

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care and Health Cabinet Committee
1st May 2015

Subject: Update on Developing the Public Health Strategic Delivery Plan and Commissioning Strategy

Classification: Unrestricted

Past Pathway: The Children's Social Care and Health Cabinet Committee considered this report on 21st April

Future Pathway: The Public Health Strategic Delivery Plan and Commissioning Strategy will return to this committee in July

Electoral division(s): All

Summary:

Since responsibility for Public Health transferred to KCC in April 2013, there has been a range of commissioning activity. This has built up an understanding of the potential and the limitations of the contracts that transferred to KCC. There are clear opportunities for a new approach.

Public health is developing a new strategy for Kent and an aligned commissioning plan. This will ensure that the future approach to public health will be based around the needs of the person as a whole, and wherever appropriate interventions are within integrated services. Crucially tackling health inequalities will underpin every programme of work.

Whilst this strategic review takes place, key programmes will continue to be commissioned, as detailed in this report. They are structured within 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 an integrated approach to delivering key outcomes for Kent.

1. Introduction

1.1. Nationally the importance of good prevention continues to be embedded in statutory and strategic guidance. The NHS 5 Year Forward View and The Care Act set out a Call to Action and a 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 across the Council and with partners.
- 1.3. It has been a year of learning, analysing the resource available, 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.
- 1.4. 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.
- 1.5. The Public Health strategy is being developed and will be finalised in early 2015/16, and aligned to this will be a commissioning plan. This will set out how public health services can be reconfigured to support the approaches and accelerate the preventative work across Kent in the Health and Wellbeing system.

2. Drivers for Change

2.1 In developing the strategic delivery plan it is important to understand the drivers for change that are affecting the health and social care system across the country, and here in Kent. These are:

- NHS Five Year Forward View:
- The Care Act:
- Financial drivers:
- Demographics:
- Health inequalities:
- Kent Health and Wellbeing Strategy.

2.2 In addition to the drivers outlined, above the recently agreed five year vision for Kent

County Council, highlights three strategic outcomes:

- Children and young people in Kent get the best start in life
- Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality life
- Older and vulnerable residents are safe and supported with choices to live independently.

3. Our vision and strategy

3.1 Using the drivers for change outlined above, a proposed vision has been developed, alongside the approaches that will be taken.

3.2 The proposed vision is: “to improve and protect the health and wellbeing of the people of Kent, enabling them to lead healthy lives with a focus on the differences in outcomes within and between communities”. To deliver the vision Public Health will:

- Provide strategic leadership to the prevention agenda
- Take a life course approach
 - Starting Well
 - Living Well
 - Ageing Well
- Align commissioning of health improvement and health protection programmes and the delivery at a local Health and Wellbeing Board footprint and work to co-commission public health programmes with Clinical Commissioning Groups. Prevention will be seen as part of the clinical pathway.
- Public Health work with colleagues to ensure the “organised efforts of society”
 - Across KCC Directorates
 - Across Clinical Commissioning Groups
 - Across District Authorities
 - Across Local District Health and Wellbeing Boards
 - With service providers and voluntary and community organisations

3.3 Using the life-course approach, which mirrors the County Council’s three strategic outcomes our supporting outcomes have been mapped against these stages, and the priority areas for action, namely:

- Smoking
- Healthy eating, physical activity and obesity
- Alcohol and substance abuse
- Wellbeing (including Mental Health and Social Isolation)
- Sexual Health, Communicable Disease
- Wider determinants of health

The resulting outcomes framework can be seen at appendix 1.

3.4 During the early part of 2015/16 we will be analysing how our services, and the wider system are working to deliver our supporting outcomes, including looking at the total resource that is impacting on them.

3.5 Following the discussion at both the Children’s Social Care and Health Cabinet Committee and the Adult Social Care and Health Cabinet Committee, there will be engagement with partners to discuss the approach outlined, and to understand how our commissioning strategy should be shaped to meet the challenges.

- 3.6 Public Health are also mandated to support Clinical Commissioning Groups in the planning work required to commission safe and effective health services. We will enhance this support over the next three years to ensure the public health planning work both strategically and locally is effective and contributes to better health outcomes for the Kent population.
- 3.7 Public Health will continue to support Pioneer and the integration of health and social care, building on the nationally leading work on integrated data sets, year of care tariff work and analysis and evaluation of interventions and outcomes across diverse health and care providers.
- 3.8 A further report will be brought to the July round of Cabinet Committees to seek approval for the strategic delivery plan.

4. Progress in commissioning in 2014/15

- 4.1. During 2014/15 Public Health have been focussed on delivering key outcomes identified in the Joint Kent Health and Wellbeing Strategy.
- 4.2. There has been a focus on contract management resulting in more efficient and better performing contracts. Contractual relationships have developed with new organisations in the community and a number of new services have been tendered.
- 4.3. The improvement in activity is matched with reduced spend, the activity based contracting approach used has delivered both efficiencies and improved performance.
- 4.4. 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.
- 4.5. 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.
- 4.6. The commissioning of Drug and Alcohol services transferred to public health in October 2014. The commissioning approach has been audited and reviewed and the action plan relating to the audit have been implemented

5. Commissioning Intentions for 2015/16

- 5.1. It is intended that 2015/16 is one of development and change for the services commissioned by Public Health. A new model for core public health services will be driven to support the delivery of the Public Health strategic delivery plan and commissioning plan. This will fully assess the opportunities for alignment with KCC transformation agenda's and with partners of the Health and Wellbeing Board

- 5.2. During this time, there will be continued rigorous contract management in commissioned services, ensuring that they deliver the outcomes specified and that further efficiencies are driven.
- 5.3. In addition there will be a series of engagement events with community organisations and employers to re shape our approach.

6. Starting Well

- 6.1. 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.
- 6.2. 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 to share the approach with similar services, such as the Troubled Families programme.
- 6.3. 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 time bomb 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 but a whole system challenge requiring collaboration with education, health and social care colleagues but most importantly with families themselves.
- 6.4. Work will continue on 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.
- 6.5. 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.

7. Living Well

- 7.1. 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.

- 7.2. 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.
- 7.3. 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.
- 7.4. 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.
- 7.5. 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.

8. Ageing Well

- 8.1. 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.
- 8.2. 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.
- 8.3. Work will also begin 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.

9. Conclusion

- 9.1. As outlined above, there is a huge opportunity over the coming twelve months to implement the Public Health strategic delivery plan and reshape how the Public Health services are delivered to ensure that we are achieving our outcomes.
- 9.2. 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. Recommendation

10.1. The committee are asked to:

- note the progress made in Public Health in 2014/15
- comment on the proposed vision, strategy and commissioning intentions outlined in this paper.

Background documents

None

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