BARNET LONDON BOROUGH

DRAFT 3

NHS North Central London

Integrated prevention plan

1. Introduction

Preventing avoidable ill-health and disability is an important way of improving people's well-being, as well as releasing resources for use in other services. The purpose of an integrated prevention plan is to ensure that actions are taken across the public sector in all areas that Barnet Council and Barnet Clinical Commissioning Group influences through service commissioning and provision to improve people's well-being.

There are two, complementary, approaches to prevention and both are required in concert if we are to enable greater well-being in Barnet and make best use of our resources in so doing. The first might be thought of as the 'medical model' where, predominantly, clinicians identify issues affecting people's well-being and provide or recommend interventions at an individual level. The second might be considered as a 'social model', which involves intervening at a community (or population) level to create the circumstances in which people can live healthier lives. Neither approach alone will have sufficient impact to make a significantly large, long-lasting and borough-wide impact on people's well-being.

This plan sets out the key things that need to be done to help to deliver the intentions of the Barnet Health and Well-being Strategy, existing work, takes account of the focus on prevention in this year's annual report of the Barnet Director for Public Health and considers some of the implications of a recent report from the London School of Economics on the impact of untreated mental illness in people with physical health problems.

1.1. Context

The ambition articulated in the Barnet Health and Well-being Strategy is for all Barnet's residents will be able to live as healthily and as independently as possible by:

- being free of avoidable ill-health and disability;
- being able to take responsibility for their own and their family's health and wellbeing; and
- each being able to harness the support of their family and friends and the community.

Key to making this happen is preventing avoidable ill-health and disability. There are three types of prevention:

- primary – that is, trying to prevent something from happening in the first place, by, for example, hand washing; breast feeding; encouraging and enabling people not to start smoking, being immunised, eating healthily;
- secondary – that is, preventing the early phases of a condition from developing further, such as detecting and treating conditions (for example, high blood pressure, diabetes) at a sufficiently early stage so that they can be controlled before the onset of complications; and
- tertiary – which is aimed at minimising established effects and complications of established disease to reduce disability and restore functioning as far as possible.

The Barnet Health and Well-being Strategy has four overlapping (that is, not sequential) themes, which are:

1. **preparation for a healthy life** – that is, enabling the delivery of effective pre-natal advice and maternity care and early-years development;
2. **wellbeing in the community** – that is creating circumstances that better enable people to be healthier and have greater life opportunities;
3. **how we live** – that is enabling and encouraging healthier lifestyles; and
4. **care when needed** – that is providing appropriate care and support to facilitate good outcomes.

1.2. What does 'integration' mean?

There are many determinants of health, including the pre-school home learning environment, educational achievement, employment status, income, housing, lifestyle, work environment, home environment, and health and social care. To improve the well-being of people as individuals and at a population level requires concerted action across many, if not all of these areas, and not just one of them.

Similarly, in terms of the provision of health and social care, especially as people live longer and do so with two or more long-term conditions (which will often include a mental health issue), they need concerted support from several agencies simultaneously. Yet the organisational arrangements of many such agencies often militate against this.

We therefore need to commission services as complete (and often complex) packages or pathways that involve more than one agency whereby teams of people with different areas of knowledge and expertise can be brought together to provide such care, including prevention services, for the benefit of both individuals and populations. No one organisation can alone provide what is needed other than in the most limited way.

Put another way, integrated care is approach that seeks to improve the quality of care for individual patients, service users and carers by ensuring that services are well co-ordinated around their needs.[i] This is consistent with the Barnet Integrated Commissioning Plan's intentions that:

> "People and their carers at the heart of a joined-up health and social care system that is built around their individual needs, delivers the best outcomes, and provides the best value for public money. Integrated care will be commissioned by expert commissioners in collaboration with care providers and delivered seamlessly by a range of quality assured health, social care, voluntary and private sector organisations."

Similarly, integrated prevention concerns incorporating various ill-health prevention and well being-promoting activities into services commissioned by one or more agencies from one or more providers such that all service provision includes significant prevention components at appropriate points in the patient/service user care pathway.

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i The King's Fund, Nuffield Trust. *A report to the Department of Health and the NHS Future Forum. Integrated care for patients and populations: improving outcomes by working together.* The King's Fund. London. 2012. http://www.kingsfund.org.uk/publications/future_forum_report.html (accessed 22 June 2012)

1.3. Key prevention activities that need to be developed further in Barnet

1.3.1 Non-cancer screening

The following non-cancer screening activities are undertaken and should be continued:

- diabetic retinopathy
- abdominal aortic aneurysm
- neonatal hearing
- neonatal blood spot for multiple congenital diseases

These are commissioned through the NHS but require public health support to ensure adequate take-up and to provide assurance.

