Public Health Transformation

Kent County Council
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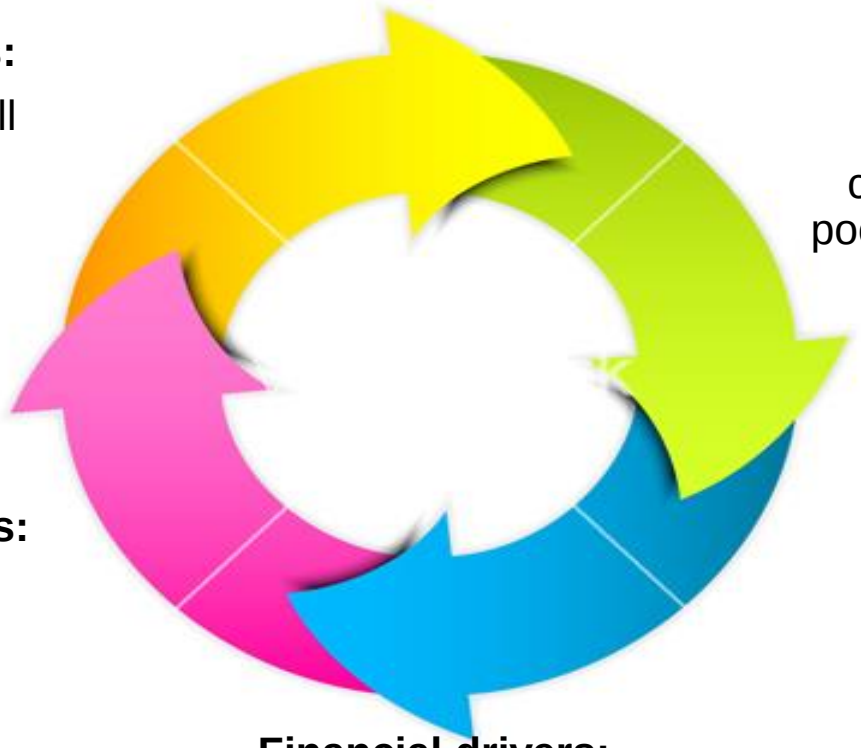
Public Health Transformation programme
Drivers for Change

Health inequalities:

Underpins all services.

NHS Five Year Forward View:

NHS seeing the consequences of poor lifestyle choices



Demographics:

A growing, ageing and diversifying population

Financial drivers:

Pressure on system health and social care system

Reduction in grant 15/16

Care Act:

LA have a responsibility to provide services that prevent the population care needs from becoming more serious, delay the impact of care needs on the system

Public Health Transformation
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?
- Do they suit the person or the structure?
- How efficient is the approach, what are the opportunities for integration?
- How do we make Every Contact Count?
- Are we impacting on Health Inequalities?
- Are we fully working with colleagues across KCC?
- Are we planning for the future?

Timeline

Phase 1:
Whole system engagement and consultation

March – September 2015:

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

Phase 2:
Revised models Procurement

October 2015 –April 16

- New models of provision and specifications developed.
- Key decisions taken.
- Resourcing agreed.
- Invitations to tender issued.
- Procurement processes run.
- KCC Making Every Contact Count

Phase 3:
Transition to new service models

April 2016 onwards:

