*** DRAFT ***

KENT DEPARTMENT OF PUBLIC HEALTH

CHIEF EXECUTIVE'S DEPARTMENT

Annual Business Unit Operational Plan 2008/9

SECTION 1: SERVICE PROFILE

PURPOSE OF THE SERVICE

The Kent Department of Public Health will develop the priorities of the people of Kent, the County Council and its partner organisations and stakeholders by ensuring that the promotion of health and wellbeing is a major consideration in all future plans and developments. It will aim to harness the joint resources of the County Council and other organisations, especially the NHS, to support communities, involve the public and give greater control and choice to individuals in order to improve their health and lifestyles.

Greater independence will mean less reliance on the NHS and local authorities across a wide range of services enabling more efficient and effective use of resources. These benefits should accrue to all KCC directorates and NHS organisations.

OPERATING CONTEXT

Legal authority for locating the KDPH within KCC comes from the Local Government Act 2000 that bestows wide powers for local authorities to promote the wellbeing of their populations.

Other key policy drivers include:

The government White Papers *Choosing Health (2004); Our Health Our Care our Say (2006),* and *Strong and Prosperous Communities(2006)*

The key government priority of Reducing Health Inequalites, measured by decreases in infant mortality, life expectancy at birth, cancer mortality and circulatory diseases mortality.

Other major government priorities will include action on alcohol and obesity following the publication of *Safe Sensible Social,* and *Healthy Weight, Healthy Lives.*

The South East England Health Strategy details the priorities for the region.

Health Protection is informed by Forward Thinking, Future Working

Within Kent the Vision for Kent, the Kent Agreement ,Towards 2010, the Public Health Strategy and the Health Inequalities Action Plan, are the major directors of policy.

The Tobacco Control Strategy for Kent has recently been published.

For PCTs the Local Delivery Plans demonstrate how resources will be applied to public health priorities.

More locally the District Councils' community action plans incorporate their contributions towards public health.

Much of the public health agenda is driven by the demographic changes that will result in a population that lives longer but with a much higher prevalence of debilitating long-term conditions (such as diabetes, coronary heart disease, chronic obstructive pulmonary disease etc.) unless lifestyles change to prevent their onset or reduce their impact.

NICE guidance will continue to be issued on a range of topics with an emphasis on public health which will need to be incorporated into KCC and partners business.

Safeguarding the public from potential epidemics such as avian or pandemic flu will also be a priority if they materialise.

USERS

The users of public health are the public themselves so consultation and engagement is often aimed at a more general public and community audience than users of particular services that are delivered.

A wide range of mechanisms are useful and have been incorporated into service planning including the Kent Lifestyle Survey, Kent Resident's Panel, and KCC Select Committees. The results of these, and other, consultations have directly informed the planning and design of services. For example, the delivery of physical activity opportunities for adults has been shaped around the information obtained from all the above as well as other surveys, local intelligence and community representations.

The comprehensive survey of Kent school children clearly influenced policy direction such as proposed changes to PHSE in Kent schools.

Activities and services that are provided are expected to include evaluation of their impact as part of increasing the evidence base for public health generally. This will include user satisfaction surveys and feedback.

REVIEW OF PERFORMANCE 2007/08

KEY PERFORMANCE INDICATORS

Indicator ***local/operational indicators as well as national ones, categorised if appropriate e.g. as LAA, Best Value, CPA, PAF***	Actual performance 2006/2007	Estimated performance 2007/08	Target 2008/09
<u>T2010 Target 48</u> Increase opportunities for everyone to take regular physical exercise			**Aspirational target, no set PIs**
<u>T2010 Target 49</u> 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 well-being.			**Aspirational target, no set PIs**
<u>T2010 Target 50</u> Introduce a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of			**Campaign to be delivered 2008**

smoking, alcohol, drug and early or unprotected sex.			
<u>Kent Agreement Outcome 16 – support PCT lead:</u> **To promote the health of Kent's residents and reduce health inequalities by addressing variations in health across the county** **Smoking:** Increase the number of smoking quitters who attended NHS smoking cessation clinics Decrease the number of mothers who smoke in pregnancy **Obesity:** CHD patients with blood pressure 150/90 or lower measured in the last 15 months CHD patients with cholesterol 5mmol/l or less measured within the last 15 months People aged 15-75 with BMI 30+ as proportion of those with BMI recorded in last 15 months People aged 15-75 with BMI recorded as proportion of people registered with a GP **Sexual Health/Teenage Pregnancy** % of people contacting sexual health (GUM) services seen within 48 hrs of contact Teenage pregnancy per 1000 females **Mental Health** Follow up within 7 days of discharge from hospital for adult mental illness patients on enhanced CPA Age standardised death rate from suicide and undetermined injury per	 **6780** **17.37%** **86.22%** **75.18%** **29.29%** **29.0%** **53.48%** **38.0** **71.17%** **7.8**		

