

Kent Integrated Adult Healthy Lifestyle Event

Overview of Public Health Transformation

Engagement Event
Karen Sharp

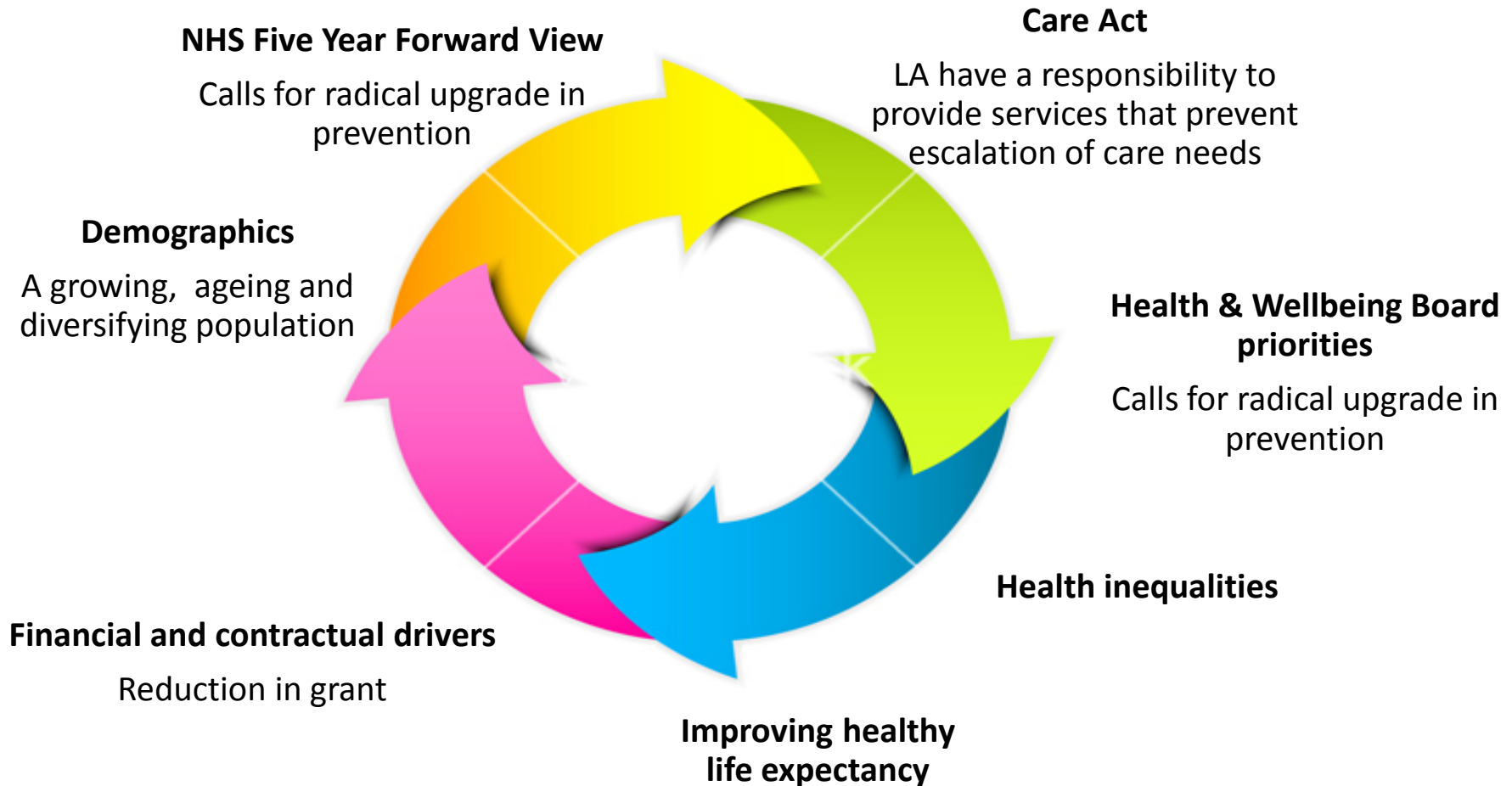
Aims

- Update on progress to date
- Gain views, feedback and input to help shape the final specification
- Look at opportunities for integration, innovation and efficiencies
- Ensure the service will meet the needs of Kent residents and supports outcomes for the whole system

Format of the day

- Presentations & questions
- Lunch and networking
- Workshop activities ()
- Procurement overview and questions
- Networking and close

PH Transformation Programme - Drivers for Change



Outcomes to PHOF measures

to reduce weight and BMI

- Excess weight in adults (65.1%, national 64.6%)
- Proportion of the population meeting the recommended '5-a-day' (53.6%, national 52.3%)
- Recorded Diabetes (6.2%, national 6.4%)

to improve levels of physical activity

- Percentage of physically active adults (56.6%, national 57.0%)
- Percentage of physically inactive clients (28.4%, national 27.7%)
- Utilisation of outdoor space for exercise/health reasons (18.4%, national 17.9%)

to quit or reduce smoking

- Smoking prevalence (19.1%, national 18.0%)
- Smoking prevalence of routine and manual workers (25.8%, national 28.0%)
- Smoking Status at time of delivery (12.6%, national 11.4%)
- U75 mortality rates considered preventable from respiratory disease or cancer (16.5 and 78.4 per 100,000, national 17.8 and 83.)

to improve access and delivery of NHS Health check programme

- NHS Health Checks offers, received, up-take (44.8%, 17.4%, 38.9%. National 37.9%, 18.6%, 48.9%)
- U75 mortality rates considered preventable from cardiovascular disease (46.0 per 100,00, national 49.2)

to improve peoples mental health issues

- Self-reported wellbeing scores – low satisfaction, low worthwhile, low happiness, high anxiety (4.2%, 3.0%, 10.1%, 17.2%. National 4.8%, 3.8%, 9.0%, 19.4%)
- Average Warwick-Edinburgh Mental Well-being Scale Score (national 37.7)
- Suicide Rate (10.2 per 100,000. national 8.9)

to increase delivery of brief interventions for alcohol

- Admission episodes for alcohol-related conditions (526 per 100,000. national 641)

Engagement – Making the Connections

Public/Service User	KCC	Partners
Public Consultation	KCC Commissioners – Social care in particular Building Community Capacity GET in particular Countryside, Leisure and Sports	NHS England and Public Health England
“Behavioural architects” insight programme	Adult Social Care and Public Health Cabinet Committee	Local Medical Council and Local Pharmaceutical Council
Service user engagement reviews	Commissioning Advisory Board	All Health and Wellbeing Boards x2
12 Focus groups – 1 in each district	Member briefings	Other Local Authorities and specific programme with District Councils in West
Series of market engagement events group and 1-1		Clinical Commissioning Groups GP’s including the Vanguard in Whitstable

Challenges and Opportunities

• Challenges

- Rising tide of problematic 'lifestyle behaviours', and associated economic impact
- Persistent health inequalities within Kent and clustering of unhealthy behaviours
- Shrinking budgets across the system
- High profile services, strategically important
- Clear link with Integrated (ICO) models, districts and VCS
- Performance has been mixed, activity based contracts have improved efficiency but not always outcomes
- National Data collection

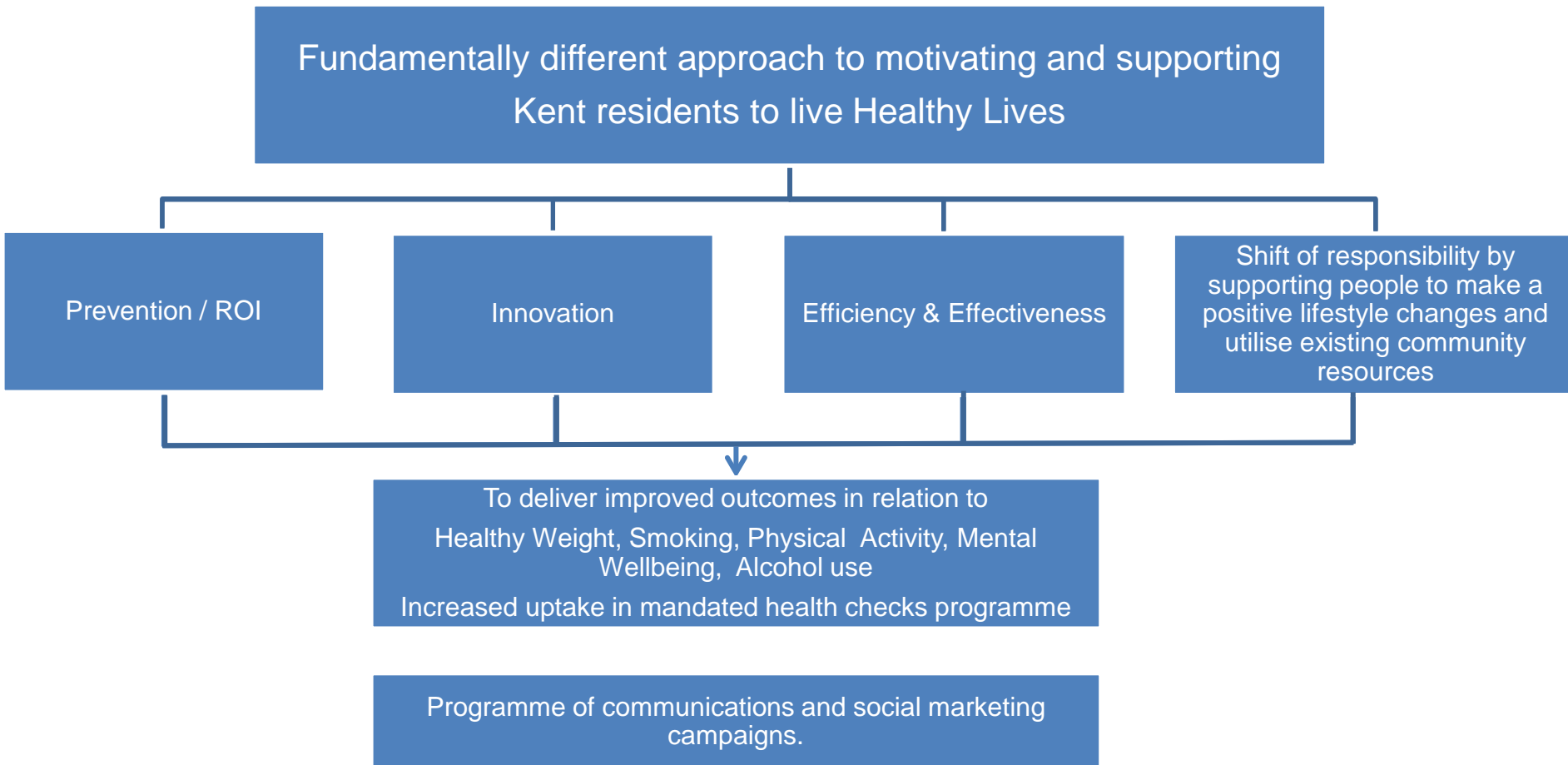
• Opportunities

- Delivery of KCC Strategic Statement , influencing the wider determinants of health
- A key component of delivery of the NHS Five Year Forward View and the Sustainability and Transformation Plan
- A key component of delivery of The Care Act - the obligation to prevent or delay escalation of care needs among the adult population in Kent
- Working in partnership across the health and care system
- Innovation in the new model both for the service and for the wider approach across the system
- Work with other Authorities

Lessons learned from previous contracts

- Fundamentally, this is a prevention and return on investment agenda with a good evidence base. There is however clear room for innovation, and shift in focus – this is the opportunity for KCC
- In areas with high health inequalities individuals often have many unhealthy lifestyle behaviours and currently need to visit multiple services to address these. Under representation of target groups is likely to increase health inequalities not reduce them.
- There can be a more collaborative focus particularly on motivating people to want to change, and sustaining their change when they do make it.
- Not all individuals need or want a service response, but also services do have a clear evidence base.
- Efficiency and improved outcomes can be delivered through greater integration and utilising community resources.
- Family Weight management service and Health checks connect with service

What are we buying?



