancy

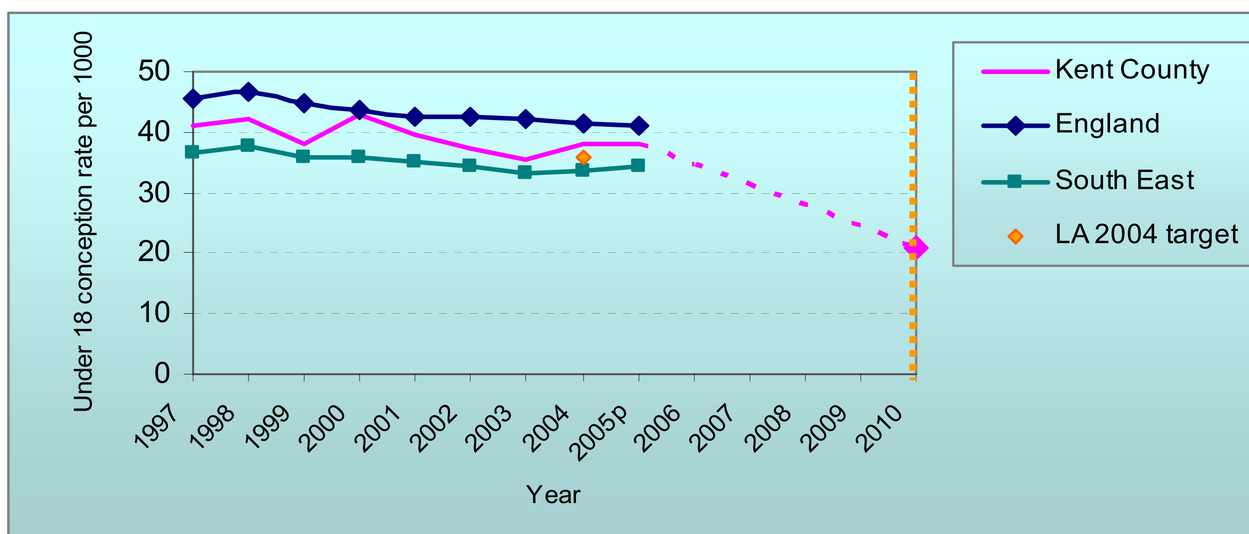
Teenage pregnancy rates in Kent are better than many areas of England but countrywide figures are still the worst in Europe. Sexual health diseases are rising - particularly amongst young people.

Annual figures were released in February, detailing the progress made both at national and county level. (The figures are always 14 months behind because the strategy measures conceptions and not births, the information is provided retrospectively, hence the delay).

Nationally, England and Wales continues to see a decrease in the rate, in 2004 the rate was 41.7 and in 2005 it was 41.3 per 1000 female's 15-17years.

In the South East the rate unfortunately increased, in 2004 it was 33.5 and in 2005 it was 34.2 per 1000 females' 15-17years. Of the 17 counties in the South East only 7 identified reductions in rate as and the remaining 10 increased, demonstrating the complexities of reducing teenage conceptions.

In Kent the rates decreased, albeit minimally, from 38.1 to 38 per 1000 females 15-17years. This



was not the decrease hoped for, as it means Kent had a reduction overall of only 9.7% since the strategy's inception . To be on target to meet the 2010 destination, Kent needed to have a 15% reduction by 2004. There is wide variation across the county in strategy progress. Below is detailed the trajectory needed to meet the Kent target.

As well as universal action, the Kent strategy has a policy of targeting the four areas with the highest rates - Thanet, Shepway, Swale and Dartford, - and pockets of high rates such as in Maidstone.

These are the factors that are fundamental to success in reducing teenage pregnancies:

- Strong delivery of Sex and Relationships Education by schools
- Active engagement of all key mainstream partners
- A strong senior champion

- Discreet , credible, highly visible, sexual health/contraceptive advice services that are tailored for young people
- Targeted work with at risk groups of young people, especially “ Looked after” children
- Workforce training on sex and relationship issues within mainstream partner agencies
- A well resourced youth service with a clear remit to tackle big social issues, such as young people’s sexual health

Shepway is an example of how this approach has worked in Kent:

Shepway

Shepway has had an excellent reduction of 30% in teenage pregnancies since the strategy began. It had the advantage of a high baseline rate when the strategy started and as a small and compact district it is easier to co-ordinate services. There is excellent access to 4YP services, sexual health services have developed rapidly and young people’s clinics are offered six days a week with Emergency Hormonal Contraception (EHC) available in pharmacies and at the local Walk in Centre on a Sunday. The Genito Urinary (Sexual Health) clinics give young people greater access to condoms and EHC and they are located in the health centre, which is near the town. There has been a full contraceptive clinic in a secondary school and the college since 2003. The area has a full time sexual health/teenage pregnancy outreach worker (ORW) who can supply contraception outside clinical areas. The ORW works with a wide range of organisations and delivers relationship and sex education programmes and also does a lot of 1-1 work with disengaged and excluded groups of young people. The outreach workers are reactive and will work at short notice with any young person referred to them. This works well when a worker observes overt risk-taking behaviour and allows the outreach worker to carry out some sessions with the individual or group.

Maidstone

Maidstone has a particular problem with teenage pregnancies in part of the district. New sexual health outreach workers are being employed to work with young people in the community and youth centres.

How we will measure it

Short term outcomes

- Increased number of young people making confident choices
- reduced number of young people reporting no use of contraception
- Reduced number of new cases of sexual health diseases

Long term outcomes

- Impact on infertility
- Reduced numbers of new cases of HIV
- Teenage pregnancies reduced to the same levels as Europe

9.5 Priority 5 – Older People

More older people able to live at home with chronic disease

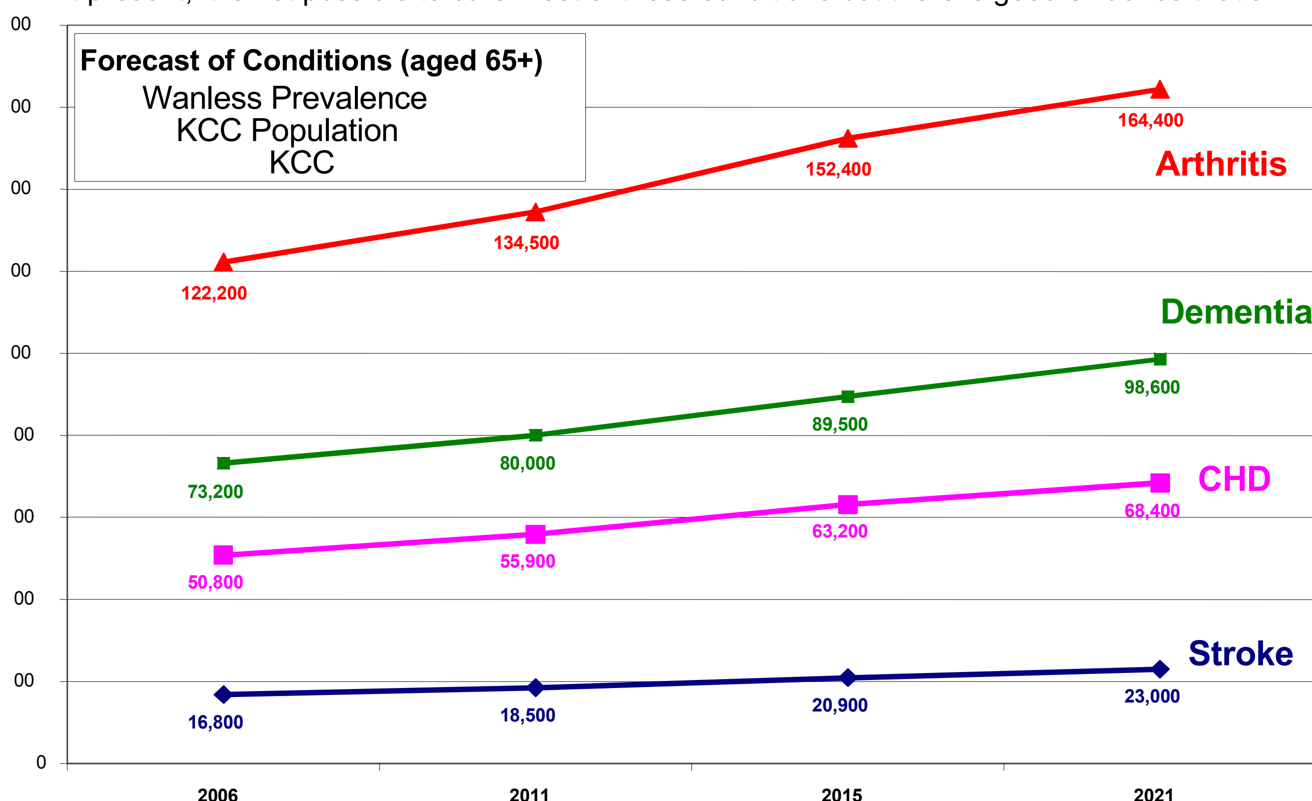
Older people and chronic illness

In recent years the NHS has had great success in tackling killer diseases like coronary heart disease and cancer. Many people are now living longer.

The number of people living with chronic disease will increase dramatically over the next 20 years as the numbers of older people increase. Conditions such as diabetes, dementia, arthritis, stroke, and chronic obstructive pulmonary disease will all impact severely on health and social care services unless people begin to lead healthier lives before the conditions develop. Improving the health of the adult population is therefore essential if we are to meet the challenge of people living longer.

Forecasts for some of the common debilitating conditions to 2021 show significant increases in the number of expected sufferers:

At present, it is not possible to cure most of these conditions but there is good evidence that all



can be delayed or alleviated by lifestyle changes earlier in life. In particular improved diet and regular exercise can help to prevent the effects of these conditions and reduce the amount of health and social care required to manage them. .

