

# Commissioning Public Health Services

## Introduction

This report summarises the current Commissioning of Public Health Services in Kent.

The analysis provides a rationale for the service, provides an indication of targets, current performance and the evidence base upon which services are commissioned. Performance management continues to be carried out through the NHS performance management system and reported to respective NHS boards and more recently the Kent and Medway PCT Cluster Board.

We are now working with KCC performance management system to ensure performance is also included.

Where our main provider is the Kent Community Health Trust we are working over the current year to understand the differences between East and West contracts and to bring them to one standard in the future, as the service is beginning to plan to bring services together.

Summary of the Current Public Health Commissioning Investment per Provider is as follows:

<b>Kent Community Health Trust</b>		
Smoking Cessation*		£2.61m
Sexual Health**		£9.60m
Health Trainers		£0.76m
Healthy Schools		£0.49m
Health Checks*		£0.73m
Healthy Weight		£0.94
<b>Total</b>		<b>£15.13m</b>
<b>District Councils</b>		<b>£1.0m</b>
<b>Dartford</b>	<b>£185K</b>	
<b>Gravesham</b>	<b>£212K</b>	
<b>Maidstone</b>	<b>£203K</b>	
<b>Sevenoaks</b>	<b>£131K</b>	
<b>Tonbridge and Malling</b>	<b>£132K</b>	
<b>Tunbridge Wells</b>	<b>£137K</b>	
<b>Other Providers</b>		<b>£0.60m</b>

Notes on table above:

\* The service is also provided through GP Practices, Community Pharmacies and alongside other local service providers.

\*\* There are currently operating two different models of GUM provision between East and West Kent.

A summary of each service follows:

## Smoking Cessation

**Investment: £2.61m**

Smoking is the single greatest underlying cause of health inequalities and the differences in life expectancy between communities.

For the last twenty years or so the National Health Service has required Primary Care Trusts to set and achieve targets around successful smoking quitters as measured by four week quitters. The service currently is delivered via a model of one to one advisers, group sessions, structured sessions at specific venues (e.g. Children's play groups to work with provide support to parents quitting) and through structured referral from community and hospital staff. Group sessions are shown to be more effective overall in helping people to quit; however a mixture of services are provided to meet all preferences.

Research has shown that smoking cessation is extremely cost effective, indeed 40-50 times more effective than the cut off used by NICE when assessing interventions for the National Health Service. It is also suggested that for every pound spent in the NHS on Smoking Cessation services, it generates eleven pounds savings elsewhere in the health service.

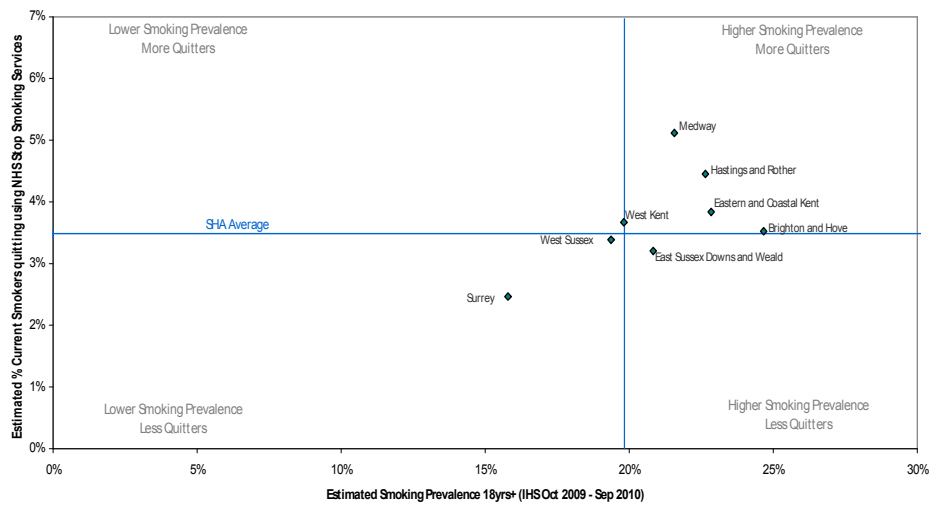
Healthy lives, healthy people: a tobacco control plan for England published in 2011 sets out national ambitions:

- To reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015 (from 21.2 per cent), meaning around 210,000 fewer smokers a year.
- To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less (from 15 per cent) by the end of 2015.
- To reduce rates of smoking throughout pregnancy to 11 per cent or less (from 14 per cent) by the end of 2015 (measured at time of giving birth).

The chart over the page shows the effectiveness of local services compared with the estimated prevalence of smokers in the over 18 age groups.

The graph shows both Eastern and Coastal Kent and West Kent above the line in terms of high prevalence and high quitters.

