

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health

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To: Kent Health and Wellbeing Board, 25 September 2025

Subject: Public Health Service Transformation Programme Update

Classification: Unrestricted

Summary:

Public Health embarked on a service transformation programme (PHSTP) in July 2023, designed to improve all services in receipt of the Public Health Grant. Key aims were to ensure they were efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

The purpose of this paper is to provide the Health and Wellbeing board with the background on the Public Health Transformation Programme (PHSTP), an update on recent progress and share detail of future work.

The transformation process has followed a robust commissioning process which has included desktop analysis, stakeholder engagement, benchmarking, market analysis, options appraisal, financial appraisal, external peer review, business case development and internal procurement governance. Some services also were required to carry out public consultation. Proposed models have been presented through public cabinet committees for input and endorsement.

Key decisions on the revised models have now been approved, and an implementation phase is taking place comprising of sourcing and service mobilisation. Key to this phase is robust communications with people using current services, current providers, stakeholders, residents and new providers (where applicable).

This paper sets out a summary of the work completed to date and the key changes as a result of this programme. All new contracts are on track to be in place by April 2026 with some ongoing transformation happening during the life of the contract where a phased approach to change has been needed. The approach to evaluation and tracking the benefits is being finalised alongside this final stage of the programme.

Recommendation(s):

The Health and Wellbeing Board is asked to **NOTE** the information contained within this update report.

1. Introduction and background

- 1.1 Kent County Council (KCC) Public Health is leading a Public Health Service Transformation Programme to improve service delivery to communities in Kent.
- 1.2 The review of services is a normal part of the commissioning cycle and Public Health contracts are continually monitored to drive continuous improvements. However, the transformation work aims to support opportunities to look across services and consider how to maximise impact through better support cross cutting themes, gaps or learning.
- 1.3 Services in scope include;
 - Children's services including Kent Health Visiting Service, Infant Feeding, School Health and Emotional Wellbeing
 - Sexual Health Services including Specialist Integrated Sexual Health clinics, Pharmacy and Online STI Testing
 - Postural Stability/ Older people's exercise
 - Adult Lifestyle Services including NHS Health Checks, weight management and smoking
 - Substance Misuse services
 - Consideration and recommendations have also been made in relation to public health campaigns and KCC-funded services which interlink. For example, additional promotion on NHS Health Checks was agreed to support uptake from targeted groups.
- 1.4 The majority of services are statutory and funded via a ring-fenced Public Health Grant. Many have nationally prescribed specifications, need to comply with national evidence-based guidance and report performance nationally. Services are largely informed by a strong evidence base of impact and return on investment.
- 1.5 The Public Health Service Transformation programme commenced in July 2023. Its aims are:
 - To deliver best value and the biggest impact
 - To improve services for our communities
 - To ensure services are safe and effective
 - To ensure services are fit for the future, sustainable and responsive to need
- 1.6 Core Principles underpinning the recommissioning programme are:
 - Prevention and tackling health inequalities
 - Working across KCC directorates
 - Aligning commissioning across systems
 - Working closely with the NHS, District Councils and other partners and providers
 - Value for money / Best value
 - Person centred

- 1.7 The services within the scope of the Transformation Programme support the Council's prevention offer, the Integrated Care Strategy and Securing Kent's Future. They are underpinned by strong evidence based which is particularly important given the increasingly challenging funding pressures, cost rises and need to prevent the associated cost of ill health.
- 1.8 They play a critical role in the reduction in health inequalities, which are unfair and avoidable differences in health across the population, and between different groups within Kent communities. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. [Core20Plus5](#) is an evidence-based approach which supports the reduction of healthcare inequalities and is embedded in service specifications.
- 1.9 The commissioning landscape continues to evolve and will be impacted by several strategic developments. This includes Local Government Reform, change in political landscape, significant cuts to the Integrated Care Board budgets, abolishment of NHS England, negotiations on national pharmacy contract and more recently the NHS 10-year plan. New services will have review points and need to build in flexibility to adapt and evolve alongside these changes.
- 1.10 On the whole, the performance of services is good with Key Performance Indicators in the main consistently met and levels in line or above expected standards and regional benchmarks. However, there are always opportunities to improve, innovate and respond to support best value demands, whilst also responding to changes in the macro environment.