The NHS and local authorities all recognise that unless we can help people to improve their general health, the system will not be able to meet public demand. Preventing and managing chronic conditions is now a major priority for public health to avoid an unsustainable financial burden developing for local authority social care services and the NHS.

Healthy living for the over 50's
It is important to support people living into old age with serious chronic illnesses at home and in the community. Exercise is very important for this age group to reduce obesity and to improve levels of general fitness. Charlton Athletic is working with us to see how we can help middle aged and older people exercise more. Activmobs is another programme developed in partnership with the Design Council to find new ways of enabling people to exercise that fits around their daily lives and does not involve attending a formal leisure facility, such as a gym. .

Encouraging adults to improve their lifestyles is essential if we are going to prevent isolation, depression, falls and admissions to care homes and hospital. We will encourage:

- Increase levels of physical activity
- Screening of diabetics for early detection of diabetic retinopathy

We will:
- Introduce Health Trainers to help people develop personal health plans (these will be introduced in Kent during 2007).
- Introduce new ways of delivering services to prevent inappropriate hospital admissions, such as utilising Community Matrons and intermediate care in the community.
- Expand Telehealth - the remote monitoring of vital signs for people with long-term conditions, which will help deliver more care in people's homes.
- Reduce the fear of crime so older people are able to leave their homes and participate in activity
- Provide assessment of homes to prevent unnecessary falls in the home

Telehealth is a major project designed to enable GPs and other health professionals to monitor the vital signs of people with chronic illnesses in their own homes. Using web-based technology Telehealth means that patients' wellbeing can be monitored by GPs in a surgery whilst the patient remains at home. This saves time and effort for both the patient and the GP (or nurse) and makes much more efficient use of valuable professional time.

Brighter Futures incorporates a wide variety of services such as shopping, befriending, exercise and pop-ins, provided by volunteers that help people aged 75 and over to live independently in their own homes. Brighter Futures also includes elements of the Falls Prevention service that operates across the county, in partnership with statutory and voluntary organisations.

POPPS (Partnerships for Older People Projects) is a Department of Health funded initiative (£1.5m in East Kent) to develop innovative services to support people, especially those with long-term conditions. It will place easily accessible resources in the community, promoting independence and early prevention.

How we will measure it

Short term outcomes
- Reduced emergency admissions
- Reduced inappropriate admissions to hospital and care homes

Long term outcomes
Better quality life
- Increased numbers of older people receiving home care packages

9.6 Priority 6 – Substance Misuse and Alcohol

Reduce the levels of substance misuse
Fewer people drinking over the recommended alcohol levels

Alcohol harm reduction

The renewed National Alcohol Strategy has just been issued by the Department of Health – Safe.Sensible.Social. (June 2007). It has a number of priorities for action:

- Better use of the criminal justice system
- A review of NHS spending on alcohol related harm
- More help for people who want to drink less
- Tougher enforcement of underage sales
- Guidance on safe drinking for parents and young people
- Public information campaigns
- Consultation on alcohol pricing and promotion
- Local alcohol strategies

Alcohol in Kent

Alcohol Specific hospital admission rate by local authority.
South East England, 1998-9 to 2002-3.
(Choosing Health in the South East: Alcohol. David Sheehan. SEPHO)

People in the South East have relatively high consumption rates of alcohol compared to other regions. Excessive alcohol drinking contributes to numerous problems with people's health, crime, anti social behaviour and decreased productivity at work. Young people still drink more than other age groups, and occasional drinking is now usual for young teenagers. A quarter of this group are frequent drinkers.

Recent figures show a doubling of alcohol-related deaths. East Kent has the highest levels of alcohol-related hospital admissions in the region.

There is increasing evidence of the link between youth crime and misuse of alcohol and the rising levels of binge drinking, particularly amongst young people. Crime and disorder partnerships are addressing this through various town centre management plans but more needs to be done.

These issues have prompted Kent County Council to establish a select committee on alcohol to identify how the problems can best dealt with in Kent.

A recent report into Alcohol in the South East; *Choosing Health in the South East: Alcohol* (David Sheehan, GOSE and SEPHO) puts forward the following recommendations:

- Binge-drinking in young people should be tackled.
- Workplace alcohol policies should be implemented.
- High risk and vulnerable groups should be targeted.
- Additional treatment services should be commissioned.
- Public health professionals should work together with local partners to tackle crime and disorder.

Kent initiatives

- Investing additional resources in East Kent into treatment for alcohol misuse
- Implementing a project to collect data on alcohol-related violence in Accident & Emergency units across Kent and Medway. (This information will be used to target Police resources most effectively). Gravesham town centre alcohol free zone

Substance Misuse

Kent has above the national average for retention of young people in treatment. Referrals to treatment have risen year on year.

Substance misuse continues to be an issue in all areas of Kent, in common with other parts of the country. Drug treatment services are commissioned and monitored by the multi-agency Kent Drug and Alcohol Action Team (DAAT), as part of the National Drugs Strategy (to be reviewed in 2007).

The Kent DAAT has been in the forefront of the development of young people's services for over 7 years. The KDAAT Young People's Service has been awarded Focus Are Status by the Government office of the South East for its pioneering services.

DUST

The KDAAT "Drug Use Screening Tool" is recommended as best practice by the Department of Education and has been adopted by over 15 Local Authorities.

Kent DAAT is pursuing four major priorities:

Young People: To help young people resist drug misuse in order to fulfill their potential in society

Communities: To protect our communities from drug related anti-social and criminal behavior.

Treatment: The provision of treatment services to enable people with drug problems to overcome them and live healthy and crime free lives.

Availability: To stifle availability of illegal drugs on our streets via the disruption of drugs marketing and supply chains.

Short term outcomes

- Increased numbers of young people making healthy choices
- Increase participation of young people under 18 in drug treatment and targeted prevention services by 50% by 2008

Long term outcomes

- Reduced levels of binge drinking among young people
- Reduced crime among young people and adults

The targets we will work to and the plans for achieving this are contained in Appendix 1

10 Resources

There are many different sources of funding for the various elements of public health. These may be directly from Government departments or through the mainstream activities and budgets of the organisations concerned. Nearly all the activity of the public sector could be seen as influencing health and wellbeing in its widest sense. Similarly much of mainstream NHS expenditure can be seen as improving people's health as well as treating illnesses. However it is probably more helpful to concentrate on those resources devoted more clearly to what most people would see as major contributors to their health. The following are all part of the core activities of the organisations concerned and all are currently funded through the resources available to each organisation including that secured through Government grants or targeted funding streams.

Primary Care Trusts

PCTs have committed specific resources for programmes and initiatives to tackle Choosing Health priority areas, and these programmes are jointly planned with local authorities and communities themselves. –These are financed by partnership funds.

They are also committed to transferring investment from the acute sector into primary care services and Public Health services and have robust demand management processes in place to enable this shift.

The two PCTs in Kent will receive a total of £4.29m in specific allocations to fund initiatives to deliver Choosing Health priorities. Due to financial pressures, not all of this money in previous years has been spent as intended but the full resource is available for 2007/08.

The Department of Health allocated Choosing Health resources to PCTs specifically for improving healthy lifestyles for the following:

- Smoking
- Obesity
- Physical activity
- Mental health
- Sexual health
- alcohol

In addition, many initiatives that benefit public health and Choosing Health targets will be funded from the PCT main budgets (like the stop smoking service, community health services, mental health services), plus local authorities, voluntary organisations, police and others.

Local authorities

Kent County Council has a range of activities that directly contribute to the wider health and wellbeing of the population of Kent. Annual expenditure on social services for adults of around £350m will be used to support many people with long-term conditions. All other directorates within KCC also make significant contributions to public health. Children Families and Education are responsible for many aspects of wellbeing for children and young people, in particular the healthy schools programme. The Communities' directorate is responsible, amongst other things for promoting healthy and sustainable communities as well as libraries and adult education, both key sources of information advice and support, and the Kent Drug and Alcohol Team (see above). The Environment and Regeneration directorate is responsible for promoting the environment within Kent, with a specific emphasis on regeneration and addressing deprivation. These are key activities in reducing health inequalities. In addition there is a direct health

promotion focus through their stewardship of the county's country parks and open spaces where they promote healthy walks and green gyms amongst other activities to encourage people to take more exercise.

District councils

Many district council functions have an impact on the health and wellbeing of their residents. Some district councils are supporting Healthy Living Centres and regeneration schemes which generate employment and affordable housing. Some are putting additional resources into Choosing Health.

Some of their current priorities are listed above.

Private sector

Kent's private leisure and health industry is a major employer and provider of health and fitness services and there are some 300 private sector companies operating in the county.

Voluntary sector

There are hundreds of voluntary organisations in Kent, many of them with charitable status, and they are dedicated to improving the welfare of those that can benefit from their activities. Many organisations will be active in supporting, advising and assisting more vulnerable people, including the elderly, and those with disabilities. The work is often carried out in conjunction with statutory services, but by no means always.

Estimating the resources

Some of this funding is more specifically aimed at Public Health work. Below is an estimate of resources of this kind. However, much more work is needed to identify and be clear about the wide range of resources aimed at Public Health.

Core Public Health Teams

The two Kent PCTs and Kent County Council have core Public Health Teams funded by mainstream budgets in these organisations.

Team	**Estimated* Funding £'000**
Eastern and Coastal Kent PCT Public Health Team (includes Health Promotion)	£2,500
West Kent PCT Public Health Team (includes Health Promotion)	£1,300
Kent Public Health Team (two PCTs and KCC)	£300
	£4,100

*These figures are estimates and to be confirmed.

