By:	Graham Gibbens – Cabinet Member for Public Health Meradin Peachey – Director of Public Health
To:	Cabinet - 15 October 2007
Subject:	ANNUAL PUBLIC HEALTH REPORT FOR KENT
Classification:	Unrestricted

Summary: The production of the Annual Public Health Report is a statutory duty for the Director of Public Health. The Director of Public Health is giving cabinet members and Primary Care Trust Boards an opportunity to comment on the recommendations prior to publication.

An innovative approach is being taken to widen access to public health information. The following will be available:

- 30-40 page summary
- Health of young people summary written by young people
- 200 page report
- An even larger amount of information available on the web enabling detailed information at district council area level

For Information

1. INTRODUCTION

1.1 Public Health in Kent

In November 2006, following reorganisation of the Primary Care Trusts in Kent, I became the Director of Public Health for Kent. This is a new, unique post, jointly appointed by Kent County Council, Eastern and Coastal Kent and West Kent Primary Care Trusts (PCTs). Public Health has of course been working apace under the previous structures and has a substantial amount of existing work on which to report. It is my great pleasure to present the first annual report of the Director of Public Health for Kent for the year 2006.

The local authorities and primary care trusts in Kent are committed to improving the health of the people living in the county. The responsibility for improving the health of the population is enshrined in the organizational objectives of the two PCTs. Kent County Council (KCC) has demonstrated its commitment to Public Health, through the appointment to Cabinet of a lead for Public Health and in the adoption by Council of the Kent Strategy for Public Health. This has also been adopted by the boards of the two PCTs. Public Health is of course also of major concern to all our partner agencies, the Borough and District Councils, the NHS Trusts, the wider public sector, the voluntary and private sectors and the community itself. Mechanisms such as the Local Area Agreement (LAA), the Public Sector Agreements (PSA), community plans and a multitude of other partnership processes, demonstrate the enhanced partnership working, which is a major main

feature of developments in Kent over several years. Kent has been a pilot site for the implementation of Local Area Agreements in advance of other parts of the country.

The 2004 White Paper, "Choosing Health: Making Healthier Choices Easier" focused on key areas of Public Health with respect to both the responsibility of individuals, and of the communities they make up. It also identifies the importance of the partner statutory agencies (including central and regional government) for improving health. The 2006 white paper "Our Health, Our Care, Our Say: A New Direction for Community Services" places a responsibility on the Director of Adult Social Services and the Director of Public Health for the production of a regular joint strategic needs assessment to enable local services to plan ahead and to support the development of the wider health and social care market.

1.2 The Health of the Population

The report provides baseline measures and contemporary trends, in population health, which are likely to be improved over the next few years as a result of the new programmes being developed.

In Kent there are significant areas of deprivation, some of these are quite extensive and it is a particular feature of the coastal fringe of the county. Others are often discrete, among areas of greater affluence, and they risk being lost in aggregated statistics if we do not specifically seek them out. More deprived populations experience less health gain opportunities and worse health outcomes. For example, the difference in life expectancy between the 20% least deprived wards compared to the 20% most deprived wards is 6.5 years. Difference in mortality for specific diseases are even more marked. Childhood accidents, low birth weight, infant mortality and teenage pregnancy all show these sorts of variations. Over the next 25 years the population will grow and will become increasingly older. A major priority is the development of the plans needed to deliver the White Papers and strategy. They will address the capacity of the individual and their communities to reduce ill health.

Smoking is still the single largest preventable cause of death and ill health, (with smoking attributable illness in Kent accounting for approximately 12,000 excess hospital admissions at a cost of in the region of £26 million per annum, and we are working with local authorities and other agencies to provide extensive programmes across a range of sectors e.g. tobacco control strategy.

The health impact of obesity is also substantial, and the report outlines opportunities for working with GPs, community pharmacies, leisure and exercise centres, and the local authorities more widely to develop targeted programmes, a part of the care pathway approach o management.

Another issue of major interest and concern is young people's lifestyle, incorporating
binge drinking and sexual activity. The individual long-term impact of poor sexual health is identified and multifaceted approaches developed through PCTs sexual health strategies and local authorities plan. Partnership working in the areas of alcohol, sexual health, substance misuse is substantial.

The mental health of the population impacts enormously on all of us. One in four of the population suffers significant mental health problems. Its improvement is also affected by actions in other key areas e.g alcohol, physical exercise and others.