6,236 setting a quit date with Smoking Cessation Service 15/16



3%

228,117 estimated
smokers



124 set a
smoking goal in
2015/16 with
the Health
Trainer Service



188 referred from
Substance misuse services
in Kent to the Cessation
Service 15/16



6,006 Stoptober 2015
Registrations



19,170 visited
Smokefree campaign
site Mar-Jun 2016

Release the Pressure



Wednesday, April 20 2016

KM KentOnline
The UK's fastest-growing regional news network

Wed 13°C | 5°C
See the full forecast f
Sponsored by Britelife

News Sport What's On Where I Live Lifestyle Buy, Sell & Tell Local Business

Home Maidstone News Article

Release the Pressure suicide prevention campaign launched by Kent County Council

by Joshua Coupe jcoupe@thekmgroun.co.uk



08 March 2016

A countywide initiative to reduce the number of suicides in middle-aged men launches this week.



Conclusion

- Integration of services favoured approach
- Utilise insights to build more attractive and effective services
- Service response is limited – must use opportunities across the system

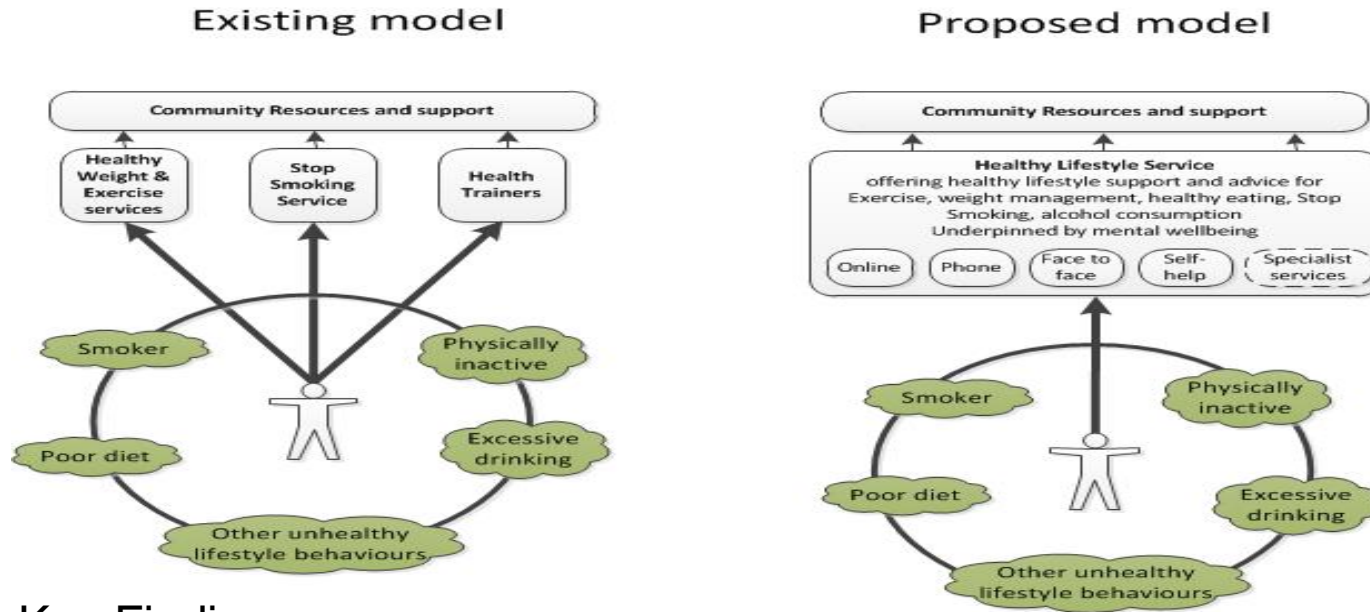
Resident Voice

Insight work
Focus groups
Consultation

Wayne Gough
Business Planning and Strategy Manager

Adult Health Improvement

Public Consultation



Key Findings:

- 75% of respondents agreed with proposed model
- 54% of respondents felt that services should be allocated based on need
- 18% of respondents thought services should be by referral only

Focus Groups “Key Take outs” (1 of 2)

1. Participants considered wellbeing to be about both their **physical and mental health**. So the focus on mental and emotional wellbeing underpinning the whole service delivery is unlikely to provoke major negative reactions
2. Participants also **understood the wider determinants of poor health** and are **acutely aware that health inequalities exist**. Again, it is unlikely there will be adverse negative reactions to the Public Health team focusing on reducing the differences in outcomes within and between communities
3. There was **support for KCC funding public health services** given pressures on the NHS. It may be worth communicating what other activities KCC is involved in to reduce health inequalities alongside the Health Improvement Service
4. However, **expectations may be too high** of what the Council can and should do given that adults have free will and ultimately are in control of whether they engage in unhealthy behaviours. This suggests that the message about **self-motivation being key to success** must be consistently conveyed, as the Health Improvement Service cannot ‘make’ people behave healthily
5. There is **broad support for the major changes** suggested by the proposed service model. However, there are some tricky **mind-sets to be aware of**, ranging from sceptics, cynics, to fatalists.

Focus Groups “Key Take outs” (2 of 2)

6. Participants viewed acquiring or maintaining a healthy lifestyle as **expensive and time consuming**. Therefore, there is mileage in **emphasising the free nature** of the Health Improvement Service and any other things that might allay fears about expense or pressure on time or unreasonable time commitments.
7. There was a genuine concern that if the new Health Improvement Service **is promoted effectively** that **there would be ‘over-demand’** – especially if GPs started to refer people more proactively. There may be mileage in explaining that the services are far from full capacity and in fact, it has been under-utilised in the past
8. Be prepared to **tackle what people feel are risks** of the proposed model: Things like the skills of health trainers being ‘too generic’, and the quality of mentors
9. There was no consensus about which community settings to base the Health Improvement Service in. On one hand it is desirable to **make use of existing community assets** which people are familiar with but on the other hand, there is a strong appeal in having a **bespoke service in a dedicated setting**. Whether there can be a mix of both is worth discussion
10. It was felt the service should to be **tailored to individuals’ needs**. There was a strong sense that anyone who was accepted onto the service, who was motivated and committed to changing behaviour should be given support for as long as they needed it in a way they prefer, until some tangible results can be realistically achieved.

Adult Health Improvement

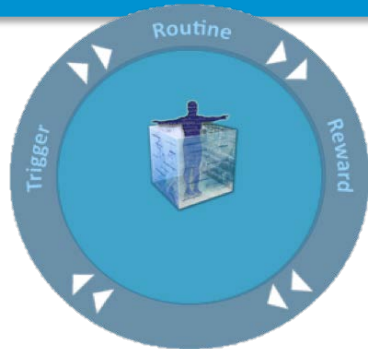
Behavioural Insights

- Kings Fund report on Clustering of unhealthy behaviours showed people with no qualifications were more than five times as likely as those with higher education to engage in all four poor behaviours.
- A behavioural insight study focused on developing our understanding of why people with the unhealthiest lifestyles are least likely to engage with our services. T
- The Behavioural Architects were appointed to carry out a piece of in depth research, working with twelve people over a course of two weeks, understanding their daily choices, and the influences on their behaviour.

The audience's multiple unhealthy behaviours cluster in two key ways



1. UNHEALTHY HABITS SUBSTITUTE FOR ONE ANOTHER



2. UNHEALTHY HABITS REINFORCE ONE ANOTHER



1. UNHEALTHY HABITS SUBSTITUTE FOR ONE ANOTHER:

BOREDOM

LONELINESS

A range of contexts and times across the day

Unhealthy behaviours:

- *Smoking*
- *Drinking*
- *Lack of exercise – hours spent in front of TV etc. Unhealthy snacking / missing meals then over-eating*

*“I **smoke in the van**, it’s **just boring driving on my own**. I **barely speak to anyone all day** except when I stop in a lay by to get a burger or butty... When I’m at home, my **mum makes it clear she doesn’t want me around**, so I **come to the pub most days** to have a few pints and **talk with people**.”*

Male, Younger, Family, Tunbridge Wells

*N.B. repeating these behaviours gradually builds up **automatic habit loops***

ENJOYMENT

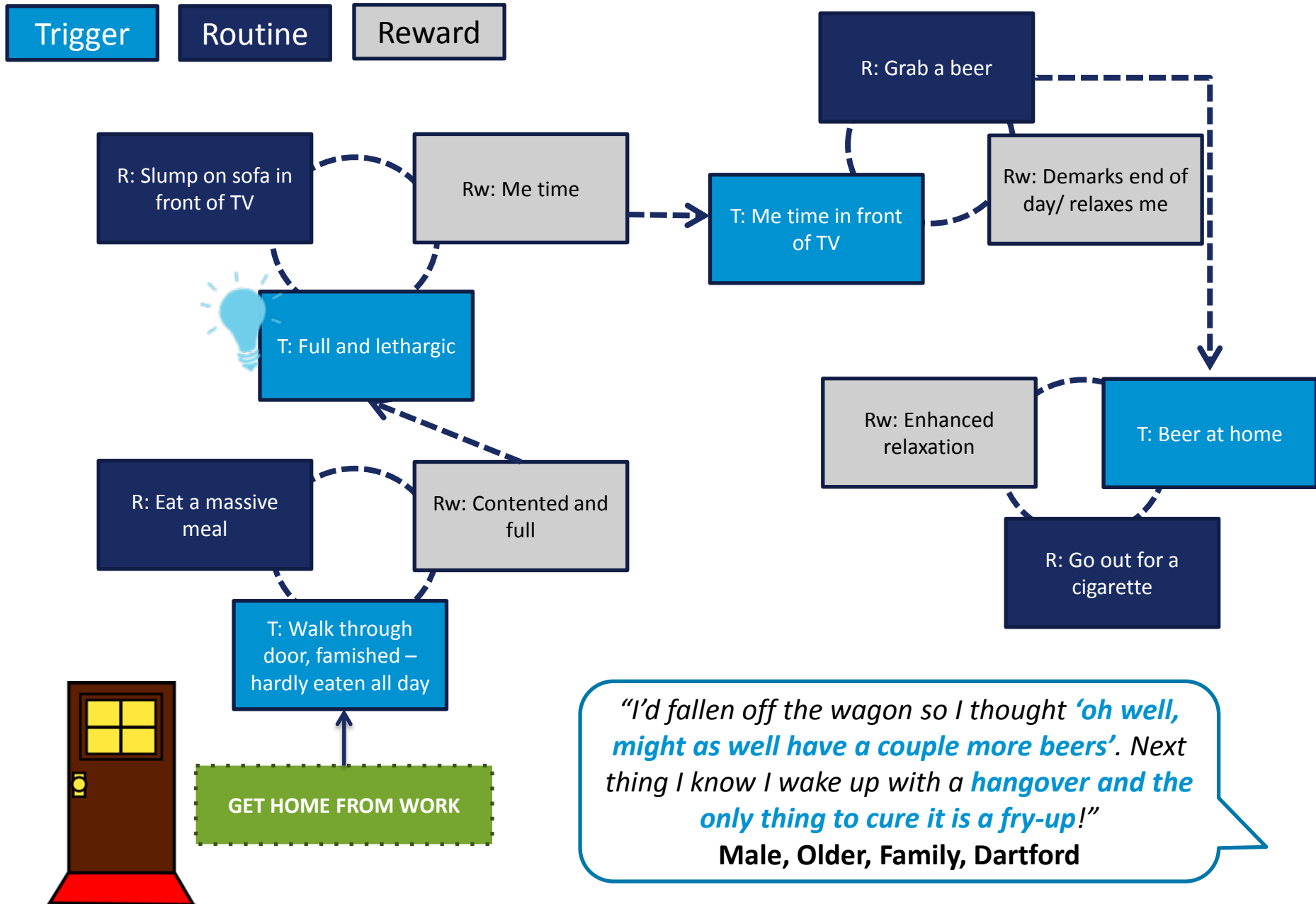
EMPOWERMENT

BONDING

PSEUDO COMPANY

Removal of one unhealthy behaviour risks it being replaced by another – important to fill the void with positive alternatives

2. UNHEALTHY HABITS REINFORCE ONE ANOTHER:



Segmenting the target audience based on levels of motivation and ability for making lifestyle changes

Ability and motivation for behaviour change is heavily influenced by people's mental state and emotional wellbeing at a given point in time. We see 3 key groups:



Surviving for Today

Fatalistic:

"Bad things will happen anyway, why bother to change?"