Public Health Programmes

There are a significant number of specific programmes across Kent, funded from a variety of sources, including directly from Government departments, but also from organisations' main budgets. Work is ongoing to identify such initiatives. Below is a summary of some of these programmes to give an idea of the range of activity and the level of resources.

Programme / Initiative	Estimated* Funding £'000
Communities for Health	£ 100
Choosing Health	£ 4,290
Kent Alliance for Smoking and Health	£ 60
Kent Drugs and Alcohol Action Team	£14,546
Kent Teenage Pregnancy Partnership	Tbc
Charlton Athletics Club project	Tbc
Healthy Schools Programme	£120

* These figures are estimates and to be confirmed.

Programmes Contributing to Public Health

There are many programmes running across Kent that make a major contribution to the Public Health agenda. The proportion of funding for each of these projects that could be regarded as specifically for Public Health has not been identified at this stage. The list of projects and initiatives below gives a flavour of such programmes.

- Healthy Living Centres
- Sure Start
- Healthy Schools Programmes

A full analysis of the resources available for public health in Kent is being undertaken and will be completed in the Autumn of 2007.

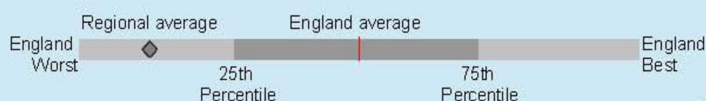
11 Appendix 1 - Health Summary for Kent

Health summary for Kent

The chart below shows a number of indicators of people's health in this local authority. It shows the local value for each indicator compared to the England worst, England best, England average and Regional average. The circle indicating the local value is shown as amber if it is significantly better or red if it is significantly worse than the England average. An amber circle may still indicate an important public health burden. A white circle is not significantly different from the England average. For technical information about each indicator, see www.communityhealthprofiles.info

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Income deprivation	141290	10.5	12.9	31.1		3.3
	2 Ecological footprint	n/a	5.975	5.470	6.430		4.904
	3 Homelessness	2322	7.8	7.8	35.8		0.0
	4 Children in poverty	47936	17.6	21.3	58.8		5.2
	5 GCSE achievement *	10273	61.4	57.5	33.6		81.9
	6 Violent crime	21444	15.8	19.8	41.1		5.0
Giving children and young people a healthy start	7 Smoking in pregnancy						
	8 Breast feeding						
	9 Obese children						
	10 Physically active children *						
	11 Teenage pregnancy (under 18) *	960	37.0	42.1	95.3		12.8
The way we live	12 Adults who smoke *	n/a	24.6	26.0	37.3		15.5
	13 Binge drinking adults	n/a	13.4	18.2	29.2		8.8
	14 Healthy eating adults	n/a	25.4	23.8	11.4		38.1
	15 Physically active adults	n/a	11.2	11.6	7.5		17.2
	16 Obese adults	n/a	24.4	21.8	31.0		14.6
How long we live and what we die of	17 Life expectancy - male *	n/a	77.4	76.9	72.5		82.2
	18 Life expectancy - female *	n/a	81.5	81.1	78.1		86.2
	19 Deaths from smoking	2477	224.1	234.4	366.5		147.6
	20 Early deaths: heart disease & stroke *	1268	81.6	90.5	151.3		44.9
	21 Early deaths: cancer *	1778	116.7	119.0	168.0		81.6
	22 Infant deaths *	68	4.4	5.1	9.9		1.2
	23 Road injuries and deaths	817	60.1	59.9	214.1		20.2
Health and ill health in our community	24 Feeling 'in poor health'	101353	6.6	7.8	15.4		4.2
	25 Mental health	18050	22.0	27.4	72.0		8.5
	26 Hospital stays due to alcohol	2562	185.8	247.7	652.4		85.6
	27 Drug misuse	5385	6.2	9.9	34.9		1.3
	28 People with diabetes	49090	3.6	3.7	5.9		2.1
	29 Children's tooth decay	n/a	0.9	1.5	3.2		0.4
	30 Sexually transmitted infections						
	31 Older people: hip fracture	1511	494.2	565.3	936.8		259.7

Significantly better than England average
Significantly worse than England average
Not significantly different from England average
* PSA Target Measure 2005-2008



Note (numbers in bold refer to the above indicators)
1 % of residents dependent on means-tested benefits. 2003.
2 Land (hectares per capita) required to support an average resident's lifestyle; no significance calculated. 2001.
3 % of households on local authority housing register who are statutorily homeless. 2004/05.
4 % in low-income households. 2001.
5 % achieving 5 A*-C. 2005/06
6 Crude rate/1,000 pop 2005/06.
7 8 9 10 30 No comparable local data currently available.
11 Crude rate/1,000 female pop. aged
15-17. 2002-04
12 13 14 16 %. Direct estimates from the Health Survey for England.
12 13 16 2000-02
14 2001-02
15 %. 2005/06
17 18 Years. 2003-05.
19 Directly age standardised rate/100,000 pop. aged 35 or over 2003-05.
20 21 Directly age standardised rate/100,000 pop. under 75 2003-05.
22 Crude rate/1,000 live births. 2003-05.
23 Cruderate/100,000 pop. 2003-05.
24 Directly age standardised %. 2001.
25 Crude rate claimants of benefits/allowances for mental or behaviouraldisorders/1,000 working age pop. 2005.
26 Directly age sex standardised rate/100,000 pop. 2005/06.
27 Crude rate/1,000 pop. aged 15-64; no significance calculated for lower tier authorities. 2004/05.
28 %. 2005/06.
29 Average no. of decayed, missing and filled teeth in children aged 5; data incomplete or missing for some areas. 2005/06.
31 Directly age standardised rate/100,000 pop. aged 65 and over. 2005/06.

12 Appendix 2 - Targets associated with key outcomes

Priority 1 – We will see a significant reduction in health inequalities

Short term outcomes

- Improved lifestyle choices by children in schools in deprived areas
- Improved lifestyle choices by adults and young people in deprived areas
- Improved access to public sector services
- Reduced number of smokers

Long term outcomes

- Halt in the rise of childhood obesity
- All schools reach the healthy school standard
- Infant mortality rates in Eastern and Coastal Kent better than England and Wales average
- Improved education levels of children in care
- Reduction in the number of people of working age on benefits
- Reduction in the number of children living in households with low income in the deprived areas
- Reduction in gap in life expectancy from 6.5 years to 6 years
- Reduction in incidence and deaths from cancer

Specific targets that the public sector are already committed to:

Kent Agreement

	Baseline (2004/05)	Target (2007/08)
4 week smoking quitters who attended NHS smoking cessation clinics	4961	9413
Mothers smoking during pregnancy	19.73%	17.52%
	04/05	**07/08**
5-16 year olds taking 2 hours of high quality sport and PE weekly	45%	87%
5-16 year olds taking 3 hours of high quality sport and PE weekly	9%	19%

PCT targets

- 1% reduction per year in proportion of women continuing to smoke through pregnancy (focus on most disadvantaged)
- Reduced smoking rate, contributing to national target rate in manual groups of 26% in 2010
- By April 200,8 no-one to wait more than 6 months for inpatient admission
- Continue policy to ensure no-one waits more than 13 weeks for outpatient appointments
- 100% access to a GP within 48 hours

T2010 Targets

- Enter into practical partnerships with the NHS, sharing resources to combat obesity and to encourage people of all ages to take responsibility for their health and wellbeing
- Create and launch initiatives that facilitate more competitive sport in schools, support after-school sports clubs and sponsor more inter-school competitions and holiday sports programmes

Priority 2 – Improved Mental Health and Well-being for children

Short term outcomes

- Reduced levels of smoking amongst pregnant women
- Increased levels of breast feeding
- Children accessing physical activity
-

Long term outcomes

- Healthier children through mother not smoking
- Reduction in youth crime
- Increased educational attainment
- Reduction in referrals for tier 4 CAMHS
- Reduction in gap in life expectancy from 6.5 years to 6 years

Specific targets that the public sector are already committed to:

Kent Agreement

	Baseline (2004/05)	Target (2007/08)
• Children's centres with full core offer	2	72
• Mothers smoking during pregnancy	19.73%	17.52%
• 5-16 year olds taking 2 hours of high quality sport and PE weekly	45%	87%
• 5-16 year olds taking 3 hours of high quality sport and PE weekly	9%	19%
• Educational attainment at age 16 for children leaving care	55%	65%
• Increased access for children aged 5-15 for tier 2 and 3 child and adolescent mental health services		

PCT targets

- 1% reduction per year in proportion of women continuing to smoke through pregnancy (focus on most disadvantaged)
- Reduced smoking rate, contributing to national target rate in manual groups of 26% in 2010
- By April 2008 no-one waits more than 6 months for inpatient admission
- Continue to ensure no-one waits more than 13 weeks for outpatient appointments
- 100% access to a GP within 48 hours

T2010 Targets

- Enter into practical partnerships with the NHS, sharing resources to combat obesity and to encourage people of all ages to take responsibility for their health and wellbeing
- Create and launch initiatives that facilitate more competitive sport in schools, support after-school sports clubs and sponsor more inter-school competitions and holiday sports programmes

Priority 3 – More People will report Healthier Lifestyles and Less preventable disease

Short term outcomes

- Reduced number of smokers
- Increased number of adults physical activity levels
- Reduced number of people reporting obesity
- Increased number of adults leading a full active life following a heart attack

Long term outcomes

- Increased life expectancy

Specific targets that the public sector are already committed to:

Kent Agreement

	O4/05	07/08
• CHD patients with blood pressure 150/90 or lower measured in the last 15 months	79.54%	81.95%
• CHD patients with cholesterol 5mmol/1 or less measured within the last 15 months	66.92%	71.22%
• People aged 15-75 with BMI 30+ as proportion of those with BMY recorded in last 15 months	19.09%	17.75%
• People aged 15-75 with BMI 30+ as proportion of people registered with a GP	18.65% 06	49.94% 08
• Adults taking 30 minutes' sport and physical activity on at least 5 days per week (age standardised rate)	24.2%	28.8%

PCT targets

- Contribute to national reduction in CHD death rates in under 75s

T2010

- Increase opportunities for everyone to take regular physical exercise
- Enter into practical partnerships with the NHS, sharing resources to combat obesity and to encourage people of all ages to take responsibility for their health and wellbeing

Priority 4 – Improved sexual health and fewer teenage pregnancies

Short term outcomes

- Increased numbers of young people making confident choices
- reduced numbers of young people reporting no use of contraception
- Reduced number of new cases of sexual health diseases

Long term outcomes

- Impact on infertility
- Reduced numbers of new cases of HIV
- Teenage pregnancies reduced to the same levels as Europe

Specific targets that the public sector are already committed to:

Kent Agreement

	04/05	07/08
• % age of people contacting sexual health (GUM) services seen within 48 hrs of contact	64.95%	96.82%
• Teenage pregnancy per 1,000 females (Reduction in teenage pregnancy rate) 2005	35.5	26.7

PCT targets

- Agreed local teenage conception reduction, also reducing gap between worst wards and the average

T2010

- Introducing a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drugs and early or unprotected sex

- Encourage healthy eating by providing nutritious lunches through the "Healthy Schools" programme and launch a range of community-based healthy eating pilots

Priority 5 – More older people able to live at home with chronic disease

Short term outcomes
- Reduced emergency admissions
- Reduced admissions to hospital and care homes

Long term outcomes
- Better quality life

These are the targets that we are already committed to:

Kent Agreement

	04/05	07/08
• People aged 65 and over helped to live at home	92	95
▪ Reduction in emergency acute bed days aged 75 and over	465677	462908
▪ Reduction in adults in permanent residential/nursing placements	1920	1704
▪ Supporting people completing move into independence	1635	5337

PCT targets

- Increase in the number of community matrons
- Achieve target uptake rate for flu immunisation in over 65s, targeting population with lowest life expectancy
- 80% of people screened for early detection of diabetic retinopathy yearly

T2010

- Increase opportunities for everyone to take regular physical exercise
- Enter into practical partnerships with the NHS, sharing resources to combat obesity and to encourage people of all ages to take responsibility for their health and wellbeing

Priority 6 – Reduce the levels of substance misuse
Reduce the number of people who drink above recommended alcohol levels

Short term outcomes
- Increased numbers of young people making healthy choices
- Increase participation of young people under 18 in drug treatment and targeted prevention services by 50%by 2008

Long term outcomes
- Reduced levels of binge drinking among young people
- Reduced crime among young people and adults

These are the targets we are already committed to:

PCT targets

- Increase participation of problem drug users in drug treatment and the proportion of users sustaining or completing treatment
- Reduce drug related deaths

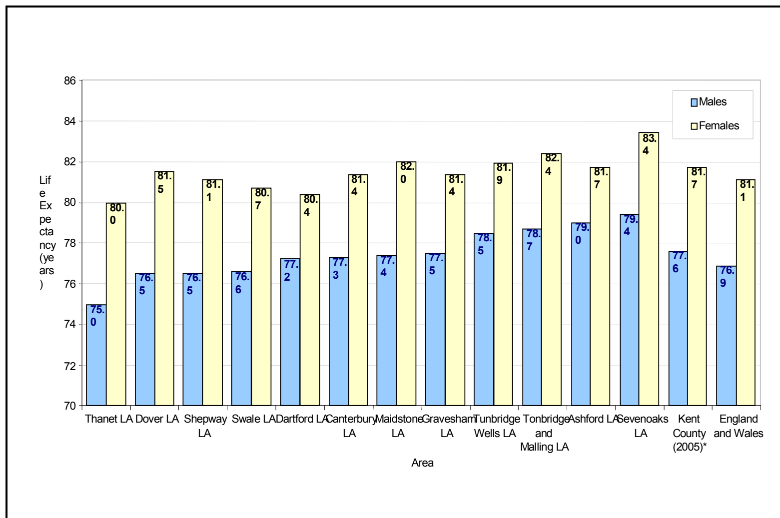
T2010

- Introduce a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drugs and early or unprotected sex

New targets will be developed following the recommendations of the NHS Overview and Scrutiny Select Committee on Alcohol Misuse and the recent publication of the revised National Alcohol Strategy (Safe.Sensible.Social.).

13 Appendix 3 - Health Inequalities

Life Expectancy at Birth 2003 – 2005



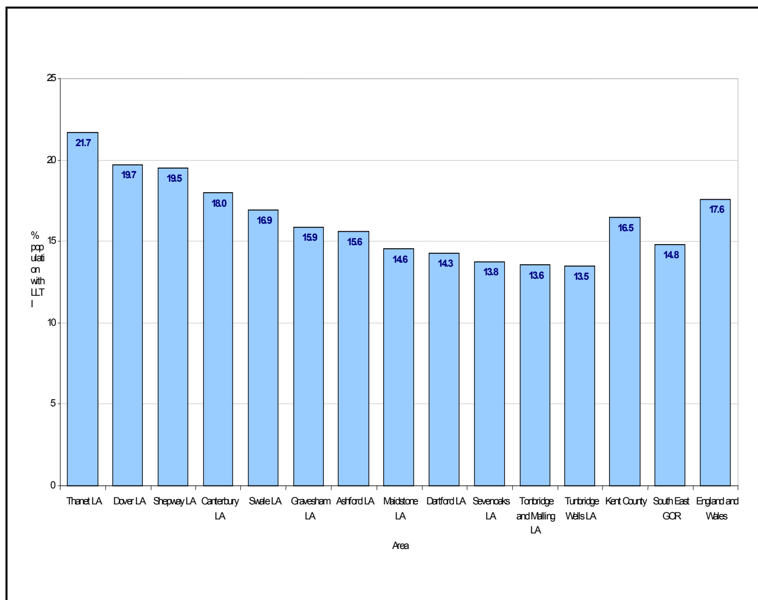
Thanet LA has the lowest life expectancy for both males and females at 75.0 and 80.0 respectively. This is substantially below the Kent county average of 77.6 and 81.7 and the England and Wales averages of 76.9 and 81.1. The district with the highest life expectancy is Sevenoaks with males expected to live to 79.4 and females to 83.4.

Source: NCHOD Compendium of Clinical and Health Indicators

Long term limiting illness

The 2001 Census asked people whether they had a limiting long term illness (LLTI).

Limiting Long Term Illness (LLTI), 2001

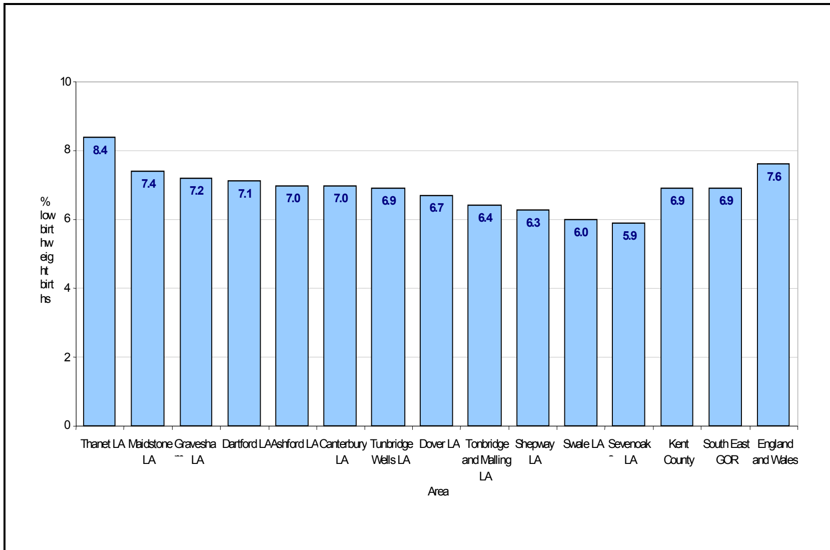


According to the 2001 Census, Thanet LA has the highest percentage of people reporting to have a limiting long term illness at 21.7% of the population. Dover and Shepway LA's show the second and third highest proportions of people with LLTIs at 19.7% and 19.5% respectively. These figures are much higher than the averages for Kent County (16.5%), the South East region (14.8%) and England and Wales (17.6%). Tunbridge Wells LA has the lowest percentage of people reporting to suffer from a LLTI at 13.5% of the population.

Source: NCHOD Compendium of Clinical and Health Indicators

Low Birth Weight Births, 2005

Low birth weight births are associated with health inequalities. Higher rates generally occur in areas with higher levels of deprivations. Low birth weight is associated with perinatal and infant mortality. It may also be linked to poorer health in later life. In Kent the highest rate is in Thanet (8.4%) and the lowest in Sevenoaks (5.9%).



Thanet has a much higher percentage of low birth weight births than the rest of the Kent districts, at 8.4%. This is also noticeably above the rates for Kent County (6.9%), South East region (6.9%) and England and Wales (7.6%). The rest of the districts in Kent have rates that are below the England and Wales rate of 7.6%, the highest being Maidstone (7.4%), Gravesham (7.2%) and Dartford (7.1%). The districts with the lowest percentage of low birth weight births are Sevenoaks (5.9%) and Swale (6.0%).

