



PUBLIC HEALTH TRANSFORMATION PRESENTATION

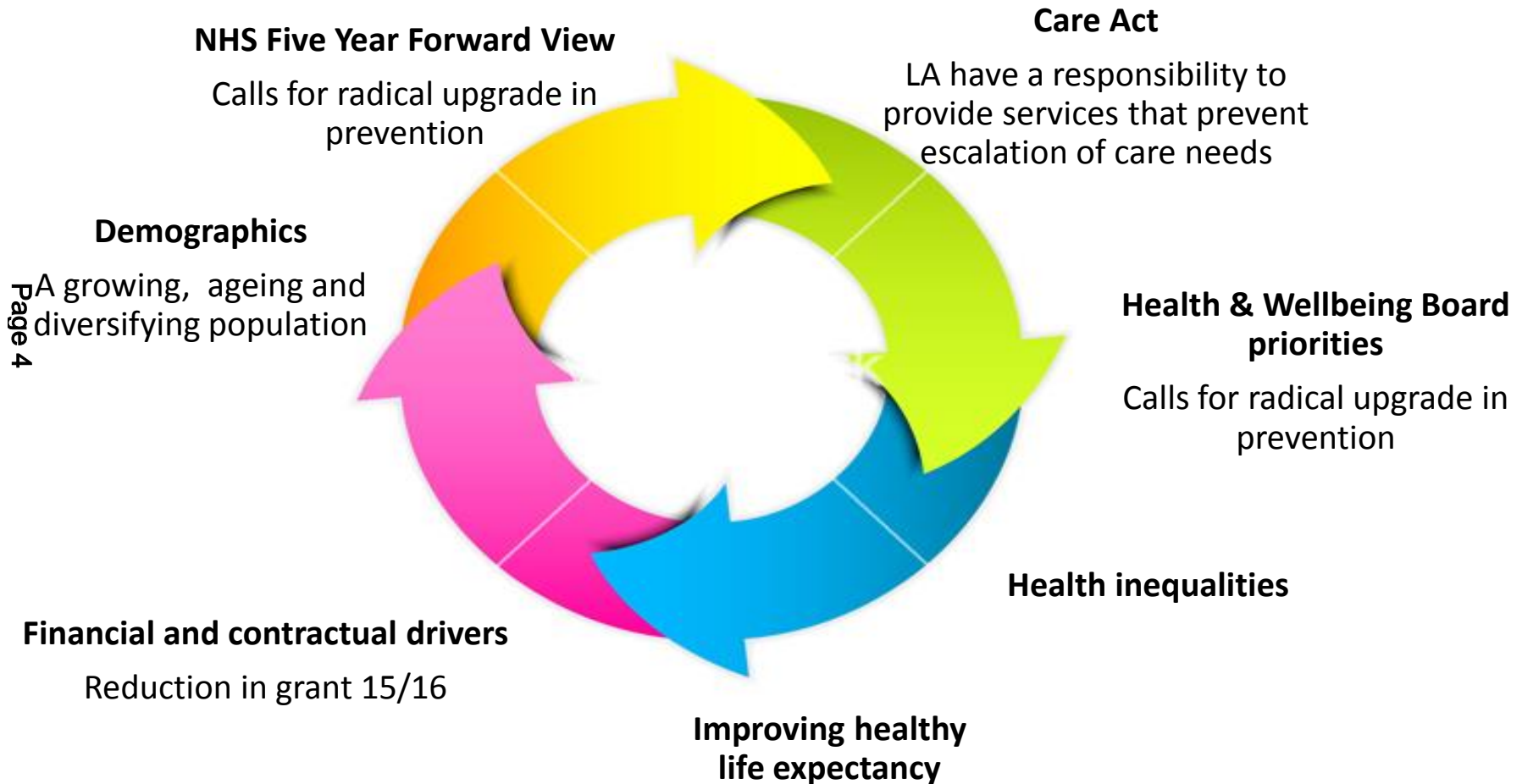
Health Overview and Scrutiny Committee
Friday 9 October 2015

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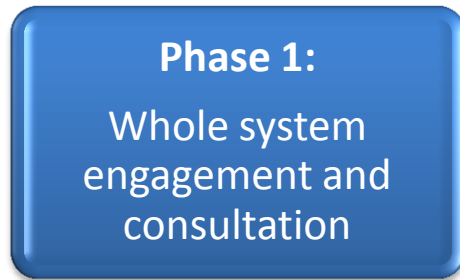
Public Health Improvement Commissioning Strategy

