

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee, 17 September 2024

Subject: Public Health Service Transformation and Partnerships

Classification: Unrestricted

Past Pathway of Report: N/A

Future Pathway of Report: N/A

Electoral Division: All

Is the decision eligible for call-in? Not applicable

Summary:

The Public Health Service Transformation Programme aims to improve all services in receipt of the Public Health Grant, to ensure that services are efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

The programme is an opportunity to review the current Public Health service models, alongside engagement from stakeholders, people who draw on care and support services and those who do not. A key outcome will be designing services that meet the needs of the people of Kent whilst balancing increasingly challenging financial and demand pressures, now and in the future.

The purpose of this paper is to update the committee on the progress of the programme to date, share the plan for future work and share the early themes which are emerging across services. It follows a series of other papers and updates shared with the committee. The committee should note that a public consultation will go live shortly relating to Therapeutic Services for Children and Young People. At least one other consultation is anticipated to follow later this year. Members of the committee are asked to support the promotion of the consultation to help inform the future offer.

Service models are being refined following input from the local engagement phase of the programme. The preferred new models will be presented to future cabinet committees for comment following a financial appraisal, external peer review and finalisation of the business case.

The intention is for new commissioning arrangements for each service to be in place no later than 1 April 2026, with many starting before this date. The team are also being mindful of scheduling of activities to mitigate risks and to balance internal and

external resources.

Recommendation(s):

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this update report, and to **COMMENT** on the programme and the next steps.

1. Introduction

- 1.1 Kent County Council (KCC) Public Health is leading a Public Health Services Transformation Programme to improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that new service models are efficient, evidence-based and deliver Public Health outcomes for best value.
- 1.2 It is important to ensure that future Public Health services are innovative, sustainable, and responsive to the needs of our communities. The last time services were reviewed in this way was in 2017 and since then many factors have changed. There are increasingly challenging funding pressures, new requirements or needs and in some areas, greater complexity and/or rising demand. Within some prescribed services, such as smoking and substance misuse, ambitious targets to increase the numbers are being set nationally. There are also many opportunities such as digital developments, closer working with local structures (community neighbourhood teams, Health Care Partnerships) or new emerging provider markets.
- 1.3 The Health Reform Public Health Cabinet Committee were previously updated on the programme in May 2024 and will have the opportunity to shape and engage with this programme of work as it develops.

2. Public Health Services Transformation Programme progress

- 2.1 The Public Health Service Transformation Programme commenced in July 2023 and has completed the first four phases of activity: planning, information gathering, delivering workshops (with providers to review services) and options appraisals. The programme is in its fifth stage (at the time of writing), which is local engagement. The local engagement phase involves testing the preferred service model through internal engagement. The local engagement includes discussions with current providers, wider market providers, people who use Public Health services and identified groups of those who do not access services and could benefit from accessing them, to gather views on the proposed, preferred service model.
- 2.2 The purpose of Phase 5 - Local Engagement is to test the feasibility of the commissioning models and to refine the preferred models based on feedback received in this phase.

3. Internal Engagement

- 3.1 Officers are currently engaging with a variety of internal stakeholders, including the Corporate Management Team, Divisional Management Teams, Finance Business Partner, Human Resources, Democratic services, Legal, Commercial and Procurement, Marketing and Communications, Public Health Performance, Kent Public Health Observatory and the Consultation Team and operational staff across directorates (i.e. operational leads in Children and Young People directorate).
- 3.2 These stakeholders are being informed about the programme's progress and are advising on matters such as the requirement for a Public Consultation, the preferred service model's feasibility (efficiencies, affordability, performance and market considerations), Transfer of Undertakings (Protection of Employment) Regulations (TUPE), and opportunities for integration and alignment into other areas or services.
- 3.3 The feedback to date and engagement from internal teams has been positive, with colleagues sharing views and evidence about how Public Health services could be enhanced or improved to meet the changing needs of the population.

