Department of Health | Public Health England

A Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals

Caring for populations across the lifecourse

ENTER

Foreword

This framework has been developed to underpin our national programme to maximise the impact of nurses, midwives, health visitors and allied health professionals on improving health outcomes and reducing inequalities. It aims to support and shape "health promoting practice" that encompasses both personalised care and population health across all ages, care places and with individuals, families and communities. We know that such health promoting practice is essential to meet the health challenges in our society and that we need to develop practice, leadership and systems to value health and wellbeing and therefore support prevention and health promotion as well as high-quality treatment. Our professional groups already make a huge contribution to health and care and can do more to meet this goal and be a powerful voice in building what has been described as a "Culture for Health."[1]

The framework is intended for use nationally and locally to promote health promoting practice and raise visibility of our professions' contribution to improving and protecting health. It is a resource to support practitioners' access to best evidence for practice and to support clinical leaders, managers and commissioners to develop services which use the knowledge and skills of nurses, midwives, health visitors and allied health professionals (AHPs) to deliver the best health outcomes for the populations they serve.

This is the first release of the framework, which has been developed with practitioners and leaders. Development will continue alongside Public Health England's Health and Wellbeing Framework being launched later this year and enable healthcare professionals to connect practice to the overarching approach to improving health. I would like to thank everyone who has contributed so far and hope you will continue to do so as part of building our social movement for "Personalised Care and Population Health."

Activities for Population Health

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Introduction | What is the framework?

This framework has been developed to underpin our national programme to maximise nurses, midwives, health visitors (HVs) and allied health professionals (AHPs) impact on improving health outcomes and reducing inequalities.

The framework supports and shapes health promoting practice and embeds personalised care and population health across all ages, care places and with individuals, families and communities. It is a resource to support practitioners' access to best evidence for practice and to support nurse managers and commissioners to develop services which use the knowledge and skills that nurses, midwives, HVs and AHPs use to deliver the best health outcomes for the populations they serve.

There are six key areas of population health activity in the framework, which can be seen listed on the right. In each population health activity area are one or more worked examples on national health priority areas that illustrate how the framework should be used. It also provides links to the outcomes frameworks, especially the Public Health Outcomes Framework, to demonstrate and measure impact, and provides links to national guidance and evidence to underpin practice.

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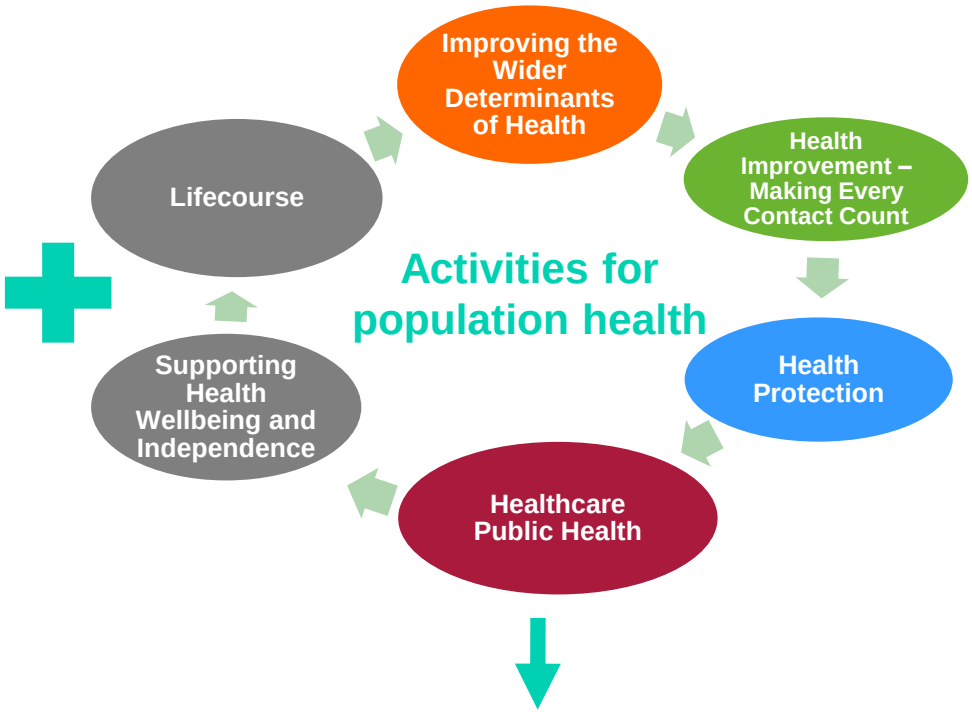
Structure of the Framework for Personalised Care and Population Health

Public health practitioners and consultants, health visitors, school nurses and public health specialist midwives and AHPs

Nurses, midwives and AHPs with specific primary and secondary prevention roles, eg general practice nurses, community nurses, sexual health nurses

All nurses, midwives and AHPs maximising their role in health and well being through Making Every Contact Count



Outcome measures:

Public Health Outcome Indicators	NHS Outcome Indicators
Adult Social Care Outcome Indicators	Other relevant specific indicators

Underpinned by evidence including NICE, research, education and professional engagement

Activities for Population Health

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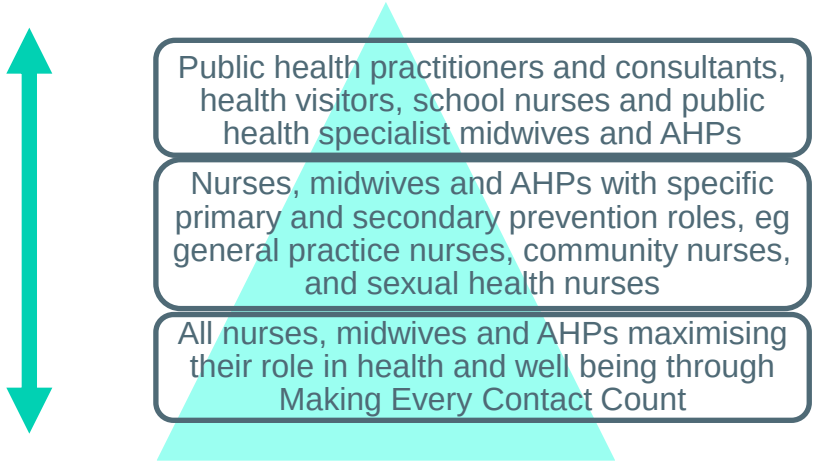
The framework | Explained (1)

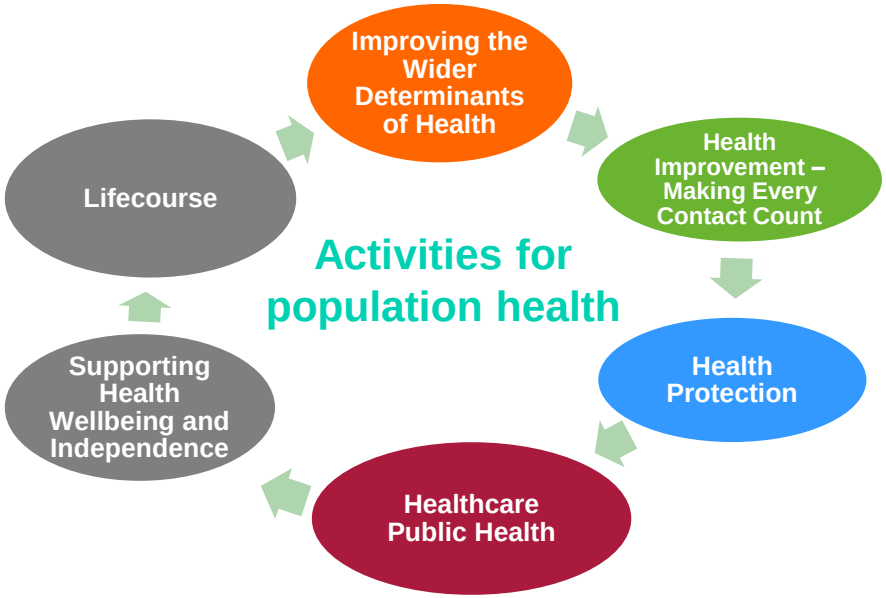
This framework has been developed to underpin the national programme to maximise nurses, midwives, health visitors (HVs) and allied health professionals (AHPs) impact on improving health outcomes and reducing inequalities.



All health practitioners can make a difference – this is set out as a pyramid. At the base are all nurses, midwives, HVs and AHPs; so for example, every single practitioner can “make every contact count” for improving health and wellbeing. At the next level are practitioners who, as well as this, have responsibilities for prevention and for a wider population, such as caseloads, practice lists and communities. At the top level are those whose main role is public health, such as health visitors, school nurses, public health practitioners and consultants. The practitioners at levels two and three build on all practitioner actions at level one and have specific and additional responsibilities because they have explicit roles in prevention, protection and population health.

There are 52 NICE guidance for public health to support roles/practice at all levels.

The framework | Explained (2)



The second component of the framework is the six key areas of population health activity. The first four activities are related to the four domains in the Public Health Outcomes Framework, while the last two activities (in grey) are areas within Compassion in Practice. Each activity area provides links to supporting evidence including NICE guidance, relevant policy documents and patient experiences. Just click on any of the tabs on the right, or the ovals in the diagram above, to find out more about these activities and see worked examples of how they might be used.

