

Public Health Improvement Commissioning Strategy

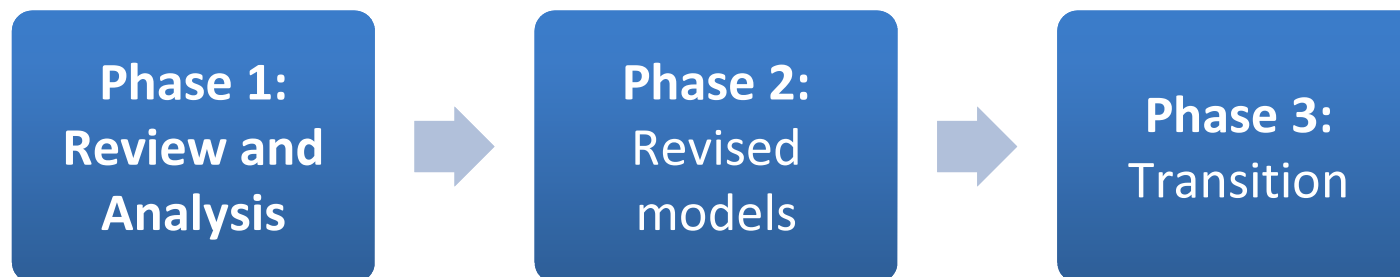
Kent Health and Wellbeing Board
November 18th 2015

Karen Sharp
Head of Public Health Commissioning
Kent County Council





Public Health Commissioning Programme timeline



March – September 2015:

- Analysis and Review
- Health and well being boards consultation
- Member briefings and Cabinet Committee
- Market engagement
- Business as Usual : Strong Contract management

October 2015 –April 16

- Public Consultation and focus groups
- Opportunities for co-commissioning
- Models approved
- Key decisions taken
- Resourcing agreed
- Specifications developed
- Procurement processes begin where appropriate

April 2016 onwards:

- Transition to new service models and wider approach.
- Implementation of new models.
- Evaluation and review of impact