4. External Stakeholder Engagement

- 4.1 As part of the current local engagement phase, Consultants and Commissioners are engaging, or plan to engage, with a variety of external stakeholders. This includes District and Borough Councils, the Kent and Medway Integrated Commissioning Board (ICB), current providers, the wider provider market, the Local Medical Committee, the Local Pharmacy Committee, Health Care Partnerships (HCPs), Voluntary Community and Social Enterprise (VCSE), the Police and Crime Commissioner and other local authorities. This engagement will provide the chance to capture potential opportunities, comments on feasibility and/or impacts of proposed changes.

5. Market Engagement

- 5.1 A review of market providers has been conducted for each service area, alongside benchmarking to inform the engagement approach of alternative suppliers. Some service areas have limited alternative providers and previous procurements have resulted in the same suppliers being awarded the contract, for example sexual health. In other areas there is greater choice which should be explored to support best value. A few examples of this work are shared below.
- 5.2 Adult Lifestyles, Weight Management and NHS Health Checks - KCC held two market engagement events in July 2024 which was attended by 38 organisations. The events included facilitated conversations to shape the thinking around service models. Market providers, in summary, outlined that the service should; include multiple support options/access points, increase the availability of digital solutions, including the use of apps, be targeted to specific cohorts, include support options for all age groups, be holistic, aim to reduce

stigma. This mirrors some of the feedback from insights work which highlighted the need to provide a tailored offer that people identify with to attract underserved groups.

- 5.3 Children and Young People – an Infant Feeding survey has been shared with market providers to gather feedback and support the procurement approach.
- 5.4 Based on the market engagement conducted, it is clear there is a strong market of quality providers to deliver some services (e.g. lifestyle services), though in some areas, due to the specialist and clinical nature of services, there are fewer providers (e.g. Health Visiting).
- 5.5 Feedback has also shown that providers are open to working with KCC to improve services and implement the recommendations that have emerged from the analysis and in some areas have the skills and expertise to do so.

6. People with Lived Experience Engagement

- 6.1 Understanding the views of the people who use Public Health services is critical to ensure that improvements are person centred – that they meet the needs of the Kent population and that KCC responds to those needs effectively. The reach of people who benefit from Public Health services each year is large. For example, in 2023/24, 66,308 universal development checks were delivered by the Health Visiting Service¹ and 31,379 eligible people aged 40 – 74 received an NHS Health Check². Many of these people will have experiences and views of how the service could be improved. As part of the transformation work, existing insight from people with lived experience has been reviewed and considered and teams will continue to explore how they can work with these people to inform services
- 6.2 In relation to children’s wellbeing and in partnership with the NHS Kent and Medway Integrated Care Board (ICB), we have undertaken a range of engagement activities with children, young people, families and carers, professionals and providers to understand what they think is important to support children’s and young people’s emotional wellbeing and mental health. KCC and the NHS in Kent heard from 1,000 children and young people in 2023, this includes the Big Conversation Event in Detling. The NHS Kent and Medway Have Your Say survey 2023 was promoted to children, young people, families, carers and health professionals.
- 6.3 Moving forward, where there is significant change proposed, views from people across Kent will be collated via Public Consultation. These views will be analysed, duly considered and reflected within the full business case which will be in place before being presented at a future Health Reform and Public Health Cabinet Committee seeking endorsement of the proposed key decision.

