

Ashford Health & Wellbeing Board (AHWB)

Partner Quarterly Update for Public Health - Quarter 2: July to September 2015

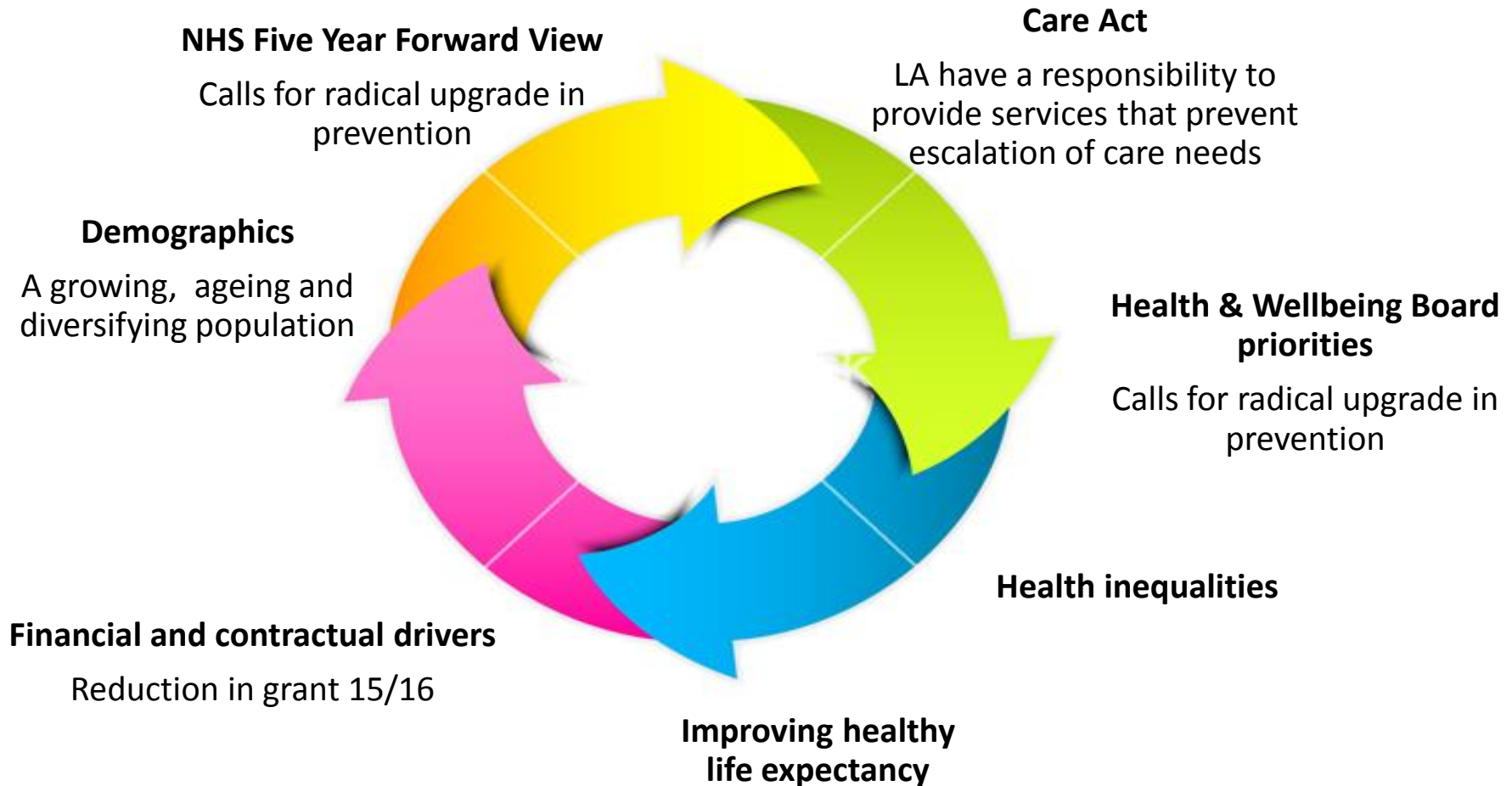
<p>What's going on in our world</p>	<p>Smoke Free Homes – The Smokefree Homes programme (originally piloted in Northfleet) is coming to Ashford! Children Centre staff around the County are being asked to engage in training on the harmful effects of second hand smoke near children and will encourage and support families make their homes smokefree. Smoke Free Homes packs (designed by Kent residents) will be distributed via the Childrens Centres to provide incentive and support for a smoke free home.</p> <p>Public Health Improvement Commissioning Strategy – Kent Public Health are reviewing their current commissioning process for health improvement services with a view to reflect the public health contracting approach in line with other relevant commissioning plans. The Review will consider service outcomes and performance, wider priorities and customer insight as well as addressing spend and service delivery though a life course approach for a new Integrated commissioning model commencing September 2016. Health Improvement services that may be affected are: Smoking, Healthy Eating, Physical Activity, Obesity, Alcohol & Substance Misuse and some sexual health services).</p> <p>Public Health are currently visiting all Health and Wellbeing Boards and Kent Health and Wellbeing Board by the end of 2015 to invite them to engage in the consultation exercise that will help shape the future commissioning model. It has not been possible to secure an agenda item on this Ashford Health and Wellbeing Board but further information is available in the attached powerpoint presentation and Kent Public Health Commissioning Team would welcome attending the next Ashford Health and Wellbeing Board to discuss this with stakeholders further. The views and response from the Board would be considered along with outcomes from other Health and Wellbeing Board and public consultation due to commence in November 2015. However, all local Health and Wellbeing Boards are being asked to comment on the proposal and promote the consultation more widely in their district.</p>
<p>Success stories since last AHWB</p>	
<p>What we are focusing on for the next quarter</p>	<p>Recommendation to the Health and Wellbeing Board to consider the following health priorities where Ashford is</p>

