

**From:** Diane Morton, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

**To:** Adult Social Care and Public Health Cabinet Committee,  
8 July 2025

**Subject:** Public Health Service Transformation Programme Update

**Classification:** Unrestricted

**Past Pathway of Report:** n/a

**Future Pathway of Report:** N/A

**Electoral Division:** All

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**Is the decision eligible for call-in?** Not applicable

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### **Summary:**

Public Health embarked on a service transformation programme (PHSTP) in July 2023 designed to improve all services in receipt of the Public Health Grant. Key aims were to ensure they were efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

The purpose of this paper is to provide new members of the committee with background on the Public Health Transformation Programme (PHSTP), an update on recent progress and share detail of future work. This update follows a series of papers and updates previously shared with the committee.

In addition to this programme update at the July 2025 Cabinet Committee, there are separate focused Key Decision papers on the agenda for NHS Health Checks, Sexual Health and Physical Activity Service for Older People. These are the last of nine key decisions that need to be taken as part of the PHSTP. It should be noted that there are some other public health services which fall outside of scope of the PHSTP such as those funded via external grants for smoking and family hubs. The approaches taken will consider integration and future opportunities.

As part of transformation, a set process has been followed to arrive at a proposed service model. The process has included desktop analysis, stakeholder engagement, benchmarking, market analysis, options appraisal, financial appraisal, external peer review, business case development and internal procurement governance. Proposed models have been presented at cabinet committee for input and endorsement and, following a Key Decision, an implementation phase will take place comprising of sourcing and service mobilisation.

Since the last committee good progress has been made against all project streams. A number of procurements are now live following Key Decision and endorsement at the March Health Reform and Public Health cabinet committee.

### **Recommendation(s):**

The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the information contained within this update report, and to **COMMENT** on the programme and the next steps.

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## **Introduction and background**

- 1.1 Kent County Council (KCC) Public Health is leading a Public Health Service Transformation Programme to improve service delivery to communities in Kent.
- 1.2 The review of services is a normal part of the commissioning cycle and Public Health contracts are continually monitored to drive continuous improvements. However, the transformation work aims to support opportunities to look across services and consider how we can maximise impact through better supporting cross cutting themes, gaps or learning.
- 1.3 Although the aims of this programme are not financially driven (other than ensuring an overall balanced budget), value for money and efficiency of the services funded is integral to the outcomes of this work given the need in the local population vs service capacity. In addition, staff have been exploring opportunities for aligned, joint or integrated commissioning now or in the future.
- 1.4 Services within the Public Health portfolio include; the Kent Health Visiting Service, Sexual Health Services including pharmacy and the condom programme and psychosexual therapy, Postural Stability, Adult Lifestyle Services including NHS Health Checks and Substance Misuse. Consideration and recommendations have also been made in relation to public health campaigns and KCC funded services which interlink.
- 1.5 The majority of services are statutory and funded via a ring-fenced Public Health Grant. Many have nationally prescribed specifications, need to comply with national evidence-based guidance and report performance nationally. Services are largely informed by a strong evidence base and return on investment.
- 1.6 On the whole, the performance of services is good and Key Performance Indicators are in the main consistently met. However, there are always opportunities to improve, innovate and respond to support best value demands, whilst also responding to changes in the macro environment.
- 1.7 The Public Health Service Transformation programme commenced in July 2023. Its aims are:

- To deliver best value and the biggest impact
- To improve services for our communities
- To ensure services are safe and effective
- To ensure services are fit for the future, sustainable and responsive to need

1.8 Core Principles underpinning the recommissioning programme are:

- Prevention and tackling health inequalities
- Working across KCC directorates
- Aligning commissioning across systems
- Working closely with the NHS, District Councils and other partners and providers
- Value for money / Best value
- Person centred

1.2 The services within the scope of the Transformation Programme support the Council's prevention offer, and a key priority in Securing Kent's Future. This is particularly important given the increasingly challenging funding pressures, cost rises and need to prevent the associated cost of ill health.

1.3 They play a critical role in the reduction in health inequalities, which are unfair and avoidable differences in health across the population, and between different groups within Kent communities. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. [Core20Plus5](#) is an evidence-based approach which supports the reduction of healthcare inequalities and is embedded in service specifications.

1.9 The commissioning landscape continues to evolve and will be impacted by several strategic developments. This includes local government reform, change in political landscape, significant cuts to the Integrated Care Board budgets, abolishment of NHS England and negotiations on national pharmacy contract and rising provider costs.

1.10 The Health Reform Public Health Cabinet Committee was previously updated on the programme in March 2025. This paper details Programme progress since the last committee, key considerations ( performance, legal, commercial, risk) and forward look.

## **2. Public Health Services Transformation Programme progress**

2.1 All milestone have achieved since the last committee and key activity is set out below.

2.2 Internal procurement governance has now been given for all projects which has included approval by the PHSTP steering group, Commercial and Procurement Oversight Board and DMT's where applicable.

- 2.3 Key decisions have been taken for the majority of projects with the remainder scheduled to take place following HRPHCC endorsement for Sexual Health, NHS Health Checks and Older People's Exercise.
- 2.4 A number of procurements have commenced with some completed and new suppliers awarded. Others will commence over summer months to ensure new services are in place by April 2026, when the majority of existing contracts end.
- 2.5 Once procured or sourced, commissioning plans will be taken forward to support implementation of the new service model. Mobilisation of the newly designed services will vary due to their size, scale and complexity.
- 2.6 An evaluation framework is also being developed to support a robust review of new models and evidence of impact. It should be noted that many services commissioned are mandated, hold a strong evidence base and are nationally prescribