

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,
21 January 2025

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 and share the plan for future work. This update follows a series of other papers and updates shared with the committee.

In addition to this programme update on the Public Health Service Transformation programme, there is also a separate but related Key Decision paper on the Health Visiting service at this Cabinet Committee (January 2025). It is expected that there will be additional Key Decisions on service models in March and July of this year.

The preferred service models that are being presented to Cabinet Committee have all followed the same set process of; stakeholder engagement, options appraisal, financial appraisal, external peer review, business case development and internal procurement governance. Following on from key decision, each model will then go through an implementation phase, procurement and finally service mobilisation.

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 The services within the scope of the Transformation Programme play a key role in the Council's prevention offer, and a key priority in Securing Kent's Future. This is particularly important given the increasingly challenging funding pressures and cost rises.
- 1.3 The Health Reform Public Health Cabinet Committee were previously updated on the programme in September 2024.

2. Public Health Services Transformation Programme progress

- 2.1 The Public Health Service Transformation Programme commenced in July 2023 and has completed the first five phases of activity: planning, information gathering, delivering engagement workshops and options appraisals and local engagement (with the market, Kent residents and through external peer review).
- 2.2 Since the last update, Commissioners and Public Health have been testing the feasibility of the preferred service model with the market, potential providers and local people (through the two consultations) to test the feasibility and viability of thinking.
- 2.3 The programme is in its sixth stage which is 'revised service models'. This phase involves finalising the commissioning service model by incorporating feedback from public consultation and informal sources such as an external peer review and internal, external stakeholder and market engagement and consultation with residents.

3. External Peer Review

3.1. External Peer review background

- 3.1.1 The purpose of the Peer Review phase was to enhance confidence through subject emerging service models to the rigour of scrutiny by another Public Health service in the region, Surrey County Council (SCC). SCC were selected to be an objective critical friend, provide constructive comment, observations

and feedback and bring the wealth of their experience in a safe place for discussion and sensitive challenge.

3.1.2 Prior to the Peer Review period, KCC provided SCC with the background of the programme as well as the presented materials and feedback from the engagement workshops that were held in the Autumn of 2023 and presentations that had been delivered to the programme's Steering Group.

3.1.3 The Peer Review was undertaken in 5 themed sessions covering adult lifestyles, sexual health, NHS health checks, postural stability, and children and young people services. These provided SCC colleagues with challenges in each area, the emerging service models and the opportunity to ask clarifying questions. Feedback from SCC was delivered in a single closing session sharing:

- any observations or suggestions for the service model
- any pitfalls or risks that are not covered
- experience of any similar models
- market and wider contextual insights
- the ability of proposals to deliver the aims and purpose of the programme and meet the critical success factors

3.1.4 Overall, there were 70 questions asked and answered. SCC were engaged, curious, probing, seeking insight and wanting to share experiences and to know if similar challenges at SCC were experienced by KCC, as well as understanding differences.

3.2 Peer review feedback on service models

3.2.1 Specific feedback given as part of the peer review, has been incorporated into the service model thinking along with other formats and informal sources and as such are not detailed in this paper. The feedback from SCC was largely positive and identified areas of good practice by KCC, especially in relation to value-for-money, data sharing, analysis and management, use of innovation and research, approaches to tiering and pathways, use of informal networks, and outcomes.

3.2.2 The external peer review offered KCC Public Health a valuable opportunity to review service model thinking and the process was well received by both KCC and SCC. As such, KCC Public Health have offered a similar review to SCC in future, if they require a similar critical service review.

4. Internal Engagement

4.1 Officers have engaged 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).

- 4.2 These stakeholders are continuing to be informed about the programme's progress and are advising on matters such as requirement for 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.
- 4.3 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. Their feedback has supported refinements to models.

5. External Stakeholder Engagement

- 5.1 The external engagement phase has been ongoing since late Spring 2024. Since this time, Consultants and Commissioners have continued 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 Office of the Police and Crime Commissioner (OPCC) and other local authorities. This engagement has provided the opportunity to review and adapt service model design and ensure that there is good alignment with strategic projects as well as opportunities for the VCSE.

6. Market Engagement

- 6.1 For each area, benchmarking and a review of the market and its providers has informed the approach for engaging with alternative suppliers. Some service areas have limited alternative providers such that previous procurements in Kent and locally have been awarded to the incumbent supplier; for example sexual health services.
- 6.2 In other areas, the greater choice provides opportunity for exploring best value. For example, KCC held two market engagement events in July 2024 for the Adult Lifestyles, Weight Management and NHS Health Checks services. This event was attended by 38 organisations and facilitated conversations to shape the thinking around service models. Market providers outlined that the service should:
- include multiple support options/access points
 - increase the availability of digital solutions such as apps
 - be targeted to specific cohorts
 - include support options for all age groups
 - be holistic; and
 - aim to reduce stigma.
- 6.3 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.