Resource implications

Staff time is required for the commissioning aspects of these services, including monitoring and provider liaison.

1.3.2 Cancer screening

The following cancer screening programmes need to be developed to increase take-up:

- breast
- cervix
- rectum and colon

These are commissioned through the NHS but require public health support to ensure adequate take-up and to provide assurance.

Resource implications

Staff time is required for the commissioning aspects of these services, including monitoring and provider liaison. It is necessary to promote these services more and this will also require work with community groups.

1.3.3 Immunisation

This includes childhood immunisation, seasonal flu immunisation, additional immunisation, for example, with pneumococcal vaccine for certain at-risk people and prophylactic immunisation after exposure to people with certain infectious diseases.

We need to extend immunisation services to achieve 95% coverage not only in newly eligible people, but in children and adults who are beyond the routine age for particular immunisations but have missed them or have uncompleted courses.

Resource implications

Childhood immunisation will become the contractual responsibility of the National Commissioning Board (NCB) for the NHS. Assurance that adequate levels are being achieved will require local public health staff time to liaise with the NCB and, as may become necessary, with local gp practices and other providers.

1.3.4 Falls avoidance

Falls, especially in the elderly put people at high risk of fracture, especially of the hip, and premature death or prolonged high levels of dependency.

Extending awareness of falls risks amongst front line health and social care workers in primary, community, secondary, tertiary, social, independent and voluntary care sectors so that risk assessment and prevention advice can reach more people will reduce the risk of falls and reduce morbidity and, possibly, mortality.

Resource implications

Staff time is required to raise awareness of falls avoidance with service providers and community groups. Any contractual implications for NHS providers will need to be discussed with NHS Barnet CCG.

1.3.5 Winter-well programme

This is aimed at reducing excess Winter deaths through raising awareness of the need for adequate heating and adequate clothing when indoors and out during the colder months of the year.

Last year's mild Winter and record low seasonal flu rates should not lull us into a false sense of security. The preceding Winter was the coldest for 30 years. There is a direct relationship between cold weather and increased deaths and such deaths are avoidable.

Resource implications

Staff time is required to ensure that people's awareness is maintained of this issue. Barnet Council was successful in bidding for Department of Health funding for this initiative and there is an opportunity to do so again. If such a bid is successful it will be possible to extend work with third sector organisations and to enable wider provision of services.

1.3.6 Smoking cessation

This is the most significant secondary prevention activity we undertake and has probably played the largest part in closing the health inequality in cardiovascular disease deaths in Barnet over the last four consecutive years. Activity levels need to be significantly increased and bolstered with a tobacco control programme that targets school children.

Resource implications

Funding is currently in place and staff time is required for the commissioning aspects of these services, including monitoring and provider liaison. Increasing the number of people who quit smoking will require additional funding. There is no obvious source for this at present.

1.4. Key prevention activities that need to be started in Barnet

1.4.1 Health checks

Because of Barnet PCT's very challenged financial position, the board took a decision not to prioritise investment in a health checks programme on a temporary basis in order to ensure that other key services could be adequately supported. In deciding this, the board took into account the fact that Barnet already had a very high case ascertainment rate for diabetes (99.3% of the expected number vs. 88.3% nationally), that is, Barnet GPs were already very effective at identifying people with diabetes; and that performance in diagnosing high blood pressure and other key risk factors relevant to cardiovascular disease approximated to national medians. Barnet prescribing data also indicate high intensity treatment for these conditions.

In addition, Barnet GPs and community pharmacists and the Barnet Stop Smoking Service have consistently exceeded their targets since 2006 in enabling smokers to quit and have aimed such activities especially at people living in the more deprived areas of the borough. The impact of this is shown in the sustained closure of the health inequality gap for premature death (that is, under the age of 75 years) from heart attack and stroke in the borough for the last four consecutive years. This has been achieved

in the years preceding this closure by a faster lowering of death rates amongst people living in the most deprived parts of the borough. It is a significant health improvement achievement that can be attributed mainly to smoking cessation activity. It is discussed fully in the 2012/13 annual report of the Director for Public Health, Barnet (see http://barnet.moderngov.co.uk/documents/s4107/Appendix.pdf)

Now that Barnet PCT's financial situation is easing, it is putting together plans with NHS London to offer and undertake cardiovascular disease health checks again and expects to substantially increase its 2011/12 performance (2,288 offered, 1,209 taken up) by the end of March 2013. This should enable a sound platform for Barnet Council when it takes on responsibility for health checks in 2013.

