

**From:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health  
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**To:** Kent Health and Wellbeing Board

**Date:** 18<sup>th</sup> March 2015

**Subject:** Public Health Commissioning Intentions 2015/16

**Classification:** Unrestricted

**Summary:**

Across Kent, Public Health has a key role to play in delivering the outcomes of the Joint Kent Health and Wellbeing Strategy. Nationally the NHS Five Year Forward view identifies the need to radically increase the role of prevention across the system and new responsibilities in The Care Act clearly show that effective prevention is key.

Over the last 12 months, through learning and engagement in Health and Well-being boards, a series of procurements, and also through contract monitoring the inherited public health services, there is a much fuller understanding of the potential and the limitations of the current service design. There are clear opportunities for a new and more integrated approach.

Based on this learning, Public health will agree, in partnership, a new strategic delivery plan for Public health across Kent including a commissioning strategy. This will ensure that future public health services will be based around the needs of the person as a whole, and wherever possible interventions are within integrated services, shaped through integrated commissioning. Examples such as the transfer of the Health Visiting service into KCC offer real opportunities to ensure strong connection between Health Primary Care services and KCC Early help services.

Whilst this strategic review and work takes place, key commissioning intentions will continue in partnership, detailed in this report, and structured into a Starting Well, Living Well and Ageing Well approach.

2015/16 is a year in which a new approach to public health must be accelerated. We must move away from standalone provision focused on one particular lifestyle issue, and focus on shared outcomes, collectively addressing underlying causes of health inequalities across Kent.

**1. Introduction**

1.1. Nationally the importance of good prevention continues to be embedded in statutory and strategic guidance. The 5 Year Forward View and The Care Act set out a Call to Action and statutory framework for effective prevention.

- 1.2. During 2014/15 the KCC Public Health department have worked closely with colleagues across the Health and Wellbeing system in Kent, supporting prevention through the implementation of the Joint Health and Wellbeing Strategy. It has been a year of learning, analysing the resource available through the public health grant, drilling down into the performance of services and reviewing the effectiveness of different approaches. Some good progress has been made, there are improvements in performance, integrated models of care have been developed and efficiencies have been driven on key contracts. However, it is recognised that much of the approach is still based on outdated models of service, and that there are huge opportunities to improve the support and services available through the evolving integrated arrangements in health and social care.
- 1.3. In early 2015/16, a Public Health strategic delivery plan will be developed, and aligned to this will be a 3 year commissioning strategy. This will set out how public health services can be reconfigured to support the approaches identified in the Joint Kent Health and Wellbeing Strategy to maximum effect and accelerate the preventative work across Kent in the Health and Wellbeing system.

## **2. Background**

### **3. Progress in 2014/15**

- 3.1. During 2014/15 Public Health have been focussed on progress in key priorities identified in the Joint Kent Health and Wellbeing Strategy. Examples include the implementation of a breastfeeding support service (in support of Outcome 1, Priority 1), the procurement of a Postural Stability Service (in support of Outcome 3, Priorities 2 and 3), and the development of the Emotional Wellbeing strategy for children (in support of Outcome 1). A series of needs assessments have been developed and work on integrated intelligence continues in programmes such as The Year of Care.
- 3.2. There has been a focus on contract management resulting in more efficient contracts. Contractual relationships have developed with new organisations in the community and a number of new models of service have been tendered. Performance in programmes such as Health Checks has measurably improved, and for the first time in 4 years the service is on track to meet the target of 50% of invitees attending for their check. The improvement in activity is matched with reduced spend, the activity based contracting approach used has delivered both efficiencies and improved performance.
- 3.3. During the development of new services, the commissioning team have worked to engage with the voluntary, community and social enterprise in particular for some of the smaller scale community based interventions. A Dynamic Purchasing System (DPS) for Public Health services has been established and by January 2015, 22 different organisations were accepted onto the DPS. 63% were Kent-based organisations.
- 3.4. Community Sexual Health Services have been re-tendered. The process has provided a number of challenges and learning for implementing new models of care. The model delivers some key improvements. Based on a hub and spoke model it is significantly more efficient. Capacity has been realigned with where the need for service is. And it has been jointly commissioned with NHS England to ensure the right approach with services for those who need HIV services.

### **4. Commissioning Intentions for 2015/16**

- 4.1. It is intended that 2015/16 is one of development and change for the services commissioned by Public Health. The opportunity presented by the transfer of Health

Visitors into the local authority, alongside the coming to an end of the majority of the major contracts for many of adult healthy lifestyle services will allow for the application of the strategic principles of the Health and Wellbeing Board to reshape service design and commissioning.

- 4.2. A new model for core public health services will be driven through the development of a Public Health strategy and commissioning plan. This will fully assess the opportunities for alignment with the transformation agenda's across partners of the Health and Wellbeing Board
- 4.3. During this time, there will be continued rigorous contract management in commissioned services, ensuring that they deliver the outcomes specified and further efficiencies are driven, whilst we undertake the redesign of services in partnership.. In addition there will be a series of engagement events with community organisations and employers to re shape our approach.
- 4.4. The Public Health strategic delivery plan will be structured into 3 areas for improved outcomes.

