Public Health Factsheets

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December 2012

Version	Status (Draft or Approved)	Date	Author/Editor	Details of changes
1.0	Draft	23/12/2012	Natasha Roberts	Initial draft of the 23 programmes of public health
1.1	Draft	07/12/12	Natasha Roberts	Addition of a title, notes and contents page. Amendments to factsheets 16,19, 20, 21, 22 and 23. Minor changes to the Target and outcomes sections in all appropriate factsheets
1.2	Draft	12/12/12	Natasha Roberts	Added an additional paragraph to factsheet 20.
1.3	Draft	19/12/12	Natasha Roberts	Replacement of factsheet 11.0 Dental Public Health

Prepared by	Natasha Roberts – Head of Health Intelligence	Next review: January 2013

Notes:

- The costs contained within the factsheets reflect what is currently known about the cost of the existing services. The costs do not reflect what the public health budget allocation will be for 2013-14.
- These costs will be revised and the factsheets reissued when the budget are allocated.
- The advice and support to National Commissioning Board is still being worked through the factsheet represents possible advice and support
- The advice and support to Clinical Commissioning Groups is still being worked through the factsheet represent possible advice and support

Contents

1.0 Tobacco Control and Smoking Cessation

What is the service?

Offering brief advice to stop smoking is the single most cost-effective and clinically proven preventive action a healthcare professional can take.
Smoking prevalence in Kent is 24.9%, and it is a major reason for our health inequalities. Helping people to stop smoking is a key part of the business of NHS services across Kent. PCTS set and achieve targets around successful smoking quitters as measured by four week quitters.

Who is it for?

The population groups are those in the general population who smoke and includes both adults and children and young people.

The contracted provider or providers if there are multiple

The service is delivered by Kent Community Healthcare NHS Trust, via one to one advisers, group sessions, and structured sessions at specific venues and referrals from community and hospital staff. There are also stop smoking services provided in offender institutions such as prisons. Some Healthy Living Centres also offer some stop smoking services.

National Evidence

- Smoking is an important cause of cancer, respiratory disease and coronary & circulatory diseases. Smoking is a major health inequality issue within Kent, contributing to the difference in life expectancy gap between more and less deprived wards. 2,000 deaths of people aged 35 or over in Kent in 2008 can be attributed to smoking with 7 years in losses to life (Kent and Medway PHO, 2009).
- There are more than 4000 chemicals in tobacco smoke, of which at least 250 are known to be harmful and more than 50 are known to cause cancer. (World Health Organisation)
- Globally, tobacco use kills around 6 million people every year (World Health Organisation).
- Smoking has been recognised as the leading cause of poverty, preventable illness and untimely death in the UK, killing over 80,000 people annually.
- Smoking costs the NHS approximately £2.7 billion every year (A Smoke free Future; Department of Health 2010). There are over 10,000 admissions to our hospitals each year which are due to smoking. This is estimated to cost NHS Eastern and Coastal Kent £12m and NHS West Kent £10m each year.
- The annual outpatient activity costs associated with smoking in East and West Kent are estimated to be £1.3m and £860,000 respectively.
- Tobacco control plan for England set out national ambitions to reduce adult smoking prevalence in England from 21.2 % to 18.5 % or less by the end of 2015; reduce rates of regular smoking among 15 year olds in England to 12 % by the end of 2015; and the rates of smoking in pregnancy from 14% to 11% by the end of 2015. (Healthy lives, healthy people: a tobacco control plan for England, 2011).

NICE have produced the following smoking pathway please follow link Smoking pathway

NICE has issued the following related technology appraisal guidance and clinical guidelines.

- Guidance on the use of nicotine replacement therapy (NRT) and bupropion for smoking cessation. NICE technology appraisal guidance 39 (2002). [Replaced by NICE public health programme guidance 10]
- Brief interventions and referral for smoking cessation in primary care and other settings. NICE public health intervention guidance 1 (2006).
- Workplace health promotion: how to help employees to stop smoking. NICE public health intervention guidance 5 (2007).
- Smoking cessation services. NICE public health programme guidance 10 (2007).
- Guidance on the use of varenicline TA123
- Preventing the uptake of children and young people PH14
- Quitting smoking following pregnancy and childbirth PH26
- School based interventions to stop smoking PH23
- Smokeless tobacco prevention among Asians PH39

Target and Outcomes

National Outcome measures

2.3 Smoking status at time of delivery

- The proportion of women smoking at delivery in Kent is 16.8% significantly more than England 13.5%

2.9 Smoking prevalence -15 year olds

- Data collection for this indicator is still being developed

2.14 Smoking prevalence – adults (over 18s)

- The prevalence of adult smoker in Kent is 21.3% no significantly different to the England rate 20.7%

Quit Target

The target agreed with Public health for people who have set a quit date and successfully quit at four week follow-up was 2007. 2021 quitters were achieved. £2.61m has been invested into Smoking Cessation in Kent.

Kent Public Health Action

- Work closely with GPs and pharmacists to provide a wide network of in-house support
- Social Marketing – Focus on routine & manual groups
- Specialist support was also available for pregnant women and their families.
- Continuing to enforce smoke-free public places
- Ensure appropriate services to meet smokers' preferences
- The control of illicit tobacco and supply of tobacco to under-18s

Issues, Gaps and Opportunities

- Increased focus on primary and secondary care and frontline Council services is required, particularly in ensuring sufficient and appropriate staff are trained in Brief Intervention, good quality Brief Advice/Intervention is given, and that referrals to stop smoking services are made proactively.
- The Health Trainer resources in West Kent are limited. A consideration of how health improvement and health promotion resources are deployed across Kent to ensure that inequities are addressed needs to be undertaken.
- A reliance on national synthetic estimates for smoking prevalence needs to be addressed, either through a more localised Health Survey for England or the development of local data collections. Evidence base needs to be improved through local surveys
- There is a need to raise awareness of tobacco control beyond health and highlight the impact of other agencies and departments, including: fire and rescue; housing; social care; and human resources.
- Continued focus by midwifery services and Stop Smoking Services of Kent Community Health is required to help motivate women to give up smoking prior to or early in pregnancy.
- There is a lack of young people involvement in the development of local smoke-free campaigns.

What is costs and what we get for the money

Smoking Cessation Investment- £2.61m

2.0 and 3.0 Drug and Alcohol Services

What is the service? Alcohol and Drug Services : identification, support and Treatment in Kent.

There are a number of services that are commissioned : these are

- advice, sign posting and brief advice
- substance misuse detoxification services
- counselling and support services for young people
- services for detoxification and recovery in prisons
- drug and alcohol intervention services in probation and custody
- youth offending drug intervention programmes
- peer support and advocacy
- needle exchange and blood borne virus treatment and screening.

Who is it for?

The services described below are for adults and young people needing drug and alcohol treatment and advice in Kent. These services are for people (and carers) who need open access or structured interventions for misuse of alcohol or illegal drugs and/or misuse of prescription drugs and legal substances (excluding tobacco).

42% of all service users are opiate and crack users.
15% of services users are alcohol dependent.
Large majority of all service users have both drug and alcohol problem.

Approximately 5,555 people used the service in 2011/2012

There is a public health needs assessment which says this is the expected number for drug services but dependent alcohol drinkers are somewhat under represented.

The contracted provider or providers if there are multiple

Currently there are two separate services provided for east and west Kent. This is due to historic commissioning focused on east and west Kent PCT. moving forward: the commissioning intentions are streamlined to a Kent Wide Service.

Currently west Kent's providers are :
CRI and RSA

East Kent providers are
KCA, Turning Point and CRI

East Kent is currently out to tender and the results of this tender process will be announced shortly.

The provider for young people's services across the whole of Kent is:
KCA and this is a both a generic prevention as well as specialist treatment service.

National Evidence

Psychosocial interventions

Department of Health (2007) Drug misuse and dependence: UK guidelines on clinical management. Available at:
http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf

Department of Health (2007) Reducing Drug-related Harm: An Action Plan. Available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074850

National Treatment Agency for Substance Misuse (2006) Models of care for treatment of adult drug misusers: Update. Available at:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_085895.pdf

NICE (2007) Drug misuse: opioid detoxification (CG52) Available at:
http://www.nice.org.uk/nicemedia/live/11813/35997/35997.pdf

NICE (2007) Psychosocial interventions (CG51) Available at:
http://www.nice.org.uk/nicemedia/live/11812/35973/35973.pdf

NICE (2009) Needle and syringe programmes: providing people who inject drugs with injecting equipment (PH18) Available at: http://www.nice.org.uk/nicemedia/live/12130/43301/43301.pdf

NICE (2011) Alcohol-use disorder: the NICE guidelines on diagnosis, assessment and management of harmful drinking and alcohol dependence, Available at:
http://www.nice.org.uk/nicemedia/live/13337/53190/53190.pdf

NICE(2011) Psychosis with coexisting substance misuse: assessment and management in adults and young people (CG120) Available at:
http://www.nice.org.uk/nicemedia/live/13414/53729/53729.pdf

NICE (2012) NICE quality standard on drug use disorders (QS23) Available at:
http://guidance.nice.org.uk/QS23

Target and Outcomes

There are a number of key targets relating to drug and alcohol within the Public Health Outcomes Framework (PHOF)

National Outcome measures

1.13 Re-offending and social connectedness (placeholder)

- The percentage of offenders who re-offend from a rolling 12 month cohort 2010, Kent 25.1% lower than the England rate of 26.8%
- Average number of re-offences per offender 2010, Kent 0.7 per offender, lower than that for England 0.8 per offender
- Data on social connectedness is not currently available as the indicator is still in development.

2.7 Hospital admissions to young people due to uninterested and deliberate injuries

- data set to be developed

2.15 Successful completion of drug treatment

- Successful completion of drug treatment 2010, Kent 24.4% significantly higher than that for England 12.3%

2.18 Alcohol related admissions to hospital

2.16 People entering prison s with substance misuse problems previously not known to services.

2.22 Take up of the NHS Health Checks Programme

- In addition Health Checks are asking for information on alcohol misuse.

2.23i Self-reported well-being a low satisfaction score

- The rate for Kent is 21.3% significantly lower than that for England 24.3%

2.23ii Self-reported well-being low worthwhile score

- The rate for Kent is 15.7% significantly lower than that for England 20.1%

2.23iii Self-reported well-being high anxiety score

- The rate for Kent is 37.8% which is not significantly different to the England rate 40.1%

4.6 Mortality from liver disease

- Under 75 mortality rate from liver disease 2009-11, Kent 11.5 per 100,000 population lower than that for, England 14.4 per 100,000 population.
- Under 75 mortality rate from liver disease that is considered preventable 2009-11, Kent 11.6 per 100,000 population, the same as England 11.6 per 100,000 population.

There is a recent and up to date needs assessment for substance misuse and there is also a raft of needs assessments relating to the health of the offender population in prisons, custody and in the community.

Current performance against outcomes:

The previous outcome target was LAA NI39 target to prevent the rise of alcohol attributable hospital admissions. This is a synthetic estimate and not based on actual data. Therefore better coding of conditions such as hypertension mean that the attribution of increased hospital attendances for such conditions show a rise across Kent on that indicator. The recommendation is to use a more useful outcome measure as detailed in the PHOF.

The recent needs assessment shows variations across Kent for binge drinking, alcohol related admissions and alcohol specific deaths. The hotspot areas are Thanet, Maidstone and Tunbridge Wells.

The recent needs assessment shows that the performance indicators for the KCC commissioned services to the NTA (now PHOF) measures showed Kent performed in the top 10% of commissioned services in England.

Needs assessment for adults link:
http://www.kmpho.nhs.uk/easysiteweb/getresource.axd?assetid=235133&type=0&servicetype=1

needs assessment for children link:
http://www.kmpho.nhs.uk/EasysiteWeb/getresource.axd?AssetID=201614&type=full&servicetype=Attachment

Issues, Gaps and Opportunities

A. There are historical commissioning issues based on differences between east and west Kent PCT's that will need to be smoothed out in time.
B. the prescribing costs for the service have been underestimated and not factored into the public health baseline cost of £18 million. This is a risk as the PH budget may have to top up costs in rising prescribing budget.
C. The current budget for KCC services is pooled from a variety of funding sources and the current commissioning intentions from the PCC budget are unknown and any changes may impact on the Drug intervention project.
C. In the past this budget has been ring fenced and prioritised due to importance given to the national treatment agency and its link to criminal justice. This budget is no longer ring fenced but the outcome targets are still prominent.
D. There is no current funded programme for Brief Advice in GP surgeries and hospital A&E, data collection is poor at A&E and attention here can enable impact on community safety and long term conditions.
E. there is opportunity via Health Checks and overall budget for lifestyle services to work more closely with KCC commissioned services to align outputs and outcomes for alcohol prevention.
F. There is a need to target Thanet's outcomes for dependent drinkers and working with local partnerships in Thanet will be good.

What is costs and what we get for the money

Total spend £18.8 million
Of that - £10.9 million is badged as public health however the manor of commissioning is pooled between another two funding sources - home office (now Police Crime Commissioner) and KCC

For £1O million (approx.) we get a pooled prevention, support and treatment package across Kent for children and adults, linked and aligned to crime agenda and police commissioning. In addition there are excellent links to local districts via crime strategic partnerships who take forward the local alcohol strategy arrangements.

The national alcohol strategy for England prioritises alcohol related disorder, licensing arrangements and binge drinking. There is a successful Kent community Alcohol Pilot which is led by public health, police and trading standards. Key areas for further work are alcohol pricing, responsibility deal, town centre and binge drinking monitoring and healthy lifestyle messaging via healthy passport and other public health interventions. In addition working with pharmacies and GPs and hospitals is also in the new Kent Alcohol Strategy.

Therefore the £18 million also buys excellent partnership arrangements via public health expertise and KCC commissioning expertise, needs assessments, targeted service design and monitoring.

4.0 Public Health services for Children & Young People aged 5-19 and the Healthy Child Programme

What is the service?

The Healthy Child Programme (HCP) is a progressive universal programme that sets out the good practice framework for prevention and early intervention services appropriate for all children and young people aged 5–19 and recommends how health, education and other partners working together can significantly enhance a child's or young person's life chances. This is school nursing.

School Nursing Services offer a significant resource to children, young people and schools in delivering a core public health service within schools settings and where possible through wider community settings. A Consultation with Kent schools and School Nursing Services is commencing to ensure that the national and local direction for universal and enhanced services will result in improved services in the future.

The Healthy Schools programme works with schools to provide an environment that enable health behaviours and development

Who is it for?

The HCP good practice guidance is for all organisations responsible for commissioning services for 5–19-year-olds' health and wellbeing as well as frontline professionals delivering those services.

There are specific groups within the 5 to 19 age range who may require more support and/ or intervention

Disabled children and their families – Public Health works with a range of interests and partners to promote the life chances of this group of children and young people.

Child protection [Safeguarding] Kent Public Health has a key role to play in the Kent Child Safeguarding Board.

Young Carers
Young Carers' Projects aim to provide relief from isolation. It is estimated that there are 2,773 young carers in Kent. Much of young carers' support comes from the voluntary sector. Public Health's role is to ensure that those groups are financially maintained and to support the general advocacy of this group of children, many of whom through unfair circumstances have had caring responsibilities thrust upon them.

Adolescence
The great majority of adolescents are not problem people with problem lives, but face the same difficulties as everyone else. Public Health has a responsibility for ensuring that there are appropriate services to address these needs and that such services demonstrate particular empathy with adolescent attitudes and behaviours.

Housing, Homelessness and Young People
Generally there is much mis-understanding about youth homelessness not helped by policies of successive Governments. Public Health has a key role in working with local housing authorities to try to meet a whole range of complex needs and demands concerning this aspect of young people's lives.

School Nursing
Is provided to all children and young people in Kent between the ages of 5-19. School Nursing Services are predominantly delivered in school settings although wider community settings are encouraged to increase accessibility to vulnerable young people.

School Nurses are required to work with Head Teachers and teaching staff in schools, with parents where appropriate and with Enhanced Healthy Schools and other School Health Teams. Partnership working with Health Visitors is also paramount to assist the transition of young children into primary school.

The contracted provider or providers if there are multiple

Kent Community Health Care Trust (KCHT) are the providers of the Healthy Child Programme (HCP) School Nursing Services in some areas of Swale are currently provided by Medway Foundation Trust, but future services in these areas are being reviewed as part of the imminent Kent School Nursing consultation.

KCHT also provide the healthy school s programme.

National Evidence

Guidance is provided by the Department of Health

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

Key strategic documents include:

- Children Act 2004
- Every Child Matters
- NSF DH 2004
- National Child Health Strategy, 'Healthy Lives, Brighter Futures' DH/DCSF 2009
- Apprenticeship, Skills, Children and Learning Act 2009
- Vision and Call to Action: Getting it right for Children, Young People and Families

Target and Outcomes

Key Health Priorities in the HCP

- Health inequalities
- Emotional health, psychological wellbeing & mental health
- Promotion of healthy weight
- Longstanding illness or disability

- Teenage pregnancy & sexual health
- Drugs, alcohol & tobacco
- Safeguarding

Additional School Nursing Key Health Priorities:

- Reduced tooth decay in Children aged 5
- Reduced Hospital admissions due to unintentional or deliberate injuries
- Improved vaccination cover
- Improved readiness for school
- Reduced school absences

There is a planned Children's Outcomes Framework.

Issues, gaps and Opportunities

Public Health is intending to lead a consultation with Kent Schools and School Nursing Services to review the experiences of children, young people, schools and School Nurses in Kent to ensure that future services are commissioned and delivered around identified needs to be provided within current resources.

What is costs and what we get for the money

School nursing services cost £1,236,021 west Kent and £2,431,370 East Kent
Kent County Council Healthy schools team £233,130
west Kent Services will be reviewed through the Kent consultation exercise to determine need, quality of services and value for money.

5.0 National Child Measurement Programme

What is the service?

The National Child Measurement Programme (NCMP) is an annual programme to measure the height and weight of all children in Reception and Year 6. The aim of this programme is to provide national statistics on obesity with a target of measuring at least 85% of these eligible children and to help to plan and provide better health services for children.

The programme has been running since 2006/07 academic year.

Who is it for?

- The programme measures the height and weight of Reception and Year 6 children
- This information is shared with parents and carers through a letter.

The contracted provider or providers if there are multiple

Kent Community Health Care Trust is commissioned to deliver the NCMP.

National Evidence

Guidance is provided annually and is non-mandatory.
https://www.education.gov.uk/publications/eOrderingDownload/NCMP%20schools%20guidance%202011-12.pdf

The guidance covers

- Equipment
- Training
- Measuring methods
- Data
- Confidentiality
- Letters and Communication
- Handling Complaints

Target and Outcomes

National Outcome Measures
2.6 Excess weight in 4-5 and 10-11 year olds

- Kent measured 94% of Reception year children and 93% of Year 6 children in 2011/12, exceeding the 85% national target.
- 22.9% of children measured in Year R were overweight or obese, and 33.3% of children measured in year 6 were overweight or obese. These rates are similar to that for England 22.6% and 33.4% respectively.

The National ambition is to achieve a sustained downward trend in the level of excess weight children by 2020. The rates of obese and overweight children have been consistently around 22-23% in year R and 32-34% in year 6 over the course of the NCMP programme.

Issues, gaps and opportunities

- Nationally there have been concerns over the Leicester Height Measure equipment used to weigh and measure the height of the children which may have led to inconsistencies in the data. The company concerned has issued guidance about not combining pieces of equipment of different manufacture dates and this has been adopted locally.
- There is an unknown effect of academies and schools not participating in the programme.
- There is currently limited engagement with families
- Limited uptake of interventions
- Different delivery models in East and West Kent.

The NCMP programme was established in 2006. At present it is not possible to fully assess the effect of school base interventions and other healthy weight initiatives may have had on the levels of obesity in Kent. This will become possible from 2014 when the programme will have been in existence for 7 years as enabling a cohort review.

What is costs and what we get for the money

The cost of delivering the NCMP is difficult to identify as the service has been delivered as part of a block contract with Kent Community Health Care Trust.

6.0 Obesity and Weight Reduction Services

What the services are?

Services and programmes delivered by Kent Community Health Trust (KCHT) health improvement team and local authorities to support a healthy lifestyle that encourages increased physical activities and healthier diets include:

- Healthy Passport
- Health Walks
- The Exercise Referral Scheme
- MEND- Mind, Exercise, Nutrition & DO IT!
- Bitesize Nutrition Training
- Food Champion Training
- National Childhood Measurement Programme (NCMP)

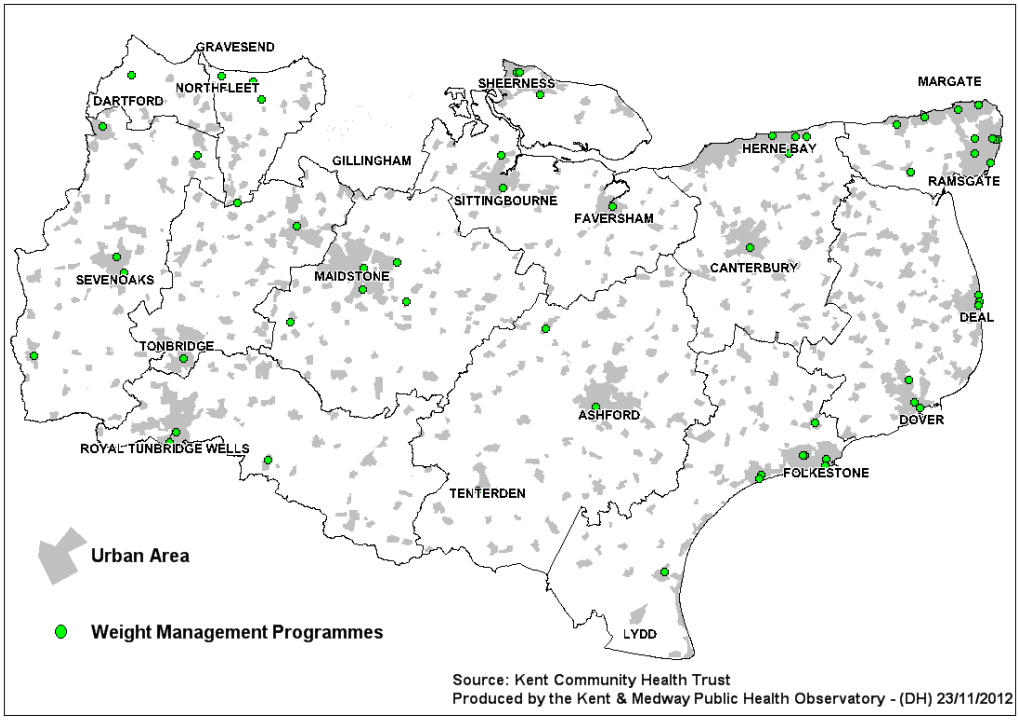
Who is it for?

These services are tiered services, the first tier is for the general population, the second tier are for adults and children between 91st and 98th centile (BMI 25 – 40), the third tier is for people over the 98th centile (BMI > 40) and/or BMI > 35 and having co-morbidities

The contracted provider or providers if there are multiple

Kent Community Health Care Trust is commissioned to deliver the NCMP, Adult's weight management, family weight management, and exercise referral schemes. Local authorities also provide some of the services.

Location of weight management services



National Evidence

- Obesity can be defined as the condition of excess body fat which can lead to health risks such as high blood pressure, sleep apnoea, orthopaedic conditions; and other chronic diseases such as diabetes, heart disease and some types of cancer.
- Body Mass Index (BMI) defined as the weight in kilograms divided by the square of a person's height in meters (kg/m^2) is used to determine overweight and obesity worldwide.
- a BMI greater than or equal to 25 is overweight
- a BMI greater than or equal to 30 is obese
- Obesity reduces life expectancy, by up to 9 years on the average and is estimated to be responsible for more than 9000 premature deaths each year in England.
- In 2010 an estimated 63% of adults in the UK (aged 16 and over) were overweight or obese and 2.5% were morbidly obese (National Obesity Observatory). Kent population mirrors the national picture with over 60% of the population overweight and 28% obese.
- Public Health Outcomes Framework DH 2012
- The Public Health Responsibility Deal DH March 2011
- The Healthy Child Programme :Pregnancy and the first five years of life. Department of Health and DCSF 2009.
- Healthy Child Programme. The Two Year Review. Department of Health and DCSF 2009.
- Healthy Lives Healthy People DH 2010
- Healthy People Healthy lives: A call to action on obesity in England DH 2011
- Healthy Lives, Brighter Futures. DH and DCSF2009.
- Healthy Weight Healthy Lives: A cross government strategy for England
- National Service Framework for Children, Young People and Maternity Services. DH and DfES 2004.
- Maternal and child nutrition NICE guidance 11(NICE 2011)
- Marmot, M (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England*
- *Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children NICE CG43 NICE December 2006*
- Preventing Type 2 Diabetes-population and community interventions NICE guidance PH35 May 2011)
- Prevention of cardio-vascular disease NICE guidance PH25 NICE June 2010
- National Obesity Observatory (NOO) for extensive information on policy, research, trend data etc. www.noo.org.uk.

Target and Outcomes

Local performance measures and outcomes are currently being developed.

National Outcome measures

Childhood obesity collated via the National Childhood Measurement programme.

2.6 Excess weight 4-5 and 10-11 year olds

- Kent measured 94% of Reception year children and 93% of Year 6 children in 2011/12, exceeding the 85% national target.

- 22.9% of children measured in Year R were overweight or obese, and 33.3% of children measured in year 6 were overweight or obese. These rates are similar to that for England 22.6% and 33.4% respectively.
- The National Ambition is to achieve a sustained downward trend in the level of excess weight children by 2020. The rates of obese and overweight children have been consistently around 22-23% in year R and 32-34% in year 6 over the course of the NCMP programme.

2.12 Excess weight in adults

- The definition for this indicator is still being developed.

Issues and gaps

- Nationally there have been concerns over the **Leicester Height Measure** equipment used to weight and measure the height of the children which may have led to inconsistencies in the data. **The company concerned has issued guidance about not combining pieces of equipment of different manufacture dates & this has been adopted locally.**
- There is an unknown effect of academies and schools not participating in the programme.
- There is currently limited engagement with families
- Limited uptake of interventions
- Different delivery models in East and West Kent.

The NCMP programme was established in 2006. At present it is not possible to fully assess the effect of school base interventions and other healthy weight initiatives may have had on the levels of obesity in Kent. This will become possible from 2014 when the programme will have been in existence for 7 years as enabling a cohort review.

What is costs and what we get for the money

The weight management services have a budget of £1.94m.

The cost of delivering the NCMP is difficult to identify as the service has been delivered as part of a block contract with Kent Community Health Care Trust.

7.0 Locally Led Nutrition Initiatives

Locally led nutrition services (see also breastfeeding)

A range of holistic initiatives are commissioned from Local Authorities and Kent Community Health Trust (KCHT), based on local community needs. Across Kent fruit and vegetable bag schemes, as well as, healthy cooking courses for children and adults are widely available as part of local schemes. Examples of local initiatives are the Community Chef, Little Stirrers and Fun With Food programmes. The nationally funded 'Let's Get Cooking' has healthy eating at the core of its work – 'let's get cooking' clubs are provided in some schools and there is a Kent wide team that works to improve the health of children and young people in schools and other settings. In addition nutrition is a fundamental component of all Weight Management programmes for adults and families. Weight management programmes are freely available in all localities. Information on these programmes can be found on the 'Active Kent' website at www.activekent.co.uk

Health Trainers engage with individuals on identifying needs and developing personal plans for addressing particular health concerns. Advice relating to nutrition and diet is a part of their skill set. This service is primarily delivered by Kent Community Health Trust but some Healthy Living Centres also have health trainers.

Who is it for?

There are a range of different schemes targeted at different age groups, at families, school and children centre based. The Health Trainer scheme is directed at adults but many adults have children and personal behaviour change is likely to have an influence on the family.

The contracted provider or providers if there are multiple

The main providers are

Kent Community Health Trust (KCHT)
Dartford Borough Council
Gravesham Borough Council
Maidstone Borough Council
Tonbridge and Malling Borough Council
Sevenoaks District Council
Tunbridge Wells Borough Council

NB Most providers also manage contracts with other providers i.e. KCHT manages sub-contracted contracts with pharmacies to deliver healthy weight programmes.

National Evidence

- Public Health Outcomes Framework DH 2012
- The Public Health Responsibility Deal DH March 2011
- The Healthy Child Programme :Pregnancy and the first five years of life. Department of Health and DCSF 2009.
- Healthy Child Programme. The Two Year Review. Department of Health and DCSF 2009.
- Healthy Lives Healthy People DH 2010
- Healthy People Healthy lives: A call to action on obesity in England DH 2011
- Healthy Lives, Brighter Futures. DH and DCSF2009.
- Healthy Weight Healthy Lives: A cross government strategy for England
- National Service Framework for Children, Young People and Maternity Services. DH and DfES

2004.

- Maternal and child nutrition NICE guidance 11(NICE 2011)
- Marmot, M (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England*
- *Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children NICE CG43 NICE December 2006*
- Preventing Type 2 Diabetes-population and community interventions NICE guidance PH35 May 2011)
- Prevention of cardio-vascular disease NICE guidance PH25 NICE June 2010
- National Obesity Observatory (NOO) for extensive information on policy, research, trend data etc. www.noo.org.uk.

Target and Outcomes

- National Ambitions from the Call to action on obesity:
  - A sustained downward trend in levels of excess weight in children by 202
  - A downward trend in the level of excess weight averaged across adults by 2020
- NICE weight management target 5-10% loss of body weight over 2 years
- DH developing new adult obesity indicator based on Active People survey, including some self-reported metrics

There appears to be some slowing in the National Child Measurement Programme data re: Year R children but levels in Year 6 are increasing. Kent is similar to the national average. However, national results are showing that improvements in more affluent areas not replicated in the less affluent areas may be widening health inequalities.

For both adult obesity and adult healthy eating Kent is significantly worse than the national average (APHO Health Profile for Kent 2012)

Issues, gaps and opportunities

There are currently two models of delivery in Kent. In the west services have been commissioned through each of the district councils under the banner of 'Choosing Health' and in the east services are commissioned through Kent Community Health Trust.

There are different levels of success being achieved through the different models. A review of the different services being provided is being commissioned.

What is costs and what we get for the money

It is not possible to separately identify the funding on these initiatives as they are contained within more general specifications.

7.1 Breastfeeding

What is the service?

Public Health commission a community support service to increase the uptake of breastfeeding. This includes

- generating publicity and media work (including Breastfeeding Awareness Day activities)
- Project Management and Training to support the achievement of UNICEF Baby Friendly Initiative accreditation in all maternity settings and in the community
- Lactation Counsellor support clinics in key areas of need
- Peer Support in hospital and community settings including drop-ins

In addition the Public Health Primary Care Development Team assists with data collection for the 6-8 week target

Who is it for?

It is primarily to support women and their partners – therefore mainly antenatal and postnatal women of childbearing age and their family members.
However, there is a

- wider educational/awareness raising element that has wider coverage to potential parents
- universal community awareness raising role to encourage a culture supportive of breastfeeding

The contracted provider or providers if there are multiple

This specialist service supports maternity units, health visiting services, children's centres and primary care which are contracted elsewhere

The main providers are:

National Childbirth Trust
PSB Breastfeeding
Ingrid Sherwell certified NCT counsellor
Jane Gerard Pearce certified Lactation Specialist

National Evidence

- UNICEF Seven Point plan for Sustaining Breastfeeding in the Community (UNICEF 2008)
- Public Health Outcomes Framework DH 2012
- The Healthy Child Programme (Pregnancy and the first five years of life). Department of Health and DCSF 2009.
- Healthy Child Programme. The Two Year Review. Department of Health and DCSF 2009.
- NICE guidance on antenatal and postnatal care replaced by CG 62 Antenatal Care Routine Care for the Healthy Pregnant Woman 2003 and CG37 Postnatal care: Routine postnatal care of women and their babies 2006
- Healthy Lives Healthy People DH 2010
- Healthy Lives, Brighter Futures. DH and DCSF2009.
- National Service Framework for Children, Young People and Maternity Services. DH and DfES

2004.

- Maternal and child nutrition NICE guidance 11(NICE 2011)
- Midwifery 2020 Programme (2010) The Core Role of the Midwife Work stream
- Tackling health inequalities in infant and maternal health outcomes. Report of the Infant Mortality National Support Team. (DH 2010)
- Marmot, M (2010) *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England*

Further useful information is contained on www.ekbaby.nhs.uk (including West Kent support information.)