Smoking Prevalence compared to estimated proportion of Current Smokers quitting using NHS Stop Smoking Services (2010-11)



Data Sources: Stop Smoking Services Quarterly Monitoring Returns, 2010-11, The NHS Information Centre  
 Estimated Smoking Prevalence from Integrated Household Survey (IHS) Oct-09 to Sep-10  
 Please note: IHS Smoking Prevalence not provided at FCT level. Where FCT boundary not coterminous (marked \*) with County or Unitary, prevalence is derived from weighted average of District smoking prevalence estimates.  
 Estimated % Current Smokers quitting using NHS SSS = 2010-11 Successful Quitters (self reported) / Number of Current Smokers (calculated by multiplying the estimated prevalence of smoking to Mid-2009 Population aged 16+)

Targets	Evidence Base	Progress to date
Target in East Kent = 5197 Target in West Kent = 4220 Smoking is an addiction and not everybody that attempts to quit will indeed quit. Evidence shows that current services achieve a rate of around 50% success. Thus in Kent, the services will need to work with almost 38,000 smokers to achieve the target	NICE has produced a wealth of appraisals and guidance on the evidence base for smoking cessation including pharmaceutical intervention, together with Public Health guidance on specific services: Included are PH 1, PH 5, PH 10, PH 14, PH 25 and TA 123	Based on a trajectory that takes into account previous years and out-turn both services in East and West are projected to meet their respective targets

## Sexual Health Services

**Investment            £9.6m**

Sexual Health remains a priority for public health with the rise in HIV cases in the 80s and the continuing prevalence of sexually transmitted disease including chlamydia, and the ongoing relatively high rates of teenage conceptions when compared with our European neighbours.

Targets include maintaining 48 hr access to Genito-urinary Medicine (GUM) clinics, improving coverage of the national chlamydia screening programme, ensuring accessible and young people friendly sexual health services, providing access to abortion services and reducing teenage conception rates.

Sexual Health services are a mix of health improvement and clinical service provision such as contraceptive services, GUM and HIV.

There are currently national discussions about taking HIV element out of sexual health service commissioning

Targets	Evidence Base	Progress
To meet national targets indicators for access to GUM, Chlamydia testing, Teenage Pregnancy and access to Contraceptive services	NICE has produced a number of Public Health guidance covering elements of sexual health services including: PH3: Prevention of sexually transmitted infections and under 18 conceptions PH 33 and 34 aimed at improving the uptake of HIV testing in particular target groups Evidence base for the treatment of sexually transmitted also provided by the Health Protection Agency	Current targets are being met for GUM appointments being offered but we are below target for appointments being seen. Target for Chlamydia screening coverage is 35% which has been really challenging for most of the country. Aim is to also retain positivity rates otherwise we will reduce the value for money. Teenage Pregnancy remains a challenging rate particularly in Maidstone, Swale, Thanet and Shepway.

## Health Trainers

**Investment £758K**

The Health trainer's service is commissioned in both Eastern and Coastal and West Kent to help local people to develop healthier behaviour and lifestyles. Health Trainers offer practical individualised support to change behaviour to achieve their own choices and goals including:

- Emotional wellbeing
- Healthy eating
- Exercise

- Losing weight
- Sexual health concerns
- Stopping smoking
- Drug and alcohol issues
- Accessing local services

The ability to motivate people is therefore a key part of the work of a health trainer.

Health trainers are drawn from more deprived areas of Kent, and need to be able to work with existing community groups and to be involved in supporting new groups. This involves networking with other agencies and organisations (For example Kent Probation where Health Trainers worked with community based offenders)

Target	Evidence Base	Progress
The Health Trainer service contributes to a national data set. Coverage is required in of our most deprived communities with the target set in East Kent for 900 new contacts to be established	NICE PH guidance 6 Health Trainers were introduced by the previous government through Choosing Health. A national evaluation is expected to be published imminently.	By the end of Quarter One; the service had made 266 new contacts which is in line with the annual target.

## Healthy Schools

### Investment £486K

The **National Healthy Schools Programme** (NHSP) is a joint Department of Health and Department for Children, Schools and Families project intended to improve health, raise pupil achievement, improve social inclusion and encourage closer working between health and education providers.

It has four themes, each with its own criteria:-

- Personal, Social and Health Education including sex and relationships and drugs education
- Healthy Eating
- Physical Activity
- Emotional Health and Well-being, including bullying.

The Government had set a target for all schools to work towards achieving National Healthy Schools Status, more than 97% are participating in the scheme and 75% achieved this by December 2009.

A number of schools that have achieved National Healthy School Status are now working towards broadening and deepening the Healthy Schools themes

within school and creating other opportunities to promote health throughout the school day.