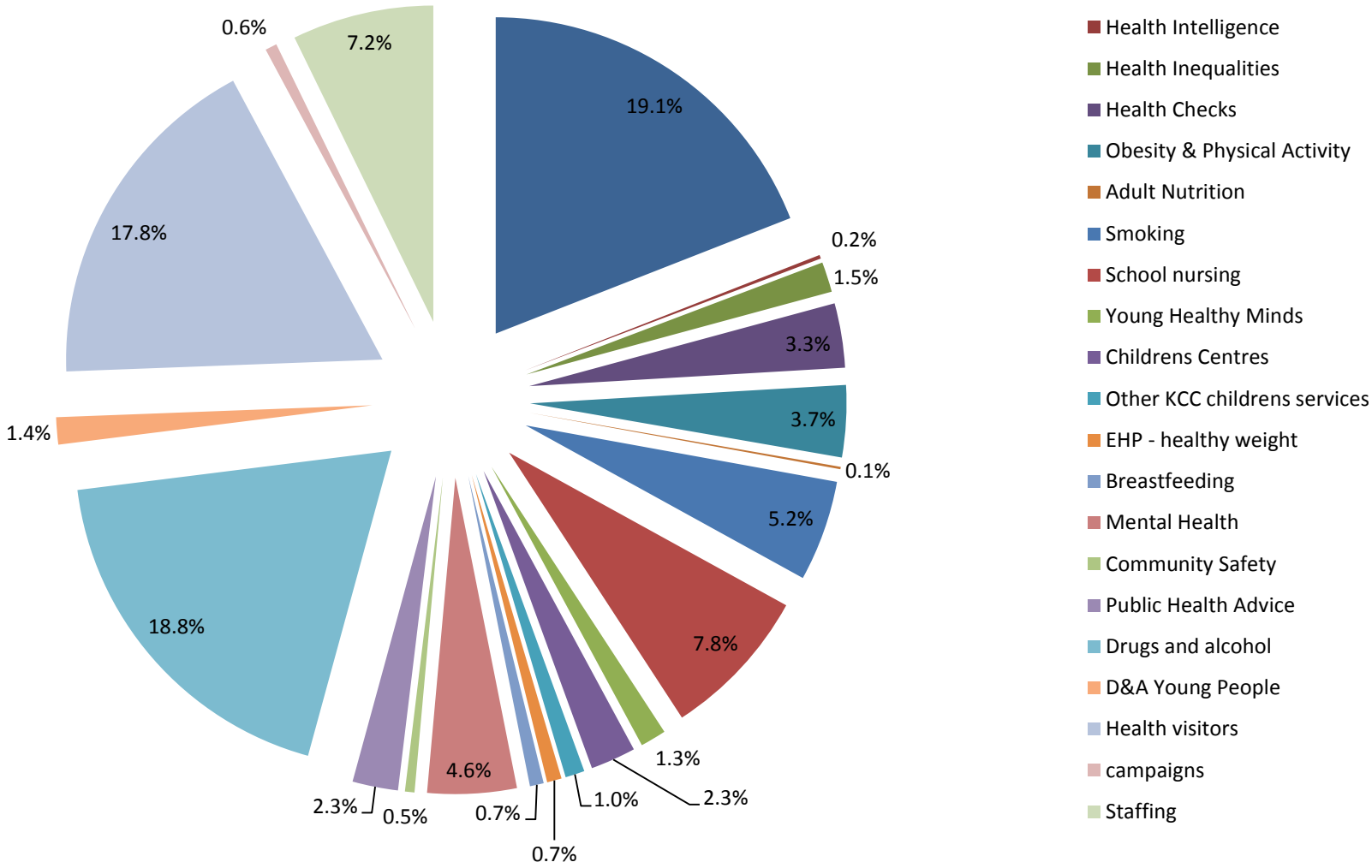
- Transition to new service models
- Staff reconfiguration
- Change management and communication

ANALYSIS

- Reviewed
  - Spend
  - Performance of services
  - Health profiles across Kent
  - Wider system priorities
  - Customer insight
  - The Market
  - National developments and Key research

- Structured into Starting Well, Living Well, and Ageing Well (in line with KCC Strategic Statement)

Public Health Grant by service area



Commissioned Services Performance
Adults

Indicator Description	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15
Proportion of annual target population with completed NHS Health Check (rolling 12 month basis)	36%	41%	46%	51%	51%
Proportion of clients accessing community sexual health services offered an appointment to be seen within 48 hours	99.9%	100%	100%	100%	100%
Chlamydia positivity detection rate per 100,000 for 15-24 year olds	1,949	1,545	1,540	1,635	Expected September
Proportion of smokers successfully quitting, having set a quit date	57%	53%	52%	54%	57%
Local Indicator					
Proportion of new clients seen by the Health Trainer Service from the two most deprived quintiles (highest deprivation)	54%	52%	53%	57%	51%