Historically, diseases caused by infections and accidents accounted for the major burdens of ill health in society a hundred and more years ago. Vascular diseases,

cancers, mental illnesses (including dementia) and other long term conditions, have overtaken these as public health has improved and the population lives longer. While the impact of external causes of ill health has lessened, there are still emerging issues which need particular plans (such as pandemic flu, health care associated infections and the risk of bioterrorism). All need the constant surveillance and control measures, many of which are described in this report. In addition the cost benefit of immunization in children and older people, screening for cancers and genetic disorders and the ever constant development of new technologies and treatments means constant attention to the organization, uptake, effectiveness and value for money of these programmes. The partnerships and the services all need to be strengthened, supported and protected within the organizational changes to health service and local authorities, to ensure continuity in the protection, promotion and preservation of good health.

1.3 Why do we have a Public Health Report?

Before there was an National Health Service, public health had been a local authority responsibility and one of the duties of the local authority appointed, Medical Officer of Health was to produce an annual report. With the transfer of public health from local government to the NHS in 1974, the practice of preparing annual reports on the health of the population lapsed. Then, in 1988, the Chief Medical Officer, Sir Donald Acheson, in a report entitled *Public Health in England,* recommended that district health authorities should require their public health directors to prepare independent annual reports, on the health of the population. Subsequent white papers have reinforced this message. A study on the subject (Hill et al. 2000) concluded that reports should be independent, produced annually, contain sufficient information to inform commissioning, accessible to a wide range of audiences, used as an accountability mechanism for the Director of Public Health and should be routinely evaluated.

This is the first Kent-wide Public Health report of the modern era. It covers the major areas of relevance to the Kent Public Health Strategy, and it provides a 'road map' for developing health improvement. It is the first in a series of annual reports and as such does not, and cannot, cover every aspect of public health. Subsequent reports will develop some of the issues addressed here in further detail. Major needs assessment exercises in mental health, children's and adult health will be developed in the near future and more information will emerge on these subjects. There are many aspects of Public Health not covered in this edition, such as special needs, sensory and other disabilities, wider environmental health topics like food safety, health and safety at work, and important disadvantaged minority issues, offender health, homelessness and more, will need to be picked up in subsequent editions. Also there are main stream areas which, while they have been touched on here, will require wider and more detailed attention in the future, such as mental health, social care and others. Finally, it is our intention to further develop our expertise in public health reporting so that we can investigate in more detail the costs in terms of potential years of quality of life lost to ill health, the costs of current care attributable to specific causes of ill health, such as smoking, alcohol, obesity, substance abuse, accidents, poor housing, pollution, etc. and the effectiveness and comparative cost benefits (in both money and life years) relating to specific early interventions.

1.4 Where do we get the information?

Information is the essence of reports of this nature. It comes from a wide range of sources, cited in the text. Davies (1999) described the core purpose of such reports as the production of "publicly accessible information about the health of local communities, based on sound epidemiological evidence, objectively interpreted by

independent experts". In Kent information about the health of the population is necessary to help direct resources to where they are needed.

The determinants of both good and bad health are to be found across society and not necessarily within any particular domain or sector. Similarly, local information relating to public health is widespread and not just found in the domain of health services. To enhance the production of quality public health information is intended that a Kent Public Health Observatory be established. One of its aims will be to bring together information from many local sources and agencies. This will make sure that the people of Kent benefit from the best information available. The observatory will be able to integrate public health information across the NHS, local councils, and other organisations, where ever possible. We will expect to see this information enhancement reflected in the content of future public health reports and other papers.

1.5 What does this report address?

The report represents the independent view of the Director of Public Health for Kent regarding the health of the population.

1.6 What can you use this report for?

1.6.1 For reference:

The scientific literature provides a recent snap shot of accurate information, and evidence, on a wide range of issues, relating to the health of the population. It may be used to underpin evidence based policy development, or it may be sought as a reference document for baselines and trends in particular health issues

1.6.2 For informing:

In our society there are certain well known, preventable conditions and illnesses. The report represents a resource for those who wish to understand some of the evidence, the detail and the arguments used in addressing the major preventable diseases. The report addresses the risk factors, variations in health, inequalities and outcomes associated with such conditions.

1.6.3 For public health planning:

The Kent Public Health Strategy has been mentioned above. This first Kent Annual Public Health Report provides some of the detailed evidence and knowledge base with which to address the requirements of the strategy. The recommendations arising from the report also provide a check-list for public health development and planning. Supporting the strategy are high priority public health plans such as the delivery plan for Choosing Health, PCT Sexual health Strategies and Borough / District Councils' Community Health plans. Recommendations provide a template of actions for improving public health.