The framework | Explained (3)

Outcome measures:

Public Health Outcome Indicators	NHS Outcome Indicators
Adult Social Care Outcome Indicators	Other relevant specific indicators

The third component shows how to use outcomes frameworks to identify areas of health and care needs for prioritisation, and how to demonstrate and measure the impact of interventions.

The link in the top right corner of this page takes you to the outcome measures that are used in this framework. It includes indicators from the Public Health Outcomes Framework, NHS Outcomes Framework , Adult Social Care Outcomes Framework and other relevant outcomes measures. By searching on a topic eg smoking, any relevant outcome indicators can be found quickly and easily.

Applying the framework

The framework will support practice on a number of levels:

- **Frontline nurses, midwives, health visitors and allied health professionals (healthcare practitioners):** to provide staff with a tool that will support them in delivery of the population health elements of their role.
- **Professional leaders and managers:** to develop services which uses the knowledge and skills of healthcare practitioners to deliver the best health outcomes for the populations they serve.
- **Commissioners:** to develop local commissioning using practitioners' professional and local knowledge in identifying health and wellbeing priorities and informing evidence-based locally sensitive service development.
- **Educators:** to provide information to inform curricula development and as a tool for teaching the role of population health in healthcare practitioners' undergraduate and postgraduate programmes.
- **Researchers:** to provide evidence to identify research questions based on local and national priorities and inform grant applications.
- **National professional leaders:** to guide policy development based on what works well, and raise the national profile and visibility of nurses, midwives, HVs and AHPs by making explicit their contribution to population health.

Improving the Wider Determinants of Health

AIM: To achieve improvements against wider factors that affect health and wellbeing and health inequalities.

People in the poorest neighbourhoods will die on average seven years earlier than people in the richest areas and the disability-free gap is on average 17 years. Despite overall improvement in the health of populations, health inequalities persist. Action on health inequalities requires action across all the social determinants of health.

Health practitioners have roles in action on the causes of health inequality and care that narrows the gap. This includes community development, health promotion, education, improved access to services and early identification and action on ill health.

Tackling inequalities requires collaborative working with local authorities and their partners, including the police and criminal justice system, Early Years teams, schools, housing, transport, employers, and the business and voluntary sectors. The Public Health Outcomes Framework includes 19 indicators that measure these factors.

Improving the Wider Determinants of Health | Fast Facts

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Fact:

Around 1 in 10 winter deaths are caused by fuel poverty, which equates to 2,700 people per year. This is more than are killed on the roads each year.

Action:

Use the *Keep warm, keep well* leaflet with those identified as at risk and refer for benefits assistance if needed.

Fact:

People with severe mental health illness can die on average 20 years earlier than the general population.

Action:

Promote mental health resilience – 5 ways to well being**:** *Connect*, *Be Active, Take Notice, Keep Learning* and *Give*

Fact:

Most people with learning disability have poorer health than the rest of the population and are more likely to die at a younger age.

Action:

Use the Health Equalities Framework (HEF) for people with learning disability to reduce health inequalities.

Health Improvement: Making Every Contact Count (MECC)

AIM: people are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.

Making every contact count focuses on staff working with the public, trained to give opportunistic, appropriate and timely advice on health and wellbeing to patients/service users, their carers, staff and communities they come into contact with.

There is much that health practitioners can do to promote healthy lifestyles as part of their day-to day role through considering how their interactions can be an opportunity to promote health and wellbeing. This includes providing advice geared towards encouraging people to quit smoking, reduce excessive alcohol intake, improve diet and lose weight and also signposting people to information and services that provide the support they need. It will involve healthcare professionals using new skills, such as motivational interviewing and behavioural insights. These activities will, in the main, be led locally through health and wellbeing initiatives such as MECC.

There are 24 indicators in the Public Health Outcomes Framework that can be used to measure outcomes in this activity area.

See example of how to use the Framework for **Alcohol**

Health Improvement: Making Every Contact Count | Fast Facts

Fact:
Physical inactivity is a contributor to around 17% of premature deaths, while 67% of men and 57% of women have excess weight.
Action:
Use NICE guidance on individual-level interventions aimed at changing health-damaging behaviours (PH49) opportunistically as part of MECC.

Fact:
Smoking is the primary cause of preventable and premature death accounting for 80,000 deaths in England in 2011.
Action:
Use NICE guidance on individual-level interventions aimed at changing health-damaging behaviours (PH49) and promote access to smoking cessation services

Fact:
The number of people dying from liver disease is rising, up 23% over the last decade to 13,000 deaths.
Action:
Use NICE guidance on individual-level interventions aimed at changing health-damaging behaviours (PH49) and promote use of alcohol support groups.

Health Protection

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FAST FACTS

AIM: to protect the population's health from major incidents and other threats.

Healthcare practitioners play a vital role in protecting health and building resilience at individual, community and population levels and in all settings.

Interventions are wide-ranging and varied, such as running immunisation programmes, teaching effective hand washing, contact tracing and educating the public on the causes and prevention of infectious diseases.

By using the Public Health Outcomes Framework, staff can demonstrate the vital role they play in contributing to high quality practice in all care and specialist health protection services to keep people safe.

See examples of how to use the Framework for **Tuberculosis** and **Antimicrobial Resistance**

Health Protection | Fast Facts

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Fact:

Each year immunisation averts an estimated 2-3 million deaths globally.

Action:

Promote and provide immunisations to protect individual, community and population health.

Fact:

9,000 cases of tuberculosis are reported in the UK annually.

Action:

Detect TB cases early and support treatment completion to help cure and control the disease.

Fact:

Antibiotics are becoming less effective, the more they are used the more antibiotic resistance develops.

Action:

Prescribe and use antibiotics wisely – spread the message not the infection

Healthcare Public Health

AIM: to reduce the numbers of people living with preventable ill health and people dying prematurely.

Good population health outcomes, including reducing health inequalities, rely not only on health protection and health improvement, but on the quality and accessibility of healthcare services. This is called 'healthcare public health' and examples of healthcare public health practice include:

- increasing health promotion, symptom awareness, signposting and referral for early diagnosis and treatment
- support care co-ordination and self-management for 1.9m people with multiple long-term conditions
- provide prevention and health improvement services to reduce the forecast 2.9m increase in long-term health conditions in 10 years
- leading on actions to improve access to services for marginalised groups

There are 16 indicators in the Public Health Outcomes Framework that can be used to measure outcomes in this activity area.

Healthcare Public Health | Fast Facts

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Fact:
The number of people living with more than one long-term health condition is expected to increase from 1.9 to 2.9 million over the next decade.
Action:
Make use of technology that is available to support people in the self-management of long-term health conditions.

Fact:
The number of people diagnosed with diabetes over the last 20 years has increased from 1.4 to 2.9 million.
Action:
Encourage early diagnosis and use NICE guidance on individual-level interventions aimed at changing health-damaging behaviours (PH49) to promote healthy lifestyles.

Fact:
In 2012 people 62,000 under the age of 75 died of cancer (not including liver cancer).
Action:
Raise awareness of the early signs of cancer and promote attendance at cancer screening services.

Supporting Health Wellbeing and Independence

AIM: to help people stay independent, maximising well-being and improving health outcomes.

Supporting health, wellbeing and independence requires action at individual, family and population levels that includes prevention, early intervention and health promotion as well as treatment of ill health. It involves:

- working with patients, their families and carers to encourage wellbeing, self-management and proactive approaches such as supporting and maintaining mobility
- working across health and care boundaries to provide support and services which enable people to remain active, connected and independent in their own homes for as long as they want or are able.

This activity area is closely linked to inequalities in health. The Public Health Outcomes Framework indicators 0.1 and 0.2 are useful for measuring inequalities in health between regions of England, as well as comparing individual regions with England as a whole.

FAST FACTS

See examples of how to use the Framework for Dementia and Falls

Supporting Health Wellbeing and Independence | Fast Facts

Fact:
5.8 million people identify themselves as unpaid carers.
Action:
Promote the health and wellbeing of carers, both for their benefit and for the people in their care.

Fact:
1 in 2 people over 80 years of age will have a fall. Falls cost the NHS more than £2 billion a year.
Action:
Promote balance classes and physical activity to enhance functional independence and prevent deteriorating mobility.

Fact:
Providing adaptations to support an older person to remain at home for just one year can save £28,000 on long-term care costs.
Action:
Ensure that older or disabled people are living in a safe environment that supports their wellbeing. Refer for assessment by occupational therapy or social services if needs are identified.

Lifecourse

AIM: this is an overarching population activity that refers to reducing the impact of health challenges at key stages to improve population health. It will involve some or all of the other five activity areas.

The lifecourse approach to public health targets specific health challenges at different times in a person's life, such as maternal and newborn, child and adolescent, working age adult and older age. For example, evidence shows that secure early attachment and positive health behaviours set the foundations for life.

This framework will only cover the early years of lifecourse at this time but other stages of the lifecourse will be added later.

Outcome indicators from the Public Health Outcomes Framework that have been mapped to the lifecourse were published in June 2013.

