PUBLIC HEALTH TRANSFORMATION PRESENTATION

Health Overview and Scrutiny Committee
Friday 9 October 2015
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Public Health Improvement Commissioning Strategy

Kent 2015
PH Transformation Programme - Drivers for Change

NHS Five Year Forward View
Calls for radical upgrade in prevention

Demographics
A growing, ageing and diversifying population

Financial and contractual drivers
Reduction in grant 15/16

Health & Wellbeing Board priorities
Calls for radical upgrade in prevention

Health inequalities

Improving healthy life expectancy

Care Act
LA have a responsibility to provide services that prevent escalation of care needs
**Phase 1:** Whole system engagement and consultation

**March – September 2015:**
- Analysis and Review
- Outcomes agreed
- Stakeholder consultation
- Member briefings and Cabinet Committee
- Health and well being boards consultation
- Market engagement
- Contract management

**Phase 2:** Revised models Procurement

**October 2015 – April 2016:**
- New models of provision Public Consultation
- Key decisions taken
- Resourcing agreed
- Specifications developed
- Invitations to tender
- Procurement processes begin

**Phase 3:** Transition to new service models

**April 2016 onwards:**
- Transition to new service models and approach
Public Health Transformation - Our Key Questions

• Are our services fit for purpose?
• Do we invest our grant in the right way?
• What is mandated and what is discretionary?
• How many people and do the right people benefit from our services?
• How do our services perform?
• How do our contractual arrangements limit what we can do?
• Are we planning for the future?
Review

• Outcomes
• Spend
• Performance of services
• National developments and Key research
• The Market

• HWBB priorities
• Customer insight
• Public consultation
## Key Outcomes

<table>
<thead>
<tr>
<th>Smoking</th>
<th>Starting Well</th>
<th>Living Well</th>
<th>Ageing Well</th>
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<tbody>
<tr>
<td></td>
<td>• Reduce smoking prevalence in general</td>
<td>• Reduce in target populations</td>
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<tr>
<td>Healthy Eating, Physical Activity &amp; Obesity</td>
<td>• Reduce levels of excess weight</td>
<td>• Increase levels of physical activity</td>
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<td></td>
<td>• Increase levels of breastfeeding</td>
<td>• Reduce levels of tooth decay in children (5 year olds)</td>
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<tr>
<td>Alcohol &amp; Substance Misuse</td>
<td>• Reduce alcohol-specific admissions to hospital</td>
<td>• Increase successful completions for drug and alcohol misusers</td>
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<tr>
<td>Wellbeing</td>
<td>• Improve wellbeing of population</td>
<td>• Reduce self harm and suicide rates</td>
<td>• People &gt;65 with mental ill health are supported to live well</td>
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<tr>
<td>(including Mental Health and Social Isolation)</td>
<td>• Reduce social isolation</td>
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<tr>
<td></td>
<td>• People &gt;65 with mental ill health are supported to live well</td>
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<tr>
<td>Sexual Health &amp; Communicable Disease</td>
<td>• Maintain access to specialist sexual health services</td>
<td>• Reduce rates of sexually transmitted infections</td>
<td>• Reduce excess &lt;75 mortality rates</td>
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</table>
Kent Public Health Spend Breakdown 15/16 -

- Health Visiting & FNP: £11,655,000 (13%)
- School Nursing: £12,584,500 (15%)
- Community Infant Feeding Service: £2,866,500 (3%)
- Children Centres: £2,186,000 (3%)
- Children & YP Mental Wellbeing: £1,598,000 (2%)
- Young People's Substance Misuse Service: £1,218,500 (1%)
- Sexual Health: £1,028,500 (1%)
- NHS Health Checks Programme: £1,453,500 (2%)
- Smoking: £3,199,000 (4%)
- Health Trainers: £725,000 (1%)
- Healthy Weight Management: £3,656,000 (4%)
- Campaigns: £3,199,000 (4%)
- Adults' Mental Wellbeing: £11,904,500 (14%)
- Adult Substance Misuse Service: £2,738,500 (3%)
- Wider Determinants inc Staffing: £2,186,000 (3%)
- Prison Substance Misuse: £473,500 (0.5%)
## Starting Well – Kent