<p><u>specific to the key projects</u></p>	<p>performing below the England average (APHO Health Profile data 2015:)</p> <ul style="list-style-type: none"> - Statutory Homelessness - Violent Crime - Obese Children in Year 6 - Killed and Seriously injured on roads.
<p>Anything else relevant to AHWB priorities NOT mentioned above</p>	<p>Kent County Council are revising the County's Health Inequalities Plan, working with Chris Bentley's model of identifying specific numbers of groups of people in the County who are at greatest risk of CVD mortality and working collaboratively with other services to reduce the mortality rates of these groups of people to reduce inequalities.</p>
<p>Strategic challenges & risks including horizon scanning?</p>	<p>Public Health anticipate further potential in-year funding cuts arising from the Autumn Spending Review 2015.</p>
<p>Any thing else the Board needs to know</p>	<p>There is currently a County Review of Domestic Violence services conducted by the Kent Community Safety Partnership and other partners to identify where resources can be best placed to provide efficiencies and emphasis on prevention where appropriate. Kent Public Health plan to continue to fund domestic violence services but will not be able to continue the health service contribution it has historically funded.</p>
<p>Signed & dated</p>	<p style="text-align: right;">30/09/15</p>

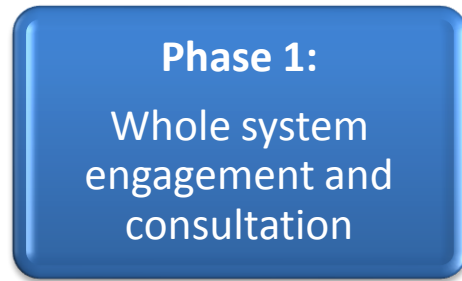
Public Health Improvement Commissioning Strategy

Ashford Health & Wellbeing Board 21st Oct 2015

PH Transformation Programme - Drivers for Change



Timeline



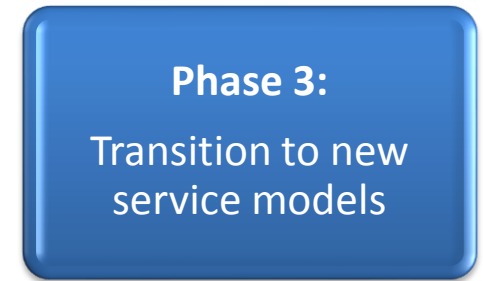
March – September 2015:

- 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
- Public Consultation
- 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