FAST FACTS

See example of how to use the Framework for Beginning of Life

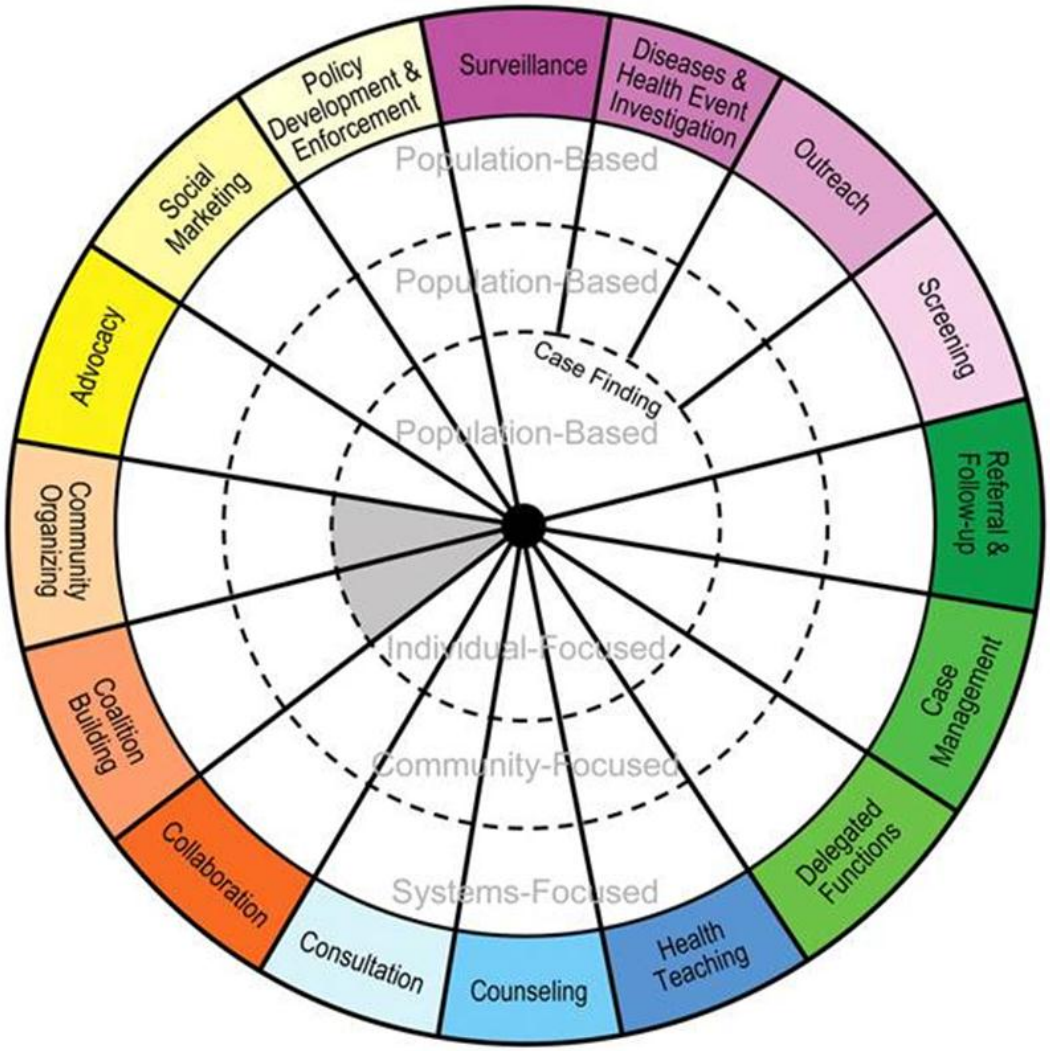
Lifecourse | Fast Facts

Fact:
Attachment issues will have an impact on resilience and physical, mental and socioeconomic outcomes in later life.
Action:
Support delivery of targeted parenting programmes.

Fact:
Unintentional injuries are the major cause of morbidity and premature mortality for children and young people.
Action:
Provide timely information on accident prevention and safety in the home.

Fact:
Maternal mental health has an impact on infant mental health and future adolescent and adult health.
Action:
Early identification of maternal mental health concerns through routine questions and assessment.

Public Health Intervention Wheel



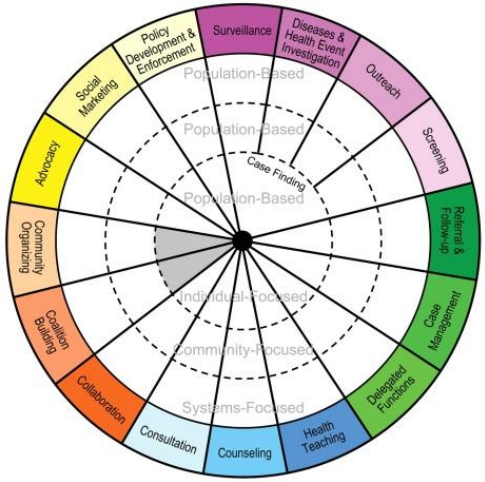
The Public health Intervention Wheel (PHIW) has been adapted from the Intervention Wheel developed by the Minnesota Department Health in 2001[2]. It demonstrates the use of public health practice at three levels – individual, community and population levels and defines the scope of public health nursing practice by type of intervention.

Public Health Intervention Wheel

The Public Health Intervention Wheel (PHIW) is a conceptual model for public health nursing practice that was developed by the Minnesota Department of Public Health through a grounded theory process. It has been used in the US since 2001 and has since been adopted internationally, including in Ireland since 2011.

The PHIW contains 17 interventions in a colour-coded wheel comprised of five wedges. There are three levels of practice: individual/family, systems and community.

All health interventions are population based, where population is described as a collection of individuals who have one or more personal or environmental characteristics in common. A population-of-interest is one which is essentially healthy, but where there is scope to improve factors the promote or protect health. A population-at-risk is a population with common identified risk factors that pose a risk to health[1].



Intervention Wheel | Red Wedge

There are five interventions within this wedge:

1.Surveillance

Describes and monitors health events through ongoing systematic collection, analysis, and interpretation of health data for the purpose of planning, implementing, and evaluating public health interventions.

2.Disease and Health Event Investigation

Systematically gathers and analyses data regarding threats to the health of populations, ascertains the source of the threat, identifies cases and others at risk, and determines control measures.

3.Outreach

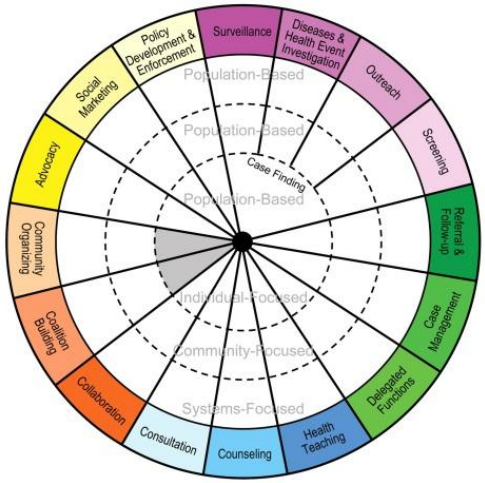
Locates populations-of-interest or populations-at-risk and provides information about the nature of the concern, what can be done about it, and how services can be obtained.

4. Screening

Identifies individuals and families with unrecognised health risk factors or asymptomatic disease conditions in populations.

4.Case finding

One-to-one intervention and therefore operates only at the individual/family level of intervention for surveillance, disease and other health event investigation and outreach. Case finding is frequently implemented to locate those most at risk.



Intervention Wheel | Green Wedge

There are three interventions within this wedge:

1.Referral and follow-up

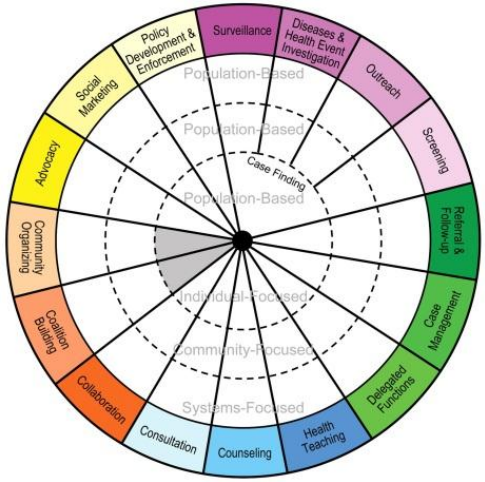
Assists individuals, families, groups and communities to utilise necessary resources in order to prevent or resolve problems or concerns.

2.Case management

Optimises self-care capabilities of individuals and families and the capacity of systems and communities to co-ordinate and provide services.

3.Delegated functions

Direct care tasks a registered nurse carries out under the authority of a health care practitioner, as allowed by the law. Delegated functions also include any direct care tasks a registered nurse entrusts to other appropriate staff to perform.