The council is seeking approval through Cabinet Resources Committee on 18 October 2012 for a 'Later Life Planners' model which aims to provide a flexible 'one stop shop' for older people to help them to plan for their future and think about their next steps after retirement. The Later Life Planners will also be contributing to the NHS Health Checks initiative to ensure that an environment exists that includes health checks as a matter or priority to enable older people plan for their later life.

Resource implications

Funding is being negotiated with NHS London and NHS North Central London for health checks to 31 March 2013. Local authorities will be expected to fund health checks from their public health allocations from April 2013.

1.4.2 Avoidance of overweight and obesity; reduction of existing overweight and obesity

The importance of this in reducing morbidity and mortality in Barnet is second only to smoking cessation and tobacco control. Obesity, and its precursor overweight, significantly increases the risk of developing a number of conditions including some cancers, high blood pressure, and – most significantly – diabetes.

Resource implications

There has been no funding available for this work in the past and there is no obvious source at present. Nevertheless child obesity is one of the priority programmes of the London Health Improvement Board (LHIB), which is taking forward issues that can best be tackled at a pan-London level because it is a more efficient use of resources and can leverage additional resources, such as Transport for London, the third sector and business, thereby helping fulfil Borough obligations outlined in the Public Health Outcomes Framework. Discussion is ongoing through London Councils on how Boroughs might contribute towards the programme by passporting a small proportion of their ring fenced public health funding.

It would be possible to develop a scheme that involves signposting people to self-funding services. In addition, staff time would be required to raise awareness of the issue with front-line personnel and local community groups.

It is most important that initiatives to reduce overweight and obesity are linked with the developing sport and physical activity review.

Improving the home learning environment for children living in poverty

Educational attainment is a major determinant of people's health. Children living in poverty (as some 24% of Barnet's children do – that is, about 18,000 children) generally do less well at school and have statistically significant lower educational attainments. There is good evidence that enabling the parents of such children to support them more effectively, especially in terms of improving the home learning environment, significantly improves their attainment at school and can be related to improved health.

Resource implications

We are currently undertaking a research project into parental attitudes to the home learning environment in Barnet. This research is fully funded. Any proposals to help develop parental skills and the home learning will need to identify the resource implications as well as the benefits.

1.4.3 Enabling people to be more physically active

Increasing levels of physical activity reduces the risk of premature death and of developing overweight and obesity, dementia, cardiovascular disease, physical infirmity and falls. Nearly all of us can significantly increase our levels of physical activity simply by walking more, using stairs rather than lifts, walking up escalators, and taking up activities from gardening to cycling and from swimming to dancing.

People need to be helped to be aware of the benefits of being more physically active, and how to do this simply as part of everyday activities. But in addition, planners, nursery and pre-school groups, schools, higher education establishments, employers, voluntary organisations, community organisations and others need to create circumstances such that being more physically active is easier and something that needs to be actively opted-out from rather than something that has to be opted-in to.

Resource implications

This is being addressed through the developing sport and physical activity review being undertaken by Barnet Council.

1.4.4 Secondary and tertiary prevention for people with physical health problems and unrecognised mental health problems

There is evidence that many people in hospital (and elsewhere) who have long term physical health problems have unrecognised and thus untreated mental health problems which, in addition to reducing the quality of their lives, reduces the efficacy of their physical health treatment. Identifying and managing such mental health problems has been shown to reduce hospital length of stay and improve the quality of life.

Resource implications

There is evidence that such initiatives can save substantial sums of money. Any business case to address this issue needs to identify how such an initiative could recover sufficient funds in-year to cover costs. This would require co-operation between services commissioners and service providers.

1.4.5 Secondary and tertiary prevention for people with mental health problems and those with learning disability and unrecognised physical health problems

Many people with long-term mental health problems and many who have learning disability die prematurely from conditions that are amenable to preventive interventions and/or treatment. These physical health problems are often unrecognised and/or not managed appropriately. The same applies to lifestyle habits, especially smoking (in people with log-term mental health problems) and overweight and obesity in people with mental health problems and in people with learning disability.