Target and Outcomes

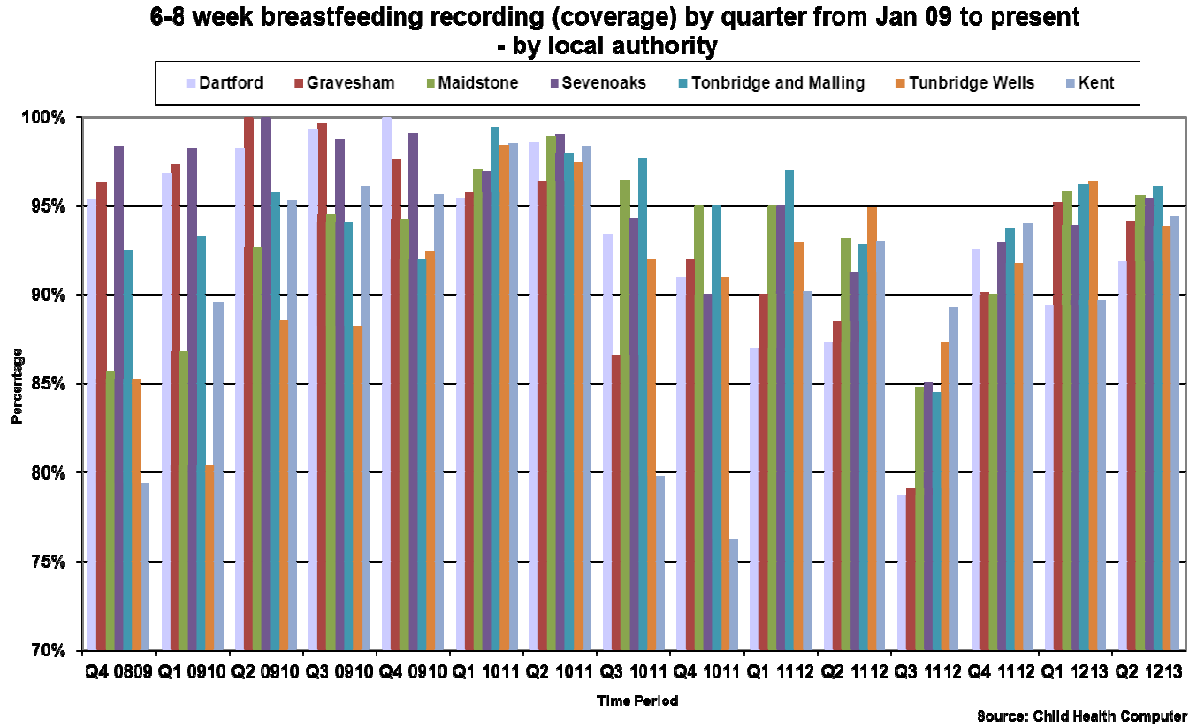
National Outcome Measures
2.2i Breastfeeding Initiation
2.2ii Breastfeeding continuation 6-8 weeks after birth

Initiation (this is a reported by maternity services but if initiation rates are low it impacts on continuation)

Continuation at 6-8 weeks coverage target 95%
Coverage at 6-8 weeks prevalence target was 46% 2011/12 currently none

Meeting the coverage target has been elusive in the West but is now more of a challenge in the East localities. Not achieving the coverage target means that the prevalence data is not robust enough to be published.

Although there was improvement after the targets became vital signs for PCTs the prevalence has not improved much in the last few years.



Issues and gaps

Are there any known issues with the service – is it achieving what we need it to achieve – if not why not and what do we need to do to make it more effective.

This work has been underfunded in the West of the area particularly. Currently there are a number of providers and although they are very committed there is fragmentation. The plan is to tender for a Kent service

What is costs and what we get for the money

Eastern Coastal Kent	£75,000
West Kent	£90,000
Commissioning Intentions (new funding 2012/13)	£150,000
TOTAL Kent	**£315,000**

It is proposed that all the available funding will be spent in year on enhanced local contracts, development and the tender processes. In year 2013/14 it is proposed that:

£215,000 will fund a Kent-wide Infant Feeding Service
£100,000 is used to fund a tongue tie service that is accessible to Dartford, Gravesham and Swanley and West Kent CCG patients.

8.0 Increasing levels of physical activity in the population

What is the service?
The current direct commissioning of physical activity carried out by Public Health is, for the majority, as part of the healthy weight and obesity programmes and this is outlined in the factsheet 6.
Who is it for?
The aim is to increase physical activity within the total population of Kent. This would include working in partnership with schools, community groups and workplaces.
The contracted provider or providers if there are multiple
Public Health and the KCC Sport and Physical Activity Service have worked together for a number of years to support and encourage Kent residents to have more active lifestyles, whether that is through simple recreational activity such as walking or cycling or more formal sporting activity within leisure facilities and sports clubs. This work has also developed as part of the former Local Area Agreement where 'Adult Participation in Sport and Active Recreation' was one of the key indicators within the Kent Agreement. A major component of this work was the development of Active Kent, a campaign linked to the national Change4Life work aimed at promoting physical activity opportunities including sport to people in Kent and under-pinned by the development of a website www.activekent.gov.uk promoting relevant information on opportunities and linking to other local sport and physical activity websites. This website is still operational and is currently updated through a small staffing resource currently located in each of the existing PCTs. However there has been limited promotion of Active Kent in the last year, largely due to the ceasing of the Local Area Agreement but also due to the changes within Public Health.
National Evidence
Nice Pathway **Physical activity overview.** May 2011 **Promoting physical activity for children and young people**. NICE public health guidance 17 (2009) **Physical activity and the environment**. NICE public health guidance 8 (2008) **Promoting physical activity in the workplace**. NICE public health guidance 13 (2008) **Four commonly used methods to increase physical activity.** NICE public health guidance 2 (2006) **Prevention of cardiovascular disease at population level.** Nice public health guidance (2010) **Maternal and child nutrition**. NICE public health guidance 11 (2008) **Obesity**. NICE clinical guidance 43 (2006) **Department of Health** **Start Active, Stay Active. A report on physical activity for health from the four home countries'.** **Chief Medical Officers. London: Department of Health. (2011).**

Sedentary Behaviour and Obesity: Review of Current Evidence. **Department of Health (2010).**
Be Active, Be Healthy: A Plan for Getting the Nation Moving. **Department of Health (2009a).**
Let's Get Moving. A new physical activity care pathway for the NHS, Commissioning Guidance. **Department of Health (2009b).**
Choosing Activity: a physical activity action plan. **Department of Health (2005)**
At least five a week: evidence on the impact of physical activity and its relationship to health. **Department of Health (2004)**

Target and Outcomes

The new Public Health Outcomes Framework (PHOF) clearly identifies several indicators that either specifically reference physical activity (i.e. adult participation in physical activity) or which physical activity can make a contribution to (i.e. obesity levels in children)

National Outcome Measures

1.6 The utilisation of green space for exercise/health reasons

- The percentage of people in Kent using outdoor space for exercise or for health reasons is **13.4%** in Kent similar to that for England **14%**

Issues, Gaps and Opportunities

With the Public Health function and key Public Health staff moving into KCC from April 2013, there is a real opportunity to develop the existing relationship around physical activity. Specifically working KCC Sport and Physical Activity Service and the highways team.

Existing partnership work between Public Health and the Sport & Physical Activity Team includes the development of a new partnership Strategic Framework for Sport & Physical Activity (to build on the success of London 2012), a Public Health representative on the Kent & Medway Sports Board, input to Mind the Gap, the Health Inequalities Action Plan and joint promotion of the Healthy Passport Club.

Similar partnership work exists across the county between Public Health and all the Borough and District Councils, Kent Community Health Trust, Kent Association of Leisure & Cultural Officers, Local Nature Partnerships, Countryside Partnerships, Explore Kent and others

What is costs and what we get for the money

There is no specifically identified budget for increasing the levels of physical activity within the population of Kent. However much of this agenda is delivered in conjunction with and through the healthy weight agenda.

Pockets of investment specifically related to improving physical activity include a contribution from public health of **£5000** in 2012/13 to the "Sky Ride" programme, a partnership campaign led by Sky and KCC Highways "*to inspire the nation and get more people on bikes"* www.goskyride.com A decision has yet to be taken if this funding is to be recurrent or non-current.

9.0 Health Checks

What is the service?
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce of manage that risk. A high uptake of NHS Health Checks is important to identify early signs of poor health leading for opportunities for early interventions.
Who is it for?
This is a targeted service for the population aged 40 to 74 across Kent.
The contracted provider or providers if there are multiple
Kent Community Health Care Trust (KCHT) has been commissioned to provide this service across Kent. They then sub-contract with GPs, community pharmacies and local authority providers.
National Evidence
Through the Health and Social Care bill NHS Health Checks will be a mandated service for local authorities to provide. Data collected for this indicator provides information of how well the programme is taken up and how accessible it is. National guidance has been produced by the Department of Health: **Vascular Risk Assessment: Workforce Competences** - June 2009 **Best Practice Guidance for the Assessment and Management of Vascular Risk** - April 2009 **Putting prevention first- vascular checks: risk assessment and management - next steps guidance for primary care trusts** - November 2008 **Putting prevention first: Vascular checks risk assessment and management- impact assessment** - November 2008 **Economic modelling for vascular checks** - April 2008 **Putting prevention first - vascular checks: risk assessment and management** - April 2008 Guidance has been provided for clinical commissioning guidance for CCGs The following NICE guidance relates to health checks:

Intervention offered	Existing Guidance
Brief exercise intervention	NICE Guidance PHI002 “Four commonly used methods to increase physical activity”, March 2006
Multi-component weight loss programmes	NICE clinical guideline CG43 “Obesity”, December 2006
IGR intensive lifestyle management	NICE clinical guideline CG43 “Obesity”, December 2006 and Health Technology Assessment 2004; Vol 8: No. 21
Stop Smoking Services	NICE guidance PHI001 “Brief interventions and referral for smoking cessation in primary care and other settings”, March 2006
Anti-hypertensives for those with hypertension	NICE clinical guideline 34 “Management of hypertension in adults in primary care: partial update”, June 2006
Statins for primary prevention	NICE technology appraisal 94 “Statins for the prevention of cardiovascular events”, January 2006

In addition, the following NICE Guidance have been released since the economic analysis was carried out:

Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease - Clinical guidelines, CG67 - Issued: May 2008

Preventing type 2 diabetes: population and community-level interventions in high-risk groups and the general population - Public health guidance, PH35 - Issued: May 2011

Alcohol-use disorders - preventing the development of hazardous and harmful drinking - Public

health guidance, PH24 - Issued: June 2010

Target and Outcomes

The Health Check programme should be offered to at **least 20%** of the eligible population annually.

National Outcome Measures

2.22i Take up of NHS Health Check Programme by those eligible - health check offered

- Percentage of eligible population aged 40 to 74 offered an NHS Health check in the financial year April 2011 to March 2012 = **7% of eligible population (32,348 people)**

2.22ii Take up of NHS Health Check programme by those eligible - health check take up

- Percentage of eligible population aged 40 to 74 offered an NHS Health Check who received an NHS in the financial year April 2011 to March 2012 = **32.8% of those offered an NHS Health Check (10,602 people)**

Issues and Gaps

The health check programme is a high profile initiative that is being closely scrutinised. It is a mandatory requirement to provide health checks for people between 40 – 74 years, once every five years on a rolling programme, unless identified as at risk when they are called annually. The programme seeks to reduce premature mortality from vascular diseases by reducing the risks of individuals of future events through appropriate treatment. There needs to be sufficient resource allocated to ensure that those who are identified as being at risk are able to access other services such as weight management and physical activity to enable them to change their lifestyles and improve their health and wellbeing.

What is costs and what we get for the money

There has been an investment of **£2.4 million** into the health checks programme. This includes the provision of health checks and the interventions required when someone is identified as being at risk of cardiovascular disease. This includes interventions such as weight management programmes.