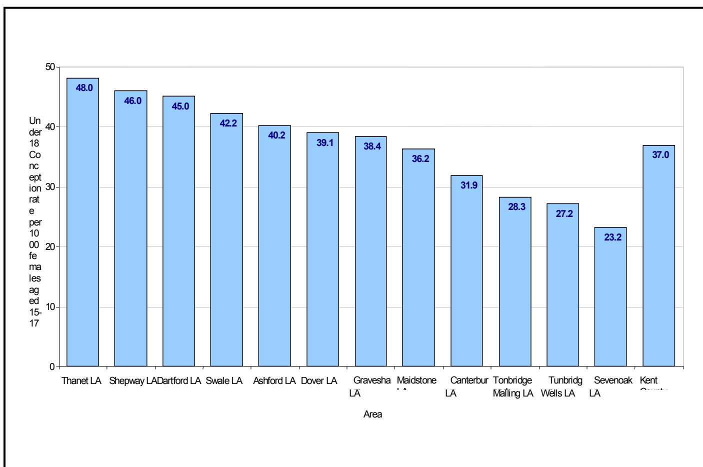
Source: ONS Vital Statistics VS2

Teenage conceptions

Teenage conception leads to poorer health for both the babies and their mothers.

The teenage conception rate is the number of conceptions per 1,000 girls aged 15-17.

Under 18 Conception Rates, 2002 - 2004 Pooled Data



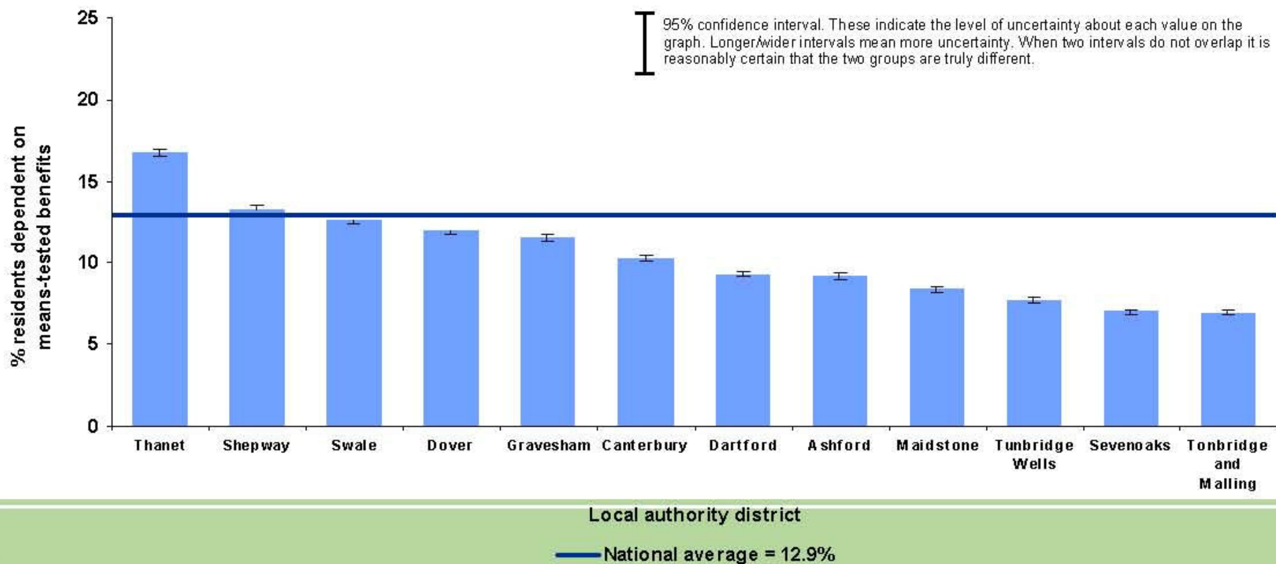
Thanet has the highest under 18 conception rate out of all Kent districts at 48.0 conceptions per 1000 15-17 year old females. Shepway, Dartford, Swale, Ashford, Dover and Gravesham also have higher rates than the Kent County average of 37 conceptions per 1000 females aged 15-17. The lowest teenage conception rate occurs in Sevenoaks LA (23.2).

Source: Teenage Pregnancy Unit

Income inequalities

This chart shows the percentage of people on low income, for each district of the county (2003). For more detailed information, and to view a Health Profile for each district within the county, see www.communityhealthprofiles.info

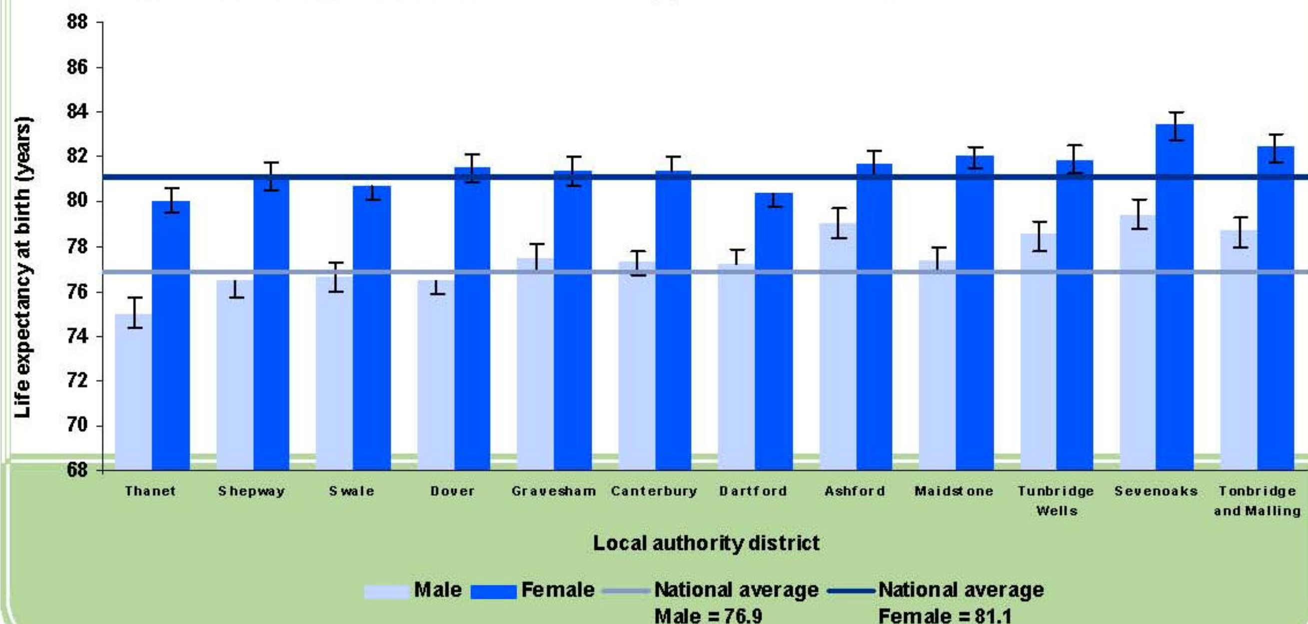
In the chart below, the district on the extreme left has the highest percentage of residents dependent on means-tested benefits in the county. The district on the extreme right has the lowest percentage of residents dependent on means-tested benefits in the county.



Health inequalities: **life expectancy**

The chart shows life expectancy at birth for men and women for each district of the county (2003-05). For more detailed information, and to view a Health Profile for each district within the county, see www.communityhealthprofiles.info

In the chart below, the order of districts follows the same order as above.



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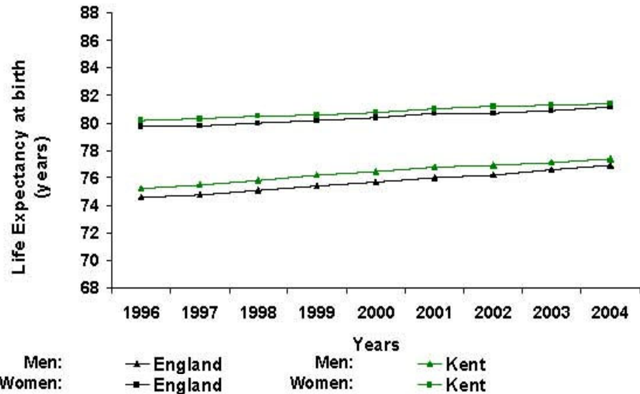
Health inequalities: **changes over time**

Trend 1 compares the trend in life expectancy at birth for men and women in this local authority with that for England.

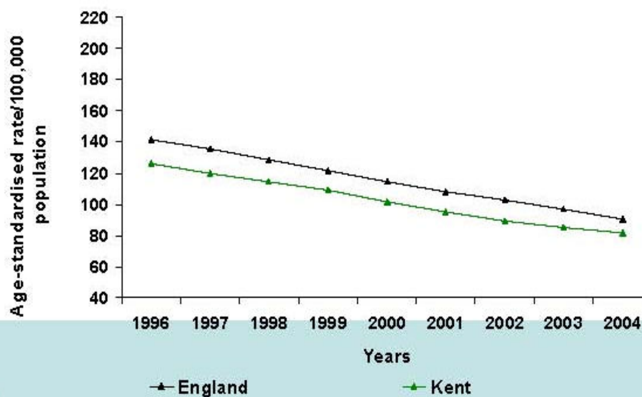
Trend 2 compares the trend in early death rates (all persons under 75 years) from heart disease and stroke in this local authority with that for England.

Trend 3 compares the trend in early death rates (all persons under 75 years) from cancer in this local authority with that for England.