Substance Misuse Services	2009/10	2010/11	2011/12	2012/13	2013/14
% of adult treatment population that successfully completed treatment	22.6%	26.0%	26.0%	20.6%	17.2%
National Figures for comparison:	11.5%	13.7%	15.1%	15.0%	15.1%
	Dec 12-Nov 13	Jan 13-Dec 13	Mar 13-Feb 14	Apr 13-Mar 14	May 13-Apr 14
% of opiate users completing treatment successfully who do not return to treatment within 6 months, of all in treatment. (rolling 12 month basis)	10.4%	10.3%	9.7%	9.7%	9.5%
National Figures for comparison:	7.8%	7.8%	7.7%	7.8%	7.7%

Market Engagement Event

- Real appetite to engage – 80 organisations over 2 days
- Different models emerging nationwide : many providers come with knowledge wider than Kent & keen to share what has and hasn't worked elsewhere.
- Keenness to collaborate between public private and voluntary sector providers .
- Providers are keen to explore new contract opportunities, in many cases beyond services that they are already providing i.e. many providers are keen to diversify the service offer
- Suggestions that go beyond traditional 'service-based' approaches e.g. using behavioural science and marketing approaches to generate motivation.
- Many providers are thinking about their strategies and in some cases re-focusing their service offer in order to respond to the potential market for health improvement
- A number of different providers suggested commissioning a generic 'behaviour change service'
- Pharmacies keen to be more engaged

Public Health (Grant) Outcomes.

	Starting Well	Living Well	Ageing Well
	↓	↓	↓
	Supporting Outcomes	**Supporting Outcomes**	**Supporting Outcomes**
Smoking	Reduce smoking prevalence at age 15 Reduce smoking prevalence at time of delivery	**Reduce smoking prevalence in general population** *(health check assessment)* **Reduce smoking prevalence in routine and manual workers** *(health check assessment)*	**Reduce smoking prevalence** *(health check assessment)*
Healthy Eating, Physical Activity & Obesity	**Reduce levels of excess weight in children** *(weighing & measuring of children)* Increase levels of breastfeeding Increase physical activity in young people Reduce levels of tooth decay	**Reduce levels of excess weight** *(health check assessment)* Increase levels of physical activity	**Reduce levels of excess weight** ***(**health check assessment)***
Alcohol & Substance Misuse	**Reduce under 18 hospital admissions due to alcohol** **Reduce levels of drug taking and use of legal highs**	**Reduction in number of people drinking at problem levels** *(health check assessment)* Reduction in hospital admissions due to alcohol Reduction in drug misuse	**Reduction in number of people drinking at problem levels** *(health check assessment)* Reduction in hospital admissions due to alcohol
Wellbeing (including Mental Health and Social Isolation)	Increasing emotional resilience in families and young people Ensure levels of social and emotional development Reducing levels of self-harm and suicide rates	**Improve wellbeing of population** **(health check assessment)** Reduction in suicide rates Reduction in domestic violence	**Improve wellbeing** **(health check assessment)** Reduce social isolation People with mental ill health are supported to live well
Sexual Health & Communicable Disease	**Reduce rates of Chlamydia** *(sexual health services)* **Reduce rates of STIs** *(sexual health services)* **Reduce levels of teenage pregnancy** *(sexual health services)*	**Increase early diagnosis of HIV** *(sexual health services)* **Reduce rates of STIs** *(sexual health services)* **Reduce excess under 75 mortality rates** *(health check assessment)*	**Reduce rates of STIs** ***(sexual health services)***
System Assurances	**Public health advice service** **Protecting the health of the local population** Increase levels of childhood vaccination *(NHS England lead responsibility – KCC supported)* School readiness Sustainability – air pollution Designing healthy communities Ready for emergencies	**Public health advice service** **Protecting the health of the local population** Increase levels of flu vaccination uptake in vulnerable groups *(NHS England lead responsibility – KCC supported)* Sustainability – air pollution Designing healthy communities Ready for emergencies	**Public health advice service** **Protecting the health of the local population** Increase levels of flu vaccination in over 65s *(NHS England lead responsibility – KCC supported)* Reduce injuries due to falls in over 65s *(social care lead responsibility)* Reduce hip fractures in over 65s *(social care lead responsibility)* Improve early diagnosis rates of dementia and people are supported to live well *(CCGs lead responsibility)* Reduce excess winter deaths Sustainability – air pollution Designing healthy communities Ready for emergencies