100,000 population **Children and Sports** 5-16 year olds taking 2 hours of high quality sport and PE weekly 5-16 year olds taking 3 hours of high quality sport and PE weekly **Adults and Sports** Adults taking 30 minutes of sport and physical activity on at least 5 days per week (age standardised rate)	 **76** **n/a** **Next survey Dec 08**		

KEY ACHIEVEMENTS/OUTCOMES IN 2007/08

There have been a number of achievements for the Department so far:

Communities For Health money, granted by the DH to local authorities for innovative work towards the Choosing Health priorities, has been secured for three initiatives:

The Kent Lifestyle Survey (£75k)
Activmobs (£100k)
Private sector partnership for smoking cessation (£50k)

Activmobs, in partnership with the Design Council, has been showcased nationally by the Communities For Health programme and by the IdeA. It is also scheduled to be featured at the National Health Promotion Conference in March, and is currently being adopted by the Innovations Unit for national funding and expansion.

A successful Big Lottery fund bid (in partnership with district councils, the voluntary sector, and the PCTs) for projects to promote physical activity, better diet and nutrition, and mental health and wellbeing across the county resulted in the award of £991k.

For the first time the PCT "Choosing Health" funding (£4.1m) has been fully allocated to public health priorities. The process for allocation has also become far more transparent with a much greater emphasis on partnership working including KCC.

The Public Health Strategy, the DPH Annual Report and the Health Inequalities Action Plan have all been published.
The Joint Strategic Needs Assessments are being produced.

The Public Health Library received Stage 2 accreditation with identified areas of excellence from external assessors

The new KDPH smoking policy for KCC – was commended as "gold standard" and an exemplar for other authorities by the DH National Support Team.

The Kent teenage pregnancy/sexual health outreach workers won the national Brook Exceptional Achievement award,

SERVICE COMPARISON

Two major reviews of the KDPH have been completed recently.

In October 2007 the IdeA Peer review of the public health function in KCC was highly complimentary of the progress made so far and concluded that the department was at the forefront of public health practice. Recommendations for improving still further are being actively pursued.

The KCC CPA assessment of Healthy Communities was also very positive about the contribution made by the KDPH including the understanding of health inequalities.

SECTION 2: PRIORITIES AND OBJECTIVES

KEY RESPONSIBILITIES OF THE SERVICE

Kent Department of Public Health Objectives

The KDPH has an overall objective and 3 others

Overall objective:

KDPH must provide the leadership and strategic framework to enable effective action to be implemented to address the priorities identified in the Kent Public Health Strategy.

This will be achieved through the Public Health Board and representation on other key strategic bodies of KCC and partner organisations to:

- Ensure that key public health priorities are reflected in KCC strategic plans such as the Kent Agreement and Towards 2010 as well as those in other partner agencies such as the LDP, and district council community strategies.

- Develop strategies with partners to address the key public health priorities – drugs, alcohol, obesity, inequalities etc

Objective 1

KDPH should establish an effective system of information sharing and analysis to promote good evidence based practice

Amongst others the means employed will be: establishing the Kent Public Health Observatory, the Director of Public Health's Annual Report, Community Health Profiles, Joint Strategic Needs Assessments, KCC Select Committee investigations, KCC Health Overview and Scrutiny Committee.

Objective 2

The KDPH should maximise the resources available for public health interventions by:

influencing the commissioning decisions of KCC and partner agencies to ensure that public health priorities are appropriately addressed

and

attracting specific funding from other sources to target public health issues

This will be achieved through:

- The Joint Strategic Needs Assessment should directly inform the commissioning plans of the Children's Trusts, the Joint Commissioning Strategy between PCTs and KASS and influence the transfer of resources from the PCTs through the LDP

- Ensuring that the PCT “Choosing Health” funds are properly allocated and spent; ensuring that Communities for Health money in KCC is appropriately spent; supporting applications for funding from government departments and outside bodies such as Big Lottery Fund; promoting access to European Union funding.

- Working with Local Strategic Partnerships and other local partnership groups.