Often facing more acute issues
—mental/ physical health,
domestic abuse, housing / debt

Lack **cognitive bandwidth** for
lifestyle change, esp. ability to
plan

Primary barriers are **ability** and
motivation to change



Open to change

Realistic:

"I need to change something(s) about my lifestyle"

Doubts around lifestyle behaviours creeping in with
accumulation of relevant **personal primes** – motivation
building but yet to be ignited

Primary barrier to change is a **trigger**

(N.B. This was the largest group in the research)



Living for Today

Optimistic:

"It won't happen to me"

Often experiencing strong
social rewards from unhealthy
behaviours that override any
reasons or influences for
changing – Younger life stage
skew

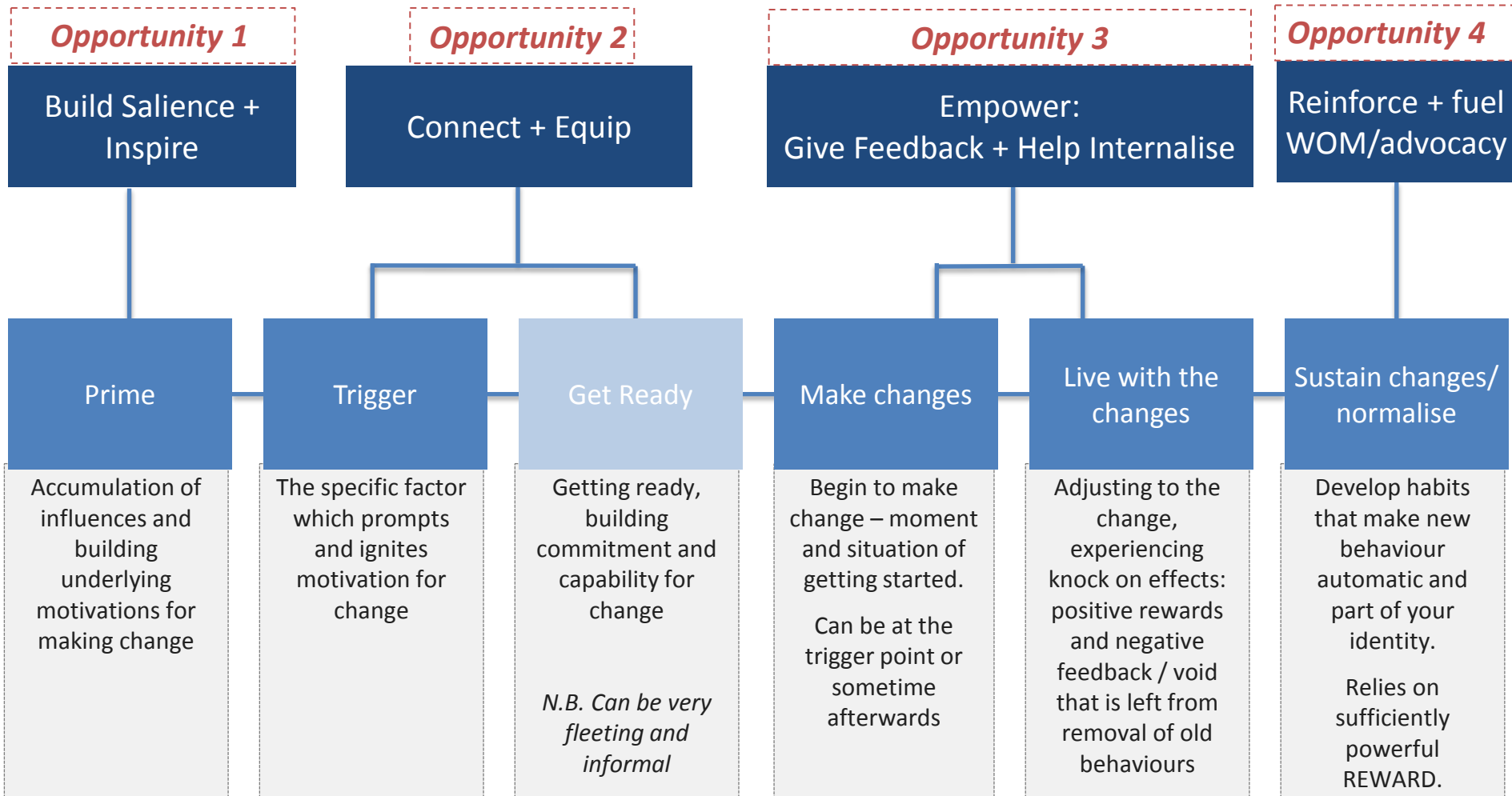
Primary barrier is **motivation** to
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BULLSEYE

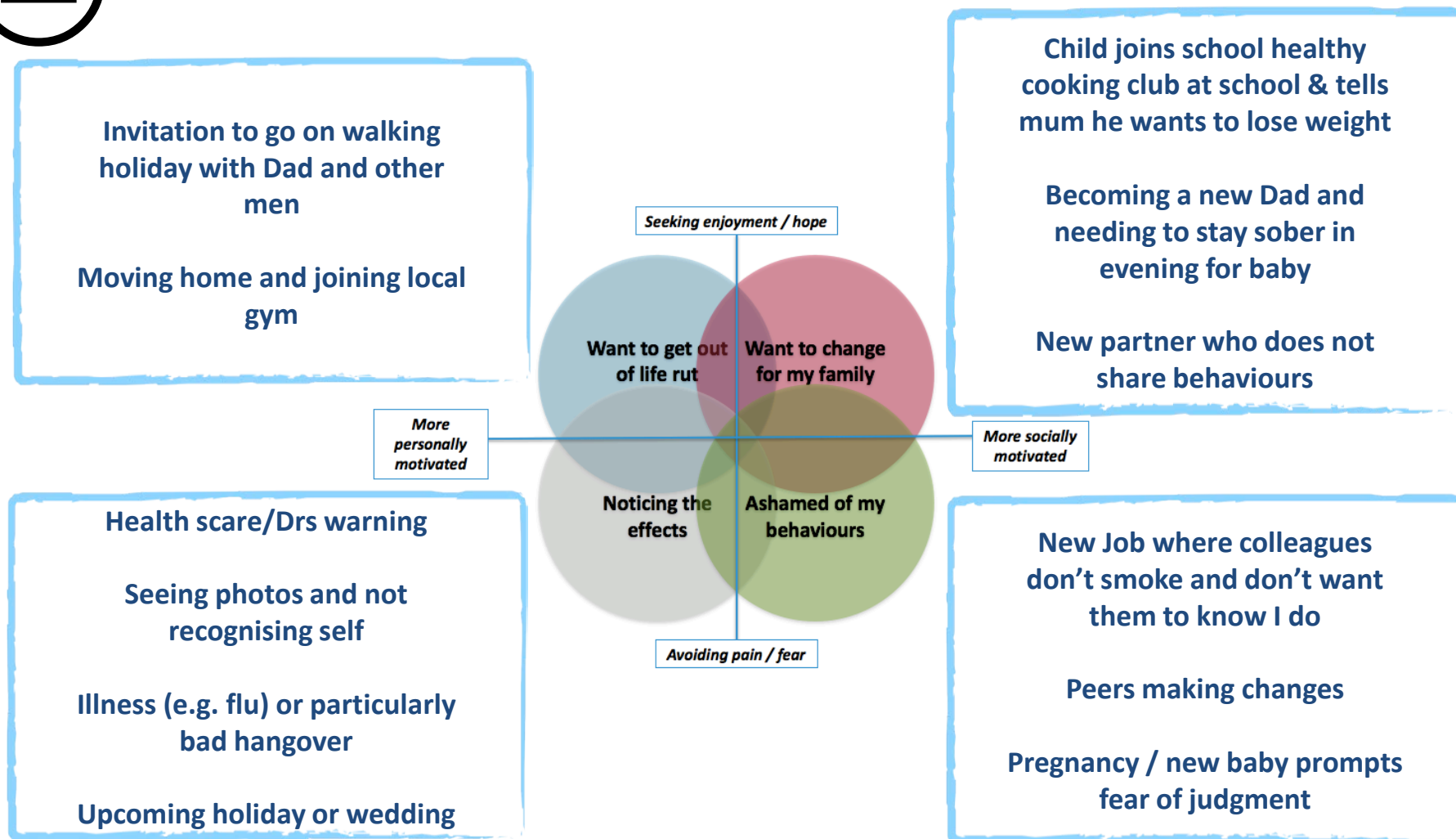
The opportunities for HWBB integrated service & comms along the unhealthy lifestyle behaviour change journey

Distinct opportunities to influence, disrupt, connect and reinforce behaviour, along the journey





Example triggers that ignited motivations



- Limited opportunity for new service / marcomms to be **the actual trigger** - beyond health checks & potentially piggybacking the audience's use of existing services
- Opportunity to **leverage touchpoints where people are triggered** (e.g. workplace, Health Visitor) to support Get Ready stage

Working with Districts

Karen Sharp
Jane Heeley

Working in Partnership

MOTIVATE CHANGE

Community intelligence

- Understanding local need, gaps and resources

Harnessing local presence

- Community assets, Community events, Gateways, one public estate

Universal promotion

- Communicating health messages, District Council magazines, KCC website, resources linked to One YOU, joint campaigns

Assessments & co-ordinated referrals

- Sign posting to local opportunities through social prescribing including, District, KCC and VCS assets

MAKE CHANGE

Empower change of behaviours & improve wellbeing

- Making Every Contact Count
- Innovation in approach

Co-commissioned Procured service

New Integrated service –
Jointly agreed outcomes, jointly resourced

- Utilising technology and digital services
- Offering seamless support to those with multiple lifestyle behaviours
- Connecting with wider resource to maintain change
- Locally flexible

MAINTAIN CHANGE

Jointly:

- improving utilisation of local community provision
- Brokering low cost activities
- Promoting indoor and outdoor leisure and clubs
- Development of training for local volunteers, peer led support and advocates at community spaces
- Increasing active travel opportunity and support
- Grant giving to develop community capacity
- Supporting workplace leadership and healthy business awards
- Enabling access to community assets

Strategic embedding of Public Health Outcomes

Influencing across council policy

Strategic role on place shaping

Co-Commissioning & innovation

Co-ordination with Partners
General Practice

Residents' Voice

Growing investment

Utilisation of community assets and resources

Maximising impact



15 minutes

Vision and outcomes of the integrated health improvement service

Colin Thompson
Public Health Consultant

Vision

The vision of the new service is to motivate people to achieve and maintain a healthy lifestyle by supporting them to make positive choices.