Public Health agreed principles

1. Based on cost + value
   - Cost of Programme
   - No in target group
   - Where does the value sit
   - How quickly do we see the return
2. Prioritise high impact groups to target health inequalities
3. Ease of access/ person centred/responsive
4. Work with the system, collaborative commissioning + collaborative delivery.
5. Define which part of the system does what making every contact count
6. Market maturity - providers have suitably high standard to deliver real quality
7. Working towards integrated care records at every opportunity.

Current

- Approach encouraging reliance on services
- Siloed service provision
- Open access provision
- Focus on targets & outputs
- ££ spent on current commissioned services

Alternative approaches

- Enabling individual and family responsibility , choice and control
- Integrated service provision and links to community assets
- Targeted to reduce health inequalities
- Focus on outcomes
- More efficient use of PH grant

Commissioning Approach

- Commission an effective Lifestyle system that reflects best evidence and the needs of priority groups
- Commission a system that addresses lifestyle multiple risk
- Collaborate with other stakeholders that can influence how service users access the system e.g. 3rd sector, Supporting people
- Commission a value for money model, reflective of national standards
- Open and transparent procurement and tendering that enables the most appropriate organisations to be commissioned (inc. market stimulation and opportunity for collaboration.

A New Model Should:

- Incorporate a system of linked services with an integrated hub, supported through effective triage, which therefore maximises health gain from each client contact.
- Have an increased focus on populations with greatest need and can be treated or managed through lifestyle interventions
- Provide improved prevention through targeted service
- Maximise the role of Primary Care and other organisations that come into contact with those that would benefit from lifestyle services

Key Decisions

Activity	Description	Cabinet committee
Strategies		
Public Health Delivery Plan and Commissioning Strategy	Development of a plan to deliver public health outcomes and priorities, alongside a commissioning strategy to transform services to meet changing needs	July 2015
Starting Well Commissioning		
School nursing	Decision over the extension of contract, and retendering timetable	• July 2015 for extension • January 2016 for pretender • May 2016 for contract award (for October 2016 start)
Health Visiting	Authority to enter into contract with KCHFT (on inheriting of contract), potential to retender for October 2016 (TBC)	• July 2015 • *January 2016 for pretender* • *May 2016 for contract award (for October 2016 start)*
Young peoples' drug and alcohol service	Decision to extend contract to 30 September 2016, to align with other contract end	• July 2015 • *January 2016 for pretender* • *May 2016 for contract award (for October 2016 start)*
Young healthy minds	Decision on retendering contract (in line with new CAMHS service?)	• *January 2016 for pretender* • *May 2016 for contract award (for October 2016 start)*
Living and Ageing well commissioning		
Drug and Alcohol services	Commissioning of Drug and alcohol services	• July 2015 for pretender • December 2015 for contract award
Smoking cessation	Contract extension to bring into line with other health improvement services followed by retender in line with outcome of Commissioning strategy work	• July 2015 • *January 2016 for pretender* • *May 2016 for contract award (for October 2016 start)*
Health trainers	Contract extension to bring into line with other health improvement services followed by retender in line with outcome of Commissioning strategy work	• July 2015 • *January 2016 for pretender* • *May 2016 for contract award (for October 2016 start)*
Healthy weight	Contract extension to bring into line with other health improvement services followed by retender in line with outcome of Commissioning strategy work	• July 2015 • *January 2016 for pretender* • *May 2016 for contract award (for October 2016 start)*
Health checks	Contract extension to bring into line with other health improvement services followed by retender in line with outcome of Commissioning strategy work	• July 2015 • *January 2016 for pretender* *May 2016 for contract award (for October 2016 start)*