

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Meradin Peachey, Director of Public Health

To: Social Care & Public Health Cabinet Committee

Date: 4 October 2013

Subject: Mandated Public Health Programmes

Classification: Unrestricted

Summary: Following the reforms of the National Health Service (NHS) and the transfer of public health functions to local authorities from April 2013 this report provides an update on three of the five mandated services the County Council is now responsible for commissioning:

- NHS Health Checks
- National Childhood Measurement Programme
- Provision of Public Health advice to Clinical Commissioning Programmes

Updates on the Sexual Health mandated services are included in another paper on the same agenda for the October Social Care and Public Health Cabinet Committee.

Recommendation: The Social Care and Public Health Cabinet Committee is asked to note the report.

1. Introduction

As part of the provisions of the Health and Social Care Act 2012, the County Council assumed statutory responsibility for key elements of the new national public health system from April 2013. This includes the commissioning and delivery of public health improvement programmes, some of which are mandatory.

This paper provides an update on mandated services and specifically on:

- NHS Health Checks
- National Childhood Measurement Programme
- Provision of Public Health Advice to NHS Clinical Commissioning Groups

2. NHS Health Checks

In 2008 the Department of Health announced that there would be an implementation of "NHS health checks" from April 2009. The programme has been phased with full implementation expected by 2013.

The programme is aimed at patients aged between 40 to 74 years who are being invited for a free NHS health check to assess their risk of cardiovascular disease, including coronary heart disease, stroke, diabetes and kidney disease, with a new additional screen for dementia. All those people that are on relevant disease registers are excluded from the programme.

Circulatory diseases including stroke, diabetes and renal disease as well as heart attack and heart failure account for a third of the deaths in Kent¹. The Kent Joint Strategic Needs Assessment (JNSA) highlights the importance of the health check programme for the delivery of health priorities across Kent. Cardiovascular disease (CVD) provides a generic term covering all these conditions. In 2007/8 cardiovascular diseases represented 34.6% of the top five causes of death of males in the Kent County Council area and 34.3% of female deaths². Addressing the risk factors for CVD also contributes positively to the prevention of other lifestyle linked diseases such as cancers and dementia.

The health check programme seeks to facilitate improvements in premature mortality from heart disease. The programme is an important strand in the delivery of the Kent Health and Wellbeing Strategy and for CCGs who have obligations to reduce premature mortality rates, particularly cardiovascular disease

3. Delivery of the programme in Kent

Kent Community Healthcare NHS Trust (KCHT) is currently commissioned to deliver the county wide programme, as of the 1st April 2013; previously in East Kent the Primary Care Trust commissioned GPs and a number of other providers directly through a Locally Enhanced Service. In West Kent, Kent Community Trust was previously responsible, and remains the responsible provider. KCHT are responsible for directly contracting with GPs to provide the service, contracting with community pharmacies in areas where there is no or little coverage, provide opportunistic health checks (aimed at people that are less likely to take up a health check, or are not registered with a GP) and roll out a software support tool in GP practices that enables better internal management of the programme at practice level.

4. Current Performance

Results from the most recent quarter (Q1 2013/14) have shown an increase in the number of invites for a health check issued (87% of target) with a reduction in number of invites transformed into an actual health check, however, depending on when the actual invites were issued which is likely to be more towards the end of the quarter, then these should be picked up in Q2.

We are currently RAG (Red Amber Green) rating performance for the first quarter as Red based upon the uptake of health checks but do expect performance to improve.

¹ Kent 2011 Joint Strategic Needs Assessment <http://www.kmpho.nhs.uk/jsna>

² We are the people of Kent, 2009 edition.