## **5. Starting Well**

- 5.1. In October, Public Health will inherit the commissioning of Health Visiting from NHS England. During the past months collaboration between the commissioners and providers has been growing to ensure that a smooth transition takes place. A particular focus of this work has been assessing progress that is being made to meet the workforce baseline and the quality of the current provision.
- 5.2. KCC decided not to simply transfer the existing NHS England contract, but to have a new contract from October 2015. This will allow time to build a new model for provision in partnership, in particular with General Practice and Early Help services.
- 5.3. The transfer will also include the Family Nurse Partnership, a service that is widely valued for young parents who welcome additional intensive support for developing their parenting skills. There are opportunities to link in KCC provision for example employment skills support into this provision and to share learning about the approach between similar services, such as the Troubled Families programme.
- 5.4. As part of every programme of work there must be a clear focus on Healthy weight in children. Increasing obesity in children is being recognised not just as a timebomb for demand on a range of health services, but also as a key underlying issue affecting emotional wellbeing. The response to this issue cannot be confined to the public health team. It is a whole system challenge requiring collaboration with education, health and social care colleagues but most importantly with families themselves.
- 5.5. Work will continue on the two priority Public Health areas identified by Outcome 1, Priority 1 of the Joint Health and Wellbeing Strategy, namely increasing breastfeeding rates, and the reduction of smoking in pregnancy. The breastfeeding support service (supplied by PS Breastfeeding) has been implemented, whilst interventions such as Baby Clear, are being closely monitored and will be supported by a social marketing campaign.
- 5.6. The Public Health team will also continue to work in partnership in the development of the Emotional Health and Wellbeing Strategy for young people, ensuring delivery of the prevention and early intervention actions, whilst continuing to jointly commission the Young Healthy Minds service and the new model of provision within the whole

pathway of care.

## **6. Living Well**

- 6.1. During 2015/16 we will engage in a whole system review of the service models to support people to live healthy lifestyles including the approach to healthy weight, physical inactivity and smoking cessation services. This will be a core programme driven through Local Health and Wellbeing Boards.
- 6.2. The current models for delivery in drug and alcohol services, also need to be refreshed, with the current contracts expiring at the end of March 2016. Opportunities such as the remodelling of healthy lifestyle services and the implementation of the sexual health services are key to reshaping more integrated provision.
- 6.3. During 2014/15 we have been working closely with colleagues from Social Care and Clinical Commissioning Groups to develop the Mental Health core offer of support, to be tendered during 2015/16. This is a priority programme and a leading example of a cross system approach. Public health is focused on both the promotion of wellbeing, and also effective early intervention within the model, a great opportunity to build effective prevention.
- 6.4. Health Checks delivery will continue to be managed closely to further increase performance towards the governments stretch target. The service has been improving its targeting of Health inequalities which we continue to closely monitor.
- 6.5. As set out in the 5 Year vision there is huge opportunity to focus on health within the Workplace. In Kent there is a Healthy Business award and will continue to sign up new businesses. There is much more that can be done, across Kent within partner employees. In addition. KCC have strong links with a range of employers across the County both in public and private sectors. This is a great opportunity to drive a population level impact.

## **7. Ageing Well**

- 7.1. The focus on supporting people to age well will continue. The new postural stability services doubles capacity utilising the DPS described above. This is a key preventative agenda for both Health and Social Care and the impact on reducing falls and demand for specialist services will be closely monitored.
- 7.2. The Keep Warm Keep Well campaign and associated services, will help to support people to remain well, and in their own homes. Public health will continue to develop the relationship with NHS England Screening & Immunisation team, and will extend the Flu campaign that we developed in 2014/15.
- 7.3. We will also begin the work with Social Care and health colleagues on the Older peoples core offer, particularly in relation to Social Isolation. This will mirror the approach in the Mental health core offer working with partners to review the outcomes that all want achieved and developing a range of services, connected with each other that older people can access, integrated with community provision.

## **8. Integrating the system, delivering better services**

- 8.1. As outlined above, there is a huge opportunity over the coming twelve months to reshape how the Public Health services are delivered, and to ensure that we are achieving our outcomes.

- 8.2. The Public Health commissioning plan will take account of this changing landscape in order that the services are delivered in an integrated way, and as part of a seamless clinical pathway.
- 8.3. As part of this work is required to design and develop the most appropriate evaluation framework to determine impact of services using a whole system / whole population approach. This will be essential to understand the relative merits of different services being accessed by different population groups as well as estimating more robustly the combined economic benefits of PH commissioned programmes. This evaluation framework is expected to be designed, using the intelligence system created by the Kent & Medway Health Informatics Service that brings together person level linked NHS and non NHS datasets under the national Long Term Conditions Year Of Care programme.'

## **9. Conclusion**

- 9.1. Public Health commissioning has been delivering on the outcomes identified in the Joint Health and Wellbeing Strategy, working in partnership across the health and social care system to shape services, and deliver outcomes for the people of Kent. The coming years present an opportunity, through new responsibilities, and through the expiration of contracts, to reshape the commissioning strategy and the resulting services to meet the challenges of a changing landscape, and the shifting needs of the population.

## **10. Contact Details**

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