¹ Reporting period – discrete periods

² Reporting period - rolling 12 months

7. Engagement with People who do not use Public Health Services

- 7.1 Gathering insights from seldom heard people can be challenging and is vital to help inform new service model design. In June 2024, a total of 1,098 responses were collected from 721 people through online surveys, one-to-one interviews, community pop up events and focus groups as part of external insights commissioned to support this programme.
- 7.2 The approach for the work (which was mainly focused on Adult Lifestyles and Sexual Health) was to target people who do not currently use Public Health services and could benefit from doing so, particularly focusing on Kent's coastal districts and targeting the NHS (National Health Service) CORE20PLUS³ demographics which include deprivation, protected characteristics and inclusion health groups.
- 7.3 The full report is in the process of being disseminated for use by wider stakeholders. The main strategic recommendations from the insights work are:
- To continue to deliver marketing and communications across Public Health services, co-designed with people and providers, to ensure they resonate and are relevant to target segments. This includes continuing to work with providers to make use of digital chat – particularly important for neuro-diverse people, providing information in different languages, ensuring supplier's staff reflect and/or understand Kent's diverse population and their needs. KCC needs to refresh its use of social media. For example, social media platforms change in popularity and change depending on age and it is important to keep abreast of changes to target parts of the population effectively.
 - To continue to regularly review flexible services in communities through asset mapping the voluntary and community sector to understand what services are available locally, what can be capitalised or built upon to support Public Health priorities and to feed this into commissioning plans. For the NHS Health Checks service, it was highlighted that people would like to receive Health Checks in settings that are 'hyper' local and familiar and not just offered via the traditional route of accessing GPs (General Practices). This is particularly important for routine and manual workers who have varied shift patterns.
 - To increase targeted support for seldom heard groups - it was recommended to co-design, enhance and target support with people from priority segments to help reduce health inequalities alongside commissioning a wide selection of open access and self-directed universal support.

³ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

- To work with voluntary groups to identify opportunities to develop local volunteer peer support networks and/or community ambassadors to support access for people.
- To increase awareness and understanding of services. The research emphasised the need to co-design materials, to codesign marketing and communication campaigns and workforce training.

8. Public Consultation Plans

- 8.1 The Public Health Service Transformation Programme has sought advice from the KCC Consultation Team and plan to undertake a consultation on proposed changes to the Emotional Wellbeing and Mental Health Service (for children and young people aged 5 to 19 with mild to moderate mental health needs). This is currently known as the Kent Children and Young People's Counselling Service.
- 8.2 The proposal is to develop a new KCC Therapeutic Support Service to replace the Counselling Service. The consultation will run from 18th September 2024 to 18th November 2024. Details of how to feed into the consultation will be available here [Let's talk Kent](#).⁴ There will be an opportunity for people across Kent to respond to the Public Consultations online or at events across the county.
- 8.3 The responses will be analysed and incorporated into the business case and the new service design proposals will be presented to this cabinet committee seeking support to the Key Decision.
- 8.4 Onward service model development and discussion may result in two further consultations.

9. Key Themes

- 9.1 From the evidence gathered in the early stages of the programme (performance and data collection, benchmarking, stakeholder workshop feedback and market engagement), common themes across Public Health services have been identified and are outlined below:
- **Changes in demand across all Public Health services** - The Kent population is increasing in size and projected to continue, which means increases in demand are more likely over time. For example, the number of referrals into the current Children and Young People Emotional Wellbeing and Mental Health Service has almost doubled in the last two years which has meant that children and young people are now waiting longer to be assessed for the service. It will be necessary to manage within the existing budget as we do not anticipate funding to significantly increase.

⁴ [Let's talk Kent](#)