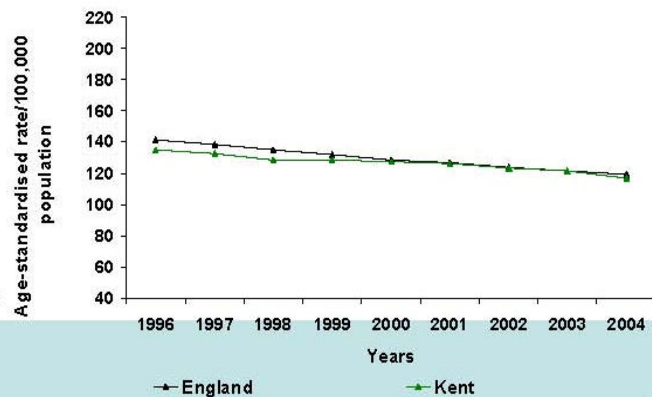
Trend 1:
Life expectancy at birth



Trend 2:
Early death rates from heart disease and stroke



Trend 3:
Early death rates from cancer



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14 Appendix 4 - Local Communities Leading for Health

District Councils

District Councils are crucial to the successful delivery of public health. Many of the factors that affect people's health are influenced by the actions of district councils. Through their Corporate Plans and Community Strategies the district councils set out their priorities and what they will do to improve the health and wellbeing of their residents. These will cover their key areas of responsibility including:

- Housing, including the Decent Homes programme, sheltered housing and regulation of private sector housing standards
- Payment of Housing Benefit and Council Tax Benefit
- Economic development and regeneration
- Development and planning controls

- Environmental health and enforcement against nuisance
- Provision of facilities for recreation, leisure and sport
- Maintenance and promotion of local parks and other open spaces
- Transport and concessionary fares

The list of priorities for the district councils in Kent follows.

District councils make a significant contribution to public health and well-being. However, some activity is aimed at more specific public health issues. These are priorities that District councils have agreed with their partners.

Ashford Borough Council

- Public Health priorities include:
  - Reducing health inequalities
  - Focusing on the health and well-being of children
  - Improving access to primary care service.

- Actions to tackle these issues include:
  - Carrying out an "Equity Audit" to pinpoint where inequalities exist in the area and making plans to redress the balance
  - Carrying out a "race impact assessment" to make sure there is equity for people from minority ethnic communities
  - Planning the number and location of primary health centres for the future, taking account of population growth
  - Employing neighbourhood environmental protection officers, who will enforce smoking legislation as well as dealing with litter, graffiti and other environmental issues
  - Promoting and providing facilities for leisure and sport, including an exercise physiologist for cardiac rehabilitation and the East Kent Exercise Referral Scheme
  - Working with the most disadvantaged and most vulnerable to provide suitable housing
  - Making best use of parks and open spaces to promote physical activity
  - Ensuring economic development and regeneration, including improving the town centre area and the regeneration of Stanhope
  - Providing concessionary fares targeted at the elderly to maintain physical mobility and reduce depression
  - Developing "Ashford Voice" to communicate with residents on a range of issues and introduce a consultation charter
  - Implementation of a Social Inclusion Strategy, including hard-to-reach groups.

Canterbury City Council

- Public Health priorities include:
  - Reducing health inequalities
  - Increasing involvement of drug users in treatment programmes
  - Improving access to community health professionals.
- Actions to tackle these issues include:
  - Focusing on pregnant women who smoke
  - Increasing uptake of breastfeeding
  - Reducing poverty and disadvantage by targeting information and signposting to disadvantaged groups.

Dartford Borough Council (in partnership with Gravesham BC)

- Public Health priorities include:
  - Reducing health inequalities
  - Reducing childhood obesity
  - Reducing teenage pregnancy
  - Reducing youth crime.
- Actions to tackle these issues include:
  - Raising health awareness in priority communities and groups
  - Providing the Healthy Living Centre, “The Grand”, which contributes to reducing inequalities by improving access to sexual health services, smoking cessation services and many other initiatives
  - A wide variety of projects, including cooking, hygiene and healthy eating
  - “Positive Futures” initiative with Charlton Football Club and “don’t sit, get fit” programme to increase physical activity amongst school children
  - Developing the “Living Well” project into a Healthy Living Centre.

Dover District Council

- Public Health priorities include:
  - Improving and promoting the range and availability of health and social care facilities
  - Reducing the number of people who smoke
  - Increasing the number of people taking regular exercise
  - Improving access to healthy eating.
- Actions to tackle these issues include:
  - Increasing opportunities to stop smoking
  - Encouraging more people to set up walking bus schemes
  - Launching self-guided walking trails
  - Using the Healthy Living Centre (Project DELTA) to run projects including cooking, hygiene and healthy eating
  - Being a partner in the opening of Fowlmead Country Park providing leisure, recreational and sporting facilities and activities
  - Establishing a Community Sports Network to deliver sports development objectives throughout the District
  - Developing a skate park
  - Improving inspection procedures for health and safety and continuing food hygiene inspections, including increasing public awareness and enforcement activities
  - Developing, in partnership, Dover Sea Sports Centre and Aylesham Indoor and Outdoor Sports facility.

Gravesham Borough Council (in partnership with Dartford BC)

As Dartford above and in addition:

- Actions to tackle these issues include:
    - Working with children on projects to increase physical activity and reduce childhood obesity
    - Running the Health Action Gravesham Partnership that leads many initiatives such as food, nutrition, exercise and working with older people to increase healthy and active lifestyles
    - Ensuring sustainable development in a number of growth and regeneration areas, including Ebbsfleet Valley, Northfleet Embankment, NE Gravesend, Canal Basin and Lord St / Parrock St and Eden Place
    - Running the Ethnic Health and Social Care Forum
    - Providing "Active Listening" Service for young people
    - Helping communities clean up their local environments
    - Implementing "Theatre in Schools" drug education and antisocial behaviour in partnership with education
    - Running "Back to Work" programme in partnership with Jobcentre Plus, focusing on those who find it hardest to get back to work
    - Providing weekly exercise sessions for older people.

Maidstone Borough Council

- Public Health priorities include:
    - Reducing health inequalities
    - Promoting healthy lifestyles to improve Choosing Health priority areas, i.e. to improve mental health and well-being and sexual health and to reduce substance misuse, obesity and smoking
    - Focusing on community based services that promote mental health, healthy and independent living
    - Reducing teenage pregnancy
    - Reducing issues related to criminality such as substance misuse, including alcohol and domestic violence.

- Action to tackle these issues includes:
    - Developing a community health plan for the borough with a Health Action Team to oversee it
    - Employing a teenage pregnancy outreach worker
    - Providing information and advice about healthy eating and general health awareness
    - Developing lifestyle referral service
    - Supporting independence for elderly people
    - Running the Park Wood Plus project, which runs a Healthy Living Centre
    - Implementing Green Gym project
    - Providing community development workers in most deprived areas.

Sevenoaks District Council

- Public Health priorities include:
    - Promoting and improving physical and mental health
    - Improving access to health and social care services.
- Action to tackle these issues include:

- Increasing participation in healthy lifestyles initiatives and programmes which address the Choosing Health priorities, i.e. to improve mental health and well-being and sexual health and to reduce substance misuse, obesity and smoking
    - Increasing the number of schools participating in the Healthy Schools initiative across the district
    - Improving access to NHS dentists
    - Encouraging use of sports and leisure centres to increase physical activity
    - Targeting priority neighbourhoods and socially excluded groups using health needs assessment / equity audits to inform service planning
    - Putting in place primary care mental health teams offering a range of options.

Shepway District Council

- Public Health priorities include:
    - Focusing on promoting well-being and independence
    - Providing services closer to home or at home
    - Reducing smoking
    - Reducing obesity, especially childhood obesity.
- Action to tackle these issues include:
    - Publication of easy to use literature, both written and electronic, describing services available
    - Smoke free workplace initiatives and piloting exercise and diet programmes in the largest employers
    - Tackling childhood obesity through schools
    - Piloting a programme to provide community-based services closer to home.

Swale Borough Council

- Public Health priorities include:
    - Reducing health inequalities
    - Implementing preventative strategies for health and social care
    - Improving access to services.
- Action to tackle these issues include:
    - Implementing Swale Neighbourhood Renewal Strategy to support improvements in the quality of life and choice in target communities
    - Action to renew areas, such as Queenborough and Sheerness
    - Building more primary care centres and providing more services locally
    - Enabling Pathfinder Joint Service Centres to link activity of public, voluntary and community organisations.

Thanet District Council

- Public Health priorities include:
    - Mental Health and well-being
    - Cancer, heart disease and strokes
    - Older people
    - Children, young people and families
    - Increasing physical activity.
- Action to tackle these issues include:
    - Single point of referral for children with emotional and behavioural difficulties to Child and Adolescent Mental Health Service (CAMHS) through a multi-agency team
    - Providing additional smoking cessation interventions
    - Expanding community walking and exercise schemes
    - Running healthy eating programmes in schools and the community

- Falls prevention
- Developing community based family support services.