Aims

- To improve population lifestyles that will positively impact on the health and wellbeing
- Preventing the prevalence of a number of long-term conditions
- Improving healthy life expectancy
- Reducing health inequalities
- Improving health outcomes for the people of Kent to reduce future demands on services.

Principles of the service

- Integrated - People can get all the help they need to be healthier from one service.
- Targeted - Aimed at people who need help most but still available to everyone.
- Motivating - Encouraging people to be healthier.
- Promoting independence – Helping people to be healthier so they don't need to rely on a service.
- Flexible – Meeting the needs of local people creating better choice

Key Outcomes for Integrated Model

Population Level Outcomes

Reduction in prevalence in key health areas & health inequalities

Kent residents enjoy a good quality of life and those with long term conditions are supported to live well

The population of Kent live longer and healthier lives, with fewer health inequalities and takes responsibility for their own health and wellbeing

Reduced demand on health and social care services by supporting people to live longer good health and preventing early death

Service Level Outcomes

Less fragmented services, clear pathways, and visible service of support

Increased number of people with multiple lifestyle risk factors, targets groups and deprived areas accessing support

Increased cost effectiveness, quality and equity

Increased use of digital resources, self-care strategies and greater utilisation of community assets

Individual Level Outcomes

Increased motivation, confidence and ability to achieve and maintain healthy lifestyle goals

Improved experience of lifestyle services

Reduced multiple lifestyle risk factors

Positive and sustained behaviour change

Reduced social isolation

Increased self-efficacy and confidence

Improved personal resilience

Reduced need for health and social care support

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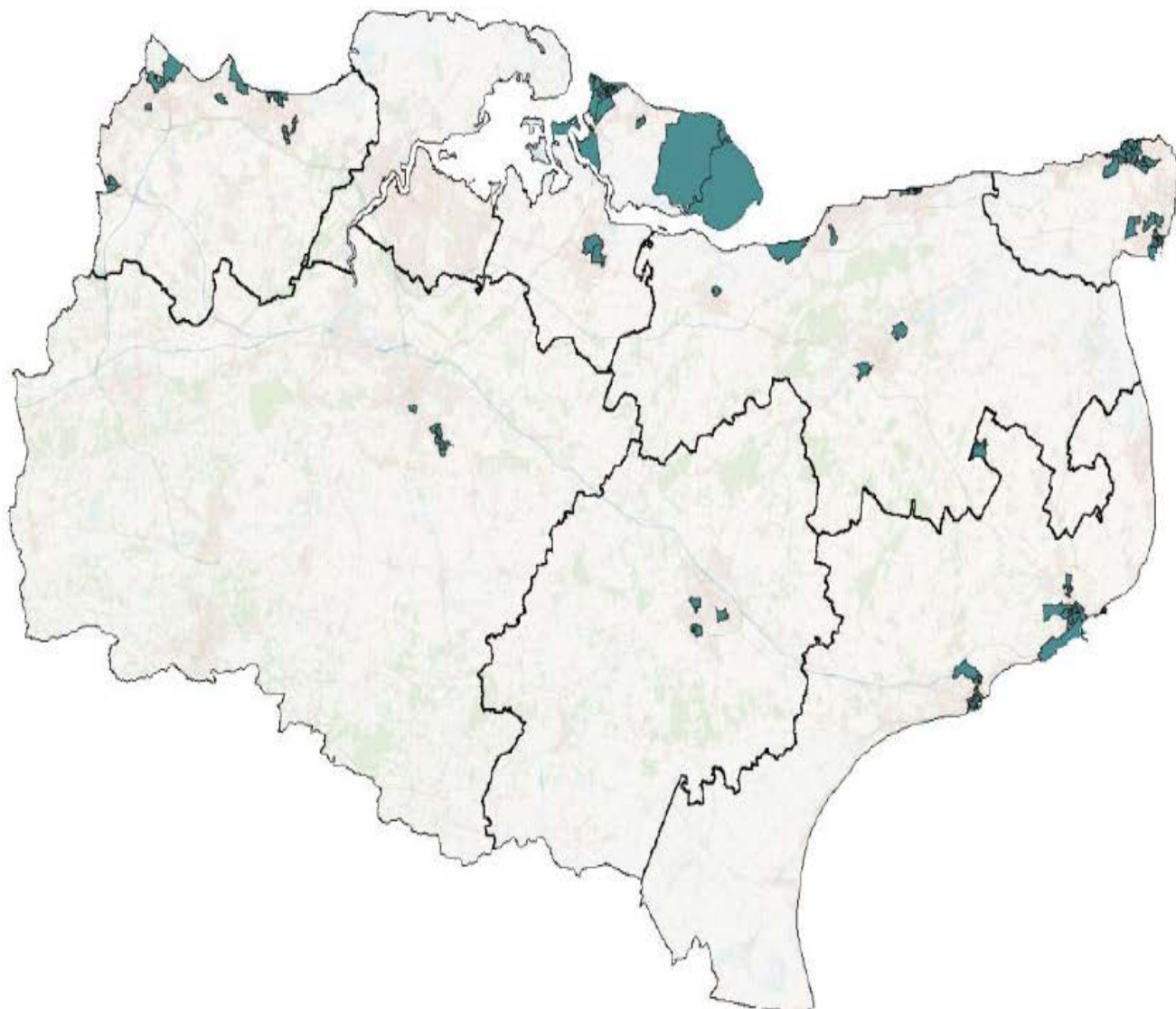
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Service Outcomes

- The service offers client centred support to enable people to make positive lifestyle choices
- Increase the uptake of NHS Health Checks targeting people in areas of deprivation and target groups
- Increased use of digital resources, self-care strategies and greater use of community assets
- Reduction in health inequalities by increasing the number of people from deprived areas and target groups living a healthy lifestyle

Individual Outcomes

- **Increased motivation and confidence to make positive lifestyle choices** – measured via Importance and Confidence Rulers
- **Achieving and sustaining personal outcomes** at 6 and 12 months
- **Increased levels of self-managed regular physical activity** - measured by International Physical Activity Questionnaire (IPAQ)
- **Maintenance of a healthy weight/ Reduction in body weight**– 3% of initial body weight at 12 weeks
- **Improved diet** - validated questionnaire
- **To quit smoking / become tobacco free** - four week quit
- **Improved wellbeing** - measured using Short Warwick-Edinburgh Mental Well-being Scale
- **Reduction in hazardous drinking** (via IBA) - measured using AUDIT-C



Service Overview

Vicky Tovey
Commissioning and Performance Manager

What are we planning to buy?

Lot 1: Integrated Lifestyle service including outreach health checks



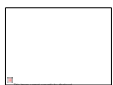

Lot 2: Mandated NHS Health Checks

- There is a high expectation for collaboration between the two lots to ensure a clear pathway
- People having health checks can be referred into the integrated service and/or health checks being offered as part of the integrated service for those who are eligible
- Wider choice by increasing the range of places and ways in which people can access support
- Robust systems needed to enable a smooth client pathway, measure impact of the service and support evaluation.

What are we planning to buy?

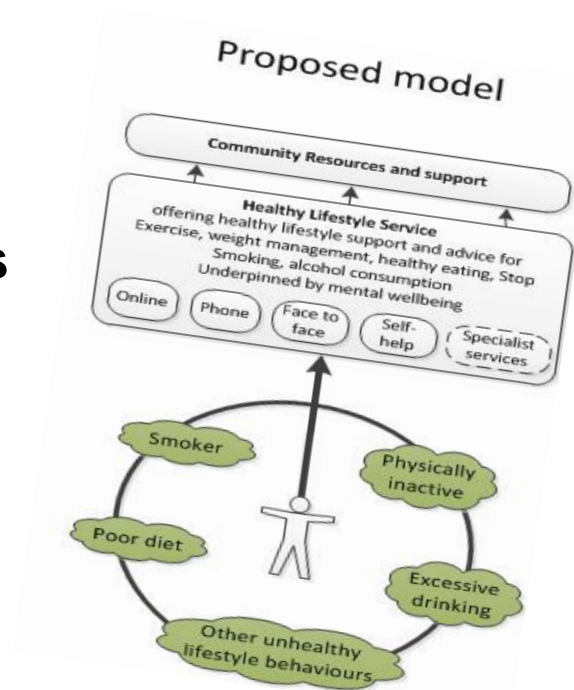
- The successful provider/s will need to work with KCC to drive efficiencies across the life of the contract – this will include a greater use of online and digital innovations
- There is a need for flexibility over time – e.g. emerging health structures, new priorities, user views and evaluation of what works
- Partnership working and understanding of local communities = essential
- Clear links between other services e.g. National Diabetes Prevention Programme, Mental Health Services, Drugs and Alcohol, housing etc.

Health Improvement Services

		2015/16
Health Trainer Service 	Number of new clients	3,689
	New clients from 2 most deprived quintiles	1,981
Smoking Cessation 	Number setting a quit date	6,236
	Number achieving a 4-week quit	3,417
Healthy Weight Adult Tier 2 	Number of engagers	1,620
	Number of completers	1,216
NHS Health Check 	Number of invites sent	86,325
	Number of NHS Health Checks received	36,685

Lot 1: Integrated Lifestyle services

- Take a **holistic approach** supporting people on a range of health outcomes - Healthy Weight, Smoking, Physical Activity, Mental Wellbeing, Alcohol use
- **Support individuals to overcome the barriers** preventing them from adopting healthy behaviours
- **Shift of responsibility** - greater utilisation of existing community resources
- Transformation of the service over the contract



Lot 1: Integrated Lifestyle services

- Assessment of suitability, motivation and readiness to change
- Varied levels of client led support with a combined approach offered if multiple behaviours are being addressed
- Lifestyle Advisors offering face to face support and targeted outreach – but skill mixed workforce as required to maintain specialisms
- Succession planning to help recruit the right staff and volunteers
- Greater focus on supporting people to maintain change and prevent relapse - including peer led support, volunteers, advocates
- Health checks offered for those who are eligible/ and as a tool to engage people during outreach work

Lot 2: NHS Health Check Service

- The NHS Health Checks programme will be re-procured as a separate lot and be used as a way to support behavioural change
- Outcomes are reduced prevalence of CVD, identifying and preventing:
 - Diabetes
 - Heart disease
 - Kidney disease
 - Stroke and Dementia



Vision and Aims

The vision is to provide an equitable, high quality programme with greater accessibility, choice and flexibility to increase uptake of health checks resulting in improved outcomes for Kent residents

The service will aim to:

- support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions
- help to reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities
- promoting and supporting appropriate operational research and evaluation to optimise programme delivery and impact, nationally and locally

Lot 2: NHS Health Check Service

The principles for the new service are to:

- Take a Universally Proportionate approach to reduce health inequalities
- Deliver an equitable service to the population
- Person centred, flexible and promotes independence
- Evidence based, intelligence led approach following best practice
- Maximising impact –by working with a range of other partners, considering social value and using opportunistic prevention and making every contact count
- High quality service- clinical effectiveness, safety and client experience

NHS HEALTH CHECK

Helping you prevent

- diabetes
- heart disease
- kidney disease
- stroke & dementia

Ensure 100% of eligible population is invited (every 5 years)

Delivery of NHS Health Checks in a choice of settings – 50% uptake, aspiring to >75% take up
(NHS Health Check Programme Standards PHE 2014).