<table>
<thead>
<tr>
<th>Agreed Outcomes</th>
<th>Current Health Performance</th>
<th>PH Activity</th>
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</thead>
<tbody>
<tr>
<td>Reduce smoking prevalence at age 15</td>
<td>Smoking prevalence at age 15 (2009-12) – reg smokers only: Kent: 9.5% (modelled estimate)</td>
<td>Stop Smoking Service</td>
</tr>
<tr>
<td>Reduce smoking prevalence at time of delivery</td>
<td>Smoking prevalence at time of delivery (Q2 14/15): Kent &amp; Medway: 13.7%</td>
<td>Tobacco control programmes</td>
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<tr>
<td>Reduce levels of excess weight in children</td>
<td>% children classified as overweight or obese (2013/14)</td>
<td>Community Chef</td>
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<td>4-5 yr olds (YR): 21%</td>
<td>District Council Health Improvement Programmes</td>
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<td>10-11 yr olds (Y6): 33%</td>
<td>Early Help Workforce funding</td>
</tr>
<tr>
<td>Increase levels of breastfeeding</td>
<td>% all mothers who breastfeed their baby in first 48hrs after delivery (breastfeeding initiation) (2013/14): Kent: 71.3%</td>
<td>Change4Life</td>
</tr>
<tr>
<td>Increase physical activity in young people</td>
<td>No data available</td>
<td>Community Infant Feeding Service</td>
</tr>
<tr>
<td>Reduce levels of tooth decay</td>
<td>% children with one or more decayed, missing or filled teeth (aged 5 years) (2012): Kent 19.8%</td>
<td>Sky Ride</td>
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<tr>
<td>Reduce under 18 hospital admissions due to alcohol</td>
<td>Alcohol specific admission rate per 10,000 population aged &lt;25 (2011/12 to 2013/14) – source: SUS, ONS Kent: 13.9</td>
<td>Young People’s Substance Misuse Service</td>
</tr>
<tr>
<td>Reduce levels of drug taking and use of legal highs</td>
<td>Drug specific hospital admissions: rate per 10,000 population aged &lt;25 (2011/12 to 2013/14) – Source: SUS, ONS Kent: 10.7</td>
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<tr>
<td>Increasing emotional resilience in families and young people</td>
<td>Admissions for mental health, rate per 1,000 population, ages 0-17 (2011/12 to 2013/14) – Source: SUS, ONS Kent: 1.4</td>
<td>Domestic Abuse Projects</td>
</tr>
<tr>
<td>Ensure levels of social and emotional development</td>
<td>School readiness: % children achieving a good level of development at end of reception year (2013/14) Kent: 68.5%</td>
<td>HeadStart</td>
</tr>
<tr>
<td>Reducing levels of self-harm and suicide rates</td>
<td>Deliberate self harm admission rate per 10,000 population aged 0-17 (2011/12 - 2013/14) – Source: SUS, ONS Kent: 12.3</td>
<td>Mental Health First Aid Youth</td>
</tr>
<tr>
<td>Reduce rates of Chlamydia</td>
<td>Chlamydia positivity screening rate/ 100,000 15-24yrs (Q2 14/15): Kent: 1540</td>
<td>Mental Health Matters Helpline</td>
</tr>
<tr>
<td>Reduce rates of STIs</td>
<td>All new STI diagnoses (exc. Chlamydia &lt;25 yrs) 15-64 yrs/100,000 (2013): Kent: 584</td>
<td>Positive Relationships</td>
</tr>
<tr>
<td>Reduce levels of teenage pregnancy</td>
<td>&lt;18 conception rate/1,000 (2013): Kent: 22.9</td>
<td>Social Integration Activities Project</td>
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<td>As above</td>
<td>Young Healthy Minds</td>
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### All Priorities