10.0 Public Mental Well Being for children and Adults

What is the service? public Mental Well Being for children and Adults

This is not a service - but an array of services and partnerships that seek to ensure that mental well-being is at the heart of all commissioned services.

The two key underpinning theories / approaches are:

1. There is no health without mental health and 5 ways to well-being (connect, learn, move, notice and give)
2. Social connected ness and cohesion. This underpinning theory of well-being is at the heart of tackling social and health inequalities as well as contributing to the Big Society.

There are 8 programmes underway

1 the 5 ways to well-being network:
This is a learning network where key partners including drug and alcohol services, RSA, community health Kent, public health and social services and the voluntary sector develop innovative programmes based on the 5 ways to well-being: examples of these programmes are

- singing for health
- Library and reading for well being
- social connectedness and service access
- time banking and volunteering
- shed programme for men

2 mental well-being impact assessment
This is an internationally validated methodology that assesses and plans interventions based on an impact assessment on a service, policy or intervention. Each borough council in Kent has agreed - as part of a well-being programme and their health inequalities strategy to undertake an impact assessment. Training has been provided by nationally recognised trainers who have developed this tool. In addition the methodology of this tool has influenced the formation of a bespoke inequalities impact assessment that takes into account the psycho social nature of health inequalities (i.e. stress).

3 Time to Change
This is a national anti-stigma campaign for acceptance of mental illness and distress in all aspects of the community. This is led by the engagement officer of the mental health trust and involves all aspects of the mental well-being community.

4 the healthy passport scheme
This is a public health initiative that works on the principle of a social network for health and well-being and encourages physical activity. These are two of the 5 ways to well-being and has had much success in west Kent and is will be rolled out in the east Kent localities. It is linked to Change 4 Life.

5 Kent and Medway suicide prevention strategy
This is a partnership which takes forward audit and action to target reduction of suicide in Kent and Medway. Actions include working with pharmacies re prescriptions and poisoning, signposting advice and information at key hotspots e.g. jumping points and train stations. Working with the

Samaritans and voluntary agencies to provide accessible support and working with mental health providers to improve care planning and bed watching.

6 Live it Well
This is the overarching strategic approach and well-being concept for all commissioned services for mental health. Its aims are to improve services for people with mental illness and enable more with mental illness to live happily in the community supported by primary care. There is a website with a large amount of information and live it well centres. There are also programmes to help people with a diagnosis of mental illness to obtain employment.

7 children's emotional well-being services
There is a £1 million programme of initiatives to support the Children's mental health services to provide well-being and support for families across Kent. This is commissioned jointly by KCC children's and education services and CCGs.

8 community mental health development workers in health improvement and health inequalities. CDW workers are working alongside well-being commissioned services to ensure there is service equity to vulnerable groups. CDWs are working with each district council in east Kent to enable each Council to prioritise 3 actions they will take to improve well-being in vulnerable groups in Kent.

In addition : public health consultants and specialists provide:

- needs assessments
- economic evaluations
- equity audits
- suicide audits
- community development support
- network leadership

To ensure that all services and partnerships are underpinned by the improvement of mental well-being.

Who is it for?

The services are for all of the population of Kent.

The contracted provider or providers if there are multiple

There are a number of providers for mental health services these would include Kent Community Health Care Trust [KCHT], Local Authorities the voluntary sector and pharmacies.
see above

The mental health pathway is outlined below

1. Whole population well-being programmes and support including social connectedness and cohesion initiatives

2. Improving Access to Psychological Therapies (IAPT): this the psychological therapy service in primary care. It is a first point of access and accepts self-referral and GP referral. The provider is KMPT (Kent and Medway Partnership Trust). There are 3 steps, step 1 (moderate needs)' step 2

(increasing needs) and IAPT plus (a more specialised service for more complex cases e.g. eating disorders).

3. Crisis intervention and rapid response to psychosis. These are secondary mental health urgent access services for people who are in acute distress.

4. Community mental health teams: these are specialist services for people who need stable management in the community - they will be given a package of care and then helped to manage in primary care when they are stable. They will work closely with GP services so that if people feel ill again - they can go back to secondary care if needed.

5. Acute hospital care. If people are in danger to their selves or others and need acute observation.

6. Specialist and forensic tertiary treatment services, for very serious and complex needs.

National Evidence

- No health without mental health: A cross-Government mental health outcomes strategy for people of all ages
  http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123993.pdf

- Delivering better mental health outcomes for people of all ages
  http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124057.pdf

NICE guidance including:

- Promoting mental wellbeing at work
  http://www.nice.org.uk/nicemedia/live/12331/45893/45893.pdf

- Mental wellbeing and older people
  http://guidance.nice.org.uk/PH16/Guidance/pdf/English

- Social and emotional wellbeing in primary education
  http://www.nice.org.uk/nicemedia/live/11948/40117/40117.pdf

- Social and emotional wellbeing in secondary education
  http://www.nice.org.uk/nicemedia/live/11991/45484/45484.pdf
- Social and emotional wellbeing - early years
  http://www.nice.org.uk/nicemedia/live/13941/61149/61149.pdf

- Looked-after children and young people
  http://www.nice.org.uk/nicemedia/live/13244/51173/51173.pdf

- Antenatal and postnatal mental health
  http://www.nice.org.uk/nicemedia/live/11004/30431/30431.pdf

Target and Outcomes

The following indicators from the Public Health Outcomes Framework (PHOF) reflect factors that can have a significant impact on our health, wellbeing and health inequalities:

National Outcome Measures

1.06ii - Adults in contact with secondary mental health services who live in stable and appropriate accommodation (2010-2011) - Percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review of multi-disciplinary care planning meeting.

- Kent County Council (KCC) - 68.4% vs. England-66.8% (not compared)

2.08-Emotional well-being of looked after children (2010-2011)- Total average difficulties score for all looked after children aged between 4 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31st March.

- KCC-13.9% vs. England-15.5% (not compared)

2.23i- Self-reported wellbeing- people with a low satisfaction score(2011-2012)- The percentage of respondents scoring 0-6 to the questions "Overall, how satisfied are you with your life nowadays"

- KCC- 21.3% lower than the rate for England-24.3%

2.23ii - Self-reported well-being - people with a low worthwhile score (2011-2012)- The percentage of respondents scoring 0-6 to the questions ”Overall to what extent do you feel the things in your life are worthwhile”

- KCC-15.7% lower than rate for England-20.1%

2.23iii - Self-reported well-being - people with a low happiness score (2011-2012)- The percentage of respondents scoring 0-6 to the questions “ Overall, how happy did you feel yesterday”

- KCC-26.4% lower than rate for England -29.0%

2.23iv - Self-reported well-being - people with a high anxiety score (2011-2012)- The percentage of respondents scoring 4-10 to the questions “Overall how anxious did you feel yesterday”

- KCC-37.8% similar to rate for England-40.1%

4.10- Suicide rate (provisional) (2009-2011)-Age standardised mortality rate from suicide and injury of undetermined intent per 100, 000 population (provisional).

- KCC-7.4% similar to rate for England-7.9%

Data for the following indicators are not available:
1.7- People in prison who have a mental illness or significant mental illness.
1.8- Employment for those with a long-term health condition, including those with a learning difficulty/disability or mental illness.

Issues, gaps and opportunities

Asset mapping: we need to map not only health needs but health assists e.g. libraries and how they can link to GPs to provide good information and support.

We need to equip primary care with the skills and knowledge to support people in the community.

Domestic violence and its impact on well-being is a critical gap regarding a clear commissioning direction.

Steering more mainstream programmes to have an emphasis on mental well-being is time intensive and needs involvement from many partners.

Reorienting the public health commissioned services to all have well-being in the heart of their services is needed e.g. sexual services and lifestyles services.

Workplace health is an opportunity to tackle sickness absence through well-being initiatives.

What is costs and what we get for the money

There is a mapping underway to estimate the costs involved in well-being work. But key costs are

-CDW (Community Development Worker) programme **£550k** approximately
- live it well website and resources **£5k** approximately non-recurring
- healthy passport scheme and health trainers (obesity and weight management services)
- children's emotional well-being programme **£ 1 million** approximately

11.0 Dental Public Health

What is the service?

Local authorities will become responsible for the delivery of dental public health services. These include the following :

- Oral Health promotion programmes.
- Dental inspections of pupils in attendance at schools maintained by local education authorities.
- Oral health surveys and fluoridation.

Who is it for?

The service is for the whole population within Kent based on defined clinical need and indicators of need, but especially for at risk groups -

- people living in areas of material and social deprivation
- Vulnerable groups of society such as those with a learning disability and mental illness
- people in long-term institutional care
- homeless people and
- some refugee and asylum seeker
- People requiring palliative care and people undergoing cancer treatment.
- The elderly

The contracted provider or providers if there are multiple

Kent Community Health Care Trust (KCHT) and Medway Community Healthcare

National Evidence

NICE guidelines, policies etc. – please include links to website and policy documents if available.

- Delivering Better Oral Health provides an evidence base of interventions for prevention of dental diseases in children (Department of Health, 2009) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102982.pdf

- *Delivering Better Oral Health* –An evidence–based toolkit for prevention published on 26 September 2007 (Gateway No. 8504)

- *Valuing People's Oral Health* provides guidance on the development of services for those with a disability (Department of Health, 2007).

- *Dental recall: Recall interval between routine dental examinations* provides guidance on the recall of dental attendance based on individual risk (NICE, 2004)

- The good practice guidance *Choosing Better Oral Health* – an Oral Health Plan for England

published on 14 November 2005

- NHS Dental Epidemiology Programme for England Oral Health http://www.nwph.net/dentalhealth/reports/Report_NHS_DEP_for_England_OH_Survey_12yr_2008-09.pdf

Target and Outcomes

23.5% of 5-year-olds and 23.6% of 12-year-olds in Kent and Medway were estimated to have experience of tooth decay in the national dental health surveys of 5 and 12-year-olds carried out in 2007/08 and 2008/09. This is lower in prevalence compared to the regional and national average.

Target: Reduction of dental caries in 5 year-old children, which is one of the Public Health Outcomes Indicators

NHS Medway has no immediate plans for the fluoridation of the water supplies.

Issues, gaps and Opportunities

Opportunities

- The Primary Care Trust has commissioned a number of Oral Health Promotion programmes in addition to the NHS epidemiology programme through the Salaried Dental Service. In 2011-2012 they carried out the survey of 5-year-old children and next year 2012-2013 will be undertaking a survey of 3-year-old children.

- Oral health in children and adults has been recognised in the Joint Strategic Needs Assessment and dental public health services will be important in the delivery of the Joint Health and Wellbeing Strategy.

Gaps

- Geographical inequality in uptake of primary care dental services
- Geographical inequality in commissioned activity per population
- Lack of local data on dental health. National surveys provide data at the SHA level.
- The need for specialist dental services needs to be reviewed.