Target	Evidence Base	Progress
Achievement of National Healthy Schools status  Coverage of schools working on the Enhanced National Healthy schools scheme and maintaining Healthy Schools status.	Again NICE has published a couple of Public Health guidance related to the social and emotional wellbeing of children attending primary and secondary schools.	At October 2011:West 96% achieved healthy School Status 30% have completed whole school review to maintain HSS universal provision (those schools at end of 3 year term) 26% schools moved on to engage with Healthy School Enhancement model- with priorities of Healthy Weight (Primary Schools) and Risk taking Behaviours –U18 Conception/Drug and Alcohol misuse (Secondary Schools).

## Health Checks

### Investment £728K

Vascular disease affects the lives of more than four million people and kills 170,000 every year and includes:

- Heart disease
- Stroke
- Diabetes
- Kidney disease

A comprehensive cardiovascular risk assessment and management programme was recommended by the National Screening Committee in 2008, and some early adopter areas of England have delivered NHS Health Checks since 2009.

The NHS Operating Framework asks PCT's to progress the implementation of health checks ensuring that they look at ways to reduce health inequalities, considering in particular the findings of a pilot of health checks for carers that will be published in 2011/12.

Implementation of the NHS Health Check programme has been delayed across Kent.

Target	Evidence Base	Progress
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<p>The South East Coast Strategic Health Authority has agreed a target of 4.6% (rather than 18%) of the eligible population to receive an NHS Health Check for 2011/12 which equates to 51,230 individuals. The expectation is that full roll out will be achieved during 2012/13. At full roll-out 93,144 checks will be delivered annually.</p>	<p>Reducing risk with people with vascular disease and finding people with vascular disease and getting these people into treatment has been determined to be clinically and cost effective. Relevant NICE clinical guidance supports this approach, for example NICE guidance on hypertension.</p>	<p>This programme is in its implementation phase and thus the coverage of offering and acceptance of the health checks is currently lagging behind predictions.</p>
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## Weight Management Services

**Investment £1.94m**

**This includes investment of NHS West Kent into local council schemes as follows:**

<b>Dartford</b>	<b>£185K</b>
<b>Gravesham</b>	<b>£212K</b>
<b>Maidstone</b>	<b>£203K</b>
<b>Sevenoaks</b>	<b>£131K</b>
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It is estimated that approximately 28 % of the Kent population is obese (354,022) and over 60% are overweight.

Intervention at a primary prevention will help to reduce the number of people that fall into the next BMI category.

Improving the population's diet and physical exercise is addressed using both a clinical approach and a health improvement approach. These services are currently commissioned through both Kent Community Services in East Kent and through District Councils in West Kent

The Health Improvement Team also provides additional programmes listed below which support behaviour change with respect to increasing activity and improving diets including:

- The Exercise Referral Scheme
- The Weight Management Scheme
- Mind, Exercise, Nutrition... Do IT! MEND 7-13
- Mind, Exercise, Nutrition... Do IT! MEND 2-4
- Health Walks
- Bitesize Nutrition Training

- Food Champion Training
- National Childhood Measurement Programme (NCMP)

Target	Evidence Base	Progress
<p>NCMP. Data for the school year just completed is not available yet, although returns to the DoH have been completed.</p> <p>National target is to achieve a coverage rate of 91%</p>	<p>Again NICE have produced a number of Public Health guidelines related to the management of healthy weight including:</p> <ul style="list-style-type: none"> <li>• PH2: Four commonly used methods in increase physical activity</li> <li>• PH8: Physical activity and the environment</li> <li>• PH17: Promoting Physical activity for children and young people</li> </ul>	<p>For the years 2009/10</p> <p>East Kent: Yr R 95.6% Yr 6 91.5%</p> <p>West Kent Yr R 97% Yr 6 95.6%</p>

## Sundry Programmes

### Investment £458K

A number of additional sundry programmes are commissioned either across Kent or are based on historic arrangements with legacy PCTs to the current configuration.

Services include:

- Promotion of breast feeding uptake
- Community development alongside Healthy Living Centres
- Specific district based programmes such as Get Active, Feel Alive in Canterbury City Council area.
- House
- House on the move
- Youth Bytes

Target	Evidence Base	Progress
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<p>Breast feeding uptake: The current target measures continuation of breast feeding for six to eight weeks with the national target to have a coverage rate of over 95% (this is the rate where we know about the outcome of 95% of births).</p>	<p>Nice has published Public Health guidance as follows:  PH11: Maternal and child nutrition</p>	<p>For Q1 of 2011/12 East Kent 87.2% West Kent 88.8%</p> <p>The ongoing issue being addressed is getting the data from every GP practice in Kent</p>
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