1.6.4 For commissioning:

It is expected that all commissioning addresses health inequalities and key issues in health improvement. The development of Practice Based Commissioning (PBC) is bringing this issue further into focus. PBC plans for different service re-provisions mean that commissioning is becoming increasingly tuned and responsive to the health of the population.

1.6.5 For providing care:

The report highlights the importance of the technical aspects of public health, such as assessment of health needs, reviewing and appraising evidence, service review, audit and evaluation. Health services are always the subject of improvement and undergo constant review. Population profiling, needs assessment, evidence reviewing and effectiveness based modeling are fundamental to business plans for new service options. The reports will provide enlarging base of information on which to built some of these functions.

1.7 Who might use this report?

- Health executives, planners and providers
- Local authority members and officers
- A wide range of people connected with public sector organisations
- The voluntary sector
- Academics and students
- Patients and public

2. EXECUTIVE SUMMARY

2.1 Key Areas Covered

2.1.1 Population and inequalities:

The basic demography of the population is explored in detail. The current ageing trend in western populations is reflected. In the next quarter of a century, the local population will increase by around one eighth its current size. Within that change the current child population will increase by less than 5%, but the over 65s will have increased by over 50%. It will be seen that cancer is one of the major causes of ill health and death. It is noticeable that cancer rates in the under 75s have been falling, however there remain significant differences in survival rates compared with other European countries. While there has been substantial improvement there is still a way to go.

Just as needs for health care vary, depending on which part of the population we are addressing, similar wider variations in need can be found where economic, environmental, ethnic and other backgrounds differ.

2.1.2 Highly preventable ill health:

The burdens of ill health related to smoking, obesity and lack of physical activity are in the news nearly every day. Less familiar but also important and avoidable, are some of the ill health burdens relating to alcohol, mental illness and sexual health issues. In the future it is expected that PCTs will identify issues in relation to their economic as well as health implications. To do this there will be development work conducted in the area of programme budgeting, the principle of which is to identify all the resources relating to a specific subject area, for example diabetes.

2.1.3 Population Groups:

In addition to inequalities the report addresses particular health issues pertaining to the young and the elderly and the workforce.

2.2 Key Recommendations

2.2.1 On Providing Effective Health Care

That Public Health develops comprehensive, coordinated needs assessment programmes, within partners' strategic plans, and develop tools for assessing the burdens of hospital morbidity and other health service activity attributable to specific agents such as smoking, alcohol, accidents etc.
That the PCTs, with partners, enhance peoples decisions relating to their own health, through improving access to information and / or which helps them modify their lifestyle, as appropriate.
That PCTs and providers work towards the development of more streamlined access to out of hours care through better coordination of primary care, secondary care, the ambulance service and NHS Direct.
That plans for future use of community hospitals consider the definitions and classifications of their activity to make it comparable with hospital activity elsewhere.

2.2.2 On Inequalities

To develop strategies to ensure that programmes are developed, through partnership working, to reduce inequalities at all levels.

That the programmes focus on people in poverty

That they narrow the health divide, promote health gain and reduce inequality throughout the whole population

That they level up not down and that actions are monitored.

2.2.3 In the case of Small Businesses

Small businesses account for a large proportion of the employment in Kent. Key factors addressing health improvement in this work force include incentives which enable the small business community to promote healthy workplaces and which provide occupational health support to their staff. There is a potential opportunity for primary care practices to consider developing better access to occupational health services

2.2.4 Regarding Children's Health

Partners should address the health needs of children in Kent to guide a multi-agency approach, to fulfil the outcome objectives set out in the Government White Paper: Every Child Matters, and in response should continue to increase investment in specialist services that prevent ill-health and facilitate optimal child health development and determine ways to 'mainstream' their funding to enable the development of Sure Start Children's Centres and similar prevention programmes.

PCTs should lead a campaign to optimise the uptake of MMR vaccination programmes in Kent.

Partners should evaluate studies into 'Looked After Children' and should use the evidence to focus the further development of services.

2.2.5 For Older People

Adult services, the PCTs and their partners should promote independence and engagement for older people by increasing the opportunities for them to stay involved in their communities and by ensuring that older people are not admitted to

hospital or residential care due to lack of appropriate housing or access to housing adaptations, assistive equipment or technology.

The strategy should be supported through:

Development of comprehensive falls prevention programmes

Promotion of material well-being and financial security for older people

Promotion of healthy active living programmes, active ageing programmes.

Development of common commissioning frameworks for older people to ensure joined-up health and social care services.

