

Business Planning 2013/14: Public Health Draft Headline Priorities

Prevention

Widen the use of "risk profiling" so more people with long term conditions have community health packages"

Reduce the prevalence of smoking in Kent especially amongst priority groups such as young people and pregnant women, by transforming services to be more responsive

More people in treatment for hypertension and lifestyle risk factors through extension of the NHS Health Checks programme.

Implementation and extension of the Kent Health Inequalities Action Plan to cover all districts and functions such as Mental Health, tobacco control and Housing

Productivity

Establishing new commissioning models such as payment by results to drive improvements in smoking and tobacco control and sexual health services

Establishing PH corporate network solution mapped back to PCT Legacy.

Establishing web-based performance management systems across all public health programme areas.

Establish robust Return on Investment models to evaluate value for money of public health programmes including tobacco control

Partnership

Ensure the safe transition of public health services from the NHS to KCC

Provide an excellent public health advice service to GPs through the "Public Health Offer" to CCGs and help GPs with evidence to support IFR decisions

Resolve outstanding Information Governance issues including sharing of information enabling more people to have community health at home

Establish joint cross directorate KCC public health commissioning with HWBB and joint commissioning plans with GPs for sexual health services

Procurement

Establishing rigorous commissioning and procurement processes for public health services commissioned by KCC

Develop the market supply side to promote greater competition in price and quality for service provision with at least one tender exercise

Successfully transferring and renegotiating SLAs/Contracts for 2013/14.

Redesign of commissioning to reflect new KPIs from 2014/15.

People

Manage the financial & contractual implications of Health Protection Unit on-call rota.

Maintain the Training & Education programme for public health personnel (professional requirements for CPD) and establish KCC as a recognized training site

Develop the Public Health Champions and PH Practitioner registration programmes For 30 people each

Ensure effective transfer of personnel from the NHS to KCC

Improve and extend the application of Social Marketing to PH programmes.

Financial & Policy Challenges

Potential deficiencies and uncertainties in the public health budget allocated by government especially regarding demand led budgets such as GUM and NRT

Movement to new outcome measures of performance.

Ability to establish sufficient contingency in the budget to accommodate unexpected in year pressures

Ensuring robust resilience/emergency planning in time of transition.

Increased inequalities resulting from economic conditions