2. Methodology and work completed

- 2.1 The Public Health Service Transformation Programme commenced in July 2023 and is now in the final stage of the programme. A summary of the activity completed is set out below;

1. Planning	<ul style="list-style-type: none"> • Aims, objectives and vision developed • Development of methodology and processes • Early endorsement via KCC governance meetings and key external stakeholders • Programme management approach developed • Staff recruited
2. Information gathering	<ul style="list-style-type: none"> • Evidence gathering phase is complete with (21) proformas across services drawing together needs, performance and benchmarking analysis, market review, evidence base, Strengths Weaknesses Opportunities and Threats (SWOTS) and developing commercial considerations and legal advice regarding Provider Selection Regime.

	<ul style="list-style-type: none"> • Soft market insight gathered e.g. via Local Pharmacy Committee and Local Medical Committee and desktop research. • User views and insight collated to support gaps analysis • Quality assurance
3. Engagement	<ul style="list-style-type: none"> • Thematic workshops held across each service area with key stakeholders to support the vision and development of the new model. • Resident engagement support development of options
4. Options Appraisal	<ul style="list-style-type: none"> • Options appraisal process used to rank series of options against Critical Success Factors to inform a recommended option.
5. Local engagement	<ul style="list-style-type: none"> • Testing of preferred models with key stakeholders for feedback and refinement • Market engagement • Further insight work insight gained from seldom heard groups or where there are identified gaps in information. Testing of service model ideas.
6. Service models	<ul style="list-style-type: none"> • Refine service models and complete final assessment of scoring • Public consultation if required (then further refinement of models) • Peer review with Surrey County Council • Update business case and internal governance
7. Implementation – current stage	<ul style="list-style-type: none"> • Formal governance • Procurement / sourcing • Mobilisation • Evaluation/ lessons learnt

3. Current position

- 3.1 All services are in the implementation stage and have secured endorsement through relevant governance structures and taken formal key decisions.
- 3.2 A number of procurements have commenced with some completed and new suppliers awarded. Others will commence over the next few months to ensure new services are in place by April 2026, when the majority of existing contracts end.
- 3.3 Once procured or sourced, commissioning plans will be taken forward to support implementation of the new service model. Mobilisation of the newly designed services will vary due to their size, scale and complexity. Communication with key parties will be critical to a smooth transition.

- 3.4 An evaluation framework is also being developed to support a robust review of new models and evidence of impact. It should be noted that many services commissioned are mandated, hold a strong evidence base and are nationally prescribed.
- 3.5 In order to implement all recommissioning activity, the council will work closely with key partners, providers and stakeholders including local people to manage the change to new service models. It is anticipated that full transformation will be achieved during the life of new contracts.

4. Key changes

- 4.1 A summary position for each service can be found below. A link to the public papers is also available.

Substance Misuse	<p>The PSR procurement process has been completed and KCC has awarded contracts directly for Young People (We Are With You), East Kent Adults (Forward Trust), and West Kent Adults (CGL). Services provide support for local residents with drugs and/or alcohol addiction.</p> <p>The new services started in February 2025 with refined specifications and providers are the same as previous contracts. Improvements to the services include refining pathways for 18–25-year-olds, inclusion of trauma-informed principles, specific pathways for children impacted by someone else’s substance use, inclusion of women-specific groups, and improved pathways with criminal justice and tier 4 (inpatient/residential) services.</p> <p>See HRPHCC July 2024 Paper for more information.</p>
Children and young people’s emotional wellbeing	<p>A new Therapeutic Support Service has been procured for children and young people aged 4 (on school entry) – 19 years who need mild to medium emotional wellbeing support.</p> <p>This new service will be delivered by Salus and replace the Children and Young People’s Counselling Service, delivered by Kent Community Health Foundation Trust, when the current contract ends at the end of March 2026.</p> <p>The new service is currently being mobilised and will open to referrals in November 2025, building up to full reach and capacity by March 2026. It will offer a range of brief, evidence-based creative and therapeutic interventions (both one-to-one and in groups), tailored to the different ages, stages and needs of children and young people.</p> <p>The approach has been aligned with ICB commissioning and the recently awarded Therapeutic Alliance for children and young people (which was also awarded to Salus). The two services have been designed to complement one another, and</p>