Post check advice, referral and clinical follow to improve outcomes.

Advocate and promote the programme

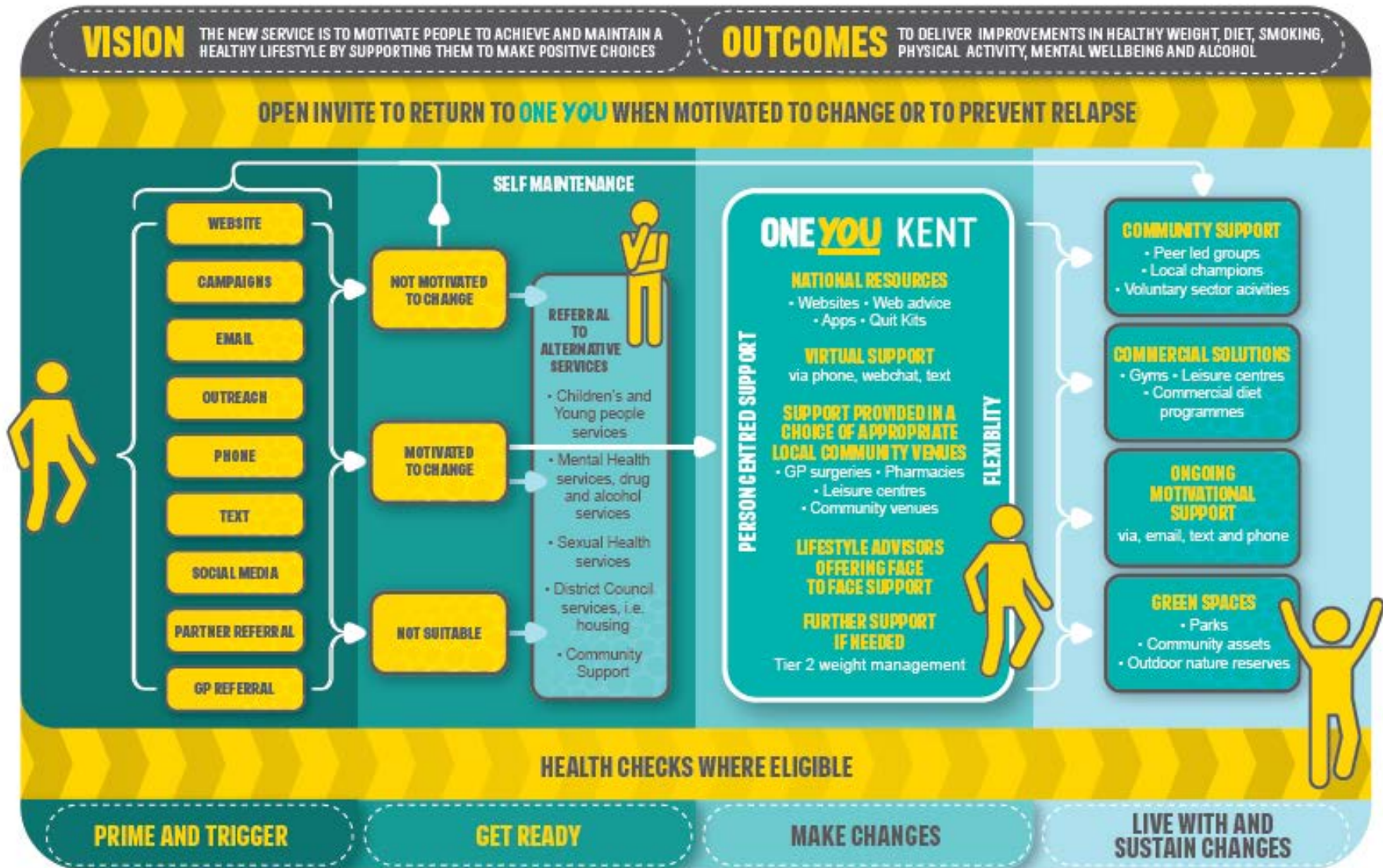
Managing Subcontractors and ensuring quality services inc. excellent patient experience

Robust data capture to enable national reporting

Lot 2: NHS Health Check Service

- Delivery through a range of providers including GP's and Pharmacy
- Greater collaboration between subcontracted providers
- Insight led approach to boost uptake
- Close links with primary care
- Need to maximise the opportunity from the Health Check to enable change behaviour, signposting and effective follow up support

User Journeys



User Journeys

Case Study

Adam is a 53 year old Lorry driver who undertakes a variety of unhealthy behaviours including; smoking, overeating and drinking, he is also physically inactive. Since the birth of his grandchildren, Adam has been trying to give up smoking and lose weight, however after some unsuccessful attempts he visits his GP for help.



User Journeys

“I barely speak to anyone all day. When I’m at home, my mum makes it clear she doesn’t want me around, so I come to the pub most days to have a few pints and talk with people.”

Adam’s routine:

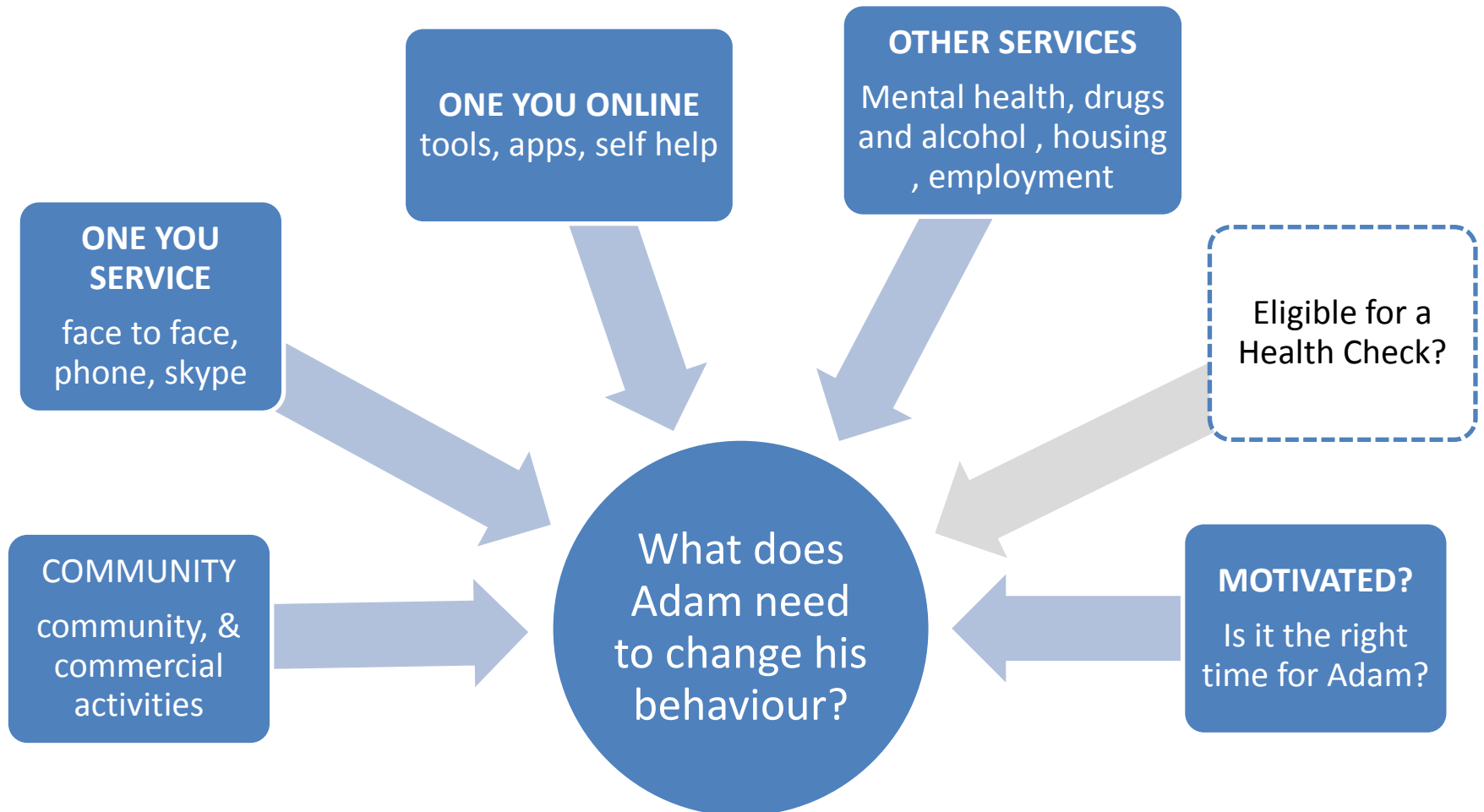
Adam wakes up at 5am most days to leave for work in his van, **never eating breakfast** **smokes throughout the morning** driving in his van for **‘something to do’** when bored.

Later in the morning, he will go to a roadside van to **get a burger**, stopping to speak to the vendor who knows him by name.

Having spent 12 hours on the road on his own in the van, **Adam stops by the pub** on his way home. He doesn’t even need to phone a friend; he knows there’ll be a familiar faces to chat with there. He feels instantly more at easeand has his **first pint** in hand and surrounded by company.

After a **good few pints**, Adam heads home. His mum has normally cooked him a **large, hearty meal, which he can’t resist**. He eats it quickly before heading to his room to get out from under his mum’s feet

