

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee, 10th March 2016

Subject: Adult Health Improvement Services – Commissioning Strategy

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Cabinet Committee, 1 May 2015, 10 July 2015, 14 January 2016

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary:

Following the previous progress report, (January 2016) on the commissioning transformation programme for adult health improvement services, the Public Health team have met with a range of stakeholders to share the preferred health improvement service model.

This has highlighted a number of opportunities to align and/or integrate the new adult health improvement model with emerging structures in health, and the work of district councils to deliver improvements in the health and wellbeing of residents of Kent.

This report proposes an extension of the existing contract for adult health improvement services by up to six months in order to allow time to develop these opportunities in more detail to enable effective integration and alignment of key services moving forwards.

Recommendations:

The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the feedback from stakeholders since January and the opportunities for working jointly with partners on the re-commissioning of adult health improvement services.

1. Introduction

- 1.1. The Adult Social Care and Health Cabinet Committee has been shaping the development of the public health strategy, and the new model for integrated health improvement services.
- 1.2. In previous discussions, the drivers for change for the work have been outlined, and the committee have been invited to shape the emerging model alongside stakeholder, public and market consultation, and a range of behavioural insight work.

2. Stakeholder Feedback

- 2.1. Since the last report to this committee in January 2016, Public Health have met with a range of different stakeholders including local Health and Wellbeing Boards, Clinical Commissioning Groups (CCGs), district councils and potential service providers as part of on-going market engagement to outline the preferred model for health improvement
- 2.2. Stakeholders have welcomed proposals for an integrated health improvement service to support Kent residents who need support with tackling unhealthy lifestyle behaviours. There was also wide recognition that tackling these issues early would help people to live longer healthier lives and should also reduce demand on the health and care system by preventing longer term illness and conditions such as diabetes.
- 2.3. These discussions with stakeholders and partners across the health and care system have highlighted a number of key opportunities for integration and improved service effectiveness including:
 - Potential to work more effectively with district and borough councils
 - Opportunity to align services to planned changes in local health services including development of new models of care
- 2.4. There are a number of significant developments expected in each of these areas during 2016/17.
- 2.5. A number of district councils are actively exploring how they can further contribute to improving the health and wellbeing of their local population. Councils are looking to collaborate with partners to design place-based initiatives which influence the wider determinants of health. A recent report commissioned by the District Councils Network and produced by the Kings Fund highlights the potential contribution that district councils can make to improving Public Health.
- 2.6. The Committee will also be aware that CCG commissioners are also planning for significant changes to integrate services to meet patient needs more effectively and efficiently. These changes are expected to include establishment of Integrated Care Organisations (ICOs), Multispecialty Community Providers (MCPs) and/or GP federations in a number of areas of the county.
- 2.7. The NHS Five Year Forward View sets out an clear framework for these new models of care and highlights the need for a 'radical upgrade in prevention' in order to manage demand on health and social care services.
- 2.8. Local health and wellbeing board partners have consistently agreed that adult health improvement services commissioned by Public Health will have an important contribution to make to these initiatives as they take shape and emerge over the next twelve months.

3. Commissioning Timeframe

- 3.1. The existing contracts for adult health improvement services are due to run until 30th September 2016. New services would be due to start operating from

1st October which would require a procurement process to start by April 2016. Although this is still achievable, it would not allow time to fully explore the opportunities highlighted in the stakeholder feedback.

- 3.2. Extending the timeframe by six months would provide time to engage in more detailed discussions with district and borough councils and CCGs and specify adult health improvement services in a way that will ensure alignment with the emerging models of care in health.
- 3.3. An additional six months would bring other benefits to the commissioning of health improvement services by allow more time to:
 - learn lessons from other local authority areas that have established new integrated adult health improvement services
 - Undertake further and more detailed market engagement with potential service providers as the market is still developing and maturing.

4. Financial Implications

- 4.1. As indicated in the previous report to the committee, the contracts for the health improvement services currently have a total annual value of approximately £5.3m.
- 4.2. KCC has now received its allocation for the public health grant 16/17 which is £71,121,000. This represents a 7.5% reduction.
- 4.3. Public Health have already delivered savings of £926k on adult health improvement services by making greater use of activity based contract payments and reducing management overheads.
- 4.4. A six-month extension will enable Public Health to continue to deliver efficiencies through internal activity and management of existing contracts for these services, and would not be curtailed by a delay in the procurement process. Contract values for extensions of services will need to reduce to deliver the savings.

5. Conclusion

- 5.1. Since the last Cabinet Committee meeting, Public Health have engaged in a series of discussions with key stakeholders including district and borough councils and CCGs. This has highlighted a number of opportunities to better alignment and/or integrate the new adult health improvement services with the emerging provider structures in health and with the critical work of district and borough councils which drive improvements in the health and wellbeing of Kent residents.
- 5.2. The current timetable for procurement of the new adult health improvement services may not allow sufficient time to fully explore these opportunities. A six-month extension of the existing adult health improvement service contracts

would allow time to complete this work and to maximise the potential benefits of joint commissioning or alignment of health improvement services.

6. Recommendation(s)

Recommendation:

7. The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the feedback from stakeholders since January and the opportunities for working jointly with partners on the re-commissioning of adult health improvement services.

8. Background Documents

NHS Five Year Forward View, Department of Health, available at:

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

The district council contribution to public health: a time of challenge and opportunity, The King's Fund, available at:

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf

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