	<p>KCC will be working closely with commissioners in NHS Kent & Medway, Salus, and key stakeholders to ensure a smooth mobilisation and on-going alignment between both services and with the wider system.</p>
Health Visiting and Community Infant Feeding	<p>The procurement of place-based infant feeding services is in its final stages and will be awarded this month. It will be mobilised ready to commence in January 2026. The service will enable mothers to access infant feeding social support and peer support in a group setting through the Family Hubs programme. Specialist Infant feeding support will remain with the Health Visiting Service.</p> <p>The requirements for Health Visiting are being finalised so the procurement can commence next month and the new service start in January 2026. Key enhancements will include; enhancement to the mandated health and wellbeing review, more outcome focused reporting and digital improvements.</p> <p>See 21 January 2025. For more information.</p>
School Health	<p>The current Children and Young Person's (CYP) Counselling Service embedded in this service will end on March 2026 and be replaced with a new CYP Therapeutic Support Service (TSS) (as described above). The team is working closely with key stakeholders, providers and young people to implement a communication and transition plan.</p> <p>The requirements for School Health are being finalised so that the procurement can commence this Autumn. Key enhancements will include; exploring options to improve support for children and families with the transition from primary to secondary school, responding to health priorities and reviewing the requirement in relation to the Whole School Approach. The new service will go live on the 1 April 2026.</p> <p>See 1 March 2025. For more information.</p>
Lifestyle services	<p>Adult Lifestyle services (weight management and healthy lifestyle) will follow a similar model service model but include a more targeted approach to weight management services and enhancement of digital solutions.</p> <p>Smoking services will remain similar but include self-guided support and removal of the Smoking in Pregnancy (SIP) Service, which delivered home visit interventions to support pregnant individuals and their partners to quit smoking. Following the NHS Long Term Plan these services will be provided in a different way. Funding has been devolved to Integrated Care Systems (ICSs), enabling NHS Trusts to provide in-house support within both Acute and Maternity</p>

	<p>settings. In Kent, maternity trusts are developing their own services and recruiting Maternity Support Workers (MSWs) to deliver these interventions directly.</p> <p>Procurements for Lifestyle and Smoking Services are currently live. New services will commence on the 1 April 2026. The Weight Management and Healthy Lifestyle Service will continue to support Kent residents to manage their weight, improve their diet, increase their physical activity (including health walks), boost their wellbeing and reduce their alcohol consumption, plus one to one coaching and referral as appropriate to more specialist services. The Stop Smoking Service will continue to support residents 12+ and provide weekly behavioural support alongside nicotine replacement therapy (NRT) and other smoking cessation aids over a 7-week period.</p> <p>See 11 March 2025 for more information.</p>
NHS Health Checks	<p>NHS Health Checks will move to a targeted approach aiming to increase uptake from those at greatest risk of cardiovascular disease, whilst ensuring the Programme remains a universal health service offer from the 1 April 2026. The bulk of the programme will continue to be delivered by primary care, but KCC will be directly contracting with them rather than a third party. This will be the first step in aligning all primary care contracts, with an aim to streamline processes for primary care and people who use services. This will also support efficiencies.</p> <p>An outreach service will remain to engage with those experiencing health inequalities and a procurement will launch in October 2025.</p> <p>KCC will also procure a quality assurance service for the testing equipment used and a training service to ensure that the programme remains compliant with national regulations. New contracts with primary care contracting will start from April 2026.</p> <p>See 8 July 2025 for more information.</p>
Sexual Health	<p>The services in scope are Specialist Integrated Sexual Health clinics and outreach (including HIV Outpatient Treatment & Care), Psychosexual Therapy, Online STI Testing and the E-Bureau, and Community Pharmacy Sexual Health.</p> <p>Whilst the delivery of the service is prescribed in national specifications and guidance documents, the transformation programme has led to key improvements including;</p> <ul style="list-style-type: none"> • Changes to the Psychosexual Therapy offer so it is integrated with other services