Intervention Wheel | Blue Wedge

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There are three interventions within this wedge:

1.Health teaching

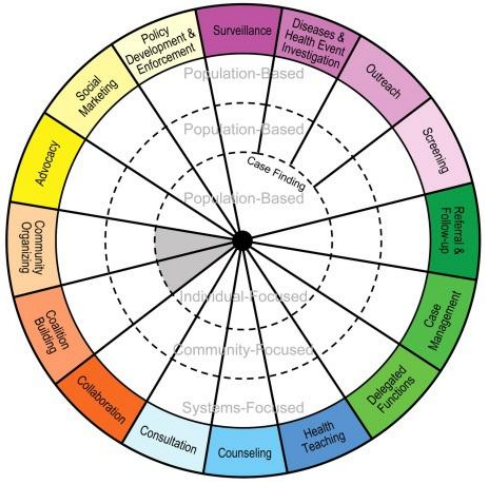
Communicates facts, ideas and skills that change knowledge, attitudes, values, beliefs, behaviours and practices, and skills of individuals, families, systems and/or communities.

2.Counselling

Establishes an interpersonal relationship wit a community, system, family or individual intended to increase or enhance their capacity for self-care and coping. Counselling engages the community, system, family or individual at an emotional level.

3.Consultation

Seeks information and generates optional solutions to perceived problems or issues through interactive problem- solving with a community, system, family or individual. The community, system, family or individual selects and acts on the option best meeting the circumstances.



Intervention Wheel | Orange Wedge

There are three interventions within this wedge:

1.Collaboration

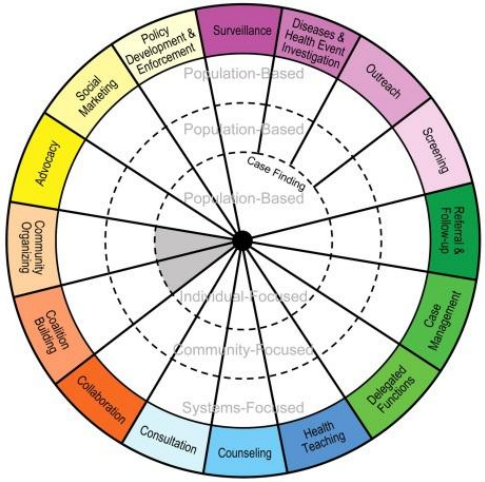
Commits two or more persons or organisations to achieving a common goal through enhancing the capacity of one or more of them to promote and protect health.

2.Coalition building

Promotes and develops alliances among organisations or constituencies for a common purpose. It builds linkages, solves problems and/or enhances local leadership to address health concerns.

3.Community organising

Helps community groups to identify common problems or goals, mobilise resources, and develop and implement strategies for reaching the goals they have collectively set.



Intervention Wheel | Yellow Wedge

There are three interventions within this wedge:

1.Advocacy

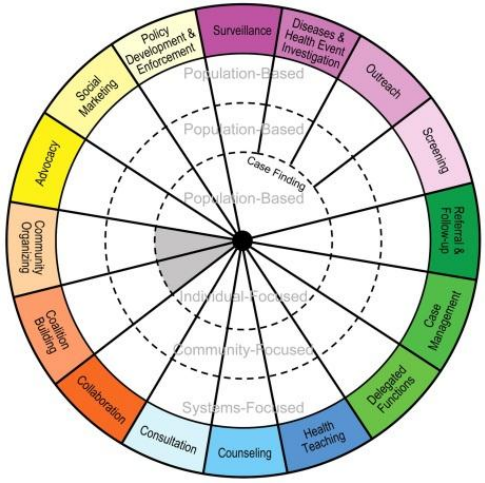
Pleads someone's cause or acts on someone's behalf, with a focus on developing the capacity of the community, system, individual/ family to plead their own cause or act on their own behalf.

2.Social marketing

Uses commercial marketing principles and technologies for programmes designed to influence the knowledge, attitudes, values, beliefs, behaviours and practices of the population of interest.

3.Policy development and enforcement

Placing health issues on decision-makers' agendas, acquires a plan of resolution and determines needed resources. Policy development results in laws, rules and regulations, ordinances and policies. Policy enforcement compels others to comply with laws, rules, regulations, ordinances and policies created in conjunction with policy development.

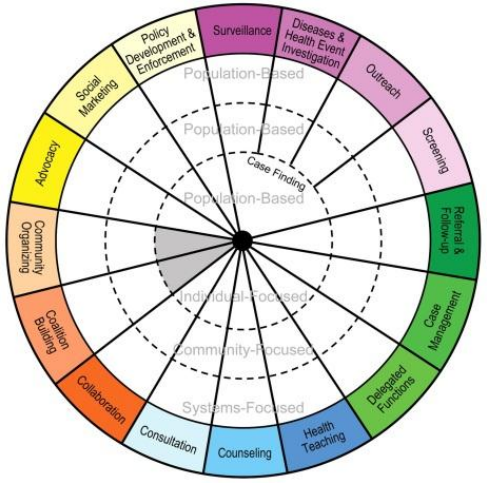


Models for Priority Interventions

Use of the framework is illustrated through examples in each of the activities for population health. The examples that have been selected are national health priorities which will be reviewed and updated regularly.

Health priority examples:

- Alcohol [Health Improvement and making every contact count]
- Tuberculosis [Health Protection]
- Antimicrobial Resistance [Health Protection]
- Falls [Health, Wellbeing and independence]
- Dementia [Health, Wellbeing and independence]
- Beginning of Life [Lifecourse]



Alcohol | Introduction

Alcohol-related harm is a major health problem. It is estimated that in England in 2011/12 1.2 million hospital admissions were due to an alcohol-related condition or injury. This is a 4% increase on the number of alcohol- related admissions in 2010/11, and a 58% increase compared with 2002/03.

Over 24% of adults in England consume alcohol in a way that is harmful, or potentially harmful, to their health and wellbeing.

In 2006/07, alcohol was associated with over 500,000 recorded crimes in England (North West Public Health Observatory 2007). It may also be a contributory factor in up to one million assaults and is associated with 125,000 instances of domestic violence (DH 2009). Up to 17 million working days are lost annually through absences caused by drinking – and up to 20 million are lost through loss of employment or reduced employment opportunities .

Alcohol misuse is also a growing problem in children and young people, with over 24,000 receiving NHS treatment for alcohol-related problems during 2008/9.

Alcohol | Useful Links

Information to support the planning and design of services to combat alcohol abuse at all three levels of public health practice is available from the following sources:

Alcohol Facts provides information about alcohol misuse and its present and predicted impact on populations.

Numerous NICE guidance and Quality Standards have been produced for the management of alcohol misuse.

Data for regional profiling and identifying where activities for population healthcare required can be obtained form the relevant outcome indicators.

Public health interventions by nurses, midwives and allied health professionals are based on the Minnesota Intervention Wheel.

View examples of good practice in the management of alcohol abuse.

Alcohol | Facts

- alcohol use is now the third biggest risk factor for preventable ill-health and death behind smoking and raised blood pressure.
- nine million adults regularly drink above the lower-risk alcohol guidelines.
- in England, alcohol dependence affects 4% of adults (6% of men, 2% of women).
- alcohol causes or contributes to more than 60 health conditions.
- there are over one million alcohol-related hospital admissions every year.
- alcohol costs the NHS £3.5 billion annually.

Alcohol | Guidance

NICE pathways sets out a structured approach to identification of alcohol related harm through the use of risk factors and screening tools and effective interventions to reduce harmful drinking: NICE (2011) Brief interventions for alcohol use disorders. NICE pathways.

Preventing harmful drinking sets out the evidence for interventions to reduce alcohol misuse at a population level. It includes screening and structured brief advice by health and social care professional: NICE(2010) Alcohol-use disorders: preventing harmful drinking (PH 24).

The quality standard Alcohol dependence and harmful alcohol use quality standard QS11 sets out the actions that should be taken by health and social care services to reduce alcohol related harm. Organisations can benchmark themselves against these criteria.

Alcohol | Interventions

Healthcare practitioners should receive training in providing alcohol screening and structured brief advice. Training does not need to be extensive and e-learning opportunities are available: Training Resources and E-learning Courses .

Routinely alcohol screening should be carried out as a part of practice including, new patient registrations, managing long-term conditions, medicines reviews, antenatal reviews, treating minor injuries and promoting sexual health.

Focus on those at increased risk including, those with hypertension, gastro-intestinal or liver disorders, with relevant mental health problems, those who experience accidents or assaults and those with sexual health issues.

Use validated alcohol questionnaire (FAST or AUDIT-C) appropriate to the setting to determine need for brief intervention or referral. See QS11.

Refer those with alcohol dependence to specialist alcohol services.

Extended brief interventions should be offered to those who do not respond to brief intervention. Patients should be followed up and referred to specialist services if do not respond.

Public Health England Alcohol Learning Resources contains screening tools and brief interventions. A number of brief advice leaflets have been produced:
- Change4Life Drinks Checker
- Your Drinking and You
- Identification and Brief Advice Tool

Alcohol | Outcome Measures

The are eight outcome indicators in the Public Health Outcomes Framework in relation to alcohol use. PH 2.18 is **The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised)**. The number is estimated by assigning an attributable fraction to each relevant admission, based on the diagnosis codes and age and sex of the patient. The attributable fractions represent the proportion of cases of conditions that can be attributed to alcohol and are based on the latest review of research undertaken by Public Health England.

The Health and Social Care Information Centre contains seven indicators that are directly related to alcohol use.

LAPE also includes a number of other alcohol indicators relating to health and community safety.

