From: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health

Andrew Scott-Clark, Acting Director of Public Health

To: Kent Health and Wellbeing Board

Date: 28th May 2014

Subject: **Public Health Commissioning Intentions**

This report presents the commissioning programme for Public Health in 2014/15. The commissioning programme has been informed by a number of key drivers including the Kent Joint Health and Wellbeing strategy and the KCC Whole Council Transformation programme.

Commissioned programmes funded through the Public Health Grant are one part of the overall strategy to improve the health and wellbeing of the public across Kent. Moving forwards it is intended that these commissioned programmes are part of a whole system integrated approach to public health, with all partners across the Kent Health and Wellbeing Board.

Recommendation(s): **Health and Wellbeing Board members** are asked to COMMENT on the plans for 2014/15.

1. Introduction

1.1 The purpose of this report is to present the commissioning intentions developed by KCC public health, to be reviewed as part of the spectrum of commissioning intentions presented at March and May 2014 meetings of the Kent Health and Wellbeing Board.

1.2 The report sets out the context and intentions for the Local Authority Public Health Grant to improve the public's health and tackle health inequalities. For 2014/15 the grant for the whole of Kent is £54.8m.

1.3 Public health activity is embedded throughout partner plans including KCC business plans, district plans including Mind the Gap, Clinical Commissioning Group and NHS England strategic plans. Public Health activity is also a core part of both the Better Care Fund and Pioneer programmes. The commissioning intentions for the public health grant should therefore be seen as just a part of whole system activity to improve the health of the population of Kent.

1.4 The overall impact of public activity will be measured through:

- Improvements in healthy life expectancy
- Reductions in Health Inequalities within the county.

There are a range of indicators that sit as a subset of this.

2 Background

2.1 2013/14 was, as expected, both nationally and in Kent a year of transition and consolidation in the transfer of public health to local authorities. 13/14 was the first year of the dedicated ring-fenced public health grant, based on previous Primary Care Trust spend and activity. Two critical priorities in 2013/14 were therefore:

- to get a clear understanding of KCC's public health responsibilities and liabilities; and
- to understand the novated contracts transferred from PCTs and the activity that they deliver.

2.2 A key challenge for the first year was the continually evolving financial position and the complications in exposing the financial liabilities attached to the public health grant. Guidance came as late as December 2013.

2.3 In addition there was a clear need to review the contracting and performance management arrangements of novated contracts and grants, to get a clear sense of how performance compares both at a Kent level, and at a much more detailed local level.

2.4 Through the Facing the Challenge programme KCC is reviewing key areas in which to strengthen capability, as an effective strategic commissioning authority and public health commissioning will embed all principles and learning from this process.

3 Priorities

3.1. The KCC public health team has identified three strategic priorities for 2014/15 with actions set out in the KCC Public health business plan. The three priorities are:

1. Commissioning- *A re-commissioning programme for new service design aligned to evidence base and aligned to integrated systems .*
2. Communication- *Deliver an effective joined up communication campaign, effectively driving sustainable and measurable behavioural change.*
3. Maximising Impact- *by working across KCC and through the partnerships of the Health and Wellbeing Board, (i.e. a whole system collaborative approach to public health).*

4 Commissioning Intentions

4.1 The contracts and grants for public health programmes that novated to KCC in April 2013 cover a wide range of services to improve public health and reduce health inequalities. Some are mandated services for which KCC has statutory responsibility; some are services which were specifically targeted to improve outcomes locally where there was poor performance. Historically services have been commissioned to meet particular local needs, and shaped by local funding available.

4.2 Through the formation of one public health grant, there is the opportunity to review commissioned services and identify the most effective model of service delivery for each of the core outcomes. There is also the opportunity to review the balance of investment and ensure a more systematic approach. Clearly this must be integrated with local strategic plans and activity.

4.3 It is intended that in 14/15 the grant will be used to deliver a transformed and integrated approach to public health, ensuring clarity of purpose and outcomes of services. A core principle will be to firmly embed the whole commissioning cycle approach making sure that services are based on clear analysis, a review of delivery models that have the highest impact and a true understanding of the service cost.

4.4 The approach will be also be based on “proportionate universalism” principles to ensure that there is the right balance of

- Whole population approaches that inspire citizens to take a much more active part in their immediate and long term health and wellbeing
- Effective screening of the population to identify intervention needs at the earliest time.
- Interventions which are targeted to small populations of high risk groups, particularly in relation to unhealthy behaviours such as, smoking, drinking and being physically inactive.