Tonbridge and Malling Borough Council

- Public Health priorities include:
  - Reducing inequalities by focusing on vulnerable groups and priority communities
  - Helping people choose healthier lifestyles through exercise, healthy eating and smoking cessation
  - Improving mental health and well-being, sexual health and reducing substance misuse.
- Action to tackle these issues include:
  - Consulting with hard to reach groups
  - Extending the Council's lifestyles referral scheme at its sports centres
  - Promoting activities and services for young people, including the building of a skate park
  - Continuing regeneration projects in Snodland and East Malling
  - Establishing a community project in Trench, North Tonbridge, taking forward the results of a recent health needs assessment
  - Helping to promote healthy eating and smoke-free environments
  - Working with the voluntary sector to promote healthy living projects.
  - Housing policies to increase the number of affordable homes and increase the number of decent homes

Tunbridge Wells Borough Council

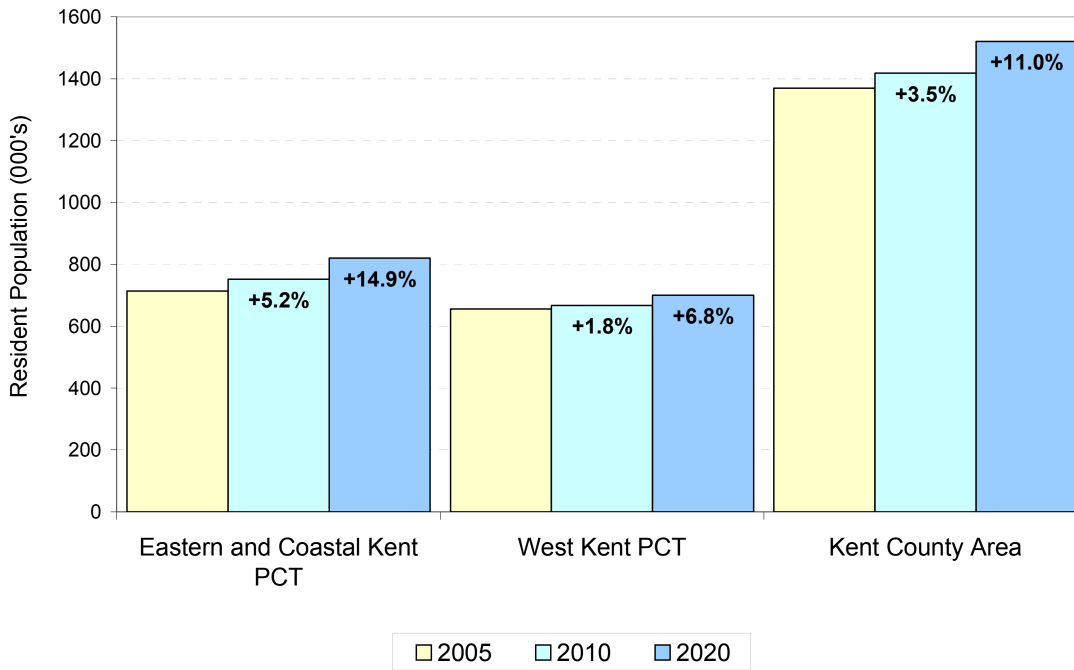
- Public Health priorities include:
  - Reducing health inequalities
  - Promoting healthy lifestyles to improve mental health and well-being and sexual health and to reduce substance misuse, obesity and smoking.
  - Improving access to services.
- Action to tackle these issues include:
  - Providing information and advice about lifestyle choices, including sexual health, mental health, smoking, obesity and alcohol
  - Running a "Go and try" incentive scheme to increase physical activity
  - Implementing Healthy Eating and Smoke free award scheme for workplaces, restaurants and schools
  - Encouraging social inclusion by encouraging volunteering and including communities, particularly vulnerable groups in decision making including, "Volunteer of the Year" award scheme and the redevelopment of Sherwood Community Centre.

The list reflects similarities and differences between districts. It is important to have the same priorities for Kent but it is important to have locally decided implementation. . Local area agreements have shown that strategic priorities can be identified and then delivered in ways that are best for each district.

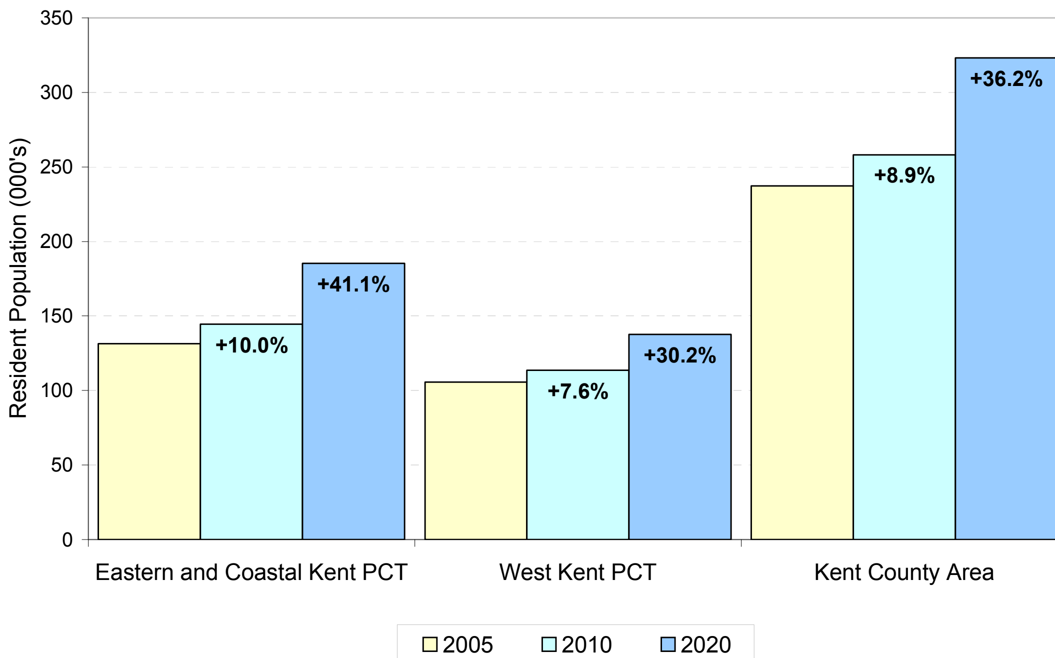
Local Strategic Partnerships are important local partnerships who can work with local people to create a place where individuals can choose a healthy lifestyle.

15 Appendix 5 - Older people and chronic illness

Population increase:



Older person' (aged 65+) population increase:



16 Appendix 6 - Children and Young People

Targets and Action Plan

How effective we are will be measured in a number of ways. We need to:

- Reduce the gap in infant mortality (children under a year) between areas of lower deprivation and the population as a whole by 2010.
- Reduce the percentage of children and young people who are regular smokers (2010).
- Increase the number of accredited Healthy Schools.
- Increase the number of CYP who have opportunities to take part in physical activity, including opportunities to play
- Increase the number of 5-16 year olds taking two hours of high quality sport and PE weekly from 45% to 87% and three hours from 9% to 19%.
- Increase the number of children who walk or cycle to school.
- Reduce the percentage of children who are obese (National statistics show the percentage of children aged 2-10 who are obese or overweight was 27.7% in 2005. PCTs are required to measure all primary school children in reception (age 4-5) and all primary school children in year 6 (age 10-11)
- Reduce waiting times for Tier 3 Child and Adolescent Mental Health Services and referrals for tier 4 CAMHS
- Reduce the levels of substance misuse and alcohol above recommended levels
- Increase participation of the under 18s in drug treatment and targeted prevention services by 50% by 2008 (national target).
- Reduce under 18 conceptions per 1,000 by 50% by 2010 (national target).
- Ensure all children and young people are registered with a GP and 100% have access to a GP within 48 hours
- Increase the number of Children's Centres to 72 by 2008
- Improve sexual health and reduce teenage pregnancies

17 Appendix 7 - The Current Partnerships

There are a number of partnerships that already exist across Kent that bring many of the key organisations concerned with public health together:

- Kent Partnership and Public Service Board

The Kent Partnership includes all the major public and private sector organisations in the county and provides an opportunity to co-ordinate the actions of all of them towards issues of mutual concern and interest. The Public Service Board is a sub-group of the partnership consisting of the major public sector organisations. It is responsible for The Kent Agreement (the Local Area Agreement for Kent).

- Local Strategic Partnerships

LSP's are local groups often based on district boundaries, or groups of adjacent districts' boundaries, led by district councils. They have representation from the most important local organisations including primary care trusts and the county council. LSPs aim to co-ordinate the actions of their members towards issues of local importance.

- Crime and Disorder Reduction Partnerships

CDRP's are the main meeting point for all the agencies involved in dealing with crime (police, probation service, local authorities, education etc). They produce the crime reduction strategies for the local area.

- Children's Trusts

Children's Trusts are relatively new organisations, brought into being to ensure that all aspects of services for children and families are properly co-ordinated and delivered. They include the NHS, education, social services, local councils and others.

- Kent Drug and Alcohol Team

KDAAT is a partnership of key agencies tackling drug and alcohol issues. It brings together Health, Children Families and Education, Criminal Justice Services including Kent Police and other organisations concerned with the impact of alcohol and drug misuse.

- Kent Alliance on Smoking and Health

The Kent Alliance on Smoking and Health (KASH) is a partnership between local authorities and organisations in the county that have an interest in tobacco control issues, in particular smoke-free workplaces and public places. The partnership is steadily growing and already includes members from various organisations such as:

- Kent and Medway primary care trusts
- Kent County Council
- Kent district councils
- Medway Council
- Kent and Medway Trading Standards
- HM Revenue & Customs

18 Appendix 8 - National Policy framework

Current policy informing public health stems from a number of Government initiatives. All of these stress the need for closer working and integration between the NHS and local government, with an emphasis on promoting health and preventing dependency upon statutory services. There is an overarching emphasis on addressing health inequalities throughout.

Other key issues are expressed in the Department of Health's PSA with the Treasury including extending life expectancy and decreasing child mortality (+ others), and the annual NHS Operating Framework.

Critically, the thrust of all these initiatives is that responsibility for public health extends far wider than the NHS and health promotion services. There is a clear emphasis for interventions to be based on good evidence of need and effectiveness and that people must take responsibility for their health and wellbeing, supported by high quality and accessible information and services.

Together these elements constitute the Fully Engaged Scenario required by the Wanless report.

