

DRAFT v2

To: South Kent Coast Health and Wellbeing Board

From: Jessica Mookherjee, Consultant in Public Health, Kent
Karen Sharp, Head of Commissioning, Public Health, Kent

Date: 10th June 2015

Subject: Developing the Public Health Strategic Delivery Plan and Commissioning Strategy

Summary:

Since responsibility for Public Health transferred to KCC in April 2013, there has been a range of commissioning activity. This has built up an understanding of the potential and the limitations of the contracts that transferred to KCC. There are clear opportunities to join up the commissioning of local services that contribute to the shared objectives of South Kent Coast Health and Wellbeing Board partners.

Public Health is developing a new strategy which will be consulted upon with local partners. During 2015/16, we will work with partners within each locality to develop commissioning plans which reflect shared priorities. We must move away from standalone provision, focused on one particular lifestyle issue, and focus on an integrated approach to delivering key outcomes for South Kent Coast, Dover and Folkestone. Crucially, tackling health inequalities will underpin every programme of work. This will ensure that the future approach to public health will be based around the needs of the person as a whole, and wherever appropriate interventions are within integrated services.

Whilst this strategic review takes place, key programmes will continue to be commissioned, as detailed in this report. They are structured within a Starting Well, Living Well and Ageing Well approach.

1. Introduction

- 1.1. Nationally, the importance of good prevention continues to be embedded in statutory and strategic guidance. The NHS 5 Year Forward View and The Care Act set out a Call to Action and a statutory framework for effective prevention. Locally, the Kent Health and Wellbeing Strategy describes our shared commitment to focusing on prevention.
- 1.2. During 2014/15 the KCC Public Health department have worked closely with colleagues across the Health and Wellbeing system in Kent, supporting prevention across the Council and with partners.
- 1.3. It has been a year of learning, analysing the resource available, drilling down into the performance of services, and reviewing the effectiveness of different approaches. Some good progress has been made, there are improvements in performance, integrated models of care have been developed and efficiencies have been driven on key contracts.
- 1.4. However, it is recognised that much of the approach is still based on siloed models of service. Increasingly, there is a genuine desire among partners to explore opportunities to improve the support and services available through the evolving integrated arrangements in health and social care.

DRAFT v2

- 1.5. The Public Health strategy is being developed and will be finalised in early 2015/16. During 2015/16, we will work with partners within each locality to develop commissioning plans which reflect shared priorities. These plans will set out how public health services can be reconfigured at a Kent and / or local level to support the approaches and accelerate the preventative work across the health and wellbeing system.

2. Drivers for Change in South Kent Coast

- 2.1. In developing the strategic delivery plan it is important to understand the drivers for change that are affecting the health and social care system across the country, and here in Kent. These are:
 - Development of Integrated Care Organisation
 - NHS Five Year Forward View
 - Better Care Fund and Year of Care
 - The Care Act
 - Financial pressures (including significant reduction in local Public Health Budget)
 - Demographics
 - Health inequalities
 - Kent Health and Wellbeing Strategy, Local Health and Well Being Strategy.
- 2.2. In addition to the drivers outlined, above the recently agreed five year vision for Kent County Council, highlights three strategic outcomes:
 - Children and young people in Kent get the best start in life
 - Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality life
 - Older and vulnerable residents are safe and supported with choices to live independently.

3. Vision and strategy

- 3.1. Using the drivers for change outlined above, a proposed vision for Kent has been developed which is

“to improve and protect the health and wellbeing of the people of Kent, enabling them to lead healthy lives with a focus on the differences in outcomes within and between communities”.

- 3.2. To deliver the vision Public Health will provide strategic leadership to the prevention agenda and take a life course approach: (Starting Well, Living Well, Ageing Well)
- 3.3. Public Health will also seek to align commissioning of public health programmes with the priorities of South Kent Coast Health and Wellbeing Board and work to co-commission public health programmes with South Kent Coast Clinical Commissioning Group and other local partners. Prevention will be an integral part of the clinical pathway where appropriate.

DRAFT v2

- 3.4. Public Health work with colleagues to ensure the “organised efforts of society”
- Across KCC Directorates
 - Across Clinical Commissioning Groups
 - Across District Authorities
 - Across Local District Health and Wellbeing Boards
 - With service providers and voluntary and community organisations
- 3.5. Using the life-course approach, which mirrors the County Council’s three strategic outcomes our supporting outcomes have been mapped against these stages, and the priority areas for action, namely:
- Smoking
 - Healthy eating, physical activity and obesity
 - Alcohol and substance abuse
 - Wellbeing (including Mental Health and Social Isolation)
 - Sexual Health and Communicable Disease
 - Wider determinants of health (including Crime)
- 3.6. The resulting outcomes framework can be seen at appendix 1.
- 3.7. Public Health is in the process of analysing the total resource available and how the commissioned programmes and the wider system contribute to the local health and care systems shared priority outcomes.
- 3.8. Public Health will continue to support Pioneer and the integration of health and social care, building on the nationally leading work on integrated data sets, year of care tariff work and analysis and evaluation of interventions and outcomes across diverse health and care providers.