Links with Kent Health and Wellbeing strategy

4.5 The Kent Health and Wellbeing Strategy highlights the need to tackle the areas in which Kent performs poorly in comparison to the national average. In 2014/15 there will be priority action taken to address areas of underperformance, which will include:

- Retendering of services (e.g. breastfeeding, chlamydia screening as part of sexual health),
- Re-design the approach (e.g. health checks, social isolation)
- Development of joint strategic action (e.g. physical activity) and
- Campaigns (e.g. flu vaccination uptake as part of winter warmth).

4.6 All commissioned services from the public health grant will need to address local priorities to improve the health of the population and reduce health inequalities. Commissioning will be based on the approach illustrated in the Chris Bentley model to target key populations.

Shaping the Market

4.7 A process has begun to reshape the provider market and encourage innovation in the delivery of public health programmes. There has already been significant market engagement with much more planned. For example market engagement events have been held with 137 organisations, resulting in expressions of interest from more than 90 organisations, and 28 full tender responses in the first 6 months of market development work. This has included collaborative bids between the public, private and voluntary sector.

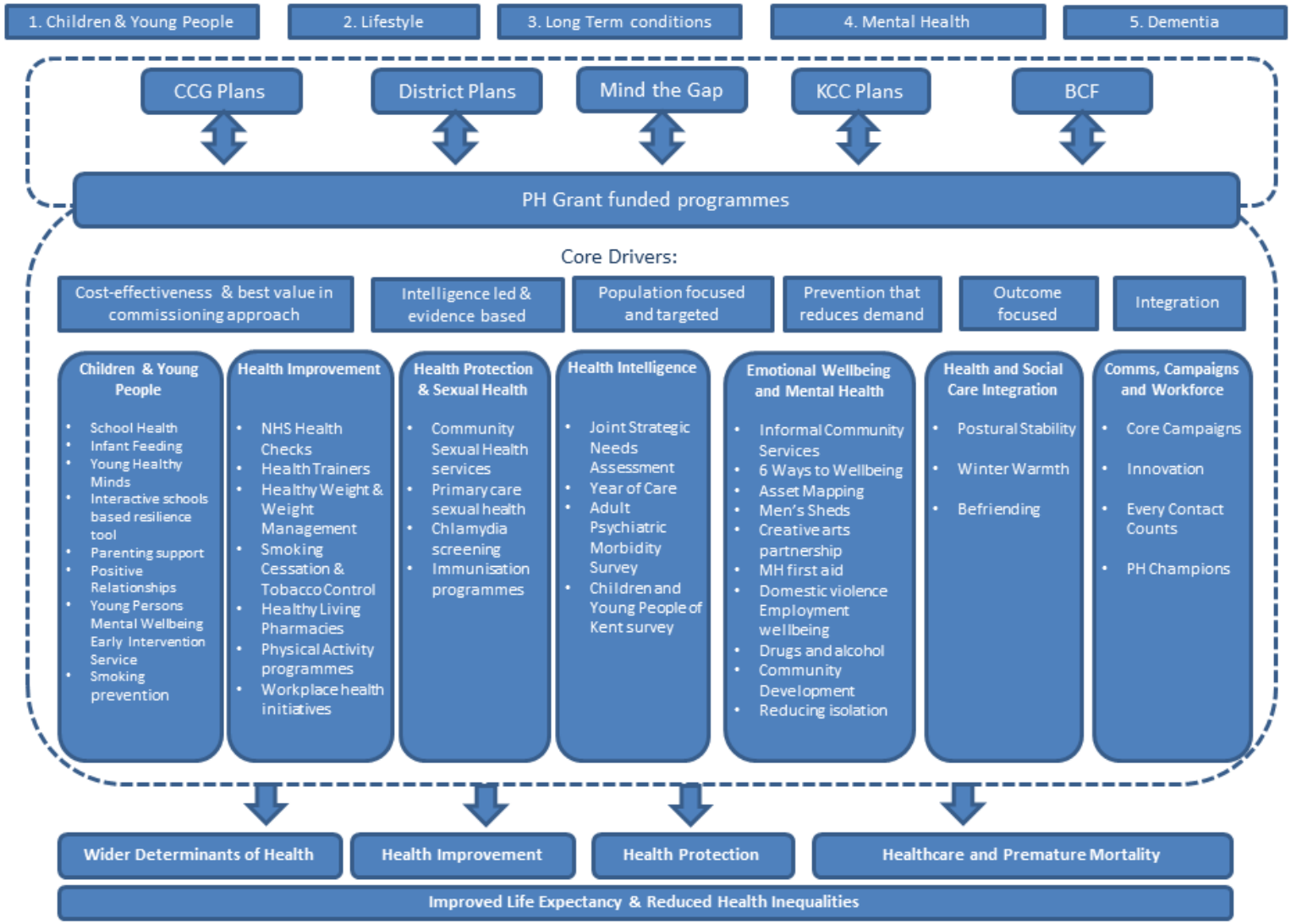
4.8 A number of retendering programmes are already underway. This includes the retender of sexual health and infant feeding services, and the implementation of mental health promotion programme, the” 6 Ways to Wellbeing”