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

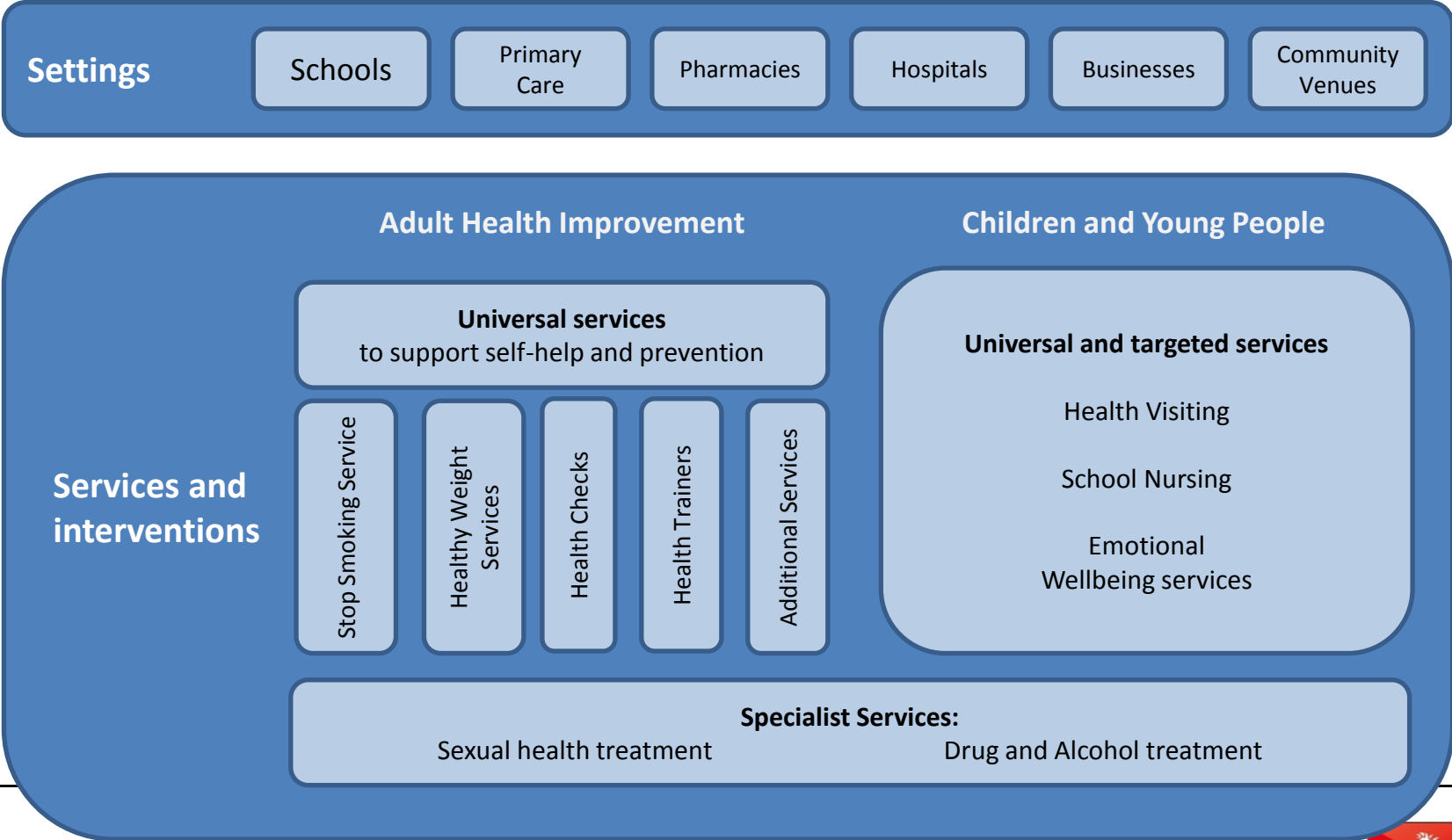
➤ Reviewed:

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

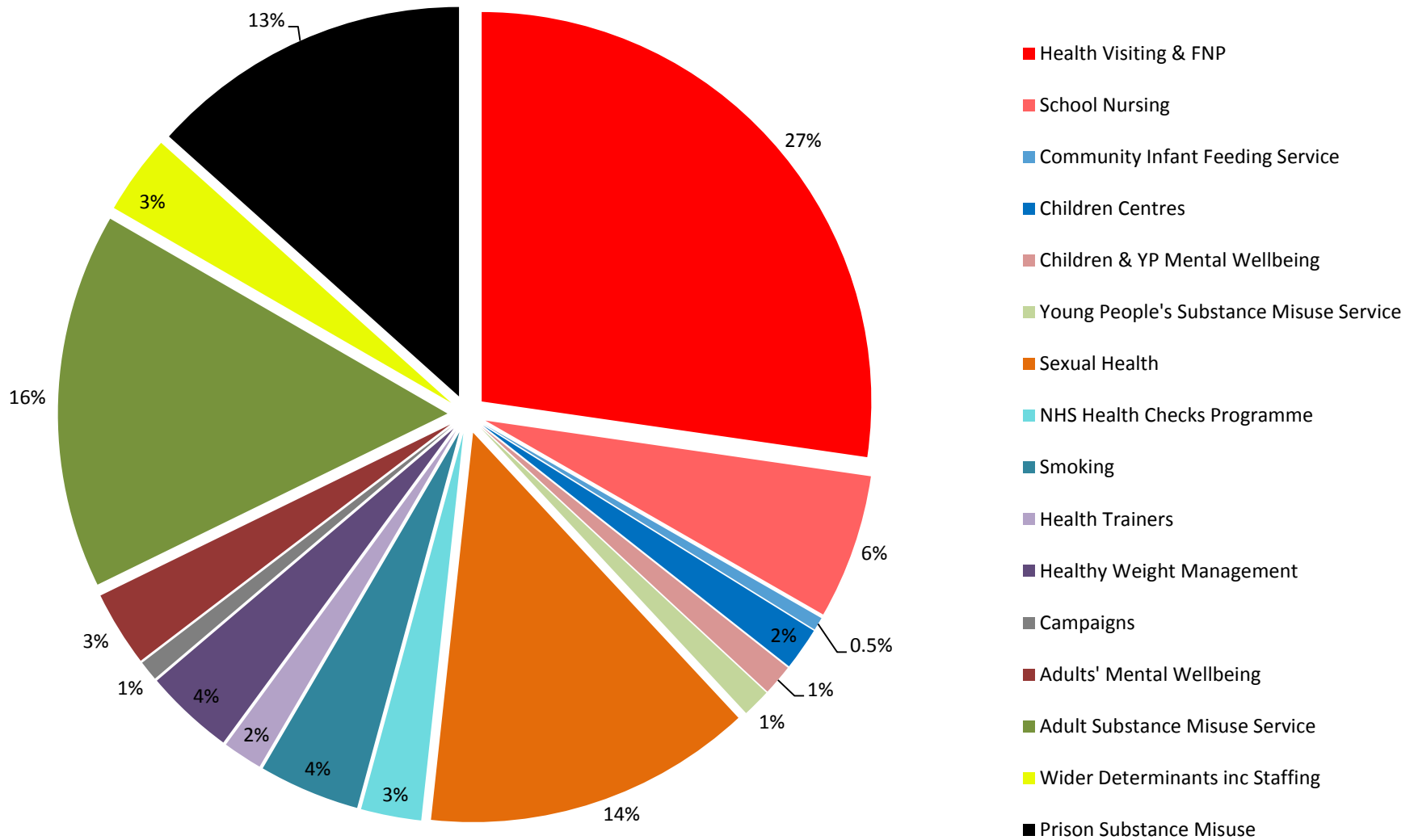
Key Outcomes

	Starting Well	Living Well	Ageing Well
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 		