- **Increase in need** – There is also a potential increase in need, for example in Sexual Health, there are increases in STI (sexually transmitted infection) rates and abortion rates alongside a lower-than-expected uptake of HIV testing. At the same time, there is a lower-than-expected uptake of chlamydia testing among women aged 15 to 24 and lower uptake of LARC (long-acting reversible contraception). A proactive approach to address these needs will be most cost effective.
- **Complexity of need** – Caseloads in some Public Health services are more complex, with more prevalence of comorbidities and multiple needs. Evidence suggested this is better supported via a holistic approach.
- **Access** – The insights work, and other evidence suggests that different residents want to access Public Health services in different ways. There is a preference for face-to-face local access in some areas but some segments of the population would prefer an initial contact through digital chat or text message (this is particularly relevant for neuro-diverse people for example). For other segments, 'hyper local' community settings are important, this is true for shift-based and manual workers who prefer fewer formal settings. Mapping the need and demand for services across the county and across population segments will help to target resources and respond to need more effectively.
- **Equitable access** – Overall performance across services is very good, however, there is an inconsistency of delivery in some parts of Kent. Key reasons include multiple providers delivering, workforce shortages (reflecting national workforce recruitment challenges and proximity to London). It is therefore important that new commissioning arrangements are consistent across the county, equitable access is offered, and proactive approaches are in place to address workforce issues.
- **Value for money** – Services across Kent generally offer good value for money (based on financial benchmarking), however in some services there is an opportunity to improve efficiencies whilst still achieving the same outcomes. This could be achieved by using a provider who is able to deliver the same quality with lower overheads via a competitive procurement.
- **Funding** – Funding for all the services in scope is dependent on the Public Health Grant, which increased by 1.3% this financial year (2024/25). It is assumed that the grant value and conditions will remain broadly consistent.

10. Early Thinking Across Services

10.1 Common themes from the workshops are that commissioners, consultants and providers all articulate that services need to be safe, effective, sustainable, equitable (and consistent), and accessible for all the people of Kent.

10.2 This is particularly challenging for mandatory services in an environment of increasing demand and financial constraints. In terms of how Public Health is responding to these challenges, the early thinking includes (but is not limited to):

- Re-profiling spend and prioritising need – Across services it has been recognised that there is a need and opportunity to prioritise inviting people at high risk of poor health outcomes. This is true for NHS Health Checks (i.e. cardiovascular risks) and for Health Visiting (i.e. prioritising safeguarding need). This can be achieved whilst also providing a mandated and universal service across the whole Kent population by seeing those with most need first or by putting in place a skill mixed workforce where more specialist staff work with the highest need.
- Cross promotion of services – It is recognised that there is an opportunity to enhance cross promotion and brief advice within services. For example, promoting good oral hygiene or healthy lifestyles in services. Each new service model will specify that the provider needs to build on the existing cross promotion of services and ensure this opportunity is maximised such as Make Every Contact Count⁵ towards behaviour change. Some services may have dedicated roles to support this.
- Working with existing providers – It is beneficial to continue working with existing partners where the service is demonstrating good outcomes, performance and best value. Providers benefit from greater stability by avoiding staff changes at a time when staff recruitment and retention can be challenging. This is permitted under new procurement rules.
- Alignment to external opportunities or providers – By working with other commissioning bodies, such as the Kent and Medway Integrated Care Board (the ICB), there are opportunities for sharing insight, improving alignment, ensuring pathways are joined up and duplication does not occur. Additionally, by developing informal networks between providers, voluntary sector and community settings it is possible to strengthen communication, awareness and information about the importance of services. Sexual Health services are a good example of this.

10.3 Furthermore, there are opportunities for services to re-profile existing expenditure and allow more focus in areas that can align with new, long-term health-related strategies or national imperatives.

⁵ [NHS England » Making Every Contact Count \(MECC\): Consensus statement](#)

11. Legal

- 11.1 Most services within the scope of this programme are mandatory and KCC has a legal duty to deliver these Public Health services under the Health and Social Care Act 2012. KCC's Legal Team have been engaged with throughout the programme and in relation to; a) the decision surrounding the legal requirement for a Public Consultation and b) relevant procurement legislation and terms and conditions.
- 11.3 Many of the services within scope of the transformation programme were procured through a Partnership Agreement with KCHFT (Kent Community Health NHS Foundation Trust) and MTW (Maidstone and Tunbridge Wells NHS Trust) based on Regulation 12(7) of the Public Contracts Regulations (PCR) to establish a cooperation agreement. As replacement legislation for PCR 2015, the new Provider Selection Regime (PSR) does not contain the same opportunities to continue the cooperation agreement. The agreements will need to be procured using alternative routes under the appropriate legislation. The KCHFT and MTW Partnerships have been extended in compliance with Regulation 72⁶ until the end of March 2026.
- 11.4 This allows the time and internal capacity to re-model and re-commission individual services that will go live ahead of the expiry of the KCHFT and MTW Partnerships. Each service will go through the appropriate governance processes alongside commercial and procurement via Commercial Procurement and Oversight Board (CPOB).