Contract management

4.9 Contract management with a focus on performance, finance and quality is a key part of the commissioning programme in 14/15. A clear performance dashboard across all programmes is in place. Activity based performance monitoring in 13/14 resulted in a reduction in planned payments of £1.178m on key contracts.

4.10 The table below sets out the commissioning programmes funded via the Public Health grant 2014/15.

Public Health Commissioning Plan on a Page



5 Maximising Impact : An integrated approach

5.1 Improving public health outcomes for the population is in no way the single domain of the public health team or the public health grant. There has been a huge range of activity across organisations, including District Councils, Primary Care Trusts and across KCC and this is clearly embedded in both Kent and Local Health and Wellbeing Board structures.

5.2 Actions and services which contribute to public health outcomes are defined in a range of plans including KCC and District Council "Mind the Gap" plans, Kent Integrated Family Support services (KIFSS), Kent Integrated Adolescent Support Services (KIASS), all CCG plans and NHS England strategic plans. Public health outcomes are embedded through the Health and Wellbeing Board strategy and assurance framework.

5.3 The intention in 14/15 is to enhance the integration of this approach. In line with the transfer of public health to KCC, consultation is in place with all directorates that contribute to the wider determinants of health. This is to ensure that all commissioned services and activity maximise the opportunity to utilise the resource across the Council. Programmes such as the KIASS and KIFSS, Kent Healthy Business awards, and the 'Warm Homes" initiative are examples of taking a whole council approach.

5.4 A consultation process is already underway with all CCGs that identifies both strategic and operational opportunities to more effectively link public health commissioning intentions with local priorities, and target populations. Close working is also in place between Public Health and District colleagues reviewing both the joint commissioning arrangements including healthy weight and emotional wellbeing initiatives, as well as the direct delivery through district councils to deliver core outcomes..This work is being driven through the Integrated Commissioning Groups which have all partners represented and will be reported to all partners through the Local Health and Wellbeing Boards.

5.5 Some of the collaborative action identified through these processes can be acted on immediately. However, some of the connections are with evolving structures such as integrated care organisations. The process is designed to ensure that, wherever appropriate, public health is a clear part of evolving service design, and that public health models of service and commissioning decisions taken in 14/15 are flexible enough to align with future decision making in other parts of the system.

5.6 Kent Mind the Gap, CCG plans and District Health Inequalities Action Plans set out priorities for reducing health inequalities. The nationally agreed indicators are 'Life Expectancy at Birth' and 'All Age, All Cause Mortality' rates, but actions taken today can take a generation to mark a difference to these indicators, so national proxy indicators have been developed that measure progress on a more regular basis. It is well recognised that there is huge variation in performance across all areas within Kent. These proxy indicators are available at district level or CCG level. Public Health can provide performance monitoring data to the local Health Wellbeing Boards to enable them to monitor key public health outcomes alongside the local Mind the Gap Action Plans and Health and Wellbeing Board Plans.

5.7 The action taken to improve outcomes is informed by the Kent Joint Strategic Needs Assessment (JSNA), which is a set of products available on the Kent & Medway Public Health Observatory website. The information is on several levels and updated at agreed intervals and is available at www.kmpho.nhs.uk/jsna. In addition Kent is part of the national Year Of Care programme. Some key developments include: information governance arrangements for creating person level linked datasets using NHS and non NHS data, and epidemiological across risk stratified cohorts, evidencing how and where integrated care can be delivered, and the modelled benefits. This work can be utilised to improve the approach to intelligence led commissioning.

