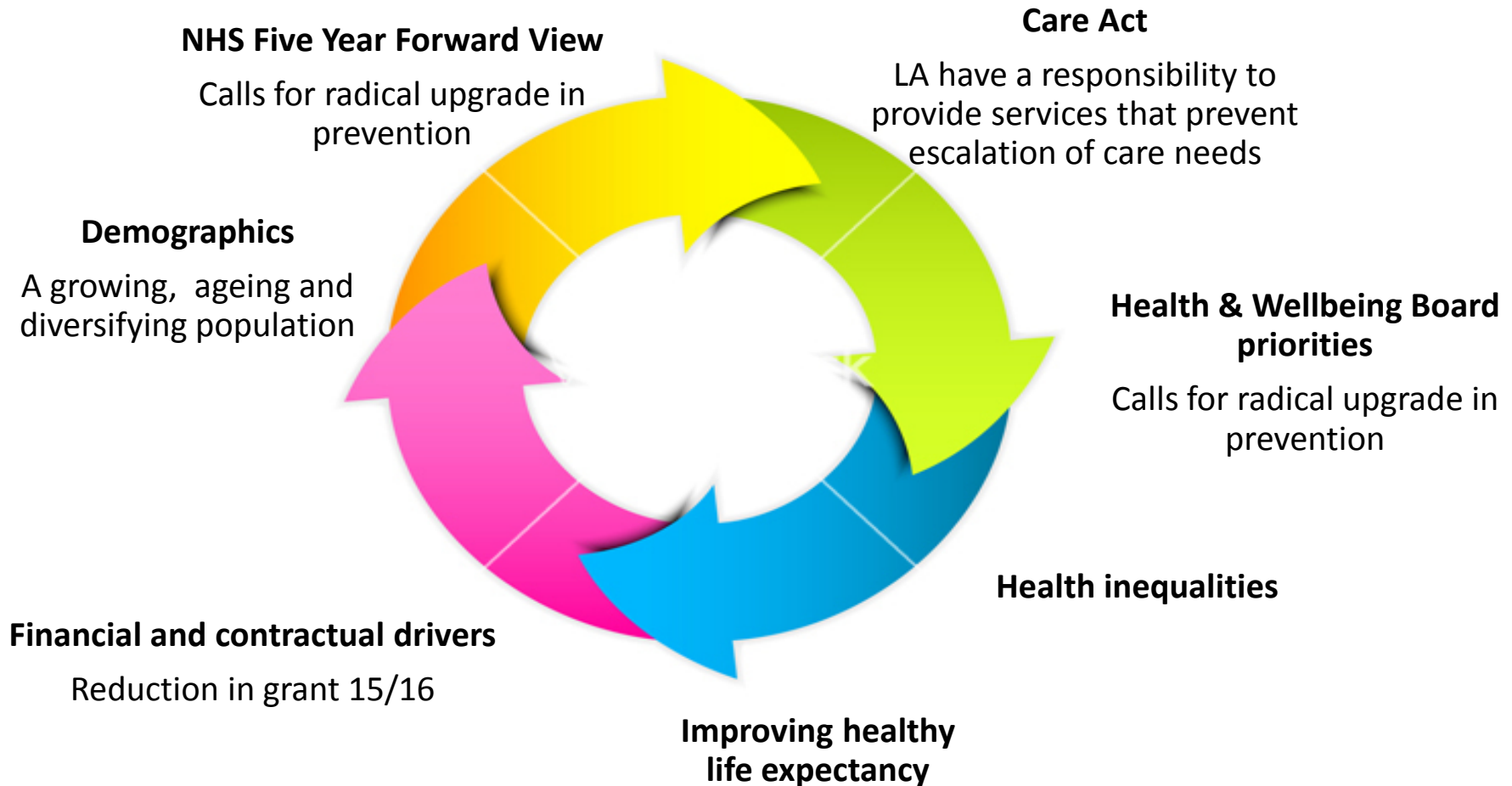


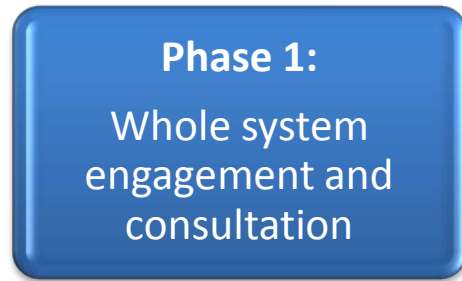
# Public Health Transformation -

## South Kent Coast Health & Wellbeing Board 9<sup>th</sup> Sept 2015

# PH Transformation Programme - Drivers for Change



# Timeline



**March – September 2015:**

**October 2015 –April 