- Promoting development of the public health workforce

Objective 3

The KDPH should develop policy and new methods of working that promote more effective public health interventions

This will be achieved through:

- Exploring new partnerships and underdeveloped opportunities for example with the private and voluntary sectors

- promoting and demonstrating the use of Social Marketing principles and techniques

- prototyping new approaches to developing social, cultural and community capital

- developing new concepts of co-production with communities; developing international co-operation.

These objectives will be achieved through the actions supporting the 7 main priorities of the KDPH Unit Action Plan that have been agreed by the Public Health Board:

- Influence Commissioning Decisions Across Kent

- Develop Public Health Policy that Promotes and Facilitates Healthy Lifestyles

- Provide Strategic Direction for Public Health Across Kent

- Enhance Partnership Working and Mainstream Public Health

- Director of Public Health Annual Report and Joint Strategic Needs Assessment

- Facilitate the Provision of Robust Health Protection Plans Across Kent

- Development and Maintenance of Robust Infrastructure to Support Public Health in Kent

(Further detail is available from the Kent Department of Public Health Action Plan)

	Key Corporate / Directorate Targets	

PLAN	NAME OF TARGET IN FULL	LEAD OFFICER
The Kent Agreement	Outcome 16 – support PCT lead: To promote the health of Kent's residents and reduce health inequalities by addressing variations in health across the county Smoking: Increase the number of smoking quitters who attended NHS smoking cessation clinics Decrease the number of mothers who smoke in pregnancy	Denise McCoy
The Kent Agreement	Outcome 16- Support PCT lead Obesity: CHD patients with blood pressure 150/90 or lower measured in the last 15 months CHD patients with cholesterol 5mmol/l or less measured within the last 15 months People aged 15-75 with BMI 30+ as proportion of those with BMI recorded in last 15 months People aged 15-75 with BMI recorded as proportion of people registered with a GP	Denise McCoy
The Kent Agreement	Outcome 16- Support PCT lead Sexual Health/Teenage Pregnancy: % of people contacting sexual health (GUM) services seen within 48 hrs of contact Teenage pregnancy per 1000 females	
The Kent Agreement	Outcome 16- Support PCT lead Mental Health: Follow up within 7 days of discharge from hospital for adult mental illness patients on enhanced CPA Age standardised death rate from suicide and undetermined injury per 100,000 population	
The Kent Agreement	Outcome 16- Support PCT lead Children and Sports: 5-16 year olds taking 2 hours of high quality sport and PE weekly	Debbie Smith

	5-16 year olds taking 3 hours of high quality sport and PE weekly Adults and Sports: Adults taking 30 minutes of sport and physical activity on at least 5 days per week (age standardised rate)	
Towards 2010	Lead on Target 48: Increase opportunities for everyone to take regular physical exercise	Debbie Smith
Towards 2010	Lead on Target 49: 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 well-being.	Meradin Peachey
Towards 2010	Lead on Target 50: Introduce a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drug and early or unprotected sex.	Debbie Smith
Towards 2010	Support Target 47: 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.	Kent Sports Development Unit
Towards 2010	Support Target 51: Encourage healthy eating by providing nutritious lunches through the “Healthy Schools” programme and launch a range of community-based healthy eating pilots.	CFE

These business objectives are monitored to ensure they will be delivered. Risks associated with potential non-delivery and the controls in place to mitigate those risks, have been assessed and documented as part of the annual operating plan process. A risk plan has been developed as necessary.

Towards 2010 detailed action plans can be found at
http://www.kent.gov.uk/publications/council-and-democracy/towards-2010-action-plans.htm

CORE SERVICES AND FORECAST ACTIVITY LEVELS

The KCC base budget for the Department covers the salary costs of:

The Director of Public Health (one-third contribution to costs)
A Policy Manger (Post originally transferred from KASS)
Administrative support post (one third contribution to costs)

A Policy Officer Post is currently in the second year of a two year secondment (funded by previous year's underspend in CED)

(5 other posts (4.11 FTE) are funded by the Primary Care Trusts)

Other budget lines include:

the Communities for Health funding for the ActivMob project (originally £100k)

the budget for delivering Target 50 of T2010 – a hard hitting campaign designed to influence young people who engage in behaviours potentially detrimental to their health.

hosting the budget for LINKs (£4..k) whilst the service is established by the corporate policy team

hosting the Kent Health Watch Budget (£300k) until it is transferred to Communities Directorate who will have operational responsibility for the service).