Recommendations for consideration by commissioners

- Promote orientation of primary care dental services to focus on effective health promotion and prevention of oral disease in line with ***Delivering Better Oral Health – a toolkit for prevention*** **(Department of Health, 2009)**
- Improving uptake of services by local residents through ensuring availability of accessible services and provision of information to support uptake Improving access to specialist services
- Promote development of an appropriate skills-mix workforce in order to meet the dental needs of the population effectively and efficiently
- Develop oral health promotion initiatives for the elderly and other vulnerable adult groups

• Robust, annual monitoring and evaluation of dental practices • Improve children's oral health to give them a chance of keeping good oral health throughout their lives.
What is costs and what we get for the money
The current expenditure is £132,041

12.0 Accidents and Injury Prevention

What is the service?

No specific service is being commissioned by Public Health. Most of our input is consultation and advice to CCGs and social care.

Who is it for?

It is important to distinguish the causes and risks of accidents and injuries by age group and they will differ for under-15yrs, working age and the frail elderly.

- Injuries in working age should be covered in detail under workplace health.
- For under 15s the recommendations are broadly divided into 3 areas by NICE – unintentional injuries, improving road design for land transport injuries and improving safety at home.
- For the frail elderly, the recommendations fall broadly under prevention of falls and fracture using an integrated targeted approach involving liaison services based in primary care, community care and acute care and more importantly targeted community based therapeutic exercise programmes and the use of assistive telecare devices such as fall alarms.

The contracted provider or providers if there are multiple

Advice is for commissioners and providers of health services, local authority children's services, local authorities and their strategic partnerships, local highway authorities, local safeguarding children boards, police, fire and rescue services, policy makers, professional bodies, providers of play and leisure facilities, and schools.

National Evidence

NICE Guidance
Strategies to prevent unintentional injuries among under-15s (PH29)
Preventing unintentional road injuries among under-15s: road design (PH31)
Preventing unintentional injuries among under-15s in the home (PH30)
http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7280#/search/?reload

Falls and Fractures: Effective Interventions in Health and Social Care
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103146

Other policy documents
The Role of Public Health in Injury Prevention
http://www.injuryobservatory.net/documents/Policy_briefing_1.pdf
Developing a national policy for prevention
http://www.injuryobservatory.net/documents/Policy_briefing_2.pdf
Kent Children's JSNA 2011 http://www.kmpho.nhs.uk/population-groups/children/jsna-2011/
Child Accident Prevention Trust www.capt.org,uk

Target and Outcomes

- South West Public Health Observatory is currently the lead for describing injury rates across England by district authority.
- Tunbridge Wells DA area is rated relatively high among others in terms of land transport injuries and injury under 5s although the numbers are small and over 3 years.
- There has been approximately 50% increase in falls and fractures related hospital admissions in the 65 and above population in Kent (including relatively high rates of hip fracture

admissions) over the last 5 years, compared to an 11% increase in population in the same age group.

National Outcome Measures

Falls

- Injuries due to a falls in all people aged 65+, Kent 1680 per 100,000 similar to England 1642 per 100,00
- Injuries due to a fall in males aged 65+, Kent 1272 per 100,000, similar to England 1269 per 100,000
- Injuries due to a fall in females aged 65+, Kent 2088 per 100,000 higher than England 4711 per 100,00
- Injuries due to fall in people aged 65-79 (2010/11), Kent 884 per 100,000, lower than England 959 per 100,000
- Injuries due to falls in people aged 80+ (2010/11), Kent 5260 per 100,000, higher than England 4711 per 100,000

Road Traffic Collisions

- Killed and seriously injured causalities on England roads 2009-11, Kent 39.5 per 100,000, lower than England 42.2 per 100,000

The acute trusts are required to participate in the national falls audit. Assessing quality and standards of related services.

Issues and gaps

Under unintentional injuries the issues covered are:

- Planning and coordinating local activities.
- Workforce training and capacity building through national standards and curricula.
- Injury surveillance to monitor the incidence of unintentional injuries among under-15s and plan preventive initiatives.
- Fitting permanent safety equipment and carrying out home safety assessments
- Outdoor play and leisure, including policies to ensure public play spaces are safe, and education and advice on water and firework safety.
- Road safety, including strategies to help reduce vehicle speed in areas near where children and young people are present and managing road safety partnerships.

Under road design and safety the issues cover 20 mph limits, 20mph zones and engineering measures to reduce speed or make routes safer. Advice is on particularly:

- How health professionals and local highways authorities can coordinate work to make the road environment safer.
- Introducing engineering measures to reduce vehicle speeds, in line with Department for Transport guidance.
- Making routes commonly used by children and young people safer. This includes routes to schools and parks.

Under home safety the issues are:

- Prioritise households at greatest risk
- Establish partnerships with local community organisations offer home safety assessments and advice
- offer appropriate safety equipment including door guards, cupboard locks, safety gates, smoke and carbon monoxide alarms, thermostatic mixing valves and window restrictors.

Under falls and fracture prevention in the elderly there are main objectives to consider:
Objective 1: Improve patient outcomes and improve efficiency of care after hip fractures through compliance with core standards.
Objective 2: Respond to a first fracture and prevent the second – through fracture liaison services in acute and primary care settings.
Objective 3: Early intervention to restore independence – through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries.
Objective 4: Prevent frailty, promote bone health and reduce accidents – through encouraging physical activity and healthy lifestyle, and reducing unnecessary environmental hazards.

Implementation of falls and fracture prevention needs to be part of the wider health and social care integration agenda targeting the complex frail elderly who also suffer from multiple long term conditions including dementia and may be in end of life stage.

What is costs and what we get for the money

There is no specified budget for accident and injury prevention

13.0 Population level interventions to reduce and prevent birth defects

What is the service?

The National Antenatal Screening service and at a local level the Public Health role is to give consultant advice. Occasionally we can be asked to work with national agencies (e.g. Small Area Statistics Unit) to investigate unusual clusters of cases in Kent where an environmental cause is suspected and cascade necessary lay information as part of a risk communication strategy.

Who is it for?

Birth defects occur before a baby is born and range widely. Most birth defects are thought to be caused by a complex mix of factors. These factors include genetics, physical factors such as lifestyle and environmental factors including chemicals. Major birth defect abnormalities can lead to developmental or physical disabilities and babies may also require medical or surgical treatment.
In England there is a national Fetal Anomaly Screening Programme which is offered to all pregnant women and screens for certain conditions such as Down's syndrome. Pregnant women are also offered screening for infectious diseases such as rubella and syphilis. If the mother is infected during early pregnancy, rubella carries a high risk for birth defects.

New born babies are also offered New Born Blood Spot screening identifies babies who may have rare but serious conditions such as Congenital Hypothyroidism (CHT).

The contracted provider or providers if there are multiple

Services for identifying birth defects are commissioned as part of the maternity care across Kent. This will involve mainly health care providers across primary, community and acute care services. .

National Evidence

There is a significant overlap and evidence base for the prevention of birth defects with:

- National Fetal Anomaly Screening Programme

http://fetalanomaly.screening.nhs.uk/

- Good antenatal care as recommended in NICE Guidance

http://guidance.nice.org.uk/CG62

- Healthy Start programme on vitamins and healthy eating in pregnancy

http://www.healthystart.nhs.uk/food-and-health-tips/vitamins/
http://www.healthystart.nhs.uk/food-and-health-tips/healthy-eating-in-pregnancy/

Target and Outcomes

Kent has antenatal care services available in primary care and more specialised care in the hospitals. The National Screening Committee sets standards for the fetal anomaly screening and these are regularly monitored. In Kent we also have a smoking cessation services for pregnant women.

Issues and gaps
From April 2013 commissioning responsibility for the National Screening Programmes will be with the National Commissioning Board. However the Director of Public Health will continue to have an assurance responsibility at a population level, and this will require clear and robust communication links with the Head of Public Health in the National Commissioning Board. Birth defects resulting from lifestyle factors such smoking and alcohol abuse are largely preventable and need timely interventions. There is an on-going need for maternity care providers to support women for changing modifiable risk factors such as giving up smoking and adhere to guidance on alcohol consumption during pregnancy.
What is costs and what we get for the money
N/A

14.0 Behavioural lifestyle campaigns to prevent cancer and long-term conditions

Behaviour and lifestyle campaigns are consider to be an integral part of any public health prevention programme. Much of this work would be undertaken through the healthy weight, physical activity, smoking, mental health and well-being, drug and alcohol and sexual health programmes.

15.0 Workplace Health

What is the service?

In England, there is not a national government backed scheme, although the Workplace Wellbeing charter developed by Liverpool PCT is recognised as a particularly effective model that could be rolled out in other parts of the country. http://www.wellbeingcharter.org.uk/

It is a set of entirely voluntary workplace standards to promote good, safe and healthy work. It provides a framework of good practice standards for managing and promoting health and well-being in the workplace to deliver improved business and health outcomes. The Charter is primarily a business engagement vehicle to encourage and support employers and employees towards a healthy workplaces and healthier lifestyles thereby reducing the risks of uncompetitive high absence costs and low productivity rates for businesses. It provides a simple, structured way to establish organisations' strengths and weaknesses in terms of health and wellbeing, and ways to move forward. The standards are grouped into eight areas of activity. These include;

- mental health and wellbeing
- healthy eating
- physical activity
- smoking and tobacco related ill-health
- alcohol and substance misuse
- health and safety requirements
- leadership
- attendance management.

It is proposed that the Workplace Wellbeing Charter is launched in Kent 2013, which will enable employers to show their commitment to the health and well-being of their employees.

Who is it for?

The guidance will be for employers and professionals in small, medium and large organisations who have a direct or indirect responsibility for improving health in the workplace.

The contracted provider or providers if there are multiple

There are currently no specific providers. The role of public health and KCC will be to help facilitate workplace health within KCC and in other organisations.

National Evidence

- NICE have produced a local government briefing paper specifically on workplace health. It highlights that Local authorities can improve workplace health in two ways – in their own role as an employer, and also by encouraging and helping other employers to improve the health of their employees. The paper makes a series of evidenced based recommendations that employers can utilise around improving specific aspects of health and lifestyle. **http://publications.nice.org.uk/workplace-health-phb2**

- The Workplace (Health, Safety and Welfare) Regulations 1992 http://www.legislation.gov.uk/uksi/1992/3004/contents/made

- A healthy workforce is productive and has wider benefits for the local and national economy. (Black, C. (2008), *Working for a Healthier Tomorrow*, London: The Stationery Office) Staff productivity increases if sufficient resources are invested in staff wellbeing.
- Major Health issues, sickness leave and accidents at work are likely to reduce if employees become more physically active (Dishman et al, 1998)
- Involving your workforce in health and safety: Good practice for all workplaces http://www.hse.gov.uk/pubns/priced/hsg263.pdf

Target and Outcomes

Indicators and outcome measures will be developed as part of the programme.

Issues, gaps and Opportunities

Are there any known issues with the service – is it achieving what we need it to achieve – if not why not and what do we need to do to make it more effective.

Mapping of what is available to employers to improve the wellbeing of their staff is needed.

What is costs and what we get for the money

16.0 Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes

The Director of Public Health needs to have systems in place to ensure that NHS commissioning board (NHSCB) and the clinical commissioning groups (CCGs) and others are accountable for making the appropriate use of any advice given by public health

17.0 Sexual Health Services

What is the service?

Local authorities will become responsible for commissioning comprehensive open-access accessible and confidential contraception and sexually transmitted infections (STIs) treatment services.

