

To: Health Overview Scrutiny Committee

From: Graham Gibbens, Kent County Council Cabinet Member for Adult Social Care and Health

Andrew Scott Clark, Director of Public Health

Date: 9th October 2015

Subject: Public Health Services Transformation and Commissioning Plans

Summary

The Public Health team at Kent County Council (KCC) are undertaking a review of the programmes commissioned from the public health grant. Engagement is taking place with a range of partners, to develop and improve our approach to public health. Our aim is to ensure that we promote health and wellbeing locally in collaboration with all partners, and that key services are focused on tackling health inequalities. This paper outlines some of the work to date.

Health Overview Scrutiny Committee is asked to:

1. Note and comment on the work to date.
2. Note the public consultation on public health programmes during November 2015.

1. Introduction

- 1.1. This paper is to update the members of the KCC Health Overview Scrutiny Committee on the Public Health transformation programme that is currently underway.

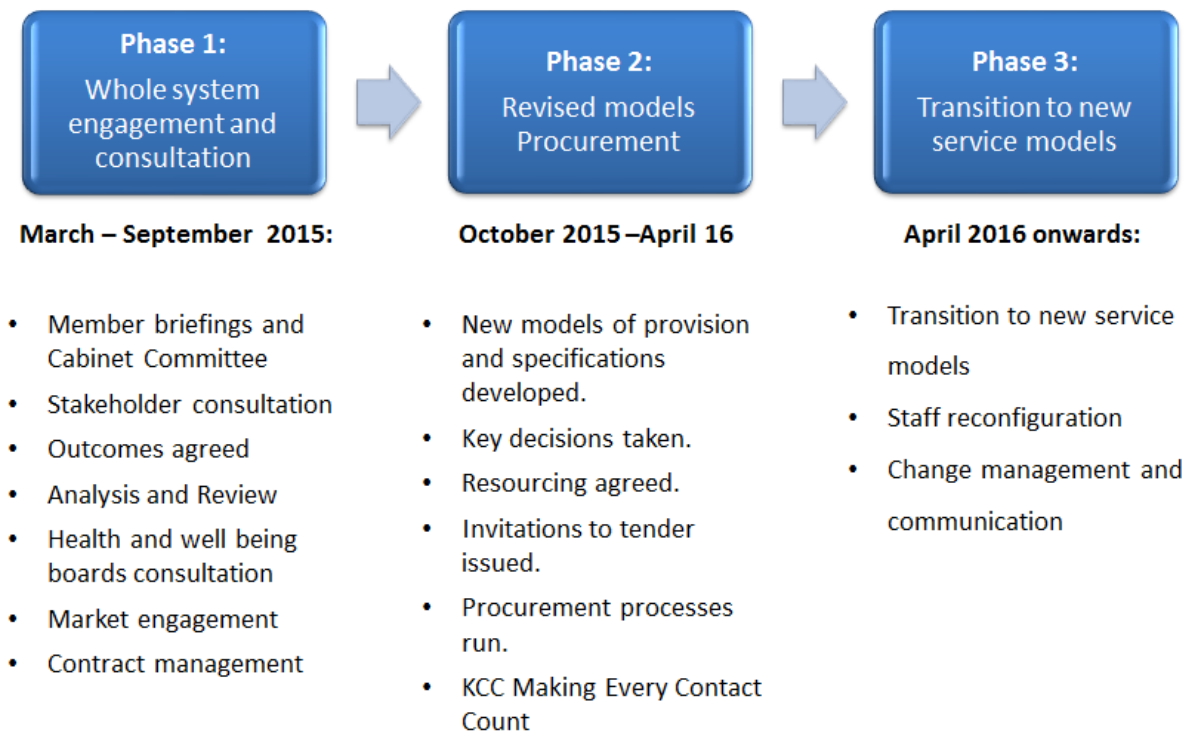
2. Background

- 2.1. In April 2015 KCC decided to review the programmes commissioned through the Public health grant. National drivers for this review included The NHS Five Year Forward View which identifies the need to radically increase the role of prevention, and The Care Act which describes new responsibilities that clearly show that effective prevention is crucial.
- 2.2. Kent is not the only Local Authority to undertake this programme of work, it is clear that in many parts of the country Local Authorities are examining the approach to public health, in particular the adult health improvement services that are commissioned.
- 2.3. Reports such as The King's Fund Report – *Clustering of Unhealthy Behaviours Over Time* (2012) set out the need to review services and focus on a holistic approach to health improvement and the wider health system. Other parts of the country are also proposing changes in line with these drivers, with the aim to integrate and realign these services.
- 2.4. The Public Health team have therefore been conducting a review and analysis of the programmes commissioned through the Public Health grant. This review is providing a

more thorough understanding of the potential and the limitations of the current services and there are clear opportunities for a new and more integrated approach.