Smoking Kills – DH 1998

Saving Lives – Our Healthier Nation - DH 1999

Securing Our Future Health : Taking a Long-Term View – HMT 2002

Securing Good Health for the Whole Population – HMT & DH 2004

Choosing Health – DH 2004

Creating a patient led NHS – DH 2005

Getting Ahead of the Curve – DH 2003

Our Health, Our Care, Our Say – DH 2006

Neighbourhood Renewal Strategy – HMG 2001

Strong and Prosperous Communities – DC&LG 2006

Every Child Matters – DH 2003

Tackling Health Inequalities – A Programme for Action - DH 2003

Healthy Schools Programme – DH DfES 1999

Joint Commissioning Framework for Health and Wellbeing – DH 2007

Communities for Health Programme – DH 2004

By: Mr C Wells, Cabinet Member for Children & Family Services

To: County Council – 24 July 2007

Subject: PSHE/Children's Health Select Committee

Summary: To receive and comment on the Select Committee report: PSHE/Children's Health

FOR INFORMATION

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1. Introduction

The Children, Families and Education Policy Overview Committee, at its meeting on 6 July 2006 noted the proposal to establish a Select Committee to look at the issue of children's health, focusing in particular on aspects of Personal, Social and Health Education (PSHE). This was agreed by the Policy Overview Co-ordinating Committee at its August meeting.

2. Select Committee Process

Membership

(1) The Select Committee commenced its work in October 2006. The Chairman of the Select Committee was Ms J Cribbon, other members being Mrs A Allen, Mr J Curwood, Mrs M Featherstone, Ms A Harrison, Mr D Hirst, Mr P Lake and Mr R Tolputt.

Terms of Reference

(2) The Terms of Reference for this Select Committee Topic Review were:-

(a) To explore the educational effectiveness of Personal, Social and Health Education (PSHE), and particularly of Sex and Relationships Education (SRE), primarily in secondary schools.

(b) To recommend a robust strategy directed at teaching young people sexual health, and aimed at reducing the rate of both sexually transmitted infections (STIs) and teenage pregnancies.

(c) To ensure that the recommendations of the Committee contribute to strategic corporate objectives as stipulated in key documents, such as "Towards 2010" and the "Public Service Agreement 2" (PSA2).

3. The Executive Summary of the Select Committee's report is attached for all Members of the County Council. If you wish to see a full copy of the report then

please contact Angela Evans on 01622 221876 or email her at angela.evans@kent.gov.uk. Copies are available in the Information Point and in the Members Lounge.

4. The Cabinet received the Executive Summary and a presentation from a cross-party group of the Members who served on the Select Committee at its meeting on 16 April 2007.

5. Recommendation

The County Council is asked to note the report and thank the Select Committee for producing a relevant and balanced report.

Background Information: *None*

Mr C Wells

Cabinet Member for Children & Family Services

1. Executive Summary

1.1 Committee Membership

The Committee consists of eight Members of Kent County Council (KCC): Five Members of the Conservative Party, Two Members of the Labour Party and one Member of the Liberal Democrat Party.

Mrs Ann Allen
Conservative Member
Wilmington

Ms Jane Cribbon, Chair
Labour Member
Gravesham East

Mr Jeffrey Curwood
Conservative Member
Maidstone Central

Mrs Margaret Featherstone
Liberal Democrat Member
Maidstone North East

Ms Angela Harrison
Labour Member
Sheerness

Mr David Hirst
Conservative Member
Herne Bay

Mr Peter Lake
Conservative Member
Sevenoaks South

Mr Roland Tolputt
Conservative Member
Folkestone South

1.2. Terms of Reference

In October 2006 a Select Committee was set up to consider the issue of children's health, focusing in particular on aspects of Personal, Social and Health Education (PSHE). The review explored the extent to which education and sexual health services met the needs and expectations of young people in Kent. A series of recommendations resulted from this task. The Terms of Reference of the Review were as follows:

1. Explore the educational effectiveness of Personal, Social and Health Education (PSHE), and particularly of Sex and Relationships Education (SRE), primarily in secondary schools.

2. Recommend a robust strategy directed at teaching young people sexual health, and aimed at reducing the rate of both sexually transmitted infections (STIs) and teenage pregnancies.

3. Ensure that the recommendations of the Committee contribute to strategic corporate objectives as stipulated in key documents, such as "Towards 2010" and the "Public Service Agreement 2" (PSA2).

1.3. Exclusions

The Select Committee did not explore issues related to obesity, drug use and misuse, and sport in schools. These topics were already investigated in recent Select Committees.

1.4. Scene Setting

1.4.1. The Committee received both oral and written evidence from several witnesses. The selection of witnesses included professionals dealing with PSHE and teenage pregnancy, clinicians, social workers, representatives of central government and young people including young parents. A full list of witnesses who provided both oral and written contributions is supplied in Appendix 1.

1.4.2. The Select Committee was established in order to deal with a series of complex and critical issues. It was formed as a response to the requests of Members of the Kent Youth County Council (KYCC) to improve the quality of PSHE and SRE in Kent. Although the national rate of teenage pregnancy in England and Wales is generally decreasing and it is at its lowest level for 20 years (41 per 1,000 females aged 15-17 in 2004), it is still the highest in Western Europe. In Kent, the under 18 conception rate is lower than the national average (38.1 per 1,000 females aged 15-17 in 2004). However, an

increase by 2.5 per 1,000 females since 2003 makes the national target of halving the rate by 2010 particularly challenging.

1.4.3. The rate of Sexually Transmitted Infections (STIs) in the UK is also the highest in Western Europe. A staggering 10% of young people aged under-25 years has currently contracted Chlamydia in Britain.

1.4.4. The Committee focused the Review on the benefits that education can bring about in dealing with these serious issues. Effective sex and relationships education is crucial in teaching young people to make responsible and informed decisions about their lives. Education can help young people learn to respect themselves and others, and can ease the transition from childhood through adolescence into adulthood. It can facilitate breaking a cycle of low aspirations that can lead to unwanted teenage pregnancies. It can help teenagers delay pregnancy until they are better equipped to deal with the demands of parenthood.

1.4.5. The consequences of poor sexual health amongst young people can have a significant and harmful impact on their lives, and can incur economic costs to Kent residents at large. The strategic and leadership roles that Kent County Council performs can help improve the quality of life of all the people living in Kent.

1.5. Recommendations

Recommendation 1

That all those dedicated individuals working to provide young people in Kent with high standard sexual health services be commended.

Recommendation 2

The Committee urges that all key agencies be wholly committed and signed up to the Kent Teenage Pregnancy Strategy in an effort to decrease the rate of teenage pregnancy.

Recommendation 3

The Committee endorses and supports all the efforts of the Kent Teenage Pregnancy Partnership. It recommends expanding the Partnership's reach to all the young people in Kent by further promoting its sexual health services in places young people frequent.

Recommendation 4

The Committee strongly recommends the broad production, promotion and distribution of discreet information on local sexual health services and support.

Recommendation 5

The Committee recommends that all partner agencies involved must facilitate the expansion of the National Chlamydia Screening Programme, to ensure full screening coverage of all sexually active young people in Kent under the age of 25.

Recommendation 6

That GUM clinics must replace appointments with a "walk in" service. The Committee insists that the proportion of Genito-Urinary Medicine (GUM) clinic attenders offered an appointment within 48 hours of contacting the service must reach 100% by 2008.

Recommendation 7

That the number of school nurses working in secondary schools in Kent be increased, and that the number of accessible, confidential and young people friendly sexual health clinics in all secondary schools in Kent be raised by at least one per cluster by 2008.

Recommendation 8

The Committee commends and supports all those working with disengaged, vulnerable young people, and urges the effective re-integration of more young mothers and fathers into school to complete their statutory education.

Recommendation 9

The Committee recommends that all schools in Kent work towards Healthy Schools validation by March 2009, through a process which is all inclusive to parents and governors.

Recommendation 10

The Committee strongly recommends a strategy for a more consistent and systematic Personal, Social and Health Education (PSHE) delivery, that is coupled with more robust assessment and monitoring methods, and that is adopted in all primary and secondary schools in Kent.

Recommendation 11

The Committee urges that the new RE and Citizenship Advisor remains permanently in place to ensure that one advisor is permanently and wholly responsible and accountable for PSHE in Kent.

Recommendation 12

That PSHE certificates for both teachers and nurses be widely promoted and supported. That each school cluster in Kent has a PSHE lead and each secondary school in Kent has at least one PSHE certified teacher. That PSHE awareness be raised through a countywide multi-agency conference, which includes all the decision makers, by March 2008.

Recommendation 13

The Committee strongly urges the County Council to press Government to make PSHE statutory and therefore part of the core curriculum, thereby ensuring that a selection of PSHE lessons are duly observed during inspections by Ofsted.

Recommendation 14

The Committee insists that all secondary schools in Kent ensure access to websites such as "foryoungpeople", "RUthinking" and "Frank", and that they provide permanent information on local sexual health services on a visible notice board.

Recommendation 15

The Committee recommends that school governors ensure that strong and consistent sex and relationships education within a PSHE framework is delivered. That SRE be taught appropriately from primary school and by specialist teachers.

Recommendation 16

The Committee strongly recommends that the "relationships" aspect of SRE be emphasised more than the biological aspect, and that, in order to reflect this emphasis, the name "sex and relationships education" be changed to "relationships and sex education".

Recommendation 17

That the nature of SRE lessons reflects equality of responsibility between boys and girls, and therefore that it has a stronger focus on young men and on their attitudes and responsibilities when negotiating sexual relationships. That it be considered to teach particular aspects of SRE in single-sex groups.

Recommendation 18

The Committee commends that schools encourage greater involvement of both pupils and parents/carers in the planning and evaluation of SRE programmes.