User Journey – Adam



Summary

**Lot 1: Integrated Lifestyle service including
outreach health checks**

Lot 2: Mandated NHS Health Checks

Healthy Lifestyle Communications and the new service

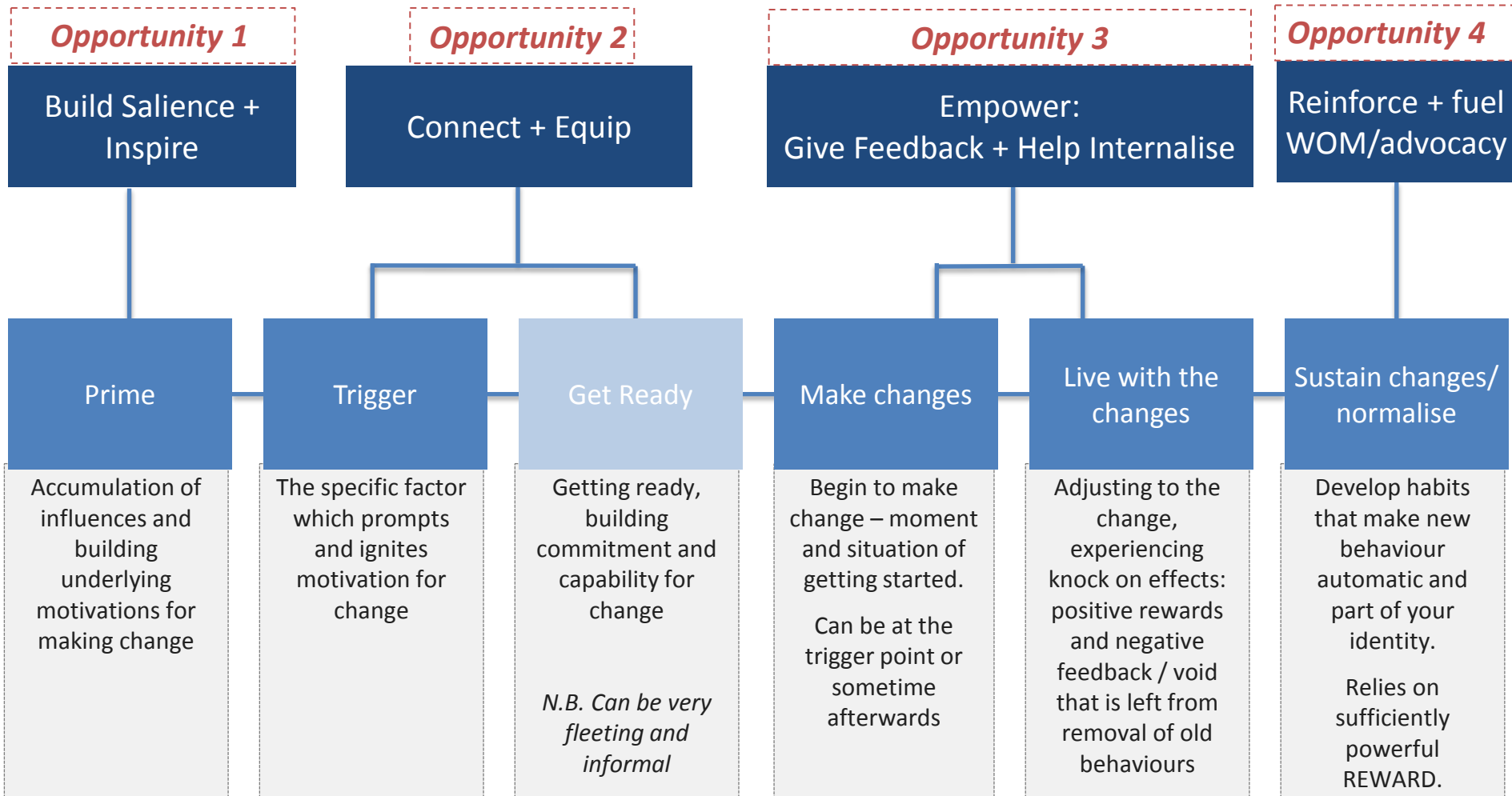
Wayne Gough
Business Planning and Strategy Manager

Our Approach

- Supporting people to take more responsibility for their own health and wellbeing
- Utilising national campaigns and resources where it makes sense
- Providing a seamless customer journey
- Working with partners across the system to promote consistent messages

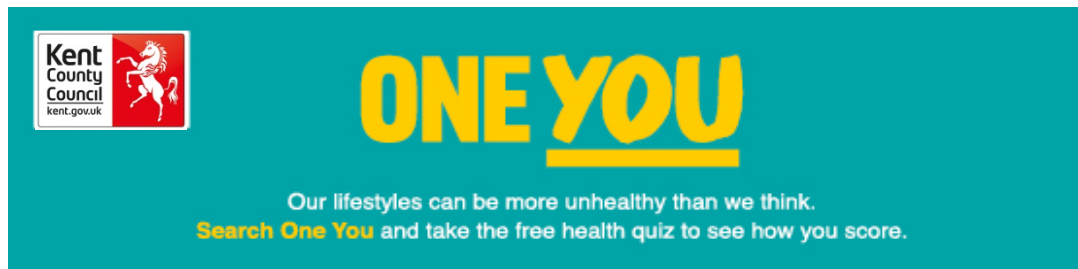
The opportunities for HWBB integrated service & comms along the unhealthy lifestyle behaviour change journey

Distinct opportunities to influence, disrupt, connect and reinforce behaviour, along the journey



What this means for this service

- Will be branded as One You – Kent. Brand guide will be provided
- KCC will, in partnership with Public Health England, promote benefits of healthier lifestyles through campaigns and always on communications to provide the prime for behaviour change
- KCC will provide web presence for a seamless customer journey – service providers will need to supply up to date information for this
- Services will be responsible for local promotion of their service, especially where could trigger next step on behaviour change journey



An example – Smokefree Kent

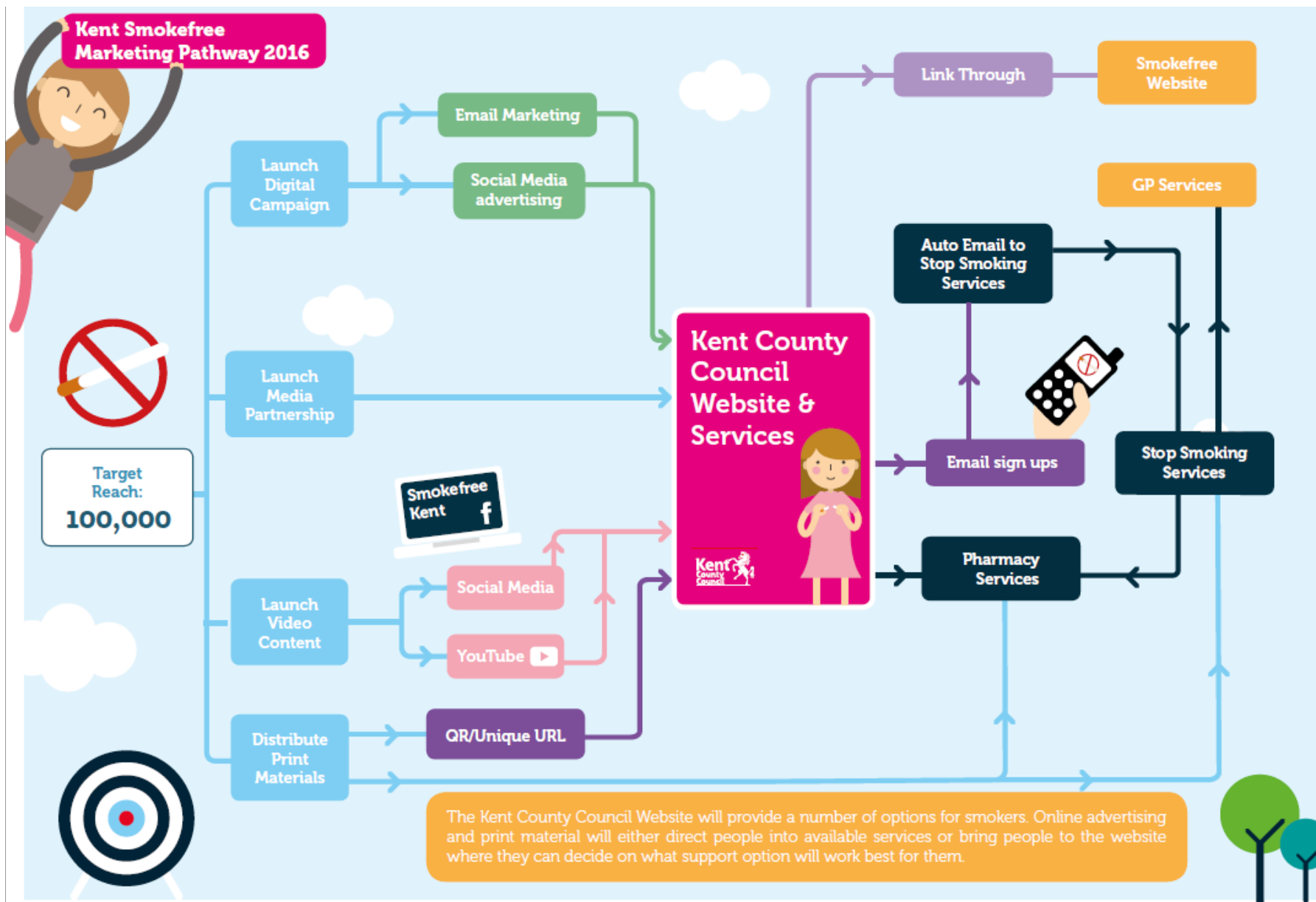
A promotional graphic for Smokefree Kent. The background is a solid orange color. In the top right corner, there is a logo consisting of a stylized white 'V' shape above the word 'SMOKEFREE' in white capital letters. On the left side, the word 'FREE' is written in large, bold, white capital letters inside a pink rectangular box. Below it, the words 'proven support' are written in white lowercase letters inside a pink rectangular box. Below that, the words 'to help you' are written in white lowercase letters inside a blue rectangular box. Below that, the words 'stop smoking FOREVER' are written in white lowercase letters inside a blue rectangular box. Below the text, the words 'Sign up for FREE advice and support' are written in a smaller, white, sans-serif font. On the right side, there is a stylized illustration of a white stick figure walking a black dog on a red leash. They are walking on a green grassy hill. In the background, there are two stylized trees: one with a green circular canopy and one with a blue circular canopy. The overall design is clean and modern, using a limited color palette of orange, pink, blue, green, and white.

FREE
proven support
to help you
stop smoking FOREVER

Sign up for FREE advice and support

SMOKEFREE

www.kent.gov.uk/smokefree





SMOKEFREE

**We know it's tough
to quit smoking
but you don't have to
go it alone**

We can help you get started
today - just ask!

For FREE advice and
support visit:
kent.gov.uk/smokefree
Call 0300 123 1220
to speak to an NHS advisor
or text 'quit' to 87023




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or text 'quit' to **87023**
Ready to quit?
kent.gov.uk/smokefree

SMOKEFREE 

Kent County Council
Sponsored ·  Like Page

Take the first step towards quitting. Sign up for a Quit Kit.



Don't be the last
kent.gov.uk/smokefree 

 Like  Comment  Share



**Stop for you,
stop for your children**

Choose one of many FREE products and services on offer including:

-  Quit Kit
-  Online Support
-  Quit Club
-  Pharmacy Support
-  GP Support

Ready to quit?
Call **0300 123 1220** to talk to an NHS Advisor
or text 'quit' to **87023**
kent.gov.uk/smokefree



DON'T LOSE OUT ON
YOUR FREE QUIT KIT,
SCAN HERE

SMOKEFREE 

Partner Support

Campaign guides are produced for partners, with advice and tips on how to support the campaign.



The screenshot shows the Kent County Council website header with the logo and a search bar. Below the header, the page title is "Smokefree campaign resources". The main content area lists resources to help organisations support the Smokefree Kent campaign, including a campaign guide, advice about secondhand smoke, posters, and a smoking diary. At the bottom, there is a "Give website feedback" section with three smiley face icons.

Kent County Council

Menu Search Kent.gov.uk...

Home > Social care and health > Health > Healthy living > Smokefree Kent >

Smokefree campaign resources

Resources to help your organisation to support our Smokefree Kent campaign.

- Smokefree campaign guide (PDF, 3.4 MB)
- Advice about secondhand smoke - blue background (PDF, 157.2 KB)
- Advice about secondhand smoke - white background (PDF, 116.9 KB)
- Poster - 'Stop smoking here, ask how we can help you' (PDF, 2.8 MB)
- Poster - 'Stop for you, stop for your children' (PDF, 2.2 MB)
- Poster - 'Ways to quit' (PDF, 2.2 MB)
- Your smoking diary (PDF, 81.2 KB)

If you have a question or would like to request additional resources please email PHCampaigns@kent.gov.uk.

Give website feedback



How you can support this campaign & request resources
Here are some ideas of how you and your organisation can show your support for the campaign! It would be great to have you involved.