Alcohol | Examples of Good Practice

A number of organisations have provided details of local alcohol initiatives to enable the sharing of knowledge and practice across England. These can be viewed at: Good practice examples and demonstrate compliance with relevant guidelines.

Tuberculosis (TB) | Introduction

Tuberculosis (TB) is an infectious disease caused by bacteria belonging to the *Mycobacterium tuberculosis* complex. Only the pulmonary form of TB disease is infectious, following prolonged close contact with an infectious case. TB is curable with a combination of specific antibiotics, treated for at least six months.

TB is the leading cause of death among curable infectious diseases. The World Health Organization declared TB a global emergency in 1993.

Around 9,000 cases of TB are currently reported each year in the UK. Most cases occur in major cities, particularly in London.

Public Health England launched a consultation document in March 2014 on the Collaborative TB Strategy for England. The consultation closed on 24 June 2014 and a final collaborative TB strategy will be prepared and published thereafter to inform the planning round for 2015/2016.

Tuberculosis (TB) | Useful Links

Information to support the planning and design of services for TB at all three levels of public health practice is available from the following sources:

TB Facts provides information about the signs and symptoms, diagnosis, treatment and follow-up of TB.

NICE Guidance provides links to the latest clinical guidelines and pathways for TB.

Data for creating regional profiling and identifying where activities for population health are required can be obtained from the relevant outcome indicators.

Public health interventions by nurses, midwives and allied health professionals are based on the Minnesota Intervention Wheel.

View examples of good practice for TB services.

Read patient experiences of TB services in the UK.

Tuberculosis (TB) | Facts

Public Health England has published the following information for healthcare practitioners to use:

- useful information about TB in a TB Fact Sheet
- multi-lingual information on TB and its treatment and prevention is available from the Department of Health in the following languages: Albanian, Bengali, Chinese, Farsi, French, Greek, Gujarati, Italian, Kurdish, Pashto, Polish, Portuguese, Punjabi, Romanian, Somali, Spanish, Tamil, Turkish, Urdu and Vietnamese
- frequently asked questions about TB
- it is possible to contract TB soon after transmission has occurred, however it is thought that most TB cases in the UK occur as a result of reactivation of latent TB infection (LTBI), which occurred a long time before TB developed

Tuberculosis (TB) | NICE Guidance

A presentation to educate front-line staff on the diagnosis and management of tuberculosis, and measures for its prevention and control can be accessed from the NICE website: TB presentation.

NICE Clinical guidelines, CG117 - Issued: March 2011 offer the latest information on the diagnosis and management of tuberculosis, and measures for its prevention and control. This guidance is being reviewed and revised guidance will be published in October 2015.

NICE Guidance on Public Health Outcome Domain Three: Health Protection Evidence based public health nursing and midwifery contains information on TB services.

NICE guidance is also available for identifying and managing TB among hard-to-reach groups (PH37) and TB Pathways.

Further guidance is available which makes recommendations on individual-level interventions aimed at changing health-damaging behaviours among people aged 16 or over: PH49.

A NICE pathway for the commissioning of TB services is also available.

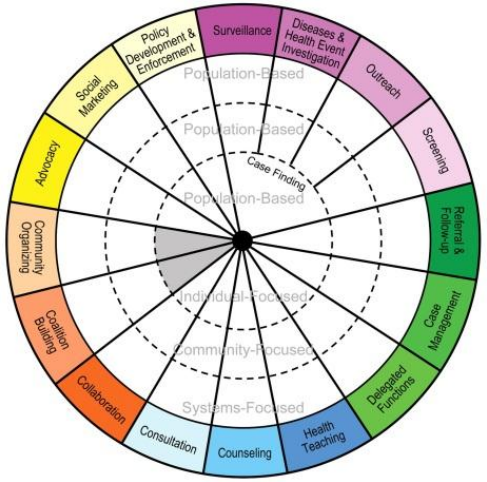
Tuberculosis (TB) | Interventions

- **TB active case finding** Active case finding (ACF) is a strategy to identify and treat people with TB who would otherwise not seek prompt medical care.

- **TB awareness raising**
  TB awareness raising makes healthcare professionals and members of the public more alert to the epidemiology and clinical manifestations of TB.

- **Pre entry TB screening for migrants**
  All persons who apply for a UK visa for more than six months and who are resident in a country where TB is common (over 40/100,000), will be screened for pulmonary TB at one of the UK approved TB screening centres.

- Directly observed therapy is undertaken by a healthcare practitioners to ensure that people with lifestyle/behavioural factors that make it difficult for them to adhere to the regimen, tcomplete their treatment programme. This is recommended in NICE Guidance PH37.



Tuberculosis (TB) | Outcome Indicators

Public Health Outcome Indicators:

This database allows comparisons between indicators in areas of England with England as a whole. There is one indicator for TB: 3.05i-Treatment completion for TB (select correct indicator from drop-down list).

Health and Social Care Information Centre:

This gathers together data from the following sources:

- clinical commissioning group
- compendium of population health indicators
- local basket of inequalities indicators
- GP practice data
- Adult Social Care Outcomes Framework
- quality accounts
- NHS Outcomes Framework
- summary hospital-level mortality data

This information can be accessed through the Indicator Portal. Entering tuberculosis into the search box will bring up 15 different indicators.

Tuberculosis (TB) | Good Practice

Tuberculosis case management and cohort review (Royal College of Nursing, April 2013)

Best Practices in Prevention, Control and Care of Drug Resistant Tuberculosis (World Health Organization 2013)

Race Against Tuberculosis: an agenda for action (Race for Health/ TB Alert 2010). This document contains the following examples of good practice in four different areas:

- good practice in community engagement in TB
- commissioning TB awareness: learning from other health conditions
- linking clinical and social approaches to TB control
- embedding better TB approaches with public sector partners

Antimicrobial Resistance (AMR) | Introduction

Infections are increasingly developing that cannot be treated. The rapid spread of multi-drug resistant bacteria means that the time may soon arrive where we cannot prevent or treat everyday infections or diseases. Many existing antimicrobials are becoming less effective. Bacteria, viruses and fungi are adapting naturally and becoming increasingly resistant to medicines used to treat the infections they cause. Inappropriate use of these valuable medicines has added to the problem.

The UK Five Year Antimicrobial Resistance Strategy 2013 – 2018 sets out the actions that are needed across all sectors to respond to and address the challenge of AMR. The strategy has been developed collaboratively with the UK devolved administrations and the bodies that will be responsible for delivering the work and identifies the priorities to be addressed and includes a call to action.

The Longitude Prize 2014 is a challenge with a £10 million prize fund to help solve one of the greatest issues of our time. Antibiotics were voted by the public to be the winning challenge of the Longitude Prise 2014. Now that the antibiotic challenge has been chosen, everyone (from amateur scientists to the professional scientific community) is needed to try and solve it.

Antimicrobial Resistance (AMR) | Useful Links

Information to support the planning and design of services for AMR at all three levels of public health practice is available from the following sources:

AMR Facts provides information about antimicrobial resistance and its present and predicted impact on populations.

Numerous guidance, standards and toolkits have been produced for the management of AMR.

Data for creating regional profiling and identifying where activities for population health are required can be obtained from the relevant outcome indicators.

Public health interventions by nurses, midwives and allied health professionals are based on the Minnesota Intervention Wheel.

View examples of good practice for the prevention of AMR.

Antimicrobial Resistance (AMR) Facts:

There are few public health issues of greater importance than antimicrobial resistance (AMR) in terms of impact on society. The problem is not restricted to the UK. It concerns the entire world and requires action at local, national and global level.

Public Health England has produced a generic Fact Sheet in the form of a question and answer sheet to assist both health professionals and the public in understanding antimicrobial resistance.

The World Health Organisation (WHO) has published an AMR Infographic Poster as well as a Fact Sheet about the global implications of AMR.

The Annual Report of the Chief Medical Officer (2011) Volume 2 is an in-depth specific review addressing infection and antibiotic resistance.

Antimicrobial Resistance (AMR) Guidance (1):

There are numerous resources available for guidance on AMR depending on the circumstances. The aim of all guidance is to improve the diagnosis, treat the patient appropriately, improve the use of the microbiology services and target the use of appropriate antibiotics.

The Royal College of Nursing and Infection Prevention Society Toolkit supports the commissioning of infection prevention and control as a resource for both commissioner and provider organisations. It includes a basket of indicators that can be used or adapted at local level to meet local needs and support on-going improvement in HCAI reduction. Version 2 of the toolkit is due for release imminently and will contain a basket of indicators that have been mapped against the UK Five Year Antimicrobial Resistance Strategy.

An Acute Trust Toolkit for the early detection, management and control of Carbapenemase producing Enterobacteriaceae provides expert practical advice for front line clinicians and staff to prevent or reduce the spread of these bacteria into and within health and residential care settings. It also provides some basic public health risk assessment tools and information for the patient and their contacts.

Antimicrobial Resistance (AMR) Guidance (2):

NICE – Quality Standard QS61 – Infection Prevention and Control was issued in April 2014 and describes high priority areas for quality improvements. This quality standard covers the prevention and control of infections for people receiving health care in primary, community and secondary care settings. Quality Statement 1 relates to Antimicrobial Stewardship.