Revenue Budget

						PUBLIC HEALTH BUSINESS PLAN /BUDGET 08/09							
2007-08 FTE	**2007-08 Controllable Expenditure £'000**	**COST CENTRE**	**Activity/budget line**	**2008-09 FTE**	**EMPLOYEE COST £'000**	**RUNNING COSTS £'000**	**Contracts & Projects £'000**	**GROSS EXPENDITURE £'000**	**EXTERNAL INCOME £'000**	**INTERNAL INCOME £'000**	**CONTROLLABLE EXPENDITURE £'000**	**Cabinet Member**	
1	**162**	52030	Public Health	**2.0**	121.0	44	792	**957**			**957**		
1.0	**162.0**		**TOTALS**	**2**	**121.0**	**44**	**792**	**957**	**0**	**0**	**957**		
								PUBLIC HEALTH CONTROL TOTAL			**957.0**		
	BUDGETED FTEs							**2007/08**	**2008/09**	DIFF	**0.0**		
	J AND ABOVE OR EQUIVALENT (FTEs)												
								1	**1**				
	I AND BELOW (FTEs)												
									1				
	TOTAL							**1**	**2**				

	OF THE ABOVE TOTAL, THE ESTIMATED FTE WHICH ARE EXTERNALLY FUNDED													
					RECON			**1.0**	**2.0**					
					BALANCE SHOULD BE ZERO			**0.0**	**0.0**					

"The Managing Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects:

Project/ development/key action	a/c manager	Link to Corporate/Directorate Target	Deliverables or outcomes planned for 2008/09	Target dates
Bullet point line to describe	**Name**	**eg. Lead on T2010 Target 21, Support for KA Outcome 15**	**Bullet point description of SMART outcomes.**	
Health promotion in former mining communities (Betteshanger Ward)	Mark Lemon/Debbie Smith	T2010 Target 48 T2010 Target 49 KA Outcome 16	Increase in number of people taking regular physical exercise Increase in consumption of healthy foods and better nutrition	By March 2009
Interreg IVa Project -Coastal Deprivation	Debbie Smith/Mark Lemon Debbie Smith	KCC Regeneration Strategy KA Outcome 16	Identify models of intervention to reduce health inequalities in coastal towns	By March 2010
Smoking cessation- Private sector and PCTs	Debbie Smith	KA Outcome 16 T2010 Target 48 T2010 Target 49	Increased number of 4 week quitters through new models of working with young people	By March 2009
Physical activity for adults	Dr Declan O'Neill			
Public Health Observatory for Kent	Debbie Smith	T2010 Target 50	Increase in number of people taking regular physical exercise Improve and increase the amount of data, information and analysis available to the public health workforce	By March 2009
Introduce a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drug and early or unprotected sex.	Debbie Smith	T2010 Target 48 KA Outcome 16	Reduce the numbers of young people engaging in behaviour potentially damaging to their health	By March 2009
Charlton Athletic activity programme for adults	Debbie Smith	KA Outcome 16 Public Health Strategy		By Dec

Implementation of Health Inequalities Action Plan Kent Health Watch Implement Alcohol Strategy Develop KCC policy on Health Impact assessment	Mark Lemon Mark Lemon/Debbie Smith Mark Lemon	T2010 Target 50 KA Outcome 16 Public Health Strategy KA Outcome 16	Increase in number of people taking regular physical exercise and more people taking responsibility for their own health to prevent the onset of chronic conditions Establishing partnerships to reduce the inequalities in health within and between Kent districts Establish Kent Health Watch Reduce number of people suffering from the harmful effects of alcohol Increase numbers of HIA's completed	2008 By March 2009 Ongoing By June 2008 By March 2011 (?) Ongoing

In line with financial regulations, any capital projects on this list will be subject to a prior "gateway review" by the Project Advisory Group and in consultation with the Leader

USER/ RESIDENT INVOLVEMENT PLANNED FOR 2008/9

Any planned work (it does not need be a surveys) that will give the residents of Kent an opportunity to consider and give its views on issues so that those views can be taken into account before decisions affecting policies or services are taken. This can be a nil return.

All service developments will be based on community consultation and assessment of health needs. (For methods and mechanisms see above).

CAPACITY, SKILLS AND DEVELOPMENT PLANNING

Continuing professional development to meet the changing environment for public health and keeping up to date with best practice will be necessary for all team members. Leadership programmes and Public Health Champions courses are part of the workforce development strategy that is being introduced for all involved in public health.