4. Commissioning Intentions for 2015/16

- 4.1. It is intended that 2015/16 will be one of development and change for the services commissioned by Public Health. We aspire to develop a new model for core public health services in collaboration with local partners. This will fully assess the opportunities for alignment with KCC transformation agenda’s and with partners of the Health and Wellbeing Board

Starting Well

- 4.2. In October, Public Health will inherit the commissioning of Health Visiting from NHS England. During the past months collaboration between the commissioners and providers has been growing to ensure that a smooth transition takes place. A particular focus of this work has been assessing progress that is being made to meet the workforce baseline and the quality of the current provision.
- 4.3. The transfer will also include the Family Nurse Partnership, a service that is widely valued for young parents who welcome additional intensive support for developing their parenting skills. There are opportunities to link in KCC provision for example to

DRAFT v2

share the approach with similar services, such as the Troubled Families programme.

- 4.4. As part of every programme of work there must be a clear focus on Healthy weight in children. Increasing obesity in children is being recognised not just as a time bomb for demand on a range of health services, but also as a key underlying issue affecting emotional wellbeing. The response to this issue cannot be confined to the public health team but a whole system challenge requiring collaboration with education, health and social care colleagues but most importantly with families themselves.
- 4.5. Work will continue on breastfeeding rates, and the reduction of smoking in pregnancy. The breastfeeding support service (supplied by PS Breastfeeding) has been implemented, whilst interventions such as Baby Clear, are being closely monitored and will be supported by a social marketing campaign.
- 4.6. The Public Health team will also continue to work in partnership in the development of the Emotional Health and Wellbeing Strategy for young people, ensuring delivery of the prevention and early intervention actions, whilst continuing to jointly commission the Young Healthy Minds service and the new model of provision within the whole pathway of care.

Living Well

- 4.7. During 2015/16 Public Health will engage in a whole system review of the service models to support people to live healthy lifestyles including the approach to healthy weight, physical inactivity and smoking cessation services.
- 4.8. The current models for delivery in drug and alcohol services, also need to be refreshed, with the current contracts expiring at the end of March 2016. Opportunities such as the remodelling of healthy lifestyle services and the implementation of the sexual health services are key to reshaping more integrated provision.
- 4.9. During 2014/15 we have been working closely with colleagues from Social Care and Clinical Commissioning Groups to develop the Community, Mental Health and Wellbeing that is currently out to tender. This is a priority programme and a leading example of a cross system approach. Public Health is focused on both the promotion of wellbeing, and also effective early intervention within the model, a great opportunity to build effective prevention.
- 4.10. Health Checks delivery will continue to be managed closely to further increase performance towards the governments stretch target. The service has been improving its targeting of Health inequalities which we continue to closely monitor.
- 4.11. As set out in the NHS Five Year Forward View, there is huge opportunity to focus on health within the Workplace. In Kent there is a Healthy Business award and will continue to sign up new businesses. There is much more that can be done, across Kent within partner employees. In addition. KCC have strong links with a range of employers across the County both in public and private sectors. This is a great opportunity to drive a population level impact.

Ageing Well

- 4.12. The focus on supporting people to age well will continue. Postural stability classes are a key preventative agenda for both Health and Social Care and the impact on reducing falls and demand for specialist services will be closely monitored.

DRAFT v2

- 4.13. The Keep Warm Keep Well campaign and associated services will help to support people to remain well, and in their own homes. Public health will continue to develop the relationship with NHS England Screening & Immunisation team, and will extend the Flu campaign that we developed in 2014/15.
- 4.14. Work will also begin with Social Care and Health colleagues on the older people's core offer, particularly in relation to Social Isolation. This will mirror the approach in the Community, Mental Health and Wellbeing Service working with partners to review the outcomes that all want achieved and developing a range of services, connected with each other that older people can access, integrated with community provision.

5. Conclusion

- 5.1. As outlined above, there is an important opportunity over the coming twelve months for Health and Wellbeing Board partners to align commissioning plans and prevention initiatives to ensure the maximum possible impact on shared priorities and improve public health outcomes. This will be particularly important given the sizable cut to the public health budget (7%, £4 million recurrent).

6. Recommendation

- 6.1. The Board are asked to:
- Comment on the proposed vision, strategy and commissioning intentions outlined in this paper
 - Highlight any opportunities for alignment around shared priorities
 - Discuss next steps on development of shared commissioning plans.