NICE are also developing a clinical guideline on medicines and prescribing in AMR, and public health guidance on education and information on antibiotic use for the public and professionals. These are due to be published in 2015/16.

The British Society for Antimicrobial Chemotherapy (BSAC) has a website which collates Guidelines, Standards and Publications arising from working party activity on numerous diseases, conditions and infections including MRSA, hospital-acquired pneumonia and endocarditis.

The Royal College of general practitioners have produced a TARGET antibiotics toolkit as a central resource for clinicians and commissioners about safe, effective, appropriate and responsible antibiotic prescribing

Public Health England has issued Quick Reference Guidance on prescribing in Primary Care.

Antimicrobial Resistance (AMR) Interventions (1):

To help prevent the development of current and future bacterial resistance, it is important to prescribe antibiotics according to the principles of antimicrobial stewardship, Start Smart – Then Focus, and carry out strict infection prevention and control precautions when caring for patients with resistant organisms.

This guidance will help providers assess whether they meet Criterion 9 of the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

Antimicrobial Resistance (AMR) Interventions (2):

Antimicrobial prescribing and stewardship competencies are designed to complement the NICE National Prescribing Centre generic competency framework. Regulators, educators, educational providers and professional bodies can also use them to inform the development of standards, guidance and training.

The NHS National Prescribing Centre has issued a Quick Guide for Commissioners in relation to Non-Medical Prescribers that will be of interest to nurses, optometrists, pharmacists, physiotherapists, podiatrists, radiographers and any other healthcare professional interested in becoming an independent prescriber.

Antimicrobial Resistance (AMR) Outcome Measures (1):

Indicators of good outcomes are to ensure that no patient is harmed by an avoidable infection i.e. no cross infection of preventable infection has occurred due to a lapse in care. This will be evidenced by the reduction in MRSA and *Clostridium difficile* rates, and other resistant organisms. Adherence to antibiotic prescribing policies and good antimicrobial stewardship, with an overall outcome of reducing the amount of antibiotics prescribed unnecessarily.

Public Health England participates in National and European Prevalence Surveys on Healthcare-Associated Infections (HCAI). The first National Prevalence Survey on Antimicrobial usage and Quality Indicators in England was completed in the autumn of 2011. The report provides a snapshot of the levels of HCAI and levels of antimicrobial usage in hospitals in England in 2011.

As antimicrobial resistance is a global phenomenon we can learn from the experience of other countries. Australia has produced a paper on Measuring the Performance of Antimicrobial Stewardship Programmes, which recommends quality indicators are monitored to assess appropriate prescribing practices and compliance with policy therefor improving outcomes, and may be of interest to commissioners.

Antimicrobial Resistance (AMR) Outcome Measures (2):

The Journal of Antimicrobial Chemotherapy published a paper on improving the quality of antibiotic prescribing in the NHS by developing a new antimicrobial stewardship programme “Start Smart – Then Focus”. This paper also references all of the official texts and guidance from the Department of Health and national bodies to improve antibiotic prescribing and stewardship and is an excellent source of information in assisting with patient safety and quality outcomes.

It is an established fact that inappropriate use of antibiotics can contribute to the risk of developing *Clostridium difficile* infection (CDI). The Guidance for Dealing with CDI is available via the following link and Chapter 4 specifically outlines the prevention of CDI through antibiotic prescribing.

Public Health England surveillance centre collates the epidemiological data from the mandatory, voluntary and European surveillance on infections.

Antimicrobial Resistance (AMR) Good Practice:

Good practice demonstrates compliance with relevant guidelines, the Code of Practice and antimicrobial prescribing guidelines. All independent prescribers and nurses involved in the administration of medicines must understand the principles and demonstrate competence in the prevention and control of infections. This includes those that are associated with healthcare and apply this knowledge as a routine part of their daily practice.

The Nursing and Midwifery Council (NMC) has produced a Medicines Management and Prescribing document which is information for nurses and midwives in applying medicines management and prescribing standards in practice.

NICE offers a comprehensive suite of guidance, advice and support for delivering quality, safety and efficiency in the use of medicines, including antimicrobials.

The Royal College of Nursing has published a booklet entitled Wipe it Out which is Essential Practice for Infection Prevention and Control – Guidance for Nursing staff. This also includes a section on use of antimicrobial agents.

Dementia | Introduction

There are 800,000 people living in the UK with dementia and this is estimated to rise to 1.2 million by 2021 and to 1.7 million by 2050. Most people associate dementia with older people but there are 17,000 people in the UK under the age of 65 years who are affected by dementia. Dementia costs society £19 billion per year in England alone; more than the cost of cancer, heart disease or stroke.

The rise in the number of people living with dementia has been recognised as a global problem with 44 million people diagnosed with this devastating condition worldwide, a figure that has been predicted to double every 20 years.

The first G8 Summit on dementia was held on 11 December 2013. This resulted in a global meeting held on 19 June 2014 which looked at barriers to investment in research and ways to increase investment in innovation, including the need for earlier diagnosis, better management and new treatments.

Dementia | Useful Links

Information to support the planning and design of services for dementia at all three levels of public health practice is available from the following sources:

Dementia Facts provides information about dementia and its present and predicted impact on populations.

Numerous NICE guidance and Quality Standards have been produced for the management of dementia.

Data for creating regional profiling and identifying where activities for population health are required can be obtained from the relevant outcome indicators.

Public health interventions by nurses, midwives and allied health professionals are based on the Minnesota Intervention Wheel.

View examples of good practice for the management of dementia.

Dementia | Facts

Dementia is a syndrome characterised by catastrophic, progressive global deterioration in intellectual function and is a main cause of late-life disability. The prevalence of dementia increases with age and is estimated to be approximately 20% at 80 years of age. In a third of cases, dementia is associated with other psychiatric symptoms such as depressive disorder, adjustment disorder, generalised anxiety disorder and alcohol related problems.

The Alzheimer's Society produce a large number of helpful Fact Sheets that staff can use direct families to for information and advice.

NHS Choices provides a wide variety of Fact Sheets for people who care for those with dementia, as well as information on signs and symptoms and social care support that is available.

Dementia | Guidance

- NICE guidelines on dementia GC42
- Support for commissioning dementia care CMG48
- There are two NICE Quality Standards for dementia:
  - Dementia Quality Standard QS1
  - Quality Standard for Supporting People to Live Well with Dementia QS30
- A new NICE Guideline is in development which is expected to be issued in February 2015: Disability, dementia and frailty in later life - mid-life approaches to prevention
- NICE will also publish health guidance in February 2015 on mid-life interventions to prevent disability, dementia and frailty in later life. This is the first guidance that addresses dementia prevention and demonstrates that mid-life changes can reduce risk and increase healthy years in later life.

Dementia | Interventions

Specialist nurses working in teams provide post diagnostic support which is crucial for people with dementia and their families in helping them to adjust to the diagnosis and plan for future care, including developing advanced care plans. Evidenced based interventions such as cognitive stimulation therapy, psychosocial interventions plus flexible support services/ social engagement can contribute to people with dementia living a better quality of life for as long as possible in their communities. Links to useful information:

- A Dementia Care Pathway has been produced by NICE.
- Nursing vision and strategy for dementia care published by the Department of Health.
- Dementia : A state of the nation report on dementia care and support in England published by the Department of Health.
- Dementia self-assessment framework - a tool developed to ensure implementation of the nursing contribution to dementia care, including the 6Cs and dementia pathway.
- Dementia Friendly Communities can be viewed on the Department of Health's website.
- Caring for a person with dementia – information and support from the Alzheimer's Society

Dementia | Outcome Measures

The Alzheimer's Society's Talking Point is an online discussion forum for anyone affected by dementia. It's a place to ask for advice, share information, join in discussions and feel supported. This is a good place to get some qualitative feedback from service users.

A database on the prevalence of dementia reported from general practice.

This database lists the proportion of patients with dementia in a GP registered population. This definition applies to all patients diagnosed with dementia either directly by the General Practitioner or through referral to secondary care.

The face to face dementia review should focus on support needs of the patients and their carers. As the illness progresses, and more agencies are involved, the review should additionally focus on assessing the communication between health and social care and non-statutory sectors as appropriate, to ensure that potentially complex needs are addressed.

The estimated diagnosis rate for people with dementia taken from the NHS Outcomes Framework, indicator 2.6.i.

Dementia | Examples of Good Practice

- Nurses have a key role in providing health education to promote healthy life styles that reduce risks of developing dementia and that support people to remain active and live well. See example of Specialist Link Nurses in Surrey,
- The role of nursing in primary and community care is also vital in helping to identify early signs and symptoms of dementia, to facilitate access to good quality, timely diagnosis, to offer post diagnostic support and to help avoid unnecessary admissions to hospital. See Primary care early detection and support services for dementia in Kent and Medway.
- Admiral Nurses work in a range of settings to support families and offer support with accessing diagnosis, post diagnostic support and education / advice which support well being and promotes health for family carers and people with dementia.
- Dementia First Aid Course: Manual for Family Carers
- Early Memory Diagnosis and Support Service
- Liveability Service promoting the health and independence of people aged 50 and over
- The South London and Maudsley NHS Foundation Trust provide a Mental Health Older Peoples' Service and a Dementia Management Home Treatment Team

Falls | Introduction

Falls and Fractures in older people are a costly and are often a preventable public concern. In England between 1998/99 and 2008/2009 the overall rise for both men and women was 17%, with the number of bed days attributed to hip fractures increased by 32%.