- As above

### PH Activity

- Stop Smoking Service
- Tobacco control programmes
- Community Chef
- District Council Health Improvement Programmes
- Early Help Workforce funding
- Ready Steady Go
- Change4Life
- Community Infant Feeding Service
- Sky Ride
- Dental Health Programmes
- Young People’s Substance Misuse Service
- Domestic Abuse Projects
- HeadStart
- Mental Health First Aid Youth
- Mental Health Matters Helpline
- Positive Relationships
- Social Integration Activities Project
- Young Healthy Minds
- Condom Programme
- Integrated Sexual Health Service
- National Chlamydia Screening Programme
- Pharmacy Sexual Health Programme
- Children Centres
- Health Visiting & FNP
- Healthy Living Centres
- School Nursing
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<td>Smoking prevalence in general population 18+ (2013): Kent: 19.0%</td>
<td>Smoking Cessation Service Tobacco Control</td>
</tr>
<tr>
<td>Reduce smoking prevalence in routine and manual workers</td>
<td>Smoking prevalence in routine and manual workers (2013): Kent: 28.4%</td>
<td>Community Chef</td>
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<tr>
<td>Reduce levels of excess weight</td>
<td>% excess weight in adults (2012): Kent: 64.6%</td>
<td>District Council Health Improvement Programmes</td>
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<td>Increase levels of physical activity</td>
<td>% physically inactive adults (2013): 26.8%</td>
<td>Ready Steady Go</td>
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<tr>
<td>Reduction in number of people drinking at problem levels</td>
<td>Alcohol specific admission rate /10,000 population aged 25 - 64 (2011/12 - 2013/14) – Source: SUS, ONS Kent: 55.5</td>
<td>Change 4 Life</td>
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<td>Reduction in hospital admissions due to alcohol</td>
<td>Drug specific hospital admissions, rate per 10,000 population aged 25+, 2011/12 to 2013/14 –Source: SUS, ONS Kent: 13.7</td>
<td>Fresh Start</td>
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<td>Reduction in drug misuse</td>
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<td>Tier 2 &amp; 3 Weight Management</td>
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<tr>
<td>Improve wellbeing of population</td>
<td>Mental Health Contact rate per 1,000 people, aged 25-64 (2014) – Source: KMPT, ONS Kent: 31.4</td>
<td>Integrated Sexual Health Service</td>
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<td>Reduction in suicide rates</td>
<td>age-standardised mortality rate from suicide and injury of undetermined intent/100,000 population (2011-13): Kent: 9.2</td>
<td>Pharmacy Sexual Health Programme</td>
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<tr>
<td>Reduction in domestic abuse</td>
<td>rate of domestic abuse incidents (recorded by the Police) /1,000 (2013/14) Kent: 18.1</td>
<td>Psychosexual Counselling</td>
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<tr>
<td>Increase early diagnosis of HIV</td>
<td>Late diagnosis of HIV % newly diagnosed with a CD4 count less than 350 cells per mm² (2011-2013): Kent: 50.5</td>
<td>NHS Health Checks Programme</td>
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<td>Reduce excess under 75 mortality rates</td>
<td>Mortality rate from diseases considered preventable (persons) /100,000 (2011-2013): Kent: 171.4</td>
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<td>As above</td>
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<td>Children’s Centres</td>
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<td>All Priorities</td>
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<td>Health Trainers</td>
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<td>Healthy Living Pharmacies</td>
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| **Agreed Outcomes** | **Current Health Performance**
*Source: PHOF unless stated* | **PH Activity** |
| Reduce smoking prevalence | Smoking prevalence in general population 18+ (2013):
19.0% | Smoking Cessation Service
Tobacco Control |
| Reduce levels of excess weight | % excess weight in adults (2012):
Kent: 64.6% | District Council Health Improvement Programmes
Fresh Start
Tier 2 & 3 Weight Management
Health Walks
Exercise Referral Scheme |
| Reduction in number of people drinking at problem levels | Alcohol specific admission rate /10,000 population aged 65+
(2011/12 - 2013/14) - Source: SUS, ONS
Kent: 35.1 | Adult Substance Misuse Service |
| Reduction in hospital admissions due to alcohol | | |
| Improve wellbeing | Mental Health Contact rate per 1,000 people, aged 65+ (2014) –
Source: KMPT, ONS
Kent: 27.4 | Kent Sheds
Mental Health Community Services
Mental Health First Aid
Mental Health Matters Helpline
Mental Wellbeing Programmes
Primary Care Link Workers |
| Reduce social isolation | % adult social care users who have as much social contact as they
would like (2013/14)
Kent: 45.8% | |
| People with mental ill health are supported to live well | Mental Health Contact rate per 1,000 people, aged 65+ (2014) –
Source: KMPT, ONS
Kent: 27.4 | |
| Reduce rates of STIs | No data available for 65+ | Integrated Sexual Health Service |
| As all above | As all above | |
| | | | Health Trainers
Healthy Living Centres
Healthy Living Pharmacies
Learning Disability Health Improvement Programme
NHS Health Checks Programme |
Market Engagement and research 1

- Much research points to understanding issues with clustering of unhealthy behaviours
- Providers keen to explore new opportunities and diversify their service offer to engage with us
- Many providers are doing a great deal of thinking about their strategies - some are re-focusing their service offer to respond to the potential market for health improvement

Organisations included integrated health improvement hub models that have recently been established e.g. Live Well Dorset, Live Well Suffolk.

- Some providers expressed concern about the idea of creating an integrating health improvement model. Eg dilution of specialist expertise, risk of restricting the market
Market Engagement

• Suggestions for commissioning programmes that go beyond traditional ‘service-based’ approaches e.g. using behavioural science and marketing to generate motivation for healthier lifestyles.

• A number of different providers suggested commissioning a generic ‘behaviour change service’

Providers wish to understand more about how VCS can come together in partnerships to bid

• Pharmacies are keen to engage in health improvement agenda offer a wider range of public health services

• Few suggestions for reductions in spend; most suggestions on principles of ‘invest to save over the long-term’
Key themes

• More coordinated approach to Health Promotion across the population
• Enhancing the approach to motivation
• Focus on health inequalities
• Opportunities for integration – across children's, adults and community resource
• Locally flexible services (co-design)
• Embedding the focus on emotional health and wellbeing
Local Public Health Model

Local priorities to inform approach at every stage

Whole Population Health Promotion

Universal Access Services

Targeted Health Improvement Services

Specialist Services

Community Health and Wellbeing
  Building community capacity
  Neighbourhood level planning
  Support to families with high levels of need
Next Steps

• Stakeholder engagement continues
• New models of provision developed
• Public Consultation
• Further customer insight work
• Resourcing agreed
• Models and specifications finalised
• Procurement processes as appropriate
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