16**

**April 2016 onwards:**

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

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

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

# 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

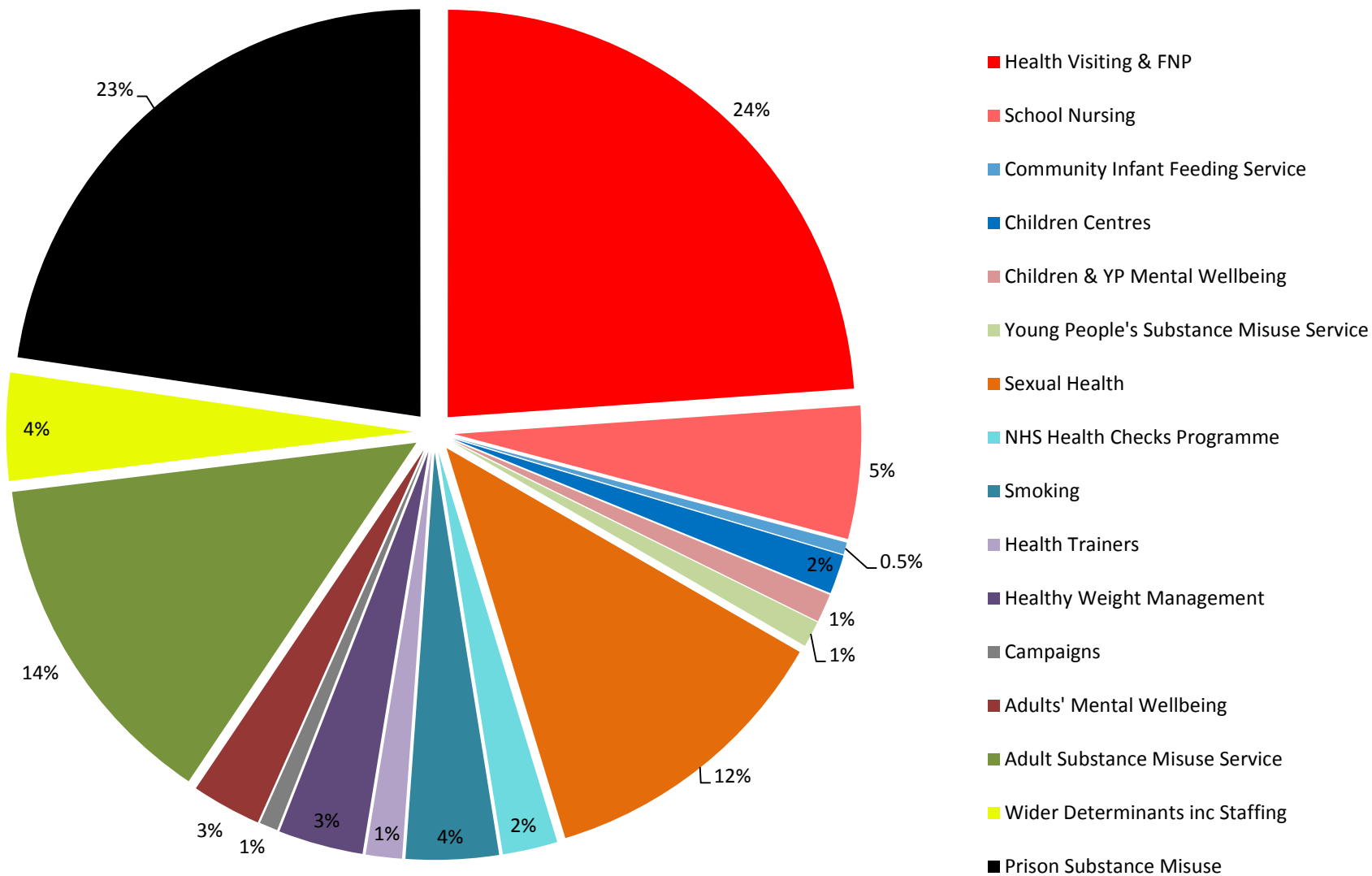
## ➤ Reviewed:

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

# Key Outcomes

	Starting Well	Living Well	Ageing Well
<b>Smoking</b>	<ul style="list-style-type: none"> <li>• Reduce smoking prevalence in general</li> <li>• Reduce in target populations such as: at age 15, at time of delivery and in routine &amp; manual workers</li> </ul>		
<b>Healthy Eating, Physical Activity &amp; Obesity</b>	<ul style="list-style-type: none"> <li>• Reduce levels of excess weight</li> <li>• Increase levels of physical activity</li> <li>• Increase levels of breastfeeding</li> <li>• Reduce levels of tooth decay in children (5 year olds)</li> </ul>		
<b>Alcohol &amp; Substance Misuse</b>	<ul style="list-style-type: none"> <li>• Reduce alcohol-specific admissions to hospital</li> <li>• Increase successful completions for drug and alcohol misusers</li> </ul>		
<b>Wellbeing (including Mental Health and Social Isolation)</b>	<ul style="list-style-type: none"> <li>• Improve wellbeing of population</li> <li>• Reduce self harm and suicide rates</li> <li>• Reduce social isolation</li> <li>• People &gt;65 with mental ill health are supported to live well</li> </ul>		
<b>Sexual Health &amp; Communicable Disease</b>	<ul style="list-style-type: none"> <li>• Maintain access to specialist sexual health services</li> <li>• Reduce rates of sexually transmitted infections</li> <li>• Reduce levels of teenage pregnancy</li> <li>• Reduce excess &lt;75 mortality rates</li> </ul>		

# South Kent Coast Public Health Spend Breakdown 15/16 - based on NHS England Formula



Starting Well – South Kent Coast			
	Agreed Outcomes	Current Health Prevalence <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> : Dover: 10.0%; Shepway: 10.1%	Stop Smoking Service Tobacco control programmes
	Reduce smoking prevalence at time of delivery	Smoking prevalence at time of delivery (Q2 14/15) SKC CCG: 18.0%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight in children	% children classified as overweight or obese (2013/14)  4-5 yr olds (YR): Dover : 20.7% Shepway: 22.2%	Early Help Workforce funding Ready Steady Go Change4Life
	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 Dover: 13.0; Shepway: 12.8	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 Dover: 16.4; Shepway: 14.3	
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 Dover: 1.0; Shepway: 1.0	Domestic Abuse Projects Mental Health First Aid Youth Mental Health Matters Helpline Positive Relationships Social Integration Activities Project Young Healthy Minds
	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%	
	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: Dover: 16.0; Shepway: 14.0	
Sexual Health, Communicable Disease	Reduce rates of Chlamydia	chlamydia positivity screening rate/ 100,000 15-24yrs (Q2 14/15) Dover: 1366; Shepway: 1581	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) Dover: 367; Shepway: 620	
	Reduce levels of teenage pregnancy	<18 conception rate /1,000 (2013) Dover: 30.3; Shepway: 25.8	
All Priorities	As above	As above	Children Centres Health Visiting & FNP School Nursing



Living Well – South Kent Coast			
	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) Dover: 24.3%; Shepway: 22.0%	Smoking Cessation Service Tobacco Control
	Reduce smoking prevalence in routine and manual workers	Smoking prevalence in routine and manual workers (2013) Dover:40.2%; Shepway: 17.2%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Dover: 63.2%; Shepway: 66.0%	Ready Steady Go Change 4 Life Fresh Start Tier 2 & 3 Weight Management
	Increase levels of physical activity	% physically inactive adults (2013) Dover: 30.8%; Shepway: 27.6%	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 Dover: 54.7; Shepway:63.4  Drug specific hospital admissions, rate per 10,000 population aged 25+ (2011/12 to 2013/14) – Source: SUS, ONS Dover: 16.4; Shepway: 14.3	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol		
	Reduction in drug misuse		
Wellbeing	Improve wellbeing of population	Mental Health Contact rate per 1,000 people, aged 25-64 (2014) – Source: KMPT, ONS Dover: 34.6; Shepway: 36.9	Domestic Abuse Projects Kent Sheds Mental Health Community Services Mental Health First Aid Mental Health Matters Helpline Mental Wellbeing Programmes Primary Care Link Workers
	Reduction in suicide rates	age-standardised mortality rate from suicide and injury of undetermined intent/100,000 population (2011-13) Dover: 10.5; Shepway: 9.6	
	Reduction in domestic abuse	rate of domestic abuse incidents (recorded by the Police) /1,000 (2013/14) Kent: 18.1	
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 <sup>2</sup> (2011-2013) Dover: 19.0%; Shepway: 57.1%	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) Dover: 367; Shepway: 620	
	Reduce excess under 75 mortality rates	Mortality rate from diseases considered preventable (persons) /100,000 (2011-2013) Dover: 188.7 Shepway:193.7	NHS Health Checks Programme
All Priorities	As above	As above	Children’s Centres Health Trainers Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