12. Performance and Quality

- 12.1 Public Health service performance is regularly reported to the Health Reform and Public Health Cabinet Committee and services consistently meet or exceed set targets.
- 12.2 During the programme period Public Health will work with existing providers to ensure efficiencies and best value are met across services. KCC will closely monitor budgeted expenditure alongside contracted performance during the period of change through regular contract management with existing providers, to ensure that performance and cost are carefully managed during the time of programme.

13. Commercial Considerations

- 13.1 The Programme Team is working with Commercial and Procurement on procurement routes and commissioning arrangements such as payment mechanics, supplier sustainability, risk allocation and strategies to manage inflationary price rises.

⁶ <https://www.legislation.gov.uk/ukxi/2015/102/regulation/72/made>

- 13.2 Early thinking around procurement routes and commercial arrangements has been tested with the market to ensure whilst they are affordable to KCC, sustainable for providers and will not result in unacceptable compromises in service quality or be detrimental to the supplier and service in the future. If the service is being competitively procured, the commercial terms need to balance value-for-money for KCC and be favourable enough to be attractive for providers. These procurement and commercial considerations will be presented to CPOB (Commercial Procurement and Oversight Board) and will also be included in the business case.
- 13.5 During the transformation work, the KCC partnership agreements with KCHFT (Kent Community Health Foundation NHS Trust) and MTW (Maidstone Tunbridge Wells NHS Trust) will remain in place until new commissioning arrangements are approved and mobilised.

14. Governance

- 14.1 All decisions relating to this programme of work will be taken in line with the Council's governance processes and regular updates will be shared with this committee.
- 14.2 The plan is to bring a Key Decision report for each new service model to the Health Reform and Public Health Cabinet Committee, for members to consider and endorse. The table below, which is subject to change gives a rough indication of timeframes.

Public Health Service(s)	HRPHCC indicative Key Decision date
Children and Young People – Health Visiting and Infant Feeding services	January 2025
Sexual Health Services	March 2025
Children and Young People – School Health and proposed Therapeutic Support services	March 2025
Adult Lifestyles – Smoking	March 2025
Adult Lifestyles – Weight Management and Healthy Lifestyles	July 2025
NHS Health Checks	July 2025

15. Next Phases of Transformation Work

- 15.1 Following the current local engagement phase, each service model will be refined and re-costed based on feedback. Once a final, new service model is established, it will be presented at CPOB (KCC's Commercial Procurement and Oversight Board) for commercial scrutiny and a review of the commercial

strategy before then being taken to Health Reform and Public Health Cabinet Committee seeking endorsement of a Key Decision. A full business case will be in place at this time. Procurements will commence and then post procurement there will then be time to transition to new models, which will vary across services.

15.2 It is worth noting both Oral Health and Postural Stability services are low value services and as such new commissioning arrangements will be put in place in-line with KCC policy and the committee will be updated on plans for these services in due course.

16. Conclusions

16.1 The Public Health Service Transformation Programme presents an opportunity to improve services and health outcomes.

16.2 The programme has made good progress and work will continue to ensure timeframes are met. Working closely with Finance and Commercial colleagues will help to fully explore the efficiencies and value for money in each service. Whilst also ensuring services are sustainable and fit for the future.

16.3 The next steps will be external rigour through a peer review process, internal governance through the Public Health Service Transformation Programme's Steering Group and presentations relating to commercial considerations at CPOB (Commercial Procurement and Oversight Board) before then being shared at Health Reform and Public Health Cabinet Committee for members to consider and endorse the proposed key decision for each service.

Recommendation(s):

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this update report, and to **COMMENT** on the programme and the next steps.

Contact Details

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