

From: Andrew Scott-Clark, Interim Director of Public Health

To: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Subject: Extending the Current Contract for Health Trainers by Nine Months (from March 2015 to January 2016).

Classification: Unrestricted

Decision No.: 14/00147

Electoral Division: All

Summary:

This paper presents the case to extend the current service contract for Health Trainers (currently with Kent Community Health Trust) by nine months. The current contract runs to the end of March 2015. This is proposed because there are concurrent commissioning intentions and potential alignments that exist within Adult Social Care and Clinical Commissioning Groups (CCGs).

However Adult Social Care and CCGs have not yet finished their scoping and service design. Therefore, extending the current contract will give the benefit of easier alignment when the models of social care and well-being via a range of identified community 'agents' are in place. It will also enable Public Health to co-design the service together with other health and social care commissioners and get better value for the existing contracts.

Recommendation(s):

The Cabinet Member for Adult Social Care and Public Health is asked to take the decision to extend the contract with Kent Community Health Trust until 31st January 2016.

1.0 Introduction - The Value of the Health Trainer Service

1.1 Health Trainers are a key front-line public health workforce. They are often members of a community of people with poor health outcomes. They have been trained in basic health and behaviour change skills (somewhat like 'health coaches') and accredited to City and Guilds Level 3. They gain the trust of local people and work with them to reach their health goals, such as quitting smoking, losing weight or reducing alcohol intake.

1.2 The current contract is a historical one that rests with Kent Community Health Trust. It has the block contract value of £1,462,000 per year although this will be

reviewed for 2015/16, in line with established workforce numbers and hours of delivery. Currently, this buys approximately 30 full time equivalent Health Trainers together with area-based Co-ordinators and a service management structure linked to related Health Improvement programmes (although numbers of workers are greater due to the fact that many are part-time). It is the view of public health commissioners that greater benefit can be obtained from the contract if it is understood more fully in the context of the health and social care 'transformation agenda'. Local Clinical Commissioning Groups are also keen to co-design the Health Trainer role to tackle the health inequalities within their populations.

1.3 Currently Health Trainers are viewed by many partners and the public as a key public health workforce but the circa. £1.5 million pound contract is currently only buying 30 front-line FTE Health Trainers across Kent. Therefore they are delivering good outcomes but to relatively few people. KCHT also currently deploy Health Trainer staff in conjunction with the NHS Health Check outreach Programme. There is an opportunity to re-model and add value to this service.

2.0 Ensuring that the Right Model of Health Trainers is in place

2.1 It is the intention of the Public health Commissioning team to review the Health Trainer role, taking into account the following commissioning priorities:

- CCG 'Better Care' and Integrated Care Teams – to tackle health inequalities proactively and systematically;
- Social Care Transformation and Care Navigators – to ensure that people understand how to self-care and are properly signposted to the right service. There is a review taking place to understand the many commissioned posts across KCC which have 'care navigation' within their remit;
- Asset Mapping and Community asset development – with the reduction of funds in the public sector, a review of local community assets and infrastructure is taking place alongside local districts;
- Public Health commissioning is also reviewing the links between obesity, mental health, substance misuse and other risk-taking behaviours in order to make the best use of the public health grant;

Industrialisation of the Health Trainer role may be a far better and cost effective way to deliver systematic health improvement across Kent. If all front line 'care navigators' have a health trainer/ health coaching approach – this would mean far more than simply 30 whole-time equivalents taking on this role.

3.0 Time Frames and Options

3.1 Time frames for commissioning.

- The work outlined above is not yet finished. This paper proposes that the service contract with the current provider be extended from March 2015 to the end of January 2016;

- This will require the contract to be tendered in April/May 2015;
- The results of the Social Care review of Health navigators is likely to be available in March/April 2015;
- By March/ April 2015, discussions with the CCGs on the design of the integrated care organisations will also be clearer and will have had time to mature;
- This will then enable sufficient time to design a better model of Health Trainers, assess value for money, carry out stakeholder and public consultation and develop the potential provider market.

Conclusion

Options

A. Keep to existing contract time scales and start tender process immediately, ready to deliver a new service to start in April 2015.

- Benefits : The current contract is re-tendered quickly in line with existing time frames with new contract in place by March 2015.
- Risks: There is no opportunity to redesign the service or test the market, and a similar service is procured.

B. Extend current contract to the end of January 2016 in order to have time to incorporate KCC reviews and evidence and to co-design the service with CCGs and other social care commissioners.

- Benefits: The service will be enhanced and take into account health system needs and be part of the wider integration of health and social care.
- Risks: The current service may be destabilised with the skills and experience of trained community health champions and health coaches lost or subject to complex TUPE processes.

These risks will be mitigated through carefully planned market development work and consultation, including co –design with CCGs, so that local expertise is retained.

Recommendation:

The Cabinet Member for Adult Social Care and Public Health is asked to take the decision to extend the contract with Kent Community Health Trust until 31st January 2016.

Contact Details

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