The sexual health service for Kent includes the following services

- CASH (Contraceptive and Sexual Health Services) – 37 clinics
- GUM (Genitourinary medicine including HIV)
- EHC (Emergency Hormone Contraception) schemes through pharmacies – 130 services
- School based sexual health clinics
- C-Card (condom registration and access points) – 222 services
- TOP (termination of pregnancy) services
- Outreach work

Who is it for?

These services are for the benefit of all persons of all ages within Kent.

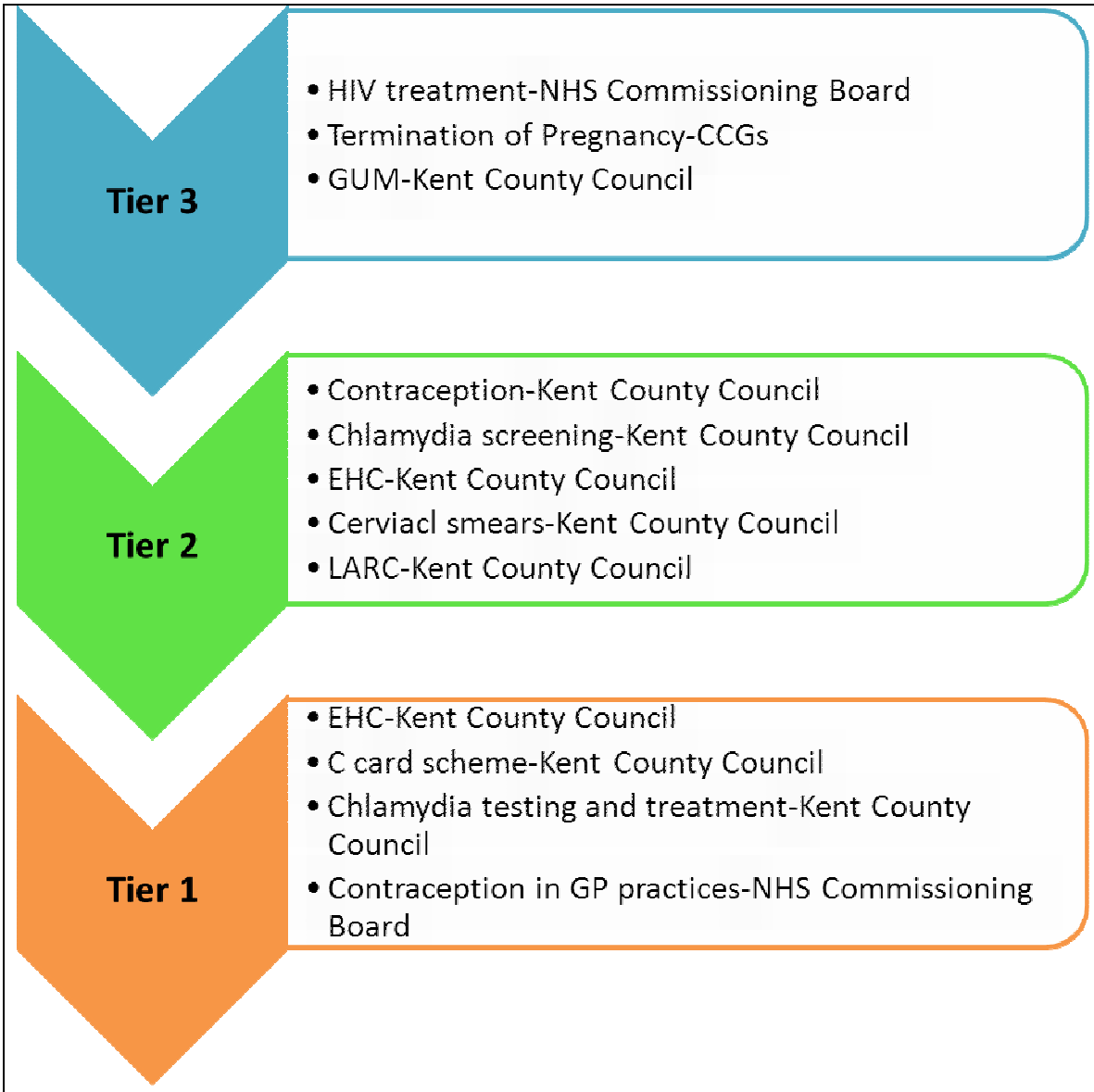
The contracted providers or providers if there are multiple

There are a number of providers commissioned for sexual health services across Kent.

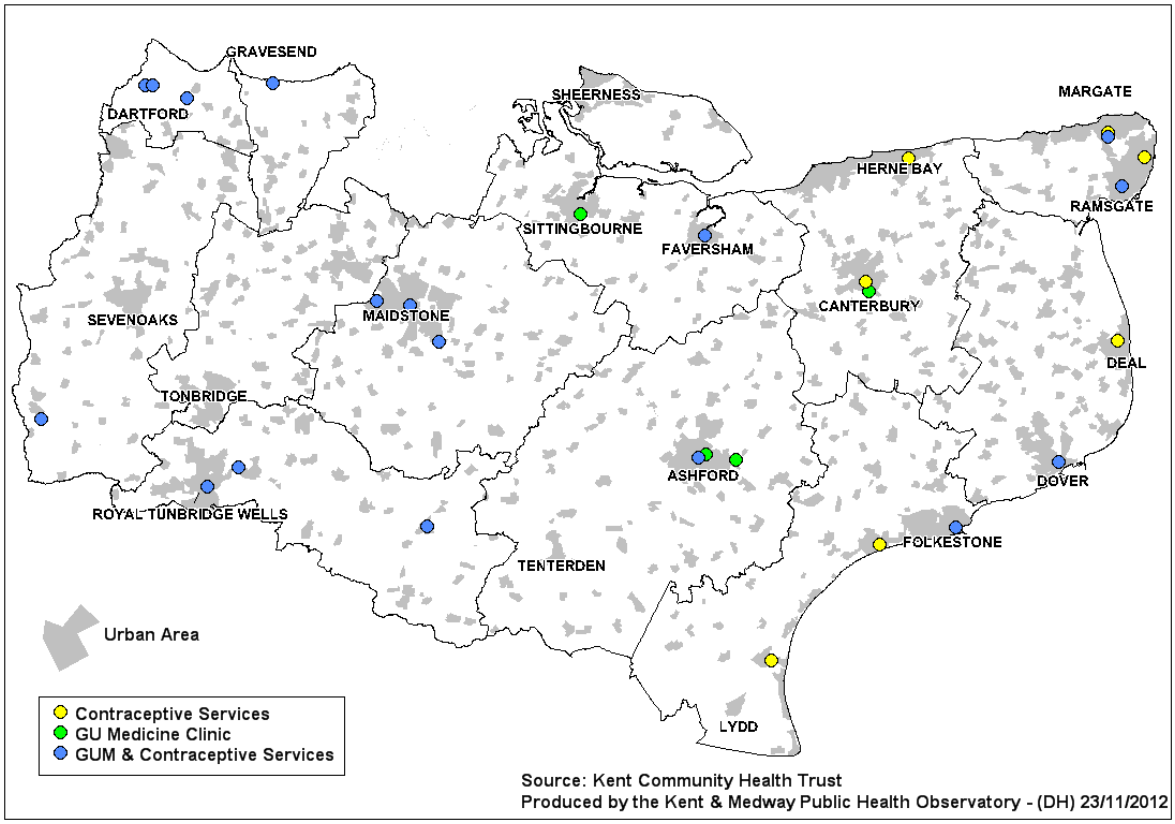
Darent Valley Hospital (DVH)	£950,171
Maidstone and Tunbridge Wells NHS Trust (MTW)	£1,369,781
Medway Foundation Trust (MFT)	£570,781
East Kent Hospitals University Foundation Trust (EKHUFT)	£248,927
Kent Community Healthcare Trust (KCHT)	£9,500,000
Total	£13,513,736

- All the CASH clinics in West Kent and East Kent are provided by Kent Community Health Trust.
- Contracts are all 1 year with 6 month's notice

Sexual health services are commissioned at the following levels



This map below shows the location of the CASH [Contraceptive and Sexual Health Clinics] and the GUM [Genitourinary medicine] services.



National Evidence

- Better Prevention, Better Services, Better Sexual Health: The National Strategy for Sexual Health and HIV. DoH, July 2001-Refreshed 2008 by the Independent Advisory Group for Sexual Health (http://www.dh.gov.uk/assetRoot/04/07/44/86/04074486.pdf)

- Choosing health: Making healthier choices easier. Department of Health, 16/11/04, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550
- *UK National Guidelines for HIV Testing 2008*
- www.bhiva.org

- MEDFASH Recommended Standards for Sexual Health Services 2005, and MEDFASH Recommended Standards for HIV Services 2004 http://www.medfash.org.uk?

- HIV in Primary Care 2004 http://www.medfash.org.uk?

- NICE guidance Prevention of sexually transmitted infections and under 18 conceptions 2007 - http://www.nice.org.uk/PHI003?

Target and Outcomes

National Outcome Measure

3.2 Chlamydia diagnosis (15-24 year olds)

3.4 People presenting with HIV at a late stage of infection

Sexual Health Targets

- 48 hour access to GUM services – 100%
- Chlamydia diagnosis 15 -24 year olds

- Chlamydia screening is recommended for all sexually active people under 25, annually and on partner change.
- The Health Protection Agency (HPA) recommends that local authorities should be working towards achieving a diagnosis rate of at least 2,400 per 100,000(2.4%) population

For Kent this would mean diagnosing approximately **4,414** 15 to 24 year olds. Public Health Outcomes Framework baseline 2010 was **1,562** diagnoses per 100,000 population 15 to 24 years.

- Late diagnosis of HIV is defined as a CD4 count of less than 350. Late diagnosis has been mentioned in the Public Health Outcomes Framework but it hasn't been decided nationally what the target will actually look like

Issues , Gaps and Opportunities

- HIV commissioning will be the responsibility of the National Commissioning Board (NCB)
- GUM and CASH services will be the responsibility of Local Authorities
- Termination of pregnancy will be the responsibility of Clinical Commissioning Groups.

The challenge will be to ensure that the population of Kent receives the best sexual health outcomes in a consistent and equitable way.

GUM attendances are increasing yearly. We need to cap costs as the increase can no longer be funded within NHS contracts.

DVH have given notice that they no longer want to provide GUM services. This is an opportunity to review the strategic direction of sexual health services in West Kent, focus on transformation of young people services alongside youth services and develop community based services.

What is costs and what we get for the money

The sexual health budget is estimated to be £13,760,308.
This money pays for the provision of sexual health services detailed above.

18.0 Excess Winter Deaths

What is the service?

Excess winter deaths highlight the extent to which there is a higher proportion of the population dying between December and March in relation to the other months of the year. The key public health issue is that excess winter deaths are preventable. The country in Europe with the lowest excess winter death ratio is Finland, yet it has one of the coldest climates.

Exposure to cold temperatures can have a number of health effects that include an increase blood pressure, an increase in the blood's tendency to clot which can increase the risk of coronary thrombosis and stroke and a narrowing of the lung airways producing phlegm and making breathing more difficult. The group of people that are most vulnerable to poor health due to cold temperatures are those aged over 70 years old with underlying coronary heart or respiratory disease.