Current Model



Ashford Public Health Spend Breakdown 15/16 - based on NHS England Formula



		Starting Well – Ashford			
		Agreed Outcomes	Current Health Performance <i>Source: PHOF unless stated</i>		PH Activity
Smoking	Reduce smoking prevalence at age 15	Smoking prevalence at age 15 (2009-12) – <i>regular smokers only</i> : Ashford: 9.1%		Stop Smoking Service Tobacco control programmes	
	Reduce smoking prevalence at time of delivery	Smoking prevalence at time of delivery (Q2 14/15) Ashford CCG: 10.1%			
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight in children	% children classified as overweight or obese (2013/14)		Early Help Workforce funding Ready Steady Go Change4Life	
		4-5 yr olds (YR): 22%	10-11 yr olds (Y6): 35%		
	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	<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 Ashford: 7.0		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 Ashford: 6.6			
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 Ashford: 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	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: SUS, ONS Ashford: 10.4			
Sexual Health, Communicable Disease	Reduce rates of Chlamydia	chlamydia positivity screening rate/ 100,000 15-24yrs (Q2 14/15) Ashford: 934		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) Ashford: 578			
	Reduce levels of teenage pregnancy	<18 conception rate /1,000 (2013) Ashford: 23.5			
All Priorities	As above	As above		Children Centres Health Visiting & FNP School Nursing	

Living Well – Ashford

	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) Ashford: 21.1%	Smoking Cessation Service Tobacco Control
	Reduce smoking prevalence in routine and manual workers	Smoking prevalence in routine and manual workers (2013) Ashford: 34.7%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Ashford: 67.4%	Ready Steady Go Change 4 Life Fresh Start Tier 3 Weight Management
	Increase levels of physical activity	% physically inactive adults (2013) Ashford: 24.2%	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 Ashford: 37.0	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol	Drug specific hospital admissions, rate per 10,000 population aged 25+ (2011/12 to 2013/14) – Source: SUS, ONS	
	Reduction in drug misuse	Ashford: 8.2	
Wellbeing	Improve wellbeing of population	Mental Health Contact rate per 1,000 people, aged 25-64 (2014) – Source: KMPT, ONS Ashford: 35.3	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) Ashford: 7.6	
	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 ² (2011-2013) Ashford: 42.9	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) Ashford: 578	
	Reduce excess under 75 mortality rates	Mortality rate from diseases considered preventable (persons) /100,000 (2011-2013) Ashford: 147.8	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 – Ashford

Agreed Outcomes

Current Health Performance

Source: PHOF unless stated

PH Activity

Smoking

Reduce smoking prevalence

Smoking prevalence in general population 18+ (2013)
Ashford: 21.1%

Smoking Cessation Service
Tobacco Control

Healthy Eating, Physical Activity and Obesity

Reduce levels of excess weight

% excess weight in adults (2012)
Ashford: 67.4%

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

Adult Substance Misuse Service

Reduction in hospital admissions due to alcohol

Ashford: 21.3

Wellbeing (inc Mental Health & Social Isolation)

Improve wellbeing

Mental Health Contact rate per 1,000 people, aged 65+ (2014) – Source: KMPT, ONS
Ashford: 34.8

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
Ashford: 34.8

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

Market Engagement and research 1

- Much research points to understanding issues with clustering of unhealthy behaviours (King's Fund analysis)
- 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
- Organisations included integrated health improvement hub models that have recently been established e.g. Live Well Dorset, Live Well Suffolk.
- Some providers expressed concern about the idea of creating an integrating health improvement model. Eg dilution of specialist expertise, risk of restricting the market

Market Engagement

- Suggestions for commissioning programmes that go beyond traditional ‘service-based’ approaches e.g. using behavioural science and marketing to generate motivation for healthier lifestyles .
- A number of different providers suggested commissioning a generic ‘behaviour change service’
- Providers wish to understand more about how VCS can come together in partnerships to bid
- Pharmacies are keen to engage in health improvement agenda offer a wider range of public health services
- Few suggestions for reductions in spend; most suggestions on principles of ‘invest to save over the long-term’