A business manager will be recruited to replace the public health network manager who is leaving. This will rebalance the team to meet the anticipated demands of the next few years.

New partnerships will need to be developed especially in currently underdeveloped sectors such as the private and voluntary. The new LAA will provide challenges to current arrangements and opportunities to create different partnerships especially with district councils and communities.

There are no staff recruitment and retention issues at present.

The current team has been established with the skills profile necessary to deliver the current priorities. It is anticipated that this will remain relatively constant over the next five years. The age profile of the team includes one or two people who may be attaining retirement age within the next five years. This should not present serious problems.

The bringing together of all members of the team (including colleagues from the PCTs) to the same location for the first time will bring extensive benefits.

There are major initiatives for developing the public health workforce:

The Public Health Workforce Development Strategy for Kent has been issued for consultation

A network of Health Trainer Tutors will continue to be developed

The Public Health Champions course is running to involve the wider public health workforce

The Continuing Professional Development Programme is available to those working in public health

A workforce development newsletter is being developed

EQUALITIES AND DIVERSITY

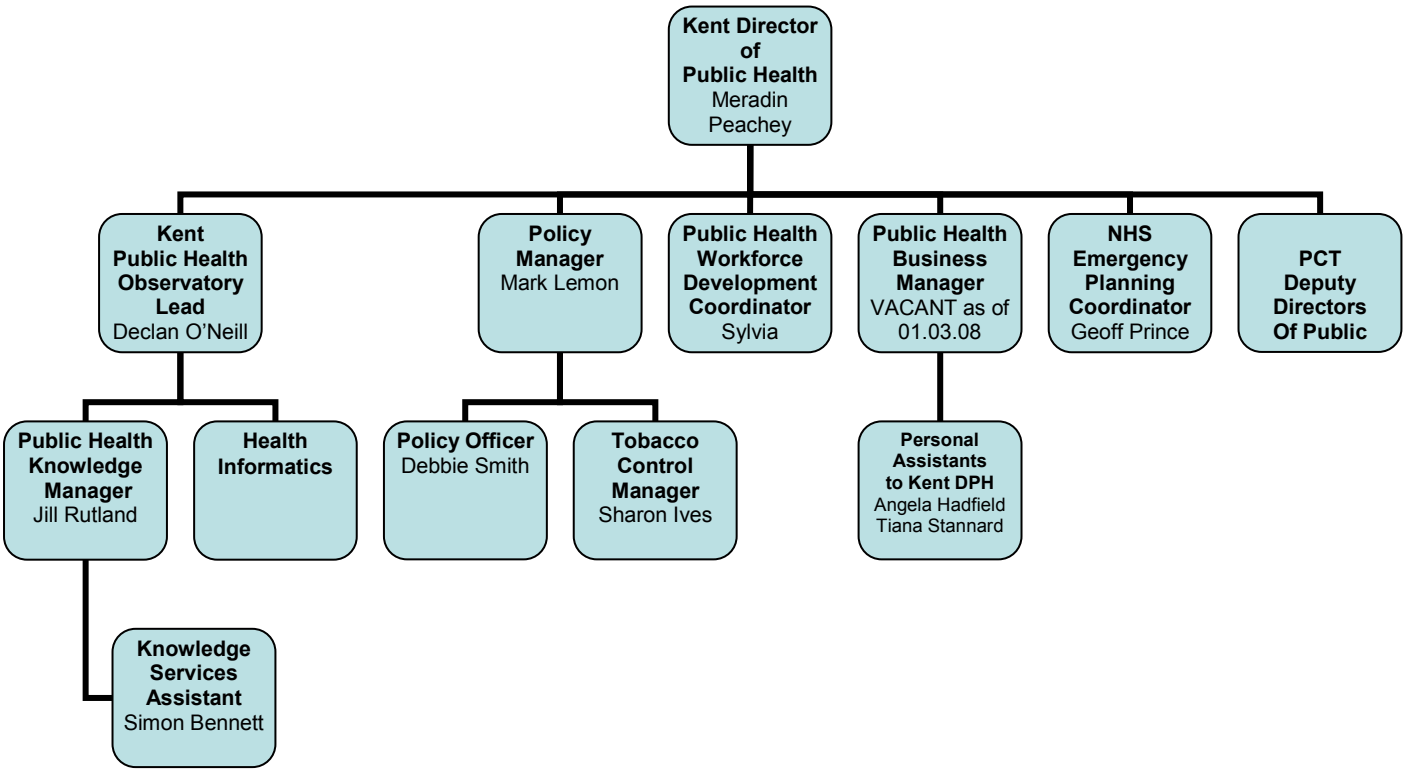
Successful delivery of improvements to public health require a good understanding of how different issues affect people's health status. This includes issues of disadvantage, race and ethnicity, gender, disability, and how lifestyle factors that affect health may be more or less prevalent in different populations and communities. Addressing the inequalities that these factors produce is a major priority for public health. A range of instruments are