Projections show that based on current trends, by 2036 there could as many as 140,000 admissions for hip fracture a year in the UK, an increase of 57% on 2008 admissions.

Much can be done to prevent fractures through proper identification, treatment and care for individuals with osteoporosis and/or at risk of falls.

The best way of reducing number of fragility fractures suffered by older people is through a comprehensive falls and fracture prevention service.

Falls | Useful Links

Information to support the planning and design of services for falls prevention at all three levels of public health practice is available from the following sources:

Falls Facts provides information about falls, its impact on older people and what preventative measures can be taken.

Numerous NICE guidance and Quality Standards have been produced for the prevention of falls.

Data for creating regional profiling and identifying where activities for population health are required can be obtained from the relevant outcome indicators.

Public health interventions by nurses, midwives and allied health professionals are based on the Minnesota Intervention Wheel.

View examples of good practice for the falls prevention.

Falls | Facts

The following facts have been taken from Age UK's Falls Prevention Guide, which explores the evidence base on the use of exercise to prevent falls:

- falls and fractures in people aged 65 and over account for over 4 million hospital bed days each year in England alone
- the healthcare cost associated with fragility fractures is estimated at £2 billion a year
- injurious falls, including 70,000 hip fractures annually, are the leading cause of accident-related mortality in older people
- after a fall, an older person has a 50% probability of having their mobility seriously impaired and a 10 % probability of dying within a year
- falls destroy confidence, increase isolation and reduce independence, with around 1 in 10 older people who fall becoming afraid to leave their homes in case they fall again
- a tailored exercise programme can reduce falls by as much as 54%

Falls | Guidance

The following NICE guidelines are available:

- Hip fracture: the management of hip fracture in adults CG124
- Osteoporosis: assessing the risk of fragility fracture CG146
- Falls: assessment and prevention of falls in older people CGC161
- Quality Standard for hip fractures QS16

Falls | Interventions

- the Falls and Fractures Alliance was set up in 2012 by the National Osteoporosis Society in partnership with Age UK to bring together organisations to focus on preventing falls and fractures.
- the Care Inspectorate has issued a resource pack Managing falls and fractures in care homes for older people
- dehydration is a key area which may contribute to increasing the like hood of an older person falling. The British Dietetic Association Fact Sheet provides guidance of amount of daily fluid intake
- the Fallsafe falls prevention resource has been developed by the Royal College of Physicians. It is available through e-Learning and has a huge array of collaborative multi professional practice

Falls | Outcome Measures

The following outcome indicators are available in the Public Health Outcomes Framework:

- Hip fractures in people aged 65 years and over 4.14i
- Hip fractures in people aged 65 years and over – aged 65-79 4.14ii
- Hip fractures in people aged 65 years and over – aged 80+ 4.14iii

Mortality rates from accidental falls can be found in the Health and Social Care Information Centre Portal.

Falls | Examples of Good Practice

The Activity Matters Toolkit is designed to support occupational therapists in implementing NICE Public Health Guidance 16: Occupational therapy interventions and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care (2008).

Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers.

The Chartered Society of Physiotherapy has produced advice on ageing well and staying active.

Occupational therapists offer effective and cost effective falls prevention services.

Royal College of Nursing bring together resources and links that support best practice in falls and injury Fallsafe www.rcn.org/fallsprevention in collaboration with RCP www.rcplondon.ac.uk.

Activities for Population Health
Wider Determinants of Health
Health Improvement
Health Protection
Healthcare Public Health
Health, Wellbeing & Independence
Lifecourse

Beginning of Life | Introduction

Transition to Parenthood and the first 1001 days from Conception to age two is widely recognised as a crucial period that will have an impact and influence on the rest of the life course.

Pregnancy and the first years of life is a time when parents are particularly receptive to learning and making changes.

There is good evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life.

A healthy pregnancy is important to the health of the baby. Health messages on the need to stop smoking, drinking during pregnancy, are key, as is the importance of emphasising uptake of immunisations.

New information about neurological development and the impact of stress in pregnancy, and further recognition of the importance of bonding and attachment, all make early intervention and prevention an imperative.

Secure attachment and bonding will have an impact on resilience and physical, mental and socioeconomic outcomes in later life.

Six Early Years High Impact Areas have been developed that focus on the areas having the biggest impact on a child's life.

Beginning of Life | Useful Links

Beginning of Life facts, provides information about the importance of pregnancy and the early years. Link 1001 days

NICE Guidance provides links to the latest clinical guidelines and pathways for Beginning of Life.

View the Beginnings of Life Service Model.

Data for creating regional profiling and identifying where activities for population health are required can be obtained from the relevant outcome indicators.

Beginning of Life interventions by nurses, midwives, SCPHNs and allied health professionals are based on the Minnesota Intervention Wheel.

View examples of good practice for Beginning of Life services

Beginning of Life | Facts (1)

Transition to parenthood:

- pregnancy to age two is the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing
- there is increased potential for domestic violence and abuse to start or escalate during pregnancy
- smoking in pregnancy has detrimental effects for the growth and development of the baby and health of the mother
- smoking in pregnancy leads to 3,000-5,000 miscarriages and 2,200 premature births per year in the UK
- strong positive attachment is essential for healthy brain development and social and emotional resilience in later life

Maternal mental health:

- around 1 in 10 mothers will experience mild to moderate postnatal depression and it can have a significant impact on the mother and baby, and also on her partner and the rest of the family.

Beginning of Life | Facts (2)

Breastfeeding:

- breastfeeding is a priority for improving children's health. Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome

Obesity:

- healthy eating habits are established in the early years. Over a fifth of 4-5 year olds are overweight or obese

Development of child:

- poor nutrition and unhealthy eating habits impact on the development of the child both physically and intellectually . Children who are overweight are at increased risk of poor health outcomes such as type 2 diabetes and poor mental health
- focus on good oral hygiene has an impact on health and well being throughout life. Over 27% of 5 year olds have tooth decay

Hospital admissions:

- illness such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, are the leading causes of attendances at accident and emergency departments and hospitalisation among the under 5s

Beginning of Life | NICE Guidance (1)

There are a range of NICE guidance documents which focus on the management of the high impact areas which are crucial in the early years, some encompassing more than one area.

Transition to parenthood:

- social and emotional wellbeing - early years: guidance PH40

Maternal mental health:

- postnatal care CG37
- antenatal and postnatal mental health CG45
- pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors CG110

Breastfeeding:

- postnatal care QS37
- maternal and child nutrition PH11

Beginning of Life | NICE Guidance (2)

Obesity:

- promoting physical activity for children and young people PH17
- weight management before, during and after pregnancy: guidance PH27
- behaviour change: the principles for effective interventions PH6
- behaviour change: individual approaches PH49

Hospital admissions:

- strategies to prevent unintentional injuries among under-15s PH29 and PH30

General:

- brief interventions and referral for smoking cessation PH1
- quitting smoking in pregnancy and following childbirth PH26

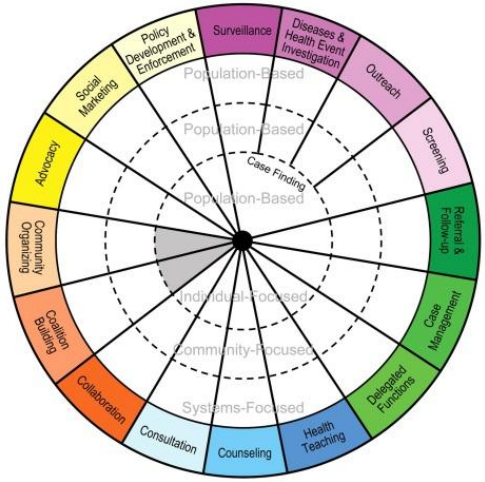
Beginning of Life

| Interventions: Population Level

[population level = wider determinants of health]

All interventions link in with the Healthy Child Programme evidence base :

- search for health needs, using population data, demographics
- provision of antenatal and new-born screening programmes
- achieving population wide “herd” immunity through increased uptake of immunisations
- stimulation of awareness of health needs, linking to housing, poverty issues
- influencing policies affecting health
- influencing joint strategic needs assessments and commissioning intentions.
- raising awareness, reducing stigma eg to mental health issues
- supporting health campaigns/promoting safety messaging



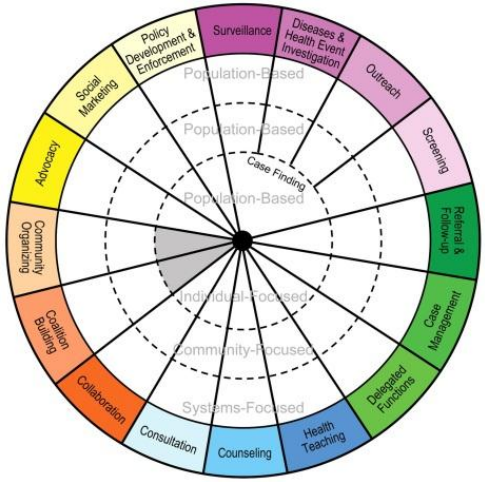
Beginning of Life

| Interventions: Community Level

All interventions link in with the Healthy Child Programme evidence base

Interventions are mapped to the National Four Level Model for Health Visiting services. Examples of community level interventions, ie the **'Your Community' level**, includes local action, building community capacity, assets based community development (ABCD) and group activities for:

- facilitating health enhancing behaviours
- aligning work with other services to improve health and well-being outcomes and building community capacity
- linking people to community resources, signposting to information eg parenting support, benefits, housing, relationship advice
- signposting to or delivery of targeted parenting programmes
- reducing social isolation, links to community groups eg cookery classes, outdoor activities
- developing peer support groups eg breastfeeding cafés, signposting to support services



Activities for Population Health

Wider Determinants of Health

Health Improvement

Health Protection

Healthcare Public Health

Health, Wellbeing & Independence

Lifecourse

Beginning of Life

| Interventions: Family/ Individual level

Four level model for health visiting services:

Child health in the foundation years

Your community

Local action and public health campaigns building community capacity/assets based community development (ABCD), group activities

Universal services

The Healthy Child Programme
Supporting early attachment and perinatal mental health
Promoting and supporting breast feeding
Immunisations managing minor illness safe homes
Health and development checks

Universal plus

Rapid response services for specific expert help/early intervention, For example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

Universal partnership plus

Ongoing health contribution to multi agency support for families with complex long-term difficulties. Includes: Support for families with child with disability or serious illness; Supporting 'troubled families' and child protection

SAFEGUARDING

Six high impact areas:

- transition to parenthood and the early weeks
- maternal mental health (PND)
- breastfeeding (initiation and duration)
- obesity – including nutrition and physical activity
- health and wellbeing - the 2 year old integrated review and support to be "ready for school"
- managing minor illness and reducing accidents

Beginning of Life

| Outcome Measures (1)

Public Health Outcomes Framework

Data from the Public Health Outcomes Framework that are relevant to the Early Years can be accessed below:

- Low birth rate of babies
- Breastfeeding prevalence
- Smoking status at time of delivery
- Under 18 conceptions
- Excess weight at age 4-5 years
- Vaccination coverage
- Infant mortality
- Tooth decay in children age 5

Beginning of Life

| Outcome Measures (2)

Early Years Profile:

- the Early Years Profile has been developed by NHS England and the Child and Maternal Health Intelligence Network as a health profile of public health outcomes relating to early years (children aged 0-5 years). Using the profiles, you can see at a glance how your local area performs against key indicators and use the information to design and commission services to meet local needs

- NHS Outcome Framework

  Health Episode Statistics data on non-elective admissions for 0-4s. Local data can be obtained setting out top ten primary diagnoses. These data can be accessed via the Health and Social Care Information Centre

- Ages and Stages Questionnaire 3 (placeholder) covering five separate areas of development: Communication; Gross Motor; Fine Motor; Problem solving; Personal-social

Beginning of Life

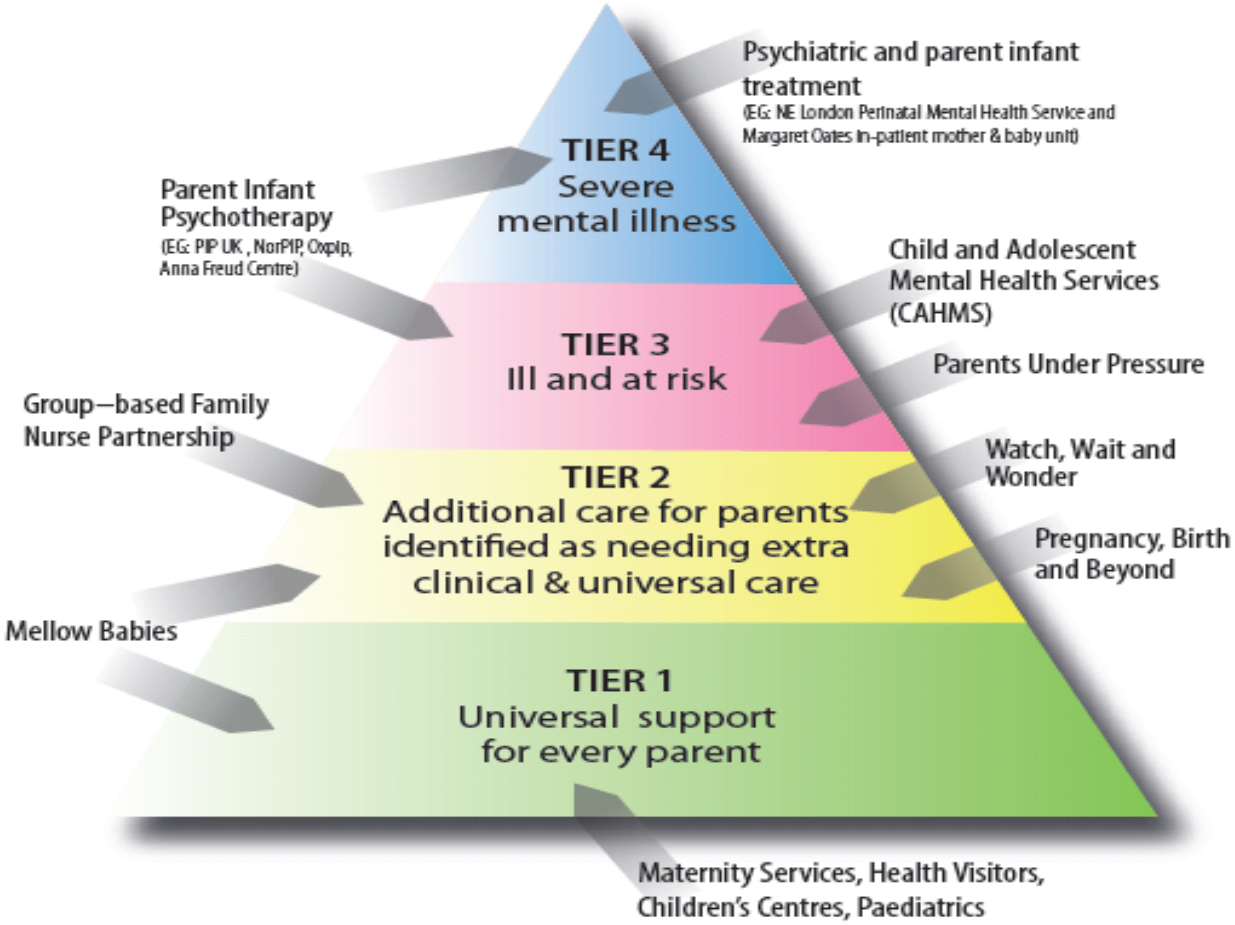
| Examples of Good Practice

- The UK Baby Friendly Initiative is based on a global accreditation programme of UNICEF and the World Health Organization and includes Baby Friendly Standards. It is designed to support breastfeeding and parent infant relationships by working with public services to improve standards of care

- The Marmot Review proposed the most effective evidence-based strategies for reducing health inequalities in England from 2010. It includes two specific policy areas for children:
  1. Give every child the best start in life
  2. Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Six Early Years High Impact Areas

Beginning of Life | Service model



Outcome Measures

The Framework for Personalised Care and Population Health uses outcome measures, in the main, from the Public Health Outcomes Framework, NHS Outcomes Framework and the Adult Health and Social Care Outcomes Framework. However, there may also be other relevant outcome measures that can be accessed via the Health and Social Care Information Centre. Using data from the outcomes frameworks can assist in identifying local priority areas for action and demonstrate the value of health practitioners' interventions.

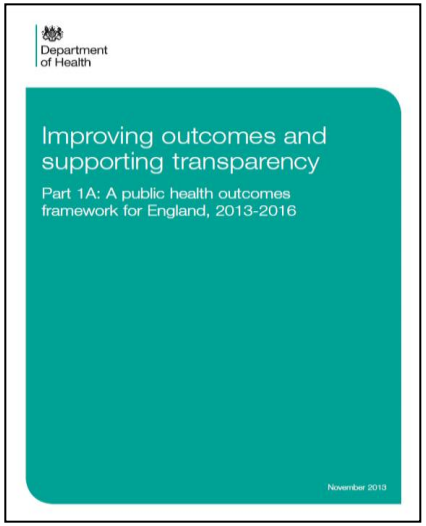
Public Health England:

The Public Health Outcomes Framework sets out the overarching vision for public health, the outcomes for achievement and the indicators that can be used to measure whether improvements are being realised. The indicators allow comparisons between areas of England and with England as a whole. Outcome Indicators can be searched for under each of the domains of public health. Outcome indicators from the Public Health Outcomes Framework , mapped to professional groups, was published in June 2013. Longer Lives highlights premature mortality across every local authority in England, providing important information to improve the health of the community. Health Profiles provide summary health information to support local authority members, officers and community partners to lead for health improvement.

Health and Social Care Information Centre:

This gathers together data from a variety of sources that includes the NHS Outcomes Framework and the Adult Social Care outcomes Framework.

These outcomes data can be accessed through the Indicator Portal. Entering a search term into the search box will bring up all available relevant data for that topic.



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