Display promotional materials

We have created a colourful range of promotional materials that you can download and display in places where Kent residents and patients can see. You can download your free resources from:

kent.gov.uk/smokefree

If you would like to customise the design to include your logo please get in touch with the campaign team: hello@social-change.co.uk

Social networks

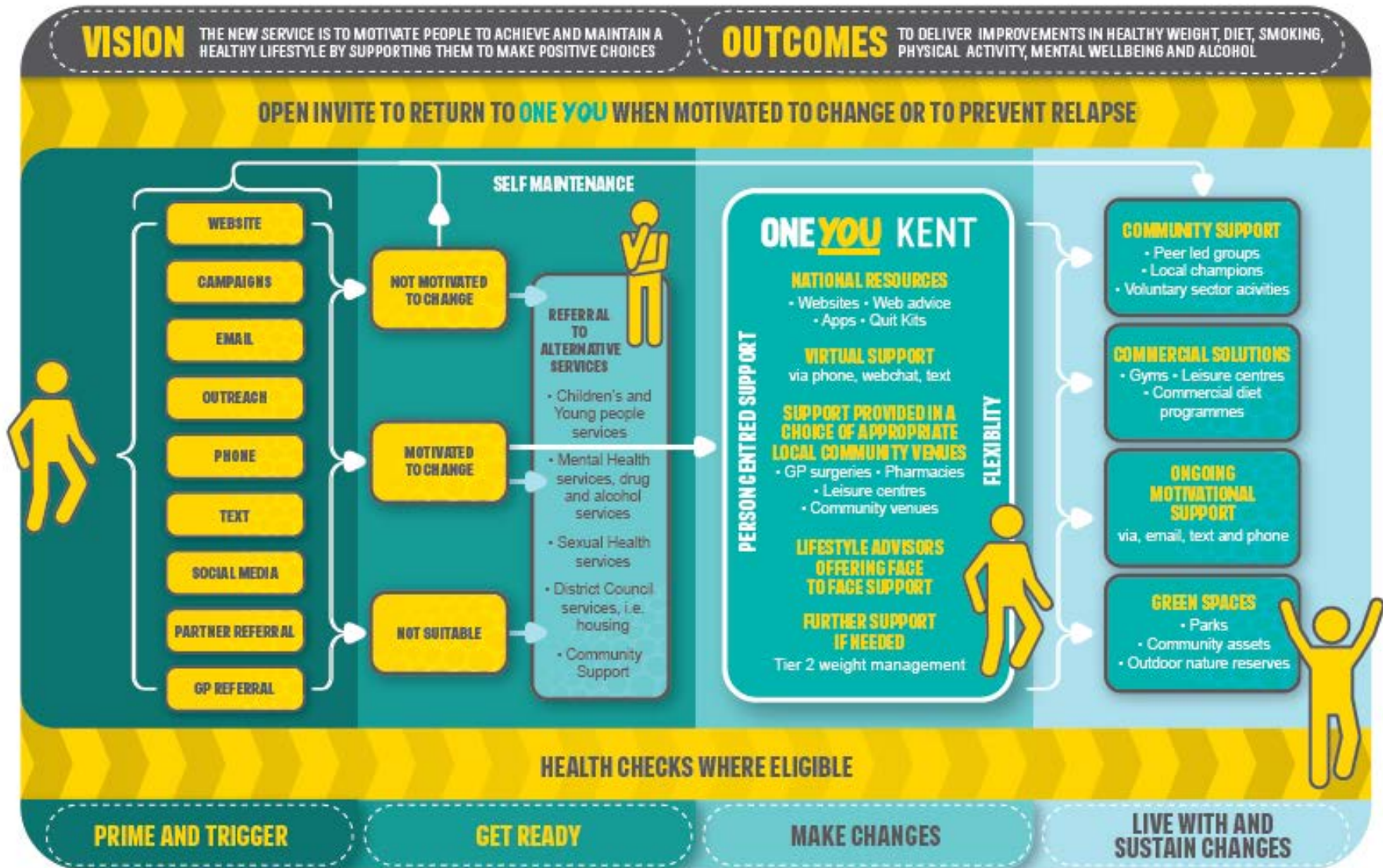
Twitter, Facebook and other forms of social media can play an important role in Reach and visibility of campaigns such as this. Please tweet and post about the campaign. We have included some example tweets and posts for you to use on the next page.

Feature this campaign

We have provided written copy which you can use in your own communications material such as information leaflets, newsletters, web content and blogs. Please feel free to write about this campaign (see sample copy on the following pages).



User Journeys



Questions



Lunch



Workshop activities

Workshop activities

- Number of key questions to help shape the model
- Facilitator on each table
- All feedback will be shared but not attributed to individuals
- Please try to capture your views and thanks for your input

How does the service model align to your work?

- What are the interdependencies between your area / services and the proposed model?
- How can the contract support your area / services outcomes and priorities?

25 mins

Road Map

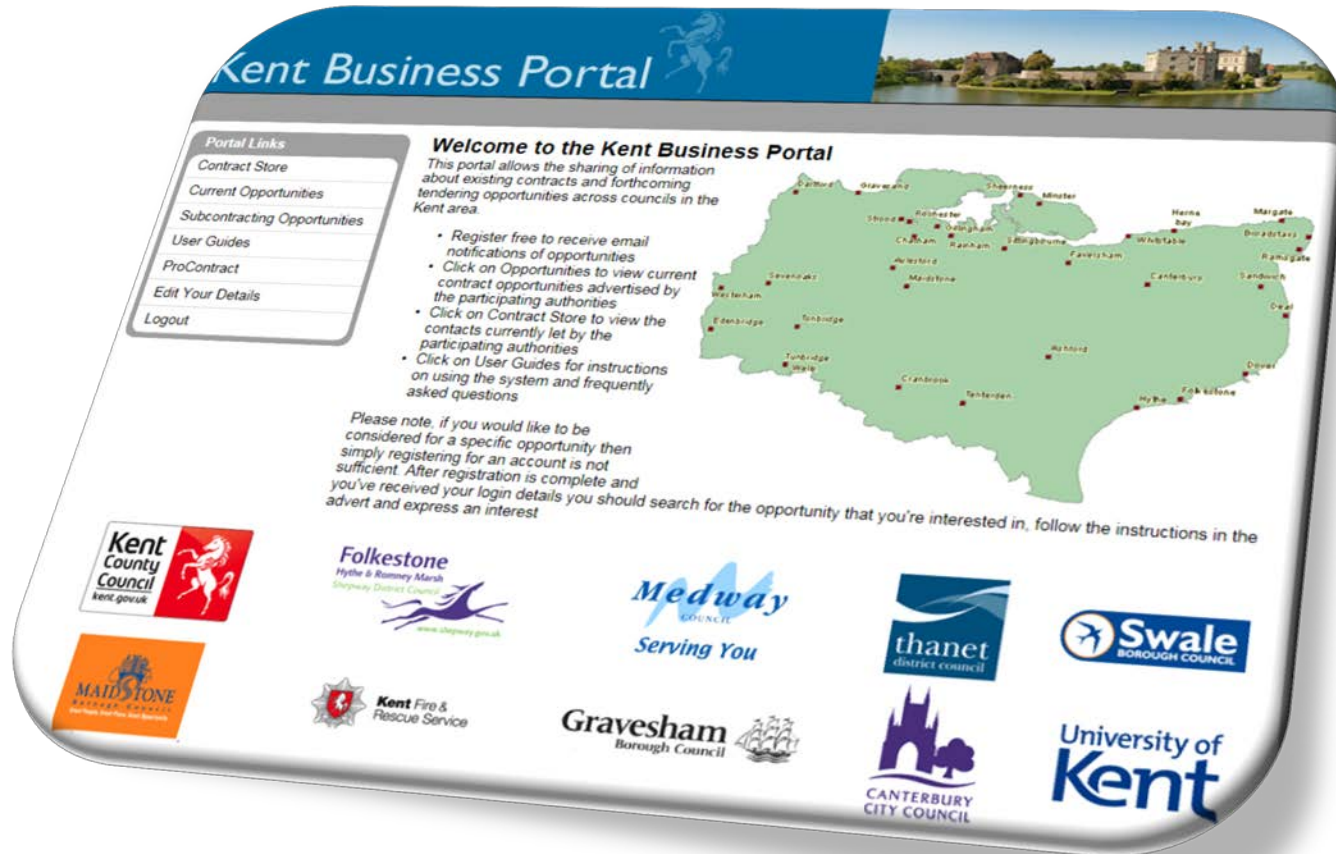
- What is the future vision for the service and how can it supports the whole system?
- The contract will reduce in value over time and how can efficiencies be managed through technology?
- Use the sheet on the table to identify the priorities for the service over the course of three years – some examples have been provided – but feel free to make up your own

25 mins

Kent Business Portal

Kelly Roberts
Procurement Manager

Kent Business Portal



Kent Business Portal

What is the Kent Business Portal (KBP)?

- A website used by KCC to advertise tendering opportunities to suppliers (www.kentbusinessportal.org.uk)
- KCC tendering opportunities are run and managed through this KBP, including;
 - Advertise
 - Publish tender documents
 - Tender clarifications
 - Tender submission

Procurement Timescales

- Services to start 1st April 2017
- Anticipated to run for 3 years
- Procurement timescales to be shared with all attendees when finalised

Questions



Thanks and Close

- Thanks



- Next Steps and further comments to public.health@kent.gov.uk
- Networking

Questions from Market Engagement Events of Adult Lifestyle Services,
w/c 1st of August

1. What are the timescales	<p>Subject to KCC governance process we are planning to release tender documentation in early Autumn.</p> <p>We are aiming to have new contracts in place in April 2017 after a short mobilisation</p>
2. Will the slides be shared	<p>Yes they will be sent to participants and hosted at the link below with other outputs</p> <p>https://www.kent.gov.uk/lifestyleservices.</p>
3. How will the new services impact on GP's	<p>There are particular opportunities for example with Social Prescribing. We would welcome further discussions with CCG's and GP's on their views especially on the Health checks programme.</p> <p>The new services would need to align with and could be delivered in GP surgery's wherever possible.</p>
4. What is the budget	<p>The estimated budget is in the region of:</p> <p>£4 million for Lot 1 : Adult Health Improvement £1.5M for Lot 2 : Core Health Checks</p> <p>Please note that both are the total budget for across Kent and are subject to change based on the final model and specification, lotting strategy and inclusions such as prescribing costs.</p> <p>There will also be a budget within this total allocated for a Family weight management service</p>
5. What is the service expected to do in terms of their website	<p>See slides provided</p> <p>KCC will provide web presence, providers will need to supply up to date information for this e.g. times and locations.</p> <p>The services will be responsible for the local promotion of their service, but will be expected to use the One You branding as set out at the event.</p>
6. How does it link with breastfeeding	<p>The service will deliver a Make Every Contact Count approach and should also promote the benefits of breastfeeding wherever appropriate.</p>
7. How can it promote sports clubs	<p>The new services should sign post and work with all existing community assets and activities that support people to live a healthy life.</p>
8. How does the service link with active travel	<p>The service would work with people to promote the benefits of active travel and support people to set goals that may help them increase activity levels.</p>

	KCC has recently refreshed the Active Travel Strategy which is found here http://consultations.kent.gov.uk/consult.ti/activetravel/consultationHome
9. How can smaller providers be supported to be involved in the tender process	<p>We will share all attendees details to encourage networking and collaborative bids.</p> <p>The tender documentation and model expects to see choice in service delivery which will include use of subcontracting</p>
10. Are you able to facilitate further market engagement?	Yes we are happy to host a further event and we are hoping to hold this in early September.