Kent 2015

PH Transformation Programme - Drivers for Change



Timeline



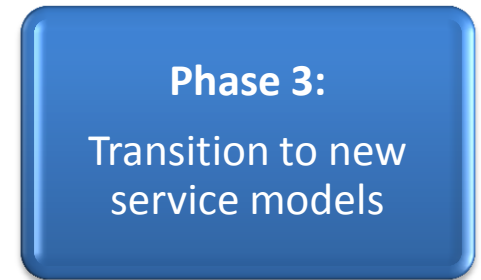
March – September 2015:

- Analysis and Review
- Outcomes agreed
- Stakeholder consultation
- Member briefings and Cabinet Committee
- Health and well being boards consultation
- Market engagement
- Contract management



October 2015 –April 16

- New models of provision
- Public Consultation
- Key decisions taken
- Resourcing agreed
- Specifications developed
- Invitations to tender
- Procurement processes begin



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

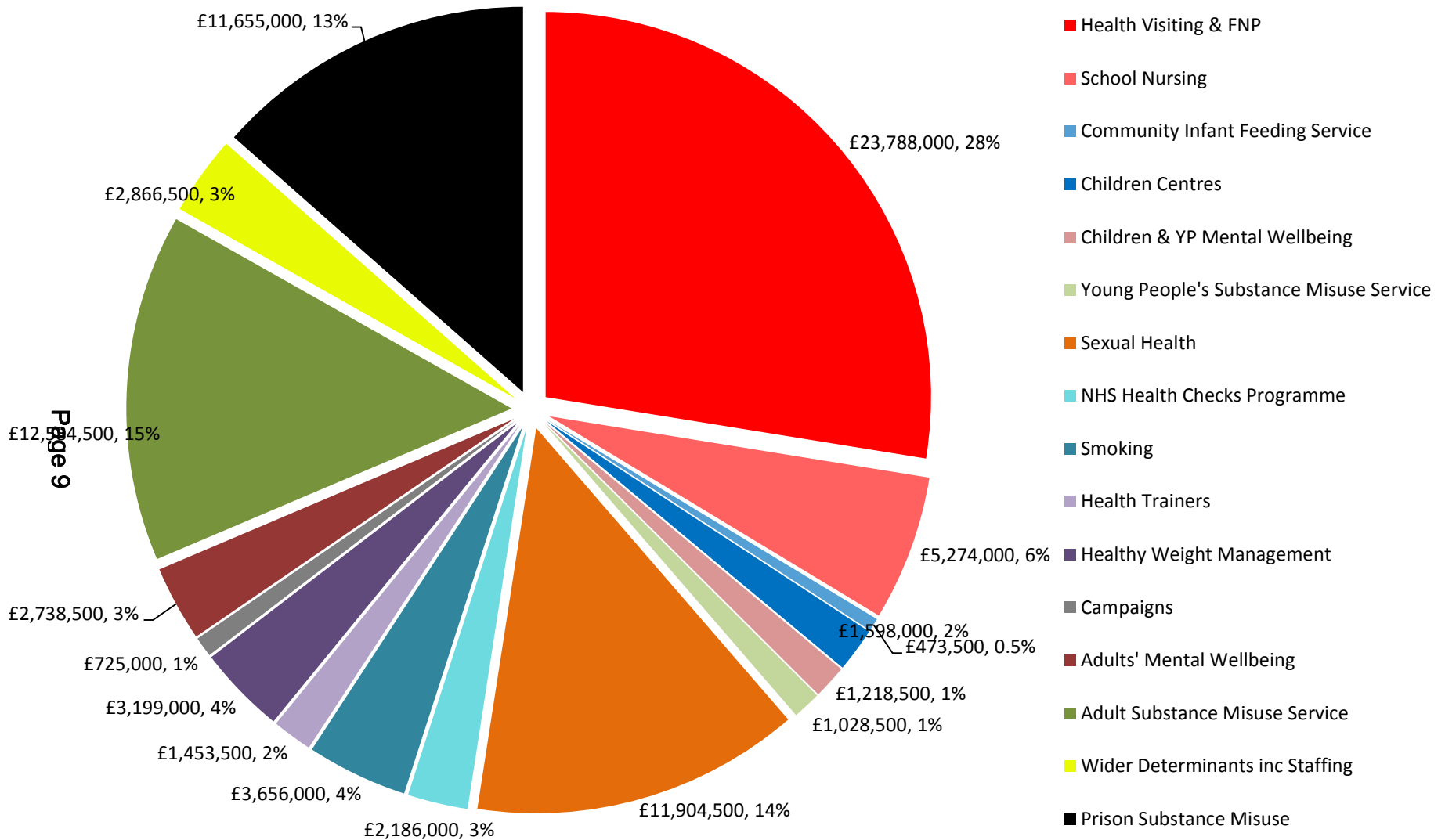
- Outcomes
- Spend
- Performance of services
- National developments and Key research
- The Market