available to assist in this analysis including Health Equity Audits, Health Impact Assessments, Community Health Profiles, Joint Strategic Needs Assessments, and others. Many of these contribute to the data and information set that is the basis for evidencing the need for interventions. This will be enhanced by the new Kent Public Health Observatory that will become operational this year. New ways of working with individuals and communities designed to identify and respond to their needs and wants better, such as Social Marketing and co-production, are also being increasingly used across public health work.

All developments, proposals, and policies will be subject to Equality Impact Assessments and any other relevant KCC requirements.
Representatives of communities affected are included in the planning and development of all by proposals and initiatives.

RESOURCES

Structure chart



Staffing

	2007/08	2008/09

Pt13 and above or equivalent (FTEs)	2	2
Pt12 and below (FTEs)	7.44	7.44
TOTAL	9.44	9.44
Of the above total, the estimated FTE which are externally funded	7.11	7.11

SECTION 17 CRIME & DISORDER ACT

Combating social exclusion and the misuse of drugs and alcohol are key components in improving the health of the public. Reducing substance misuse and excessive alcohol drinking is a clear priority area within the Public Health Strategy. The KDPH is responsible for delivering Target 50 of T2010 – a hard-hitting campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drugs and early or unprotected sex. KDPH will also, through the Public Health Board, monitor the implementation of the Kent Alcohol Strategy and work closely with KDAAT to meet the drugs rehabilitation targets of the PCTs.

People who are affected by social exclusion are generally part of marginalised groups who are more likely to suffer from health inequalities. This will include drug and alcohol users, people with mental health problems, prisoners and gypsies and travellers. All of these groups are priorities for public health interventions under the Kent Public Health Strategy.

The Health Inequalities Action Plan will be aligned with the district councils' Community Strategies.

Colleagues working with issues of antisocial behaviour such as KDAAT, Charlton Athletic, Youth Offending Service, Community Wardens, and others will be key partners in the delivery of public health priorities to hard to reach communities and others affected by social exclusion.

CORPORATE ENVIRONMENTAL PERFORMANCE AND CLIMATE CHANGE ADAPTATION

Business Unit cross-cutting environmental objective	Lead officer	Deliverables / outcomes for 2008/09	Target date
Encouraging changes to people's lifestyles to be healthier can also benefit the environment. More walking and cycling reduces dependency on motorised transport. Healthier eating of fresh food can promote local produce (reducing foodmiles) and organic food decreases the use of harmful pesticides and fertilisers.			

Project / development / key action	Evidence of compliance with KCC Environment Policy	Major climate change impacts on service delivery	Adaptive action in 2008/09 (include lead and target date)
Separate detailed action plan to be developed.		Flooding carries increased risks of water borne diseases. High and prolonged Summer temperatures and heat-waves can have serious and fatal effects especially for older and vulnerable people – as in France in 2006. Prolonged cold spells in Winter can also lead to higher death rates. Some infectious diseases may be more likely to spread as climate changes and weather patterns alter. Increased sea levels	Emergency planning has been reviewed following recent serious flooding events. A Summer escalation plan for the health service is now in place to address these problems if they arise. Winter planning ahs been a feature of health and social care practice for some years and continues to be refined. This problem is recognised but has not materialised yet. This problem is

		may lead to displacement and movement of large populations that can cause serious health problems for both the displaced population and the people in areas they move to.	recognised but has not materialised yet.

SECTION 3: MONITORING AND REVIEW - HOW DO WE KNOW WE ARE THERE?

General overview of progress towards all priorities and targets will be through the Public Health Board by the responsible officer.

Progress on key targets from the Kent Agreement and Towards 2010 will be reported twice yearly through the agreed corporate processes.

Health Overview and Scrutiny Committee will be updated on the progress of select committee recommendations on an annual basis.

Corporate Policy Overview Committee will receive annual reports from the Director of Public Health on the progress of the business plan.

Other Policy Overview Committees will be kept informed on progress of relevant targets and select committee recommendations as agreed.

Action to ensure sufficient progress will be taken by the director of Public Health.