<https://shareweb.kent.gov.uk/Documents/facts-and-figures/people-of-kent-2009-final.pdf>

A full report of progress is contained within the PH Performance report included in the agenda for the Cabinet Committee

5. Financial Envelope

Rather than in the previous year where we had a block contract with KCHT to deliver the programme we have moved the contracting of the service to a performance related contract with a maximum payment target based on uptake of health Checks. A block payment has been made to cover staff and associated costs of £466K with the maximum payment available £2.2m

6. National Childhood Measurement Programme

The National Childhood Measurement Programme (NCMP) was established in 2005 and involves the annual weighing and measuring of all eligible children in reception year and Year 6 at state-maintained and middle schools including academies. Local delivery of the programme was previously overseen by PCTs, and from April 2013, following reforms to the NHS and public health system, the programme became a public health function of local authorities, with the surveillance elements being mandated.

The initial core purpose of the programme was to gather local-level surveillance data on child weight, status across England. This was extended in 2008 to provide parents with feedback on their child's weight status. National evaluation and research have consistently shown that parents want to receive their child's results, and sharing a child's weight status with their parent is an effective mechanism for raising awareness of the potential associated health consequences.

Data from Reception Year shows that in Kent 8.6% of Reception year children are obese (compared with an England average of 9.5%) and 18.3% of Year six children in Kent are obese (compared with 19.2%).

7. Delivery of the Programme in Kent

The NCMP is delivered through the block contract novated to KCC from the 1st April 2013 with Kent Community Healthcare NHS Trust by the School Nursing Service. The delivery of this surveillance programme is in addition to the School Nursing services primary role, which is to deliver the National Healthy Child Programme 5 to 19 years of age.

Given the importance of the whole Healthy Child and the NCMP plus other functions schools nurses undertake (e.g. school based vaccination) public health are undertaking a needs assessment, service review and engagement process on the model of care to ensure we commission a robust service in the future programme. The review is due to be completed by November 2013.

8. Current Performance

The NCMP aims to measure a minimum of 85% of eligible children in each of the two school cohorts (reception year and Year 6). In Kent the most recent academic year

with data available is year 2011 to 2012 with 93.7% of Reception year participating in the programme and 95% of Year six, both above the national target.

The NCMP is currently RAG (Red, Amber, and Green) rated as Green. Data from the academic year 2013/14 is expected to be published in December, in Kent we have been assured the continuing Green RAG rating.

9. Financial Envelope

NCMP is currently an element of the School Nursing service provided by KCHT within a contract total of £4.2m.

We have recognised an under provision of school nursing in the West of the county are working with KCHT to increase their staffing baselines.

10. Provision of Advice to Clinical Commissioning Groups

Part of the function of Consultants in Public Health is to advise on the commissioning of health services through needs assessments, service reviews and evidence base for models of care. Through the reforms of the NHS and public health system, one of the requirements of local authorities is to ensure senior Public Health advice to Clinical Commissioning Groups.

In Kent with 7 Clinical commissioning groups, we have agreed a Memorandum of Understanding between KCC Public Health Directorate and the CCGs. Accordingly we have also aligned Public Health Consultants and specialist to CCGs as follows:

NHS Dartford Gravesham and Swanley CCG	Dr Su Xavier
NHS Swale CCG	Dr Faiza Khan
NHS West Kent CCG	Malti Varshney
NHS Ashford CCG	Dr Marion Gibbon
NHS Canterbury CCG	Dr Marion Gibbon
NHS South Kent Coast	Jess Mookherjee
NHS Thanet CCG	Andrew Scott-Clark

These Public Health Consultants are invited members of each of the CCG Boards, and additionally attend other CCG meetings such as Commissioning meeting and Quality and Safety.

Public Health Consultants also attend the sub-structure Health and Wellbeing Boards and led on local District matters such as local groups that feed into the substructure Health and Wellbeing Boards.

In this way, the county are discharging their mandated duty to provide public Health advice to clinical commissioning groups.

11. Recommendations

Recommendations

The Social Care and Public Health Cabinet Committee is asked to note the report.

12. Background Documents

None

13. Contact Details

Report Author

- Andrew Scott-Clark, Director of Public Health Improvement
- 0300 333 5176
- Andrew.scott-clark@kent.gov.uk