# Ageing Well – South Kent Coast

	Agreed Outcomes	Current Health Performance <i>Source: PHOF unless stated</i>	PH Activity
Smoking	Reduce smoking prevalence	Smoking prevalence in general population 18+ (2013) Dover: 24.3%; Shepway: 22.0%	Smoking Cessation Service Tobacco Control
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Dover: 63.2%; Shepway: 66.0%	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 per 10,000 population aged 65+ (2011/12 - 2013/14) – Source: SUS, ONS Dover: 34.3; Shepway: 40.9	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol		
Wellbeing (inc Mental Health & Social Isolation)	Improve wellbeing	Mental Health Contact rate per 1,000 people, aged 65+ (2014) – Source: KMPT, ONS Dover: 28.5; Shepway: 28.4	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 Dover: 28.5; Shepway: 28.4	
Sexual Health	Reduce rates of STIs	<i>No data available for 65+s</i>	Integrated Sexual Health Service
All Priorities	As above	As above	Health Trainers Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

# Market Engagement and research

- Understanding issues with clustering of unhealthy behaviours (King's Fund analysis)
- Researching health improvement models in other local authority areas
- 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
- Pharmacies are keen to engage in health improvement agenda offer a wider range of public health services
- A number of different providers suggested commissioning a generic 'behaviour change service'

# Market Engagement and research

- Many have knowledge wider than Kent & keen to share what has and hasn't worked elsewhere - examples included integrated health improvement hub models that have recently been established e.g. Live Well Dorset, Live Well Suffolk.
- Providers wish to understand more about how VCS can come together in partnerships to bid
- Some concerns about be required / expected to work collaboratively with providers who are normally their competitors
- Suggestions for commissioning programmes that go beyond traditional 'service-based' approaches e.g. using behavioural science and marketing to generate motivation for healthier lifestyles
- Few suggestions for reductions in spend; most suggestions on principles of 'invest to save over the long-term'
- Some providers expressed concern about the idea of creating an integrating health improvement model. Eg dilution of specialist expertise, risk of restricting the market

# Key themes

- Health Promotion across the population
  - Co-ordination with partners
  - Enhancing the approach to motivation
- Focus on health inequalities
- Locally flexible services (co-design)
- Integration of adult health improvement services
- Children and young people's services
  - Better visibility
  - Shared records
  - Better and further integration of services
- Embedding a the focus on emotional health and wellbeing

# Local Public Health Model

Local priorities to inform approach,  
with mental and emotional wellbeing  
underpinning everything we do

## Whole Population Health Promotion

Campaigns and communications    Making Every Contact Count    Community Champions  
Websites and social marketing    Partner Communications

## Universal Access Services

Health Visiting    School Nursing    Health Checks  
Healthy Living Centres    Healthy Living Pharmacies  
Universal Health Improvement Services

## Targeted Health Improvement Services

Integrated Adult Health Improvement Service  
Motivational approaches

## Specialist Services

Alcohol, drugs &  
Sexual health

**Integrated community  
approaches**

## Community Health and Wellbeing

Building community capacity and improving access to community resource

Motivate  
Change

Make  
Change

Maintain  
Change

# Next Steps

- New models of provision and specifications will be developed
- Invitations to tender
- Procurement processes
- Public Consultation
- Customer Insights
- Resourcing agreed