Resource implications

There is evidence that such initiatives can save substantial sums of money. Any business case to address this issue needs to identify how such an initiative could recover sufficient funds in-year to cover costs. This would require co-operation between services commissioners and service providers.

This plan sets out the main ways in which the NHS and the local authority in Barnet intend to improve people's well-being through prevention in the context of these themes.

2. Preparation for a healthy life

Enabling the delivery of effective pre-natal advice and maternity care and early-years development.

Action	Potential activity areas	Success measure	Senior responsible owner
Providing women, and their partners where possible, with advice about being as healthy as possible before a planned pregnancy	■ family planning clinics and young people's sexual health services ■ GUM clinics ■ GP surgeries ■ youth services	■ contract monitoring of providers confirming advice given ■ uptake of leaflets	Assistant Director, Public Health
Early access to maternity care that is compliant with National Institute for Health and Clinical Excellence guidelines	■ GP surgeries ■ hospital-based maternity services	■ contract monitoring	Assistant Director, Public Health
Healthy early years	■ midwife interventions to promote an effective home learning environment ■ health visitor interventions to promote an effective home learning environment ■ GP interventions to promote an effective home learning environment ■ parenting classes ■ enablement of parental literacy ■ volunteer schemes providing reading to pre-school and to school children	■ contract monitoring ■ uptake of parenting classes ■ uptake of parental literacy classes ■ uptake of volunteer schemes providing reading to pre-school children and to school children	Assistant Director, Public Health
Substantially increasing the number of smoking quitters amongst pregnant women	■ antenatal clinics ■ specialist smoking cessation services ■ GP surgeries ■ community pharmacies	■ smoking quitter rates in pregnant women	Assistant Director, Public Health
Reducing the rate of overweight and obesity in reception and year-6 children	■ advice on improved maternal nutrition ■ 12-week assessment during pregnancy to target women who are overweight or obese	■ reductions in the number of women planning pregnancy and who are pregnant who are overweight or obese ■ increased breastfeeding rates at six	Assistant Director, Public Health

	■ encouragement of exclusive breastfeeding for six months ■ encouragement of higher levels of physical activity ■ promotion in GP surgeries ■ health visitor promotion ■ work with pre-school groups and Children's Centres	months ■ reductions in the proportions of children who are overweight and obesity in reception and year-6	
Reducing the number of children and young people who smoke and/or who misuse alcohol and drugs	■ promotion through schools, young people's community and youth groups ■ promotion in GP surgeries ■ promotion in children's and other hospital outpatient services and in A&E departments and walk-in centres ■ promotion in young people's sexual health services ■ promotion by personnel providing support services of all types to children and young people, including looked-after children	■ contract monitoring and other reporting	Assistant Director, Public Health
Increasing the uptake of all childhood immunisations	■ promotion in GP surgeries ■ promotion through midwifery services before and after delivery ■ health visitor promotion ■ work with pre-school groups and Children's Centres ■ promotion through schools ■ promotion by personnel providing support services of all types to children and young people, including looked-after children	■ increased uptake rates of all children's immunisation	Assistant Director, Public Health

3. Well-being in the community

Creating circumstances that better enable people to be healthier and have greater life opportunities

Action	Potential activity areas	Success measure	Senior responsible owner
Taking health and wellbeing considerations into account in council and health service policies and plans	■ enforcement of tobacco control regulations ■ involvement of schools in encouraging children not to start smoking (including avoidance of second-hand smoke) ■ all front line personnel trained in Level 1 smoking cessation service so that they can identify the issue effectively and signpost clients to smoking cessation services ■ enabling staff to attend smoking cessation services during work hours ■ pre-school groups and schools promoting and enabling childhood immunisation ■ front-line staff working with vulnerable people to be encouraged and enabled to have seasonal flu immunisation ■ active promotion of breast, bowel and cervical cancer screening in relevant contexts by trained front-line personnel ■ raising awareness of early signs and symptoms of different types of cancer and encouragement to seek early medical advice ■ active promotion of avoiding overweight, and seeking support to enable weight loss in people who are overweight or obese, in relevant contexts by trained front-line personnel ■ encouraging employers to support their	■ increased smoking quitter numbers ■ evidence of lower levels of starting smoking amongst schoolchildren ■ increased uptake of flu immunisation amongst people in at-risk groups ■ evidence of an increase in physical activity as part of everyday living	Assistant Directors, Public Health (each for different areas), working with Environmental Health

	staff who are overweight or obese to lose weight ■ encourage and enabling people to be more active in their everyday living activities by things such as using stairs rather than escalators and lifts, using public transport rather than driving		
Enabling people to have a greater sense of belonging to, and contributing to, the community in which they live to foster greater trust and mutual support	■ enabling and encouraging greater participation within communities in the borough such as – – voluntary activities – intergenerational activities – sharing skills and knowledge – home share – day opportunities – encouraging and enabling greater involvement in community group activities	■ implementation of the Ageing Well Strategy through identifiable, sustained projects in at least three wards	Joint Commissioner, Older Adults Assistant Director, Public Health