3. Timeline

3.1. The timeline for this programme of work is as follows.



3.2. A full public consultation of the proposals will be undertaken in November 2015.

4. Progress to date

4.1. In June 2015 KCC Adult Social Care and Public Health Cabinet Committee agreed to extend, as needed, and align all of the current adult health improvement contract dates so that a new model of provision could include within scope the range of services currently commissioned as standalone services.

4.2. Using the drivers for change outlined above a vision and outcomes framework has been developed. The vision is: “to improve and protect the health of the people across Kent, enabling them to lead healthy lives, with a focus on the differences in outcomes within and between communities”.

4.3. The analysis has been structured locally and also into a Life Course approach as outlined in Sir Michael Marmots review. This life course review structures the understanding of our approach into the following

- Starting Well
- Living Well
- Ageing Well

4.4. The health outcomes and priorities have been mapped with each stage of the Life Course Approach. The priority areas are:

- 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

5. Wider engagement

5.1. Public Health have conducted a series of market engagement events which indicated a strong willingness by many providers to engage in the transformation work. The exercise involved representatives from more than 80 service provider organisations from the public, private and voluntary sector. Feedback included the below points :

- A strong appetite to engage in the programme.
- Different models emerging nationwide: many providers come with knowledge wider than Kent and & keen to share what has and hasn't worked elsewhere.
- Keenness to collaborate between public private and voluntary sector providers.
- Providers keen to explore new contract opportunities, in many cases beyond services that they are already providing - many providers are keen to diversify the service offer
- Suggestions that go beyond traditional 'service-based' approaches e.g. using behavioural science and marketing approaches to generate motivation.
- Many providers are thinking about their strategies and in some cases re-focusing their service offer in order to respond to the potential market for health improvement
- A number of different providers suggested commissioning a generic 'behaviour change service'
- Pharmacies keen to be more engaged

5.2. Customer insight work is also in progress. A focussed piece of work into women who smoke during pregnancy has been completed. Insight work will take place in November and December, with the aim of gaining further insight into why people engage in multiple unhealthy behaviours and what will motivate them to access a health improvement service. A full public consultation will begin in November and December and will include an on-line survey to gather the general public's views and opinions on the model, and secondly focus groups will be held and targeted at those with greater need so that we gather in depth feedback from the populations that we want to access the new service.

5.2.1. A number of themes have come out of the stakeholder engagement to date which will inform some of the core principles for the approach moving forwards.

5.3. Health promotion across the population

5.3.1. One of the strongest pieces of feedback has been that the approach to public health messaging could be hugely strengthened and coordinated much more with partners. There is a need for a highly proactive approach to increase the use of campaigns, social marketing and communication channels across partners to produce high profile, high impact messages.

5.4. A focus on health inequalities

5.4.1. A key theme for both children and adult services has been to further identify the opportunity to enhance public health into partner programmes of work already in place in communities where there are high health inequalities. It is also clear that better use of data and intelligence that is available can be used to target communities with high health inequalities

5.5. Locally flexible services

5.5.1. The current approach has been based on a one size fits all across Kent. Future procurement should include local representation to ensure a model which varies according to local priorities. The service models in development must enable better alignment with local population need. Local representatives are welcomed to be involved in developing this model.

5.6. Adult health improvement services

5.6.1. A core theme has been to move from provision which only tackles one health issue, to a more integrated approach.

5.7. Children and Young People's services

5.7.1. A review of Children and Young People's services is also underway, including the School Public Health (School Nursing) service and Substance Misuse services for young people. In addition from October 2015 KCC will inherit the commissioning responsibility for the Health Visiting Service from NHS England. Prior to transfer we have worked closely with CCG's, General Practice and KCC to ask them for their experience of the service, and to develop the specification for the service from October 2015.

5.7.2. Key themes from these reviews have a need for better visibility of core services, shared records, the importance of the safeguarding role and a more closely aligned approach with KCC Early help services particularly in relation to emotional wellbeing and drug and alcohol services. In addition there must be a much more integrated approach to embedding health in core children's and families services.

6. **Conclusion**

6.1. Since May, Public Health has been undertaking a review and analysis of the services commissioned through the public health grant and which it welcomes engagement and feedback on the key themes emerging from this review.

7. Recommendation

7.1. Health Overview Scrutiny Committee are asked to:

1. Note and comment on the work to date.
2. Note the public consultation on public health programmes during November.

Report Author

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