Development of common commissioning frameworks for older people with dementia, to address the special needs of that group, and their carers.

Development of plans for specific information provision and advice to older people, to encourage healthy lifestyles, greater social inclusion and participation in community life.

2.2.6 On Smoking

There is a need to:

To develop stop smoking services that meet the needs of younger people, as well as the adult population.
To develop a more coordinated approach to promoting stop smoking services in Kent.
To conduct specific plans which result in more partnership work with Her Majesty's Revenue and Customs.
To promote Age of Sales legislation through Kent Alliance on Smoking & Health and liaise with Healthy Schools to ensure adequate support for young people in Kent.
To intensify the work done with local authority partners to ensure the success of smokefree legislation in Kent.

2.2.7 On Obesity

It is recommended that:

A comprehensive evaluation programme to provide an estimate of expected morbidity attributable to obesity against which to monitor the outcome of obesity programmes on specific segments of the target population.

Partnership agreements with common aims and objectives that ensure benchmarking, shared information and target setting for improvement

2.2.8 Mental Health

It is recommended that:

Advocacy for Mental Health issues becomes a major priority for the PCTs and KCC

Partners develop comprehensive needs assessment for mental health

Estimates of levels of specific mental illness across Kent be determined in order to refine services directly toward improved outcomes in adults and young people.

2.2.9 Drugs and Alcohol

It is recommended that:

The county wide access to drugs treatment services should be maintained, ensuring drug users, particularly injecting drug users, are engaged and retained in treatment, with its attendant health gains and savings for the health sector.

Access to alcohol treatment should be improved to ensure equality of access across the County.

Access to screening and testing for Hepatitis C should be improved for injecting drug users, to increase numbers in treatment and encourage risk reduction by those without a positive diagnosis.

Access to vaccination for Hepatitis A and B for drug and alcohol misusers should be improved, to reduce transmission and infection.

2.2.10 On Sexual Health

There is a need for:

An increase in accessibility to sexual health services particularly Chlamydia screening.

Developing better Personal Relationships and Sex Education (PRSE) within Personal, Social and Health Education Programmes (PSHE)

Services to work towards a network approach offering signposting to other sexual health services, to standardize service provision and promote sharing of good practice.

Developing One-stop community genito-urinary medicine (GUM) clinics to meet 48hour targets

2.2.11 For Accidents

It is recommended that:

A body to coordinate and oversee injury prevention in Kent be established.

Action be taken to enhance data and surveillance and workforce capacity to directly reduce the burden of ill health from accidental injuries.

Action be taken to enhance data and surveillance and workforce capacity to directly reduce the burden of unintentional injuries to children.

Kent Public Health develop options for leadership and processes to address this and other areas of accidental prevention.

2.2.12 Environment

It is recommended that:

The development of Joint Strategic Needs Assessments will be used to influence both local and regional planning processes (including the Local Development Frameworks) in order to plan appropriately for future population needs.
In addition to this, that Health Impact Assessments are routinely undertaken as part of planning new housing developments and regeneration projects.
Continue to improve the links between health, housing and social care in order to reduce inequalities, improve people's ability to stay in their own homes, and improve services that are available to them.
To identify opportunities for preventing exacerbations of airways diseases (asthma, Chronic Obstructive Pulmonary Disease etc.) arising from early warnings generated through surveillance of Kent's air quality.

2.2.13 On Health Protection

It is recommended that:

The evaluation, promotion and enhancement of effective hand hygiene and of prudent antibiotic prescribing at all points of prescribing should be carried out across the health care system.
Appropriate isolation of patients and use of personal protective equipment wherever indicated.
All health care professionals should continue to promote the MMR vaccine and should actively discourage parents from having their children vaccinated with single vaccines. Parents should be provided with support and information in order to address their concerns.

2.2.14 Emergency Planning

To review and publish an updated Kent Community Risk Register (CRR), undertake collaborative risk assessments for newly identified risks, monitor risks and identify where gaps exist in plans and take the necessary remedial actions in 2007
To develop a multi-agency annual programme of training and exercises with a view to maximising training opportunities. This programme will also include Table Top and Command Post exercises, at strategic level, with the Kent Resilience Forum (KRF) partners in response to new guidance on Mass Casualty and Pandemic Flu planning requirements, in 2007.

3. Recommendation

Cabinet is asked to:

(i) NOTE and SUPPORT the contents of the report.

Meradin Peachey
Director of Public Health
Meradin.peachey@kent.gov.uk
Ext: 4293