4. How we live

Enabling and encouraging healthier lifestyles

Tobacco control and smoking cessation	■ encourage and enable people, especially children, not to start smoking; ■ encourage and support people who do smoke to quit ■ focus especially on smokers who – – live in deprived areas – have chronic obstructive pulmonary disease – have diabetes or other cardiovascular risk factor, including overweight and obesity – have mental health problems	■ increased smoking quit rates ■ reduced smoking prevalence	Assistant Director, Public Health

	– have learning disability – are pregnant ■ enforce the law on smoking in public places ■ encourage employers to support their staff in quitting smoking, because a healthy workforce is a more productive one		
Reducing the prevalence of overweight and obesity	■ encourage and enable people, especially children, to eat sensibly and to take adequate exercise in order not to become overweight[ii] ■ encourage and enable people, especially children, who are overweight or obese to take adequate exercise in order to lose weight by at least 10% ■ encourage employers to support their staff who are overweight or obese to lose weight – which may be best achieved by encouraging and enabling all staff to to eat sensibly and to take exercise – because a healthy workforce is a more productive one ■ encourage people to be more active in their everyday living activities by things such as using stairs rather than escalators and lifts, using public transport rather than driving because this invariably involves some walking ■ work with parents and families, community groups, nurseries and pre-	■ a downward trend in overweight and obesity in reception class children in Barnet schools ■ a downward trend in overweight and obesity in year-6 children in Barnet schools ■ a reduction in the proportion of patients on GP registers who are overweight ■ a reduction in the proportion of patients on GP registers who are obese	Assistant Director, Public Health, working with the London Health Improvement Board

[ii] Everyone who is obese was, at one time, overweight. Body mass index (BMI) is calculated by dividing a person's weight (in kilograms) by the square of their height (in metres). A healthy BMI is between 18.5 and 24.9. A BMI of 25-29.9 defines a person as being overweight. A person with a BMI of 30 or more is obese

	school groups to encourage healthy eating and more physical exercise in children ■ work with schools to encourage healthy eating and more physical exercise in children		
Increasing people's opportunities to be physically active in everyday living activities, as well as through sports and leisure activities	■ using the planning process to enable and encourage to be more physically active in their everyday activities such that they need to consciously opt-out of such activities rather than consciously opt-in to them ■ encouraging the design of roads and walking areas to enable and encourage to be more physically active in their everyday activities such that they need to consciously opt-out of such activities rather than consciously opt-in to them ■ working with employers and service providers of all types to enable and encourage to be more physically active in their everyday activities such that they need to consciously opt-out of such activities rather than consciously opt-in to them (for example using stairs rather than lifts and escalators) ■ promoting easy financial and geographical access to culturally appropriate sporting and leisure activities of all types and for all ages	Clear programme of cross-council activity agreed through the Sport and Physical Activity Review	Assistant Director, Public Health
Enabling a reduction in the prevalence of potentially health-harming levels of alcohol consumption	■ working with front line health care workers to help to identify people consuming inappropriately high amounts of alcohol and to signpost them to appropriate services ■ working with front social care workers to help to identify people consuming	■ reductions in the rates of hospital admissions directly attributable to excessive alcohol consumption ■ reduction in crimes directly attributable to excessive alcohol consumption	Assistant Director, Public Health

