DRAFT v1

To: **Thanet Health and Wellbeing Board**

From: **Colin Thompson Consultant Public Health**

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Date: **17th September 2015**

Subject: **Public Health Services Transformation and Commissioning Plans**

Summary

Public Health programmes are delivered by many partners in the Health and Wellbeing Board and play a key role in delivering the outcomes of the Health and Wellbeing Strategy.

During 2015 the KCC Public Health team have reviewed the programmes commissioned from the public health grant, and are seeking the views of partners on transforming the approach. The aim is to embed an approach which is more locally focussed to promote health and wellbeing, and is focused on tackling health inequalities.

This paper outlines some of the work to date and the changes that are being considered.

The Board are asked to:

1. Comment on the work to date.
2. Comment on how local priorities should shape local delivery.
3. Promote the public consultation on public health programmes

1. Introduction

1.1. This paper is to update the Thanet Health and Wellbeing Board on KCC Public Health transformation work that is currently underway and to seek the Board's views.

2. Background

2.1. In April 2015 KCC decided to begin a review the use of the public health grant, and the programmes commissioned through the grant. National drivers for this review included The NHS Five Year Forward View which identifies the need to **radically increase** the role of prevention, and The Care Act which describes new responsibilities that clearly show that effective prevention is key. It is also clear that in many parts of the country Local Authorities are examining the approach to public health, in particular the adult health improvement services.

2.2. During this time the Public Health team have been conducting a review and analysis of the programmes commissioned through the Public Health grant. This review is providing a more thorough understanding of the potential and the limitations of the current services and there are clear opportunities for a new and more integrated approach.

2.3. Reports such as The King's Fund Report – *Clustering of Unhealthy Behaviours Over Time* (2012) set out the need to review services and focus on a holistic approach to health improvement and the wider health system. Other parts of the country are also proposing changes in line with these drivers, with the aim to integrate and realign these services. Please see appendix B for further details on these changes.

3. The timeline for this programme of work is as follows.

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

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

April 2016 onwards:

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

4. Progress to date

4.1. In June 2015 KCC Adult Social Care and Public Health Cabinet Committee agreed to extend as needed and align all of the current adult health improvement contract dates so that a new model of provision could include within scope the range of services currently commissioned as standalone services.

4.2. Using the drivers for change outlined above a vision and outcomes framework has been developed. The vision is: "to improve and protect the health of the people across Kent, enabling them to lead healthy lives, with a focus on the differences in outcomes within and between communities".

4.3. The analysis has been structured locally and also into a Life Course approach as outlined in Sir Michael Marmots review. This life course review structures the understanding of our approach into the following

- Starting Well
- Living Well
- Ageing Well

4.4. We have mapped health outcomes and priorities with each stage of the Life Course Approach. The priority areas are:

- Smoking
- Healthy eating, physical activity and obesity
- Alcohol and substance abuse
- Wellbeing (including Mental Health and Social Isolation)
- Sexual Health & Communicable Disease
- Wider Determinants of health

A review has taken place of the mandated provision that the Local Authority must ensure how the public health grant is prioritised and the performance of services.

The table below summarises this work.

	Starting Well – Thanet		
	Agreed Outcomes	**Current Health Performance** *Source: PHOF unless stated*	**PH Activity**
Smoking	Reduce smoking prevalence at age 15	Smoking prevalence at age 15 (2009-12) – *reg smokers only*: Thanet: 10.9%	Stop Smoking Service Tobacco control programmes
	Reduce smoking prevalence at time of delivery	Smoking prevalence at time of delivery (Q2 14/15) Thanet CCG: 18.8%	
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): 22% 10-11 yr olds (Y6): 34%	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%	Community Infant Feeding Service
	Increase physical activity in young people	*No data available*	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 Thanet: 15.6	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 Thanet: 13.3	
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 Thanet: 1.1	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		
	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: SUS, ONS Thanet: 15.2	
Sexual Health, Communicable Disease	Reduce rates of Chlamydia	chlamydia positivity screening rate/ 100,000 15-24yrs (Q2 14/15) Thanet: 2,127	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) Thanet: 718	
	Reduce levels of teenage pregnancy	<18 conception rate /1,000 (2013) Thanet: 35.6	
All Priorities	As above	As above	Children Centres Health Visiting & FNP Aspirations Healthy Living Centre School Nursing