- 6.4 Children and Young People – an Infant Feeding survey has been shared with market providers to gather feedback and support the procurement approach. This highlighted positive market interest in the delivery of the community-based element of these services.
- 6.5 Feedback has shown that providers are open to working with KCC to improve services, implement the recommendations that have emerged from the analysis, and build on the existing skills and expertise where required.
- 6.6 Ongoing dialogue with the Local Medical Committee and Pharmaceutical committee has also been helpful when considering the future of primary care services. This indicated opportunities for streamlining contracting and financial arrangements which may in turn support an uplift in prices which has been requested. These uplifts reflect increases in staff pay which are nationally set.

7. Public Consultations

- 7.1 The Emotional Wellbeing and Mental Health Service (for children and young people aged 5 to 19 with mild to moderate mental health needs) consultation proposed the development of a new KCC therapeutic support service to replace the counselling service, known as the Kent Children and Young People's Counselling Service.
- 7.2 Running from 18th September 2024 to 18th November 2024, the consultation was promoted on [Let's talk Kent](#)¹ and in locations across Kent to provide the opportunities to respond online or at events across the county by the people of Kent.
- 7.3 The responses (just under 400) are currently being analysed and incorporated into the business case. The new service design proposals will be presented to this cabinet committee seeking support for a Key Decision in due course.
- 7.4 The Postural Stability service consultation sought opinions on proposals to extend the service to more adults aged over 50 with more classes in more locations across Kent and in that communities that would benefit by reducing the current course length from up to 36 weeks to 12 weeks. The proposal would also expand the range of organisations providing courses by applying for grants of up to £3,000 a year without the need for increasing the budget.
- 7.5 The stimulus for updating the offer is the feedback from service users combined with the understanding of changes in the population in Kent. The aspiration is greater use of the service by more people, more locally to them, and earlier in life so they can better achieve benefits such as staying well, fit, mobile and independent for longer.
- 7.6 This consultation opened on 6th November 2024 on the KCC's Let's Talk Kent website and closed on 17th December 2024.

¹ [Let's talk Kent](#)

8. Service model design proposal development

8.1 When designing services, common priorities include the development of models that are safe, effective, sustainable, equitable, consistent, and accessible for all the people of Kent.

8.2 Increasing demand and financial constraints make this particularly challenging for mandatory services. Public Health is responding to these challenges in its service models by considering:

- Re-profiling of expenditure and prioritising need – The need and opportunity to prioritise inviting people at high risk of poor health outcomes has been recognised across services. This is true for NHS Health Checks (i.e. cardiovascular risks) and for Health Visiting (i.e. prioritising safeguarding need). This can be achieved in a mandated and universal service across the whole of the Kent population by seeing those with most need first, or by putting in place a mixed workforce where staff with more specialist skills work with the highest need.
- Cross promotion of services – Each new service model will specify that the provider needs to enhance behaviour change, such as good oral hygiene or healthy lifestyles, by maximising opportunities such as Make Every Contact Count² and building on the cross promotion of services. Some services may have dedicated roles to support this.
- Working with existing providers – New procurement rules permit continuing to work 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 for specialist roles. This also brings benefits to residents and support business continuity.
- Alignment to external opportunities or providers – By working with other commissioning bodies, such as the Kent and Medway Integrated Care Board (the ICB) and the re-commissioning of their Community Services. By working more closely with other organisations in the wider Kent health system there are opportunities for sharing insight, ensuring pathways are joined up and duplication does not occur. KCC Public Health are working closely with such organisations to identify opportunities both now and in the future.
- Service alignment is likely to be improved by developing informal networks between providers, voluntary sector and community settings and sharing information about the importance of services to strengthen communication and awareness. The benefits of this approach have been demonstrated in the Sexual Health services.

² [NHS England » Making Every Contact Count \(MECC\): Consensus statement](#)

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

9. Legal

9.1 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 contractual terms and conditions.

9.2 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 72³ until the end of March 2026.

10. Performance and Quality

10.1 The Health Reform and Public Health Cabinet Committee regularly receive updates on the performance of commissioned services.