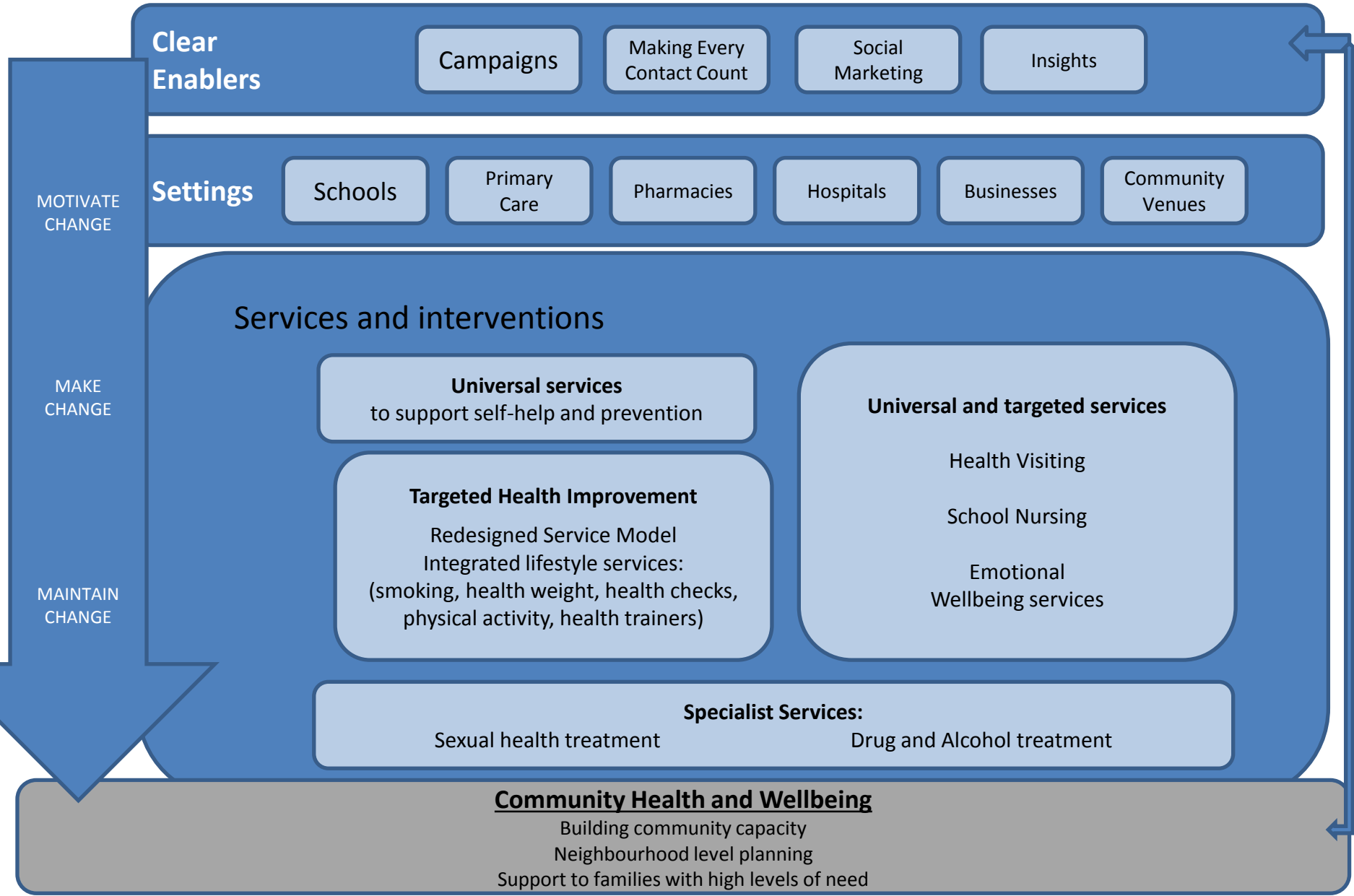
Key themes

- 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 and Shared records
 - Better and further integration of services
- Embedding a the focus on emotional health and wellbeing

The 9 High Impact Areas

- The Best Start in Life
- Healthy Schools and Pupils
- Helping People find and stay in work
- Active and Safe Travel
- Warmer and Safer homes
- Access to Green and Open spaces
- Strong communities, Wellbeing and Resilience
- Public protection and regulatory services
- Health and Spatial services

Adult and Children Health Improvement Model



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

- Stakeholder engagement continues
- New models of provision developed
- Public Consultation
- Further customer insight work
- Resourcing agreed
- Models and specifications finalised
- Procurement processes as appropriate