Living Well – Thanet

	Agreed Outcomes	Current Health Performance *Source: PHOF unless stated*	PH Activity
Smoking	Reduce smoking prevalence in general population	Smoking prevalence in general population 18+ (2013) Thanet: 24.8%	Smoking Cessation Service Tobacco Control
	Reduce smoking prevalence in routine and manual workers	Smoking prevalence in routine and manual workers (2013) Thanet: 32.8%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Thanet: 68.4%	Ready Steady Go Change 4 Life Fresh Start Tier 3 Weight Management
	Increase levels of physical activity	% physically inactive adults (2013) Thanet: 35.5%	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 Thanet: 79.6	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol		
	Reduction in drug misuse	Drug specific hospital admissions, rate per 10,000 population aged 25+, 2011/12 to 2013/14 Thanet: 21.8	
Wellbeing	Improve wellbeing of population	Mental Health Contact rate per 1,000 people, aged 25-64 (2014) – Source: KMPT, ONS Thanet: 38.9	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) Thanet: 9.9	
	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 mm² (2011-2013) Thanet: 52.6%	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) Thanet: 718	
	Reduce excess under 75 mortality rates	Mortality rate from diseases considered preventable (persons) /100,000 (2011-2013) Thanet: 216	NHS Health Checks Programme
All Priorities	As above	As above	Children's Centres Health Trainers Aspirations Healthy Living Centre Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

	Ageing Well – Thanet		
	Agreed Outcomes	**Current Health Performance** *Source: PHOF unless stated*	**PH Activity**
Smoking	Reduce smoking prevalence	Smoking prevalence in general population 18+ (2013) Canterbury: 19.0%	Smoking Cessation Service Tobacco Control
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Thanet: 68.4%	Fresh Start Tier 3 Weight Management 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 65+ (2011/12 - 2013/14) -Source: SUS, ONS Thanet: 47.9	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 Thanet: 27.1	Kent Sheds Mental Health Community Services Mental Health First Aid Mental Health Matters Helpline Mental Wellbeing Programmes Primary Care Link Workers
	Reduce social isolation	% all households occupied by single person aged 65+ (2011) Kent: 5.52%	
	People with mental ill health are supported to live well	Mental Health Contact rate per 1,000 people, aged 65+ (2014) – Source: KMPT, ONS Thanet: 27.1	
Sexual Health	Reduce rates of STIs	*No data available for 65+*	Integrated Sexual Health Service
All Priorities	As all above	As all above	Health Trainers Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

5. Wider engagement

5.1. Public Health have conducted a series of market engagement events which indicated a strong willingness by many providers to engage in the transformation work. The exercise involved representatives from more than 80 service provider organisations from the public, private and voluntary sector. Feedback included the below points :

- A strong appetite to engage in the programme.
- Different models emerging nationwide: many providers come with knowledge wider than Kent and & keen to share what has and hasn't worked elsewhere.
- Keenness to collaborate between public private and voluntary sector providers.
- Providers keen to explore new contract opportunities, in many cases beyond services that they are already providing - 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

5.2. Customer insight work is also in progress. A focussed piece of work into women who smoke during pregnancy has been completed. Insight focus groups will take place in October and November with aim of gaining further insight into why people engage in multiple unhealthy behaviours and what will motivate them to access a health improvement service. A full public consultation on the proposed model will then be undertaken in November and December and will include an on-line survey to gather the general public's views and opinions on the model, and secondly focus groups will be held and targeted at those with greater need so that we gather in depth feedback from the populations that we want to access the new service.

5.2.1. Whilst we are still in consultation there have been no decisions taken about future models. However a number of themes have come out of the work to date. This includes some core principles for the approach moving forwards,

5.3. <u>Health promotion across the population</u>

5.3.1. One of the strongest pieces of feedback has been that the approach to public health messaging could be hugely strengthened and coordinated much more with partners. There has been feedback that the approach to date in public health has tended to be to invest in services, relying on people to feel motivated to use those services. The is a need for than a highly proactive approach to increase the use of campaigns, social marketing and communication channels across partners to produce high profile, high impact messages.

5.4. <u>A focus on health inequalities</u>

5.4.1. A key theme for both children and adult services has been to further identify the opportunity to enhance public health into partner programmes of work already in place in communities where there are high health inequalities. It is also clear that better use of data and intelligence that is available can be used to target communities with high health inequalities

5.5. Locally flexible services

5.5.1. The current approach has been based on a one size fits all across Kent. Future procurement should include local representation to ensure a model which varies according to local priorities. The service models is in development must enable better alignment with local need. Local representatives are welcomed in further r developing this model.

5.6. Adult health improvement services

5.6.1. A core theme has been to move from the standalone provision which current exists in health improvement services to a much more integrated service, strengthening the approach currently taken in the health trainer service.

5.7. Children and Young People's services

5.7.1. A review of Children and Young People's services, including the School Public Health services and Substance Misuse services for young people, has been completed. From October 2015 KCC will inherit the commissioning responsibility for the Health Visiting Service from NHS England and prior to transfer we have worked closely with CCG's, General Practice and KCC to develop a new specification for the service based on the national framework.

5.7.2. Key themes from the review have include much better visibility of core services including the health visiting and school nursing service, shared records and a much more closely aligned approach with KCC Early help services particularly in relation to emotional wellbeing and drug and alcohol services.

6. Conclusion

6.1. Since May, Public Health has been undertaking a review and analysis of the services commissioned through the public health grant and which it welcomes engagement and feedback on the proposed changes to service.

7. Recommendation

7.1. The Board are asked to:

1. Comment on the work to date.
2. Comment on how local priorities should shape local delivery.
3. Promote the public consultation on public health programmes.