	inappropriately high amounts of alcohol and to signpost them to appropriate services ■ working with the police and judicial system to help to identify people consuming inappropriately high amounts of alcohol and to signpost them to appropriate services ■ working with employers to help to identify employees consuming inappropriately high amounts of alcohol and to signpost them to appropriate services ■ working with community and social groups to help promote safe consumption of alcohol		
Reducing excess deaths in Winter	■ increasing awareness of excess Winter death risks amongst front line health, social care and other workers ■ increasing the uptake of seasonal flu immunisation in people in at-risk groups ■ increasing the number of homes that are adequately insulated and heated in Winter	■ increased referrals to council for Category 1 housing hazards ■ increasing seasonal flu immunisation rates	Assistant Director, Public Health, working with Environmental Health
Falls avoidance	■ increasing awareness of falls risks amongst front line health, social care and other workers ■ making referral to a falls service an acute hospital contractual requirement that is monitored ■ identifying and managing falls risks through review and assessment of, for example (but not limited to) – – repeat medication reviews – visual assessments – referral for management of conditions that increase falls risk, including	■ reduction in the incidence of wrist and hip fractures in people aged 65 years and over ■ increased referral rates for assessments to falls services	Assistant Director, Public Health Joint Commissioner, Older People

	vascular insufficiency, cardiac rhythm abnormalities, past fall ■ increasing the uptake of activities that improve balance and truncal stability		
Improving the home learning environment for children living in poverty	■ increasing awareness of home learning environment issues amongst front line health, social care and other workers ■ developing services, especially involving intergenerational work and volunteer involvement, to improve, at a significant scale amongst families living in poverty with pre-school children – – parenting skills – parent literacy and numeracy skills – reading to and reading with children	■ increased parental involvement in such initiatives	Assistant Director, Public Health

5. Care when needed

Providing appropriate care and support to facilitate good outcomes

Ensuring a greater emphasis on ill-health and disability prevention in all health and social care service provision	■ promotion of re-ablement in all contacts with patients and clients to foster greater independence and reduced reliance on carers and professional services ■ encouraging and enabling front line health and social care staff to promote smoking cessation with their patients/clients, especially those who are - – due to undergo elective surgery[iii] – in-patients in hospital[iv]		

iii There is unequivocal evidence that quitting smoking some 8-10 weeks before surgery reduces the risk of a wide range of post-operative complications and the need for prolonged in-patient stays (including admission to intensive care)

iv Stopping smoking will help to improve the health of everyone except those who are terminally ill (that is, expected to die within three months). Enabling hospital in-patients to quit smoking is especially important as smoking affects wound healing, bone healing and the way a wide variety of drugs work in the body, in addition to increasing the risk of acute respiratory tract infection and increasing the risk of a plethora of other conditions

	■ encouraging people to eat sensibly and to take adequate exercise in order not to become overweight[v] ■ encouraging people who are overweight or obese to take adequate exercise in order to lose weight by at least 10% ■ identifying people who are consuming inappropriately high amounts of alcohol and signposting them to appropriate services		
Secondary and tertiary prevention for people with physical health problems and unrecognised mental health problems	■ developing integrated care between both acute and community services and mental health services, following the RAID (Rapid Assessment Integration Discharge) model to identify people with unrecognised mental health issues and to provide appropriate care	■ increased referrals to community-based psychiatric services from primary, community, acute, tertiary and other care services ■ reduced lengths of stay in acute and in community hospitals ■ improved outcomes for physical health issues amongst people identified with unrecognised mental health issues	Assistant Director, Public Health
Secondary and tertiary prevention for people with mental health problems and those with learning disability and unrecognised physical health problems	■ developing integrated care between both acute and community services and mental health services, to identify people with unrecognised physical health issues and to provide appropriate care	■ an increased number of people receiving care of all types for mental health problems and learning disability receiving care for physical health problems from appropriate practitioners ■ reduced incidence of acute illness/exacerbation of physical health problems in people with mental health problems or learning disability	Assistant Director, Public Health
Non-cancer screening	For – diabetic retinopathy – abdominal aortic aneurysm	■ increased uptake of screening	Assistant Director, Public Health

v Everyone who is obese was, at one time, overweight. Body mass index (BMI) is calculated by dividing a person's weight (in kilograms) by the square of their height (in metres). A healthy BMI is between 18.5 and 24.9. A BMI of 25-29.9 defines a person as being overweight. A person with a BMI of 30 or more is obese

	– neonatal hearing – neonatal blood spot for multiple congenital diseases to: ■ encourage and enable front line health and social care staff to promote the uptake of non-cancer screening ■ work with community and social groups to help promote the uptake of non-cancer screening ■ promote the uptake of non-cancer screening through commissioned providers		
Cancer screening	For – breast cancer – cervical cancer – rectal and colon cancer to: ■ encourage and enable front line health and social care staff to promote the uptake of cancer screening ■ work with community and social groups to help promote the uptake of cancer screening ■ promote the uptake of cancer screening through commissioned providers	■ increased uptake of screening	Assistant Director, Public Health