DELIVERING ONE YOU KENT: MAPPING THE JOURNEY

THINGS TO CONSIDER

Across Kent there are large numbers of people with issues including poor wellbeing, inactivity, poor diet, being overweight, smoking

Current commissioning arrangements have resulted in variation between services

Clustering of multiple risky / unhealthy behaviours

Persistent gap in health inequalities

Under-representation of certain population groups

Current service design is fragmented, difficult for individuals to navigate and causes barriers to access

Current commission in focuses on individual lifestyle factors and does not have a strong holistic focus on sustaining behaviours change

THROUGHOUT THE LIFE OF THE CONTRACT

Evaluation

Ongoing development and innovation of digital offer

Service users involved in shaping service provision

Use NHS number as unique ID

Robust evidence to enable return on investment calculations

High-quality data collection

Front-line workers involved in shaping service provision

Audit programme to ensure quality services

Year 1 (During mobilisation)	Year 2	Years 3+
Mapping of all assets and local services; full understanding of quality and quantity	Development of user involvement to shape provision	Increase clients achieving a positive behaviour change
Whole and cross-sector engagement	Bring in funding from beneficiary partners	Measure success
Reviewing workforce training skills and competencies	Delivery of Motivational Interviewing and Brief Intervention by customer service staff	Evidence savings
Understand Voluntary Sector and their priorities	Develop social marketing offer	Bring in funding from beneficiary partners
'Match fund' to provide enabling pot of money to support org and outcomes	Transformation programme	Improved follow-up and data capture
Develop skills of front-line staff	Develop digital offer	Increased client referrals; particularly self-referrals
Establish data flows	Management of existing specialist pathways	Established use of social marketing
Review and develop a consistent customer service offer	Recruitment and training of community health champions	Fully developed behaviour change infrastructure
Client management system in place	Greater partnership working	Sophisticated digital offer
Engage with existing charities, smaller providers delivering locally	Develop local knowledge; Health & Wellbeing boards etc.	Maximising delivery of low-intensity Health Improvement via Universal Services
Flexibility of service provision to reflect need/reality	Delivery of specialist support by service staff	Assuring organisational commitment to Health Improvement
Define outcomes and how to evidence them	Developed behaviour change offer	Social value
Continuous Professional Development for staff	Improve Client management system in place	
Phased launch programme		
Ensure data-sharing protocol are in place		
Cultural offer		
Single Point of Contact		
Engage with GPs and Clinical Commissioning Groups		
Building effective pathways with low intensity locality HI services		
Engagement with District Councils		
Define financial savings for life of contract		

2
YEAR

3
YEAR

+2
YEARS

OUTCOMES

Reduction in prevalence in key health areas and health inequalities

Those with long term conditions are supported to manage their conditions through good quality care and support

Physical and mental health is improved by supporting people to take more responsibility for their own health and wellbeing

Reduction in prevalence of poor health outcomes at a population level

Kent residents enjoy a good quality of life and more people benefit from greater social, cultural and sporting (leisure) opportunities

Summary of Workshop activities

The below is a summary of table discussions from the market engagement events. This represents the views of those attending.

What are the independencies? How can the contract support services outcomes and priorities?	
What should everyone consider ?	
<ul style="list-style-type: none"> All services (partners) should meet together regularly to share information about other services available 	<ul style="list-style-type: none"> Working together to improve Data Sharing
<ul style="list-style-type: none"> Big up the One You campaign 	<ul style="list-style-type: none"> Collaborate effectively to make it work
<ul style="list-style-type: none"> Quarterly meetings between partners 	<ul style="list-style-type: none">
What should the service/ potential providers consider?	
Collaboration and subcontracting <ul style="list-style-type: none"> Work in collaboration with other providers to be part of the model / Networking with other services / Make it work for as many providers as possible to ensure patient choice Strengthen Leisure provider involvement in deliver and ensure appropriate funding incentives Pharmacy is able to provide a range of services Health champions can support sign posting Locality to be representative from the Health and Wellbeing Board. 	Other services <ul style="list-style-type: none"> Providers round the table would expect to be engaged with the service/ Service need to be connected with other services Post-exit for treatments for drug and alcohol could link with the model and support Long-term follow ups/support
Transition and CYP <ul style="list-style-type: none"> Transition period between children and adult services (16-25-year) – needs to be catered for? Importance of looking at children's services as well – families 	Signposting to community opportunities <ul style="list-style-type: none"> Role of social prescribing to help maintain change Draw on existing lists/data utilise libraries more effectively
Service delivery <ul style="list-style-type: none"> Need to look at what health behaviours means to individuals e.g. quitting smoking may mean losing friends Need to get people across the barriers to access services Needs to be seamless for the consumer Make it easy for self-referral/referrals from other parts of the system/ knowing how to get to the service – point people to right direction This service can support the taster activities e.g. walking meeting. Need to go where target market is e.g. Iceland, Aldi, pound land Give choices of where patients can go for service – flexibility Need to offer different ways of engaging Health trainers are currently working with drug and alcohol service – wellbeing advisor should sit beside this One door approach – health trainer, physical activity, practice nurse. Should be all under one door co-location. Smaller hubs within rural areas, outreach should be included Behaviour change theory should be part of behaviour change – break and change habits Pilots in LSOA's 	

<ul style="list-style-type: none"> • Assess baseline for positive behaviour change and for referral pathway • Review and develop a consistent customer service offer • Develop a phased launch programme • Instant access required (24/7) • How to engage with employment and those unemployed (inc sub-groups e.g. NEED, MH) • Immediate referral process rather than signposting where appropriate • Online support required and human contact • Single referral form • Role modelling • Providing flexibility locally i.e. not just most deprived decile area – in Maidstone homelessness is > in another area • Over and above – follow up • Where they are – accessible resource/facilities 	
Health Checks <ul style="list-style-type: none"> • Link health checks with service • Health checks, referrers – feedback of report. What is the outcome recorded? Care record to be uploaded • Pre-diabetic check with health check – blood test – strips that can detect diabetes – referred to support Diabetes prevention programme • Access to NHS Health checks by people who don't normally access health services • Health checks not necessary on lower demographics so not hitting outcomes • Outreach really important to engage other community opportunities 	Technology and Systems <ul style="list-style-type: none"> • Use of technology/ App to promote services • Technology, digital self-management is important • App's do suit everyone e.g. 50+ • Customer relationship management system – unique number, enabling different providers to be paid for their contribution • Systems need to be able to talk to different partner agencies • Integrated data set needed – to include ROI • Currently no flow, referred no tracking/sharing of information/ Marrying systems in place to ensure that there is compatibility • Web based data collection systems could improve data quality
Workforce <ul style="list-style-type: none"> • Need for succession planning • Embedding MECC 	Service User Involvement <ul style="list-style-type: none"> • Development of user involvement to inform and shape service • Peer mentoring – making communities aware of what's out there
Who does the service need to work with?	
<ul style="list-style-type: none"> • Role of healthy living centres (HLC) – keeping people active – local involvement is key – make sure local skills/knowledge is not lost • HLCs (already identify people who wanted to change behaviour through community development). • Make contact with religious groups • Link the campaign to hospitals • Leisure services link hospitals to cardiac patients • district councils in identifying appropriate referrals/customers 	<ul style="list-style-type: none"> • Workplaces working with healthy living days at work places for example • Community allotments • Working with the voluntary sector • Opportunities via housing department – provider to get cohort of people • Obvious links to housing service – but need to link with private rental • Cross borders with East Sussex, Surrey, London and West Sussex • Arts organisations improving wellbeing, live well Kent is interdependency • Embedding service with community services
What should KCC consider?	

Website <ul style="list-style-type: none"> • LA provide platform on website for groups to update/ Developing website for community groups/organisations to update regularly and this can be fed back to gp practices/ • Challenge in terms of keeping up to date with everything i.e. activities due to constantly changing environment • Website to link with other services 	Contract length <ul style="list-style-type: none"> • Contract needs to be long enough to get services in place
Community Asset List <ul style="list-style-type: none"> • Draw on existing lists/data • Assets – have access to EMIS/GP individual records – have single system that have access to the assets • Mapping of community assets and “low intensity locality health improvement services” • 	Measurement and Evaluation <ul style="list-style-type: none"> • Support for evaluation/impact/ROI • Digital measurements need to be done different
Service requirements <ul style="list-style-type: none"> • Link health checks with service • Give choices of where patients can go for service – flexibility • Role of social prescribing to help maintaining change • Should be measuring outcomes not referrals 	Procurement <ul style="list-style-type: none"> • Make it work for as many providers as possible – need provider list. • Needs specialist in field at contract lead/contract leadership • Provider expertise on part of model – how do we bring it altogether? • Payment mechanisms – payment for referrals into the service? • Facilitate an event to introduce providers to each other in order to facilitate collaborative bids across different sectors • One prover to bring together various aspects of the service into one bid. Overall co-ordinator could be KCC or another • Mobilisation – minimum 3 months • Preparing funding/guidance in contract is vital • Structure of contract is important as needs to specify geography, is one main partner and sub contract. Advantages and disadvantages • PbR is really difficult for small organisations • Support outcome focus, number target focus = smart commissioning
MECC <ul style="list-style-type: none"> • Home care contract – outcome based model – look at workforce – career pathways – work at specific times – can use the “empty time” to do more PH role. 	Other <ul style="list-style-type: none"> • KCC need to understand differences within different organisations • Impact for partner agencies should be an outcome
What are the risks and concerns	
<ul style="list-style-type: none"> • Danger that services/organisations that are around at the beginning of the contract may not be around during the period of the service. 	<ul style="list-style-type: none"> • Competition with existing providers-Will online service take away “wins” “clients” from existing providers (like the grand) need to ensure new service • Communities – voluntary sector not always connected, funding competitive with each

	other
<ul style="list-style-type: none"> • Too localised – weakness 	<ul style="list-style-type: none"> • Challenge for providers in working with communities effectively
<ul style="list-style-type: none"> • Challenge in terms of keeping up to date with everything i.e. activities due to constantly changing environment 	<ul style="list-style-type: none"> • Different groups doing part of service, do not work as one.
<ul style="list-style-type: none"> • Tending a risk to current providers 	<ul style="list-style-type: none"> • Practitioners who identify issues often not qualified/equipped to deal with issues – leads to burden shift often ultimately to primary care.
<ul style="list-style-type: none"> • Harm reduction – how will reduce smoking prevalence with 4 week quit 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
Other points	
<ul style="list-style-type: none"> • Substance misuse issues may have other side of behaviours e.g. physical activity, smoking 	<ul style="list-style-type: none"> • Where are customer service staff? i.e. within the provider or KCC/District council staff etc.
<ul style="list-style-type: none"> • CCG focus on Health and wellbeing in workplace easily accessible 	<ul style="list-style-type: none"> • BMI 28 – referred to weight management service, not based on wellbeing
<ul style="list-style-type: none"> • Clinical microsystem in West Kent – social PIX, focus on health checks. Healthy weight needs support for having referral not signposting. 	<ul style="list-style-type: none"> • Mixed approach with districts – some in house, some commissioned
<ul style="list-style-type: none"> • Could be something which encourages GPs to be more open to social prescribing (which in turn help other providers of other outcomes) 	<ul style="list-style-type: none"> • Local variations in alcohol rates- subtle differences between the areas in terms of needs