	<ul style="list-style-type: none"> • Changes to the E-Bureau (which provides support to residents following a positive STI test), so that it is aligned better with local delivery • Emergency Oral Contraception will no longer be provided/funded by KCC in Community Pharmacy as it will form part of the national pharmacy contract. • The council is refining plans to manage Community Pharmacy Sexual Health directly during the lifetime of this contract. <p>Procurements will launch this Autumn with new services starting in April 2026.</p> <p>See 8 July 2025, for more information.</p>
Postural Stability	<p>Current postural stability services will end on the 31 March 2026 and be replaced with a new approach designed to engage more older people in physical activity and encourage community-led local projects.</p> <p>The approach will expanded access, move to a shorter, intensive 12-week programs to improve completion rates and fit better with participants' lifestyles. It will also be delivered by a new grant system which is planned to be fully mobilised with services starting no later than 1 April 2026. The revised model was developed based on feedback from key stakeholders including residents and supported through formal public consultation.</p> <p>See here for more information 8 July 2025.</p>
Oral health	<p>Specifications are being finalised and procurement will commence this Autumn. The new service model will continue to support the Supervised Toothbrushing Programme and will place more focus on the outcomes and impact of oral health workforce training and promotion.</p>

5. Commercial Considerations

- 5.1 New service models will be implemented in line with the Provider Selection Regime (2013) (PSR) and the new Procurement Act (2025) (PA) as applicable.
- 5.2 PSR is applicable to most public health services and applies when contracting for healthcare services. There are Key Criteria under the Provider Selection Regime (PSR) which cover Value, Social Value, Quality and Innovation, Integration and Collaboration, and Improving Access and Reducing Health Inequalities. Procurements choose from one of five key routes including Direct Award (A, B and C), Most Suitable Provider Process and Competitive Process.

- 5.3 Each service will consider best commercial arrangements such as contracting model, payment mechanics, supplier sustainability, risk allocation and strategies to manage inflationary price rises.
- 5.5 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. KCC have set financial constraints and cannot agree to long term contracts that may be unsustainable to fund. KCC will need to continue to work alongside suppliers to find solutions, to these and future challenges, throughout the lifespan of new services.

6. Risks

- 6.1 In addition to the inherent risks associated with the Commercial Considerations, the programme is managing other risks.
- 6.2 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 and engaging with the market and through discussions with providers.
- 6.3 The current operating environment for commissioners and suppliers is challenging, with increases in costs, cuts to other services, 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.
- 6.4 The time allocated to scheduling of the programme, is the minimum time needed to deliver each of the new commissioning arrangements. If for any reason they are delayed, it is likely an extension to the current contract would be required to re-commission the service. Reasons for a delay may include, for example, a failed procurement i.e. no award possible.
- 6.5 Complexity – The Transformation programme is a complex programme of work. There are multiple services transforming at the same time, many providers, new and untested procurement legislation, uncertainties around future funding arrangements, Local Government Reorganisation, changes to national guidance and legislation.
- 6.6 It is critical that during this period of transformation that service stability is maintained so that any adverse impacts on residents are minimised. To mitigate this, regular engagement has taken place with providers and current users. Mobilisation timeframes have been set on realistic market feedback with some cross over between the end of one service and the start of the next. Communication to key stakeholders also remains of key importance.

7. Legal considerations

- 7.1 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. Legal advice has been sought 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.
- 7.2 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. The new Provider Selection Regime (PSR) regulations do not contain the same opportunities to continue the cooperation agreement. Services which did fall under the old legislation will need to be procured, separately using alternative, relevant legislation. The KCHFT and MTW Partnerships will therefore end as part of this programme of work and new relationships be established.

8. Financial considerations

- 8.1 A large proportion on the Public Health Grant is spent on the services contained within the Transformation review. These services have strong evidence of reducing longer term health and social care costs.
- 8.2 Although the aims of this programme are not financially driven, value for money, ensuring an overall balanced budget and efficiency of the services funded, is integral to the outcomes of this work given the need in the local population vs service capacity.
- 8.3 The financial model for each service has been carefully considered and includes a modest uplift each year. Different payment approaches have been taken to support best value, for example KCC will continue to pay based on the number of NHS Health Checks and Online STI Test Kits issued, in recognition that demand levels fluctuate.
- 8.4 Alongside price, providers are expected to demonstrate how they support social value and environmental objectives, and this will be monitored via contract management.

9. Conclusions

- 9.1 The Public Health Service Transformation Programme presents an opportunity to improve services, target them to local residents with greatest need and ensure they represent best value.
- 9.2 Officers have completed significant activity to ensure a robust review process has been completed and any recommendations are informed by best practice, evidence and need.
- 9.3 The programme has delivered against key milestones and all services will commence no later than 1 April 2026.

9.4 The Health and Wellbeing Board is asked to comment and note the approach taken and key changes.

10. Recommendation(s):

10.1 The Health and Wellbeing Board is asked to NOTE the information contained within this update report.

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