10.2 During the programme period the performance targets and metrics will be reviewed and readjusted to ensure they are fair and deliver best value for money. The committee may therefore see some changes to Key Performance Indicators (KPI's) in 2026.

10.3 A review of quality indicators and information is also taking place to inform future specification requirements. This will include expected standards around user satisfaction. For NHS contracts a review of the Serious Incident Policy is also required due to national changes in guidelines.

11. Commercial Considerations

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

11.2 Procurement route, commercial arrangement and contract price proposals continue to be tested with the market to ensure they mutually sustainable,

³ <https://www.legislation.gov.uk/ukxi/2015/102/regulation/72/made>

affordable to KCC, and do not result in supplier failure, market exits, or unacceptable compromises in service quality.

- 11.3 It is important that KCC are mindful and understanding of the many financial challenges that are currently facing suppliers from uncertain funding sources, inflationary increases in staff costs and those from the recent central government changes to National Insurance Contributions and to both the National Minimum and Living Wages.
- 11.4 KCC have set financial constraints and cannot agree to long term contracts that may be unsustainable to fund. KCC will need to work alongside suppliers to find solutions.
- 11.5 The commercial terms for services need to balance value-for-money for KCC and be favourable enough to be considered attractive by providers. These procurement and commercial considerations will be presented to CPOB (KCC's Commercial and Procurement Oversight Board) before Key Decisions on service designs are brought to Cabinet Committee.
- 11.6 In addition to the considerations above, teams will be incorporating the requirement for providers to demonstrate the 5 Key Criteria as required under PSR which cover Value, Social Value, Quality and Innovation, Integration and Collaboration, and Improving Access and Reducing Health Inequalities.
- 11.7 Procurement routes will consider the various procurement options available under PSR as well as the impact changes in provider may have on the population of Kent.

12. Risks

- 12.1 In addition to the inherent risks associated with the Commercial Considerations, the programme is managing other risks.
- 12.2 There are uncertainties around whether the proposed contracts will be attractive to suppliers in terms of what is being asked to deliver in the service model specification and within the financial constraints of funding and potential TUPE liabilities. This risk is being mitigated by testing the market and through discussions with providers.
- 12.3 The current operating environment for commissioners and suppliers is challenging, with increases in costs, increases in staffing costs, uncertainties of grant funding and sustainable long-term contracts. Both suppliers and commissioners need to be mindful of potential supplier market failures due to other financial pressures.
- 12.4 Transformation Governance - most of the contracts within the transformation programme, end on 31st March 2026. The time allocated to scheduling of the programme, is the minimum time needed to deliver new commissioning arrangements. If for any reason KCC governance is delayed, it is very like that due to time pressures, an emergency contract would need to be put in place to

extend the current contract and give enough time to re-commission or re-procure the service.

12.5 Complexity – the Transformation programme is a complex programme of work. There are multiple services, transforming at the same time, new Provider Selection Regime legislation, uncertainties around future funding arrangements, internal resource pressures and many other complexities involved. Therefore, it may be possible that there are delays in some areas due to unforeseen circumstances.

12.6 It is critical that during this period of transformation that service stability is maintained that any (negative) impacts on residents are minimised.

13. Governance

13.1 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.

13.2 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 an estimation of timeframes.

Table 1. Public Health Service Transformation Programme – Proposed Key Decision scheduling

Public Health Service(s)	HRPHCC indicative Key Decision date
Children and Young People – Health Visiting and (Specialist) 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	March 2025
NHS Health Checks	March 2025

14. Next Phases of Transformation Work

14.1 The majority of service areas now have a defined preferred service model and have or are preparing to share plans through KCC’s internal commercial governance board - CPOB (Commercial and Procurement Oversight Board). The purpose of this Board is to provide commercial scrutiny and a review of the

commercial strategy for each service model proposal. This step takes place prior to 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 the time of the Key Decision.

14.2 Following the Key Decision the procurement / commissioning plans will be implemented and with time to transition to new models, this transitioning and mobilisation will vary across services.

14.3 It is worth noting that both the 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. The Oral Health Service is currently delivered by KCHFT and Postural Stability by KCHFT and Involve. The Committee will be kept up to date with these contracts in the Transformation updates.

15. Conclusions

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

15.2 The programme has made good progress, and work will continue to ensure timeframes are met. Officers have or will be presenting service model proposals through internal governance through the Public Health Service Transformation Programme's Steering Group and presentations relating to commercial considerations at CPOB (Commercial and Procurement Oversight Board) to ensure they are financially and commercially robust, before 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.

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