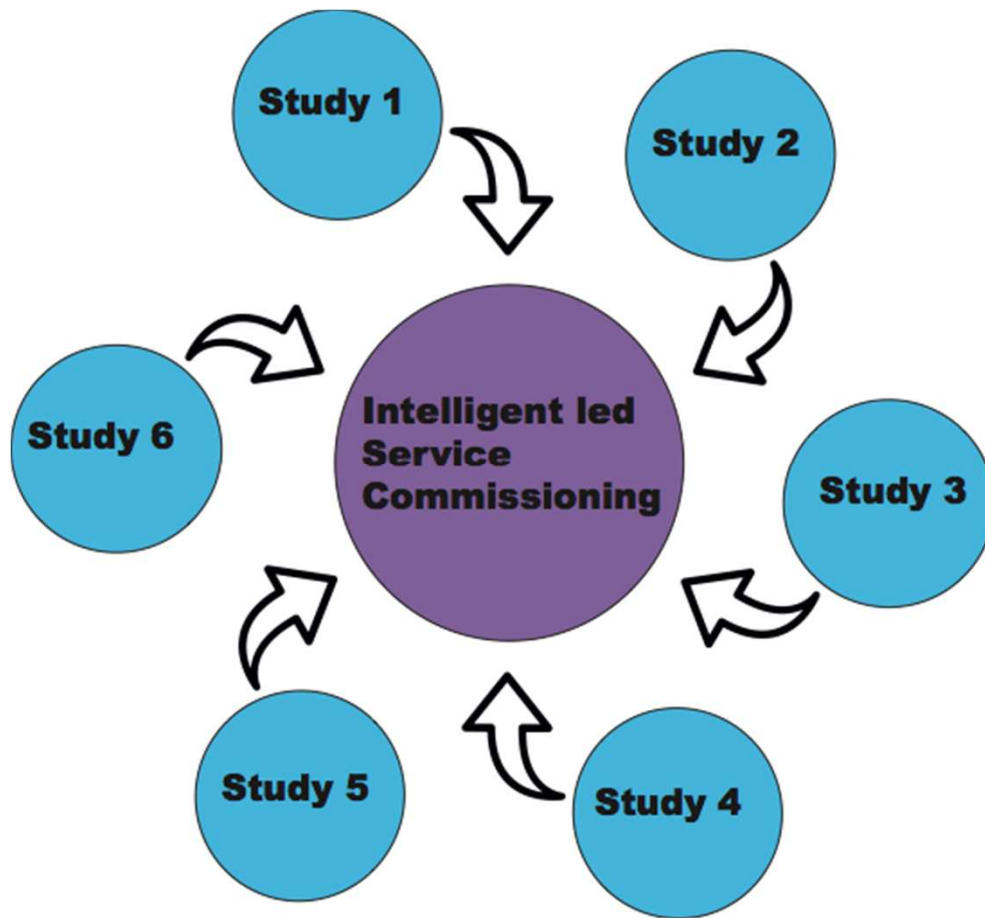
Key Outcomes

	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 		

Review included

- Agreed outcomes
- Breakdown and analysis of spend
- Performance of services
- National developments and Key research
- The Market of provision
- Customer insight
- Public consultation





Engagement:

1. Needs Assessment
 2. Service Analysis
 3. Partnership Engagement
 4. Public Consultation
 5. Behavioral Insights
 6. Focus Groups
- Underpinning all Tackling Health

Inequalities



Public Consultations

Review : Challenges

- Our services have varied in effectiveness at working where there are high health inequalities.
- Increasing budget pressures. We need to encourage behaviour change, and self management utilising community assets and resources.
- There has previously been little local resource allocated to motivating change – the bulk of the investment is in services for those ready for change.
- The quality of contract management has been variable. A Kent wide approach.

Local Public Health Model

LOCALLY DEFINED APPROACH

Whole Population Health Promotion

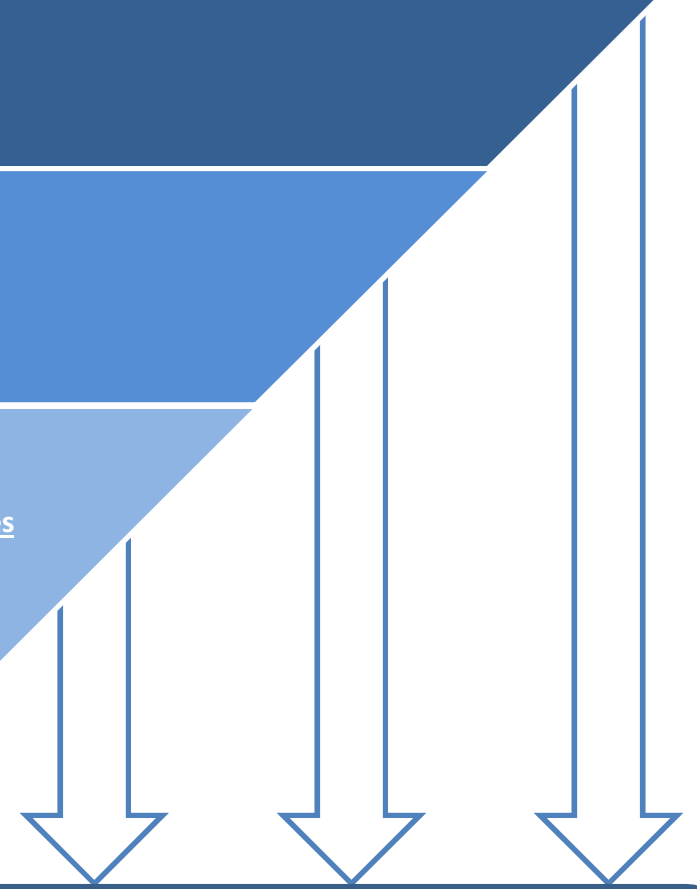
Universal Access Services

Targeted Health Improvement Services

Specialist
Services

Community Health and Wellbeing

Building community capacity
Community resources
Self management /Self Care
Correcting communities



Next Steps

- Stakeholder engagement continues
- New models of provision developed
- Public Consultation
- Further customer insight work
- Resourcing agreed
- Specifications/Approach finalised