6 Communication and Campaigns.

6.1 One of the three strategic priorities for 2014/15 is to greatly improve the way that we communicate with the public, making sure that we help people understand how they can take greater responsibility for their health and wellbeing. One part of this will be ensuring that resource is focussed on communicating at every opportunity.

6.2 It will be important that we make best use of all workforce possible to effectively communicate core public health messages across the Health and Wellbeing system. We will revisit the "Every Contact Counts" programme, embedding the principles across partner workforce appropriately.

6.3 A range of methods to collate the learning from community insight activity will be used to determine the focus and approach of both communications and also campaigns. The principles applied to decision making for campaigns will be the commissioning principles outlined earlier in the document including best value principles .We will target where key priorities have been identified for Kent (e.g. early diagnosis through NHS Health Checks), or where the county performs poorly compared to England (e.g. smoking in pregnancy, breast feeding initiation, obesity in adults, falls resulting in injury). In particular additional resource will target specific communities and be tailored to different population groups

6.4 The impact of effective communication and targeted campaigns is clear. The national Stroke – Act F.A.S.T campaign between Feb 2009 – March 2013 had a spend of £11.7m, and resulted in 54% uplift in stroke related calls to 999, with 23,996 people getting to hospital within three hours, meaning 2,693 fewer people became disabled. This resulted in a total payback of £206.7m (including decrease in care cost and benefit to the state).

6.5 To maximise effective communication, Public Health, with partner teams, will focus on the following key areas in 2014/15:

1. *Workforce development*
   Invest in training and professional development across the system including initiatives the Healthy Living Pharmacy scheme, Mental Health First Aid, the Public Health Champions programme and Every Contacts Counts.

2 *Core Campaigns*
   We will ensure delivery of core public health campaigns including health protection, and plan this work with partners to maximise the reach and impact.

3. *Innovation*
   We will purchase innovative additions to Public Health England campaigns, in particular where the campaign is seen as a key deliverable for Kent. This may be Kent wide or specifically targeted to particular populations (e.g excess winter deaths in Swale and Tunbridge Wells). We will target evidence based campaigns (with associated services) in communities where we know there are very high prevalence rates of unhealthy behaviours.

4 *Enhance KCC and partner resource with core public health messages*
   There will be a number of programmes across KCC in which public health messages can be delivered at low additional cost, by expanding the communications associated with them. We will build on similar opportunity with partners where we can co-ordinate campaigns, or extend partner initiatives with targeted public health messages.

6.6 The aim underlying communications and campaigns will be to build a cross system approach, maximising opportunities for reinforcement of core messages. This programme must also support the communication needed with the public around changes to the Health and Social Care system. Core messages will consistently support the ambition to promote independence and for citizens to take active responsibility for their health and wellbeing.

7. Risk

7.1 The KCC public health team is a relatively new team, the grant is a relatively new grant, and responsibilities have been clarified as recently as December 2013. For this reason KCC carried out an internal audit of commissioning arrangements which reported in April 2014. The Assurance rating given on the new systems that have been out into place was "Substantial". However the report highlights that there are still negotiations to be arbitrated with DH on the baseline grant value. In addition the grant has not been confirmed for 2015/16 although DH have confirmed that the grant will remain ring-fenced. This risk will be managed through careful financial monitoring and planning.

7.2 The commissioning programme is planned to be delivered at pace particularly where there is significant underperformance in related outcomes. It will be important to make sure that retendering is built on strong analysis and review, and that all possibilities for integration are built into new models of provision.

8. Conclusion

Whilst 2013/14 was a year of transition and consolidation for Public Health, 2014/15 promises to be a year of transformation, both through working across and through KCC, and with Health and Wellbeing partners to maximise the impact of public health initiatives, integrated with the transformation agenda.

Recommendation(s):

Health and Well-Being Board is asked to note and comment on the Public health commissioning intentions outlined in this paper.

9. Contact details

Report Author

- Karen Sharp
- Karen.sharp@kent.gov.uk

Relevant Director

- Andrew Scott-Clark, Acting Director of Public Health
- 01622 694293

Andrew.Scott-Clark@kent.gov.uk