- HWBB priorities
- Customer insight
- Public consultation

Key Outcomes

	Starting Well	Living Well	Ageing Well
Smoking	<ul style="list-style-type: none"> • Reduce smoking prevalence in general • Reduce in target populations 		
Healthy Eating, Physical Activity & Obesity	<ul style="list-style-type: none"> • Reduce levels of excess weight • Increase levels of physical activity • Increase levels of breastfeeding • Reduce levels of tooth decay in children (5 year olds) 		
Alcohol & Substance Misuse	<ul style="list-style-type: none"> • Reduce alcohol-specific admissions to hospital • Increase successful completions for drug and alcohol misusers 		
Wellbeing (including Mental Health and Social Isolation)	<ul style="list-style-type: none"> • Improve wellbeing of population • Reduce self harm and suicide rates • Reduce social isolation • People >65 with mental ill health are supported to live well 		
Sexual Health & Communicable Disease	<ul style="list-style-type: none"> • Maintain access to specialist sexual health services • Reduce rates of sexually transmitted infections • Reduce levels of teenage pregnancy • Reduce excess <75 mortality rates 		

Kent Public Health Spend Breakdown 15/16 -



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

Living Well – Kent

	Agreed Outcomes	Current Health Performance <i>Source: PHOF unless stated</i>	PH Activity
Smoking	Reduce smoking prevalence in general population	Smoking prevalence in general population 18+ (2013): Kent: 19.0%	Smoking Cessation Service Tobacco Control
	Reduce smoking prevalence in routine and manual workers	Smoking prevalence in routine and manual workers (2013): Kent: 28.4%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012): Kent: 64.6%	Community Chef District Council Health Improvement Programmes Ready Steady Go Change 4 Life Fresh Start Tier 2 & 3 Weight Management
	Increase levels of physical activity	% physically inactive adults (2013): 26.8%	Health Walks Exercise Referral Scheme
Alcohol & Substance Misuse	Reduction in number of people drinking at problem levels	Alcohol specific admission rate /10,000 population aged 25 - 64 (2011/12 - 2013/14) – Source: SUS, ONS Kent: 55.5	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol	Drug specific hospital admissions, rate per 10,000 population aged 25+, 2011/12 to 2013/14 –Source: SUS, ONS	
	Reduction in drug misuse	Kent: 13.7	
Wellbeing	Improve wellbeing of population	Mental Health Contact rate per 1,000 people, aged 25-64 (2014) – Source: KMPT, ONS Kent: 31.4	Domestic Abuse Projects Kent Sheds
	Reduction in suicide rates	age-standardised mortality rate from suicide and injury of undetermined intent/100,000 population (2011-13): Kent: 9.2	Mental Health Community Services Mental Health First Aid Mental Health Matters Helpline Mental Wellbeing Programmes
	Reduction in domestic abuse	rate of domestic abuse incidents (recorded by the Police) /1,000 (2013/14) Kent: 18.1	Primary Care Link Workers
Sexual Health, Communicable Disease	Increase early diagnosis of HIV	Late diagnosis of HIV % newly diagnosed with a CD4 count less than 350 cells per mm ² (2011-2013): Kent: 50.5	Integrated Sexual Health Service Pharmacy Sexual Health Programme Psychosexual Counselling
	Reduce rates of STIs	all new STI diagnoses (exc. Chlamydia <25 yrs) 15-64 yrs /100,000 (2013): Kent: 584	
	Reduce excess under 75 mortality rates	Mortality rate from diseases considered preventable (persons) /100,000 (2011-2013): Kent: 171.4	NHS Health Checks Programme
All Priorities	As above	As above	Children’s Centres Health Trainers Healthy Living Centres Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

Ageing Well – Kent

Agreed Outcomes

Current Health Performance

Source: PHOF unless stated

PH Activity

Smoking

Reduce smoking prevalence

Smoking prevalence in general population 18+ (2013):
19.0%

Smoking Cessation Service
Tobacco Control

Healthy Eating, Physical
Activity and Obesity

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

Alcohol &
Substance
Misuse

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

Adult Substance Misuse Service

Reduction in hospital admissions due to alcohol

Kent: 35.1

Wellbeing (inc Mental Health &
Social Isolation)

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

Sexual
Health

Reduce rates of STIs

No data available for 65+

Integrated Sexual Health Service

All Priorities

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

Page 13

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

MOTIVATE
CHANGE

Universal Access Services

Page 16

MAKE
CHANGE

Targeted Health Improvement Services

MAINTAIN
CHANGE

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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