The Winter Intervention Support Programme Kent (WISK) offers support people at risk of poor health due to cold temperatures.

Services delivered:
The WISK programme involves people at risk being offered a home visit through the Home Improvement Agency. The visits determine what support people need, increase the persons' awareness of the risks of living in a cold environment. The visit also involves signposting to other agencies, identifying trip hazards, installing equipment such as grab rails to reduce the risk of falls, advice on energy efficiency measures, draught reduction, benefit support checks, energy tariff checks, loft insulation level checks, undertake loft clearance to enable insulation, providing smoke detectors and provision of emergency salt matting to reduce the risk of falls. Another key function of the visits is to ensure that home repairs are made to prevent cold conditions (i.e. repairing a broken window or boiler). Telecare in the form of cold weather alarms will also be piloted to some of those that receive a home visit.

Age UK will offer support to people at risk during extreme cold temperatures that will minimise the need for people to go outside unsupported. This will include arranging for the delivery of hot meals, shopping, collecting medicines during cold weather, transporting and accompanying people to medical appointments. They will deliver this function set up a register/team of volunteers/bank staff who will respond to referrals from HIA's. Some individuals may need a number of visits if the weather is particularly cold.

The Kent Health and Affordable Warmth Group is the strategic group that oversees the issue of reducing excess winter deaths.

Who is it for?

The WISK programme will focus on the people that are most vulnerable to poor health due to cold temperatures. These are those aged over 70 years old with underlying coronary heart or respiratory disease.

The contracted provider or providers if there are multiple

There are two Home Improvement agencies in Kent. The In Touch Home Improvement Agency provides the service for the entire county with the exception of Swale.

Swale Borough Council provides the Home Improvement Agency service for the Swale area.

Age UK will provide emergency support to vulnerable people when the weather is particularly cold. One of the locality chief officers for Age UK is leading on the winter warmth support on behalf of all of the chief officers in Kent.

National Evidence

National policies introduced by government to reduce seasonal mortality include winter fuel payments (Directgov, 2011), and the seasonal flu vaccination programme (NHS Choices, 2011).

The Department of Health have published the Cold Weather Plan for England 2012, to reduce the health impact of severe winter weather by alerting health and social care services when severe winter weather is forecast (Department of Health, 2012).
https://www.wp.dh.gov.uk/publications/files/2012/10/9211-TSO-NHS-Cold-Weather-Plan_Accessible-main-doc.pdf

Target and Outcomes

National Outcome Measures
4.15 Excess winter deaths

Local Measures

- To gain insight as to what is most effective in terms of what is most effective and can be utilised for future winter programmes.
- Ensure that a maximum number of people receive support who are at risk of poor health due to cold temperatures in the coming winter.

Issues, Gaps and Opportunities

- There is a service gap between primary care and those able to offer support to the people most vulnerable from poor health outcomes due to cold temperatures. Work with local integrated teams to establish if they can be involved in identifying people who are greatest risk for further support.
- The programme for this winter offers the opportunity to establish what works well and can utilised for future winter programmes.
- Learning from what is effective in other parts of the country should be utilised.

What is costs and what we get for the money

Kent County Council has been successful in obtaining additional funding of £315,000 from the Department of Health Warm Homes Healthy People fund for the coming winter. There is also an underspend of 250,000 from last years' programme that the Department of Health have agreed can be rolled over for this winters programme. These funds can offer targeted support for up to 1,200 vulnerable people across the county this winter.

19.0 The local authority role in dealing with health protection incidents, outbreaks and emergencies

Emergency planning
Directors of Public Health acting on behalf of the local authority will have a pivotal place in protecting the health of its population. Under this duty, local authorities and Directors of Public Health on their behalf will be required to ensure that plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks to full scale emergencies, and to prevent as far as possible those threats arising in the first place.

Directors of Public Health will also need to ensure that there are local plans for immunisations
Director of Public Health will advise on whether immunisations programmes in the area are meeting the needs of the population, and whether there is equitable access. They will provide challenge and advice to the NHS commissioning Board on its performance through the JSNA and discussions at the health and wellbeing board on issues such as raising uptake of immunisations and how outcomes might be improved by addressing local factors. They will also have a role in championing immunisation, using their relationships with local clinicians and CCG and in contributing to the management of serious incidents. Directors of Public Health will play a role in ensuring that immunisation care pathways for programmes such as neonatal hepatitis B are robust. The Director of Public Health will need to ensure that the CCGs respond appropriately to any challenges from the local public health teams and make any improvements where required.

There is also an expectation that under the duty of protecting the health of its population the Directors of Public Health will ensure that local plans exist for screening programmes
Director of Public Health will advise on whether screening programmes in the area are meeting the needs of the population, and whether there is equitable access. They will provide challenge and advice to the NHS commissioning Board on its performance through the JSNA and discussions at the health and wellbeing board on issues such as raising uptake of screening and how outcomes might be improved by addressing local factors. They will also have a role in championing screening, using their relationships with local clinicians and CCG and in contributing to the management of serious incidents. Directors of Public Health will play a role in ensuring that screening care pathways for programmes such as the antenatal screening are robust. The Director of Public Health will need to ensure that the CCGs respond appropriately to any challenges from the local public health teams and make any improvements where required.

Infection control
Acute providers will be required to produce plans for prevention and control of infection, including those which are healthcare related. It is the responsibility of the Director of Public Health to ensure these plans exist and are robust.

20.0 Public health aspects of promotion of community safety, violence prevention and response

The Director of Public Health will be expected to work closely with the Police and Crime Commissioner to commission services based on health and social are needs. Public health contributes to the strategic assessments used by Crime and safety partnerships

Public Health will be working with partners on the following agendas

- Alcohol licensing
- Domestic violence
- Road Safety / Accident prevention
- Reducing anti-social behaviour

21.0 Public health aspects of local initiatives to tackle social exclusion

Public health will be working with partners on the following agendas

- **Margate Taskforce**
- **Gypsy and Travelers Needs Assessment**
- **Connecting Communities**
- **Health needs of offenders with community based sentences working with Kent Probation.**

22.0 Needs assessment and commissioning advice to CCGs

The Director of Public Health needs to have systems in place to ensure that NHS commissioning board (NHSCB) and the clinical commissioning groups (CCGs) and others are accountable for making the appropriate use of any advice given by public health

Public health is required to support CCGs in commissioning population health services. Guidance suggests that this would equate to 40% of a suitably qualified public health specialist time.

Public health will support all stages of 'commissioning cycle' from needs assessments and strategic planning to monitoring and evaluation of services. A memorandum of understanding in currently being finalized, this will be discussed and agreed with the Clinical Commissioning Group Leads.

The proposed services and products are listed below

- Joint Strategic Needs Assessment at a local level and support for development of local delivery plans for the Kent Health and Well-being strategy
- Stakeholder engagement for the development and delivery of the local health and wellbeing strategy
- Needs assessment – topics to be agreed and prioritised with CCGs
- Health Equity Audit
- Contributing towards strategic planning
- Health Impact Assessment
- Population profiling and projections for future health care planning
- Monitoring of Public Health Outcomes
- Provision of specialist public health input into the development, analysis and interpretation of health related data sets including the determinants of health monitoring of patterns of disease and mortality
- Support to CCGs on interpreting and understanding data on clinical variation in both primary and secondary care
- Health economic analysis and a population perspective. Interpreting and developing tools to identify return on investment.
- Provide evidence based expert advice for commissioning and decommissioning of services.
- Working alongside CCGs in order to commission health improvement programnmes that dovetail with local clinical pathways
- Ensure CCGs are aware of outcomes being delivered by PH commissioned programmes.

23.0 Needs assessment and commissioning advice to National Commissioning Board

The Director of Public Health needs to have systems in place to ensure that NHS commissioning board (NHSCB) and the clinical commissioning groups (CCGs) and others are accountable for making the appropriate use of any advice given by public health

Screening and immunisation will be the remit of Public Health England and will be delivered at a regional level with staff being seconded from PHE to the NCB Local team.

The Child Health Record System will be commissioned by the NCB this may have implications on how data for Breastfeeding and childhood obesity are accessed.

The areas that need to be negotiated with NCB are

Pharmaceutical Needs Assessment
Public Health within the local authorities will have the statutory duty to undertake Pharmaceutical Needs Assessments with support from the NCB Local Team**.** However the national pharmaceutical services contract of community pharmacies will be administered by the NCB Local Team.

Health needs of Offenders [see page 57]
Veteran Health
Specialised commissioning

Offender Health

The offender population in Kent is relatively large compared to other counties outside London due to the large number of prisons and detention centres in Kent, the demography and size of Kent. Offenders often fall into two broad categories, those "career criminals" who often run large cartels and are generally well organised and "chaotic" offenders (often drug related) and are likely to have many health and social care problems (many were vulnerable children). This second group are also more likely to be both victims and perpetrators and the key public health outcome linked to this group is: **reducing reoffending.**

The public health services that the NHS CB will commission directly are:

- the national immunisation programmes.
- the national screening programmes.
- public health services for offenders in custody.
- sexual assault referral centers.
- public health services for children aged 0-5 years (including health visiting, family
- nurse partnerships and much of the healthy child programme).
- child health information systems.
- Work is also in hand on developing single operating models for the commissioning of offender.
- health, military health, and specialised services.

The NHS CB has stated that more detailed information on individual work areas will be added as it becomes available.

Future Transfer to NHS Commissioning Board

The Health and Social Care Act 2012 places a strategic duty on the NHS Commissioning Board to commission 'services or facilities for persons who are detained in a prison or other accommodation of a prescribed description.' This includes:

Prisons

Police Custody Suites

Immigration Removal Centres

Secure Children's Homes

Secure training Centres

SARC

Forensic Mental Health

In the case of Kent this will be commissioned at the NHS CB local area team (LAT) level in the future which will be one the three lead LATs in the South of England for Offender Health the others being, Thames Valley and Bristol, North Somerset, South Gloucestershire and

Somerset. The Kent & Medway LAT will also commission across Surrey and Sussex for these offender populations.

Services to be commissioned include primary care and mental health services as well as secondary care. The 2012 Act specifically excluded offender secondary healthcare from CCG commissioning.

Kent County Council will have responsibility for health improvement supported by the Director of Public Health and a ring fenced budget. Local NHS CB primary care commissioners will need to work closely with public health colleagues in two main ways:

• firstly, in supporting local authorities, where appropriate, in commissioning health improvement services, some of which could be provided through primary care both in the community and in the criminal justice system and

• secondly, through the advice and expertise that public health colleagues will provide to local area teams on how to commission primary care services in ways that best improve local offender population health and reduce inequalities.

The operating models for prison and offender health, military health and those public health services commissioned by the NHSCB (i.e. screening, vaccinations, child health for 0-5 year olds and public health for people in prisons) have yet to be published and each will have some implications for primary care commissioning arrangements.

The NHS CB are particularly interested in any models of commissioning support, relationships being established with health and wellbeing boards and how public health commissioning relationships might best work.

commissioning KCC services for offenders and crime safety.

- offenders in prison : health commissioned via NCB and PHE (screening)
- offenders in community: probation services, ccg commissioning for primary care and mental health, KCC re substance misuse services and victim based services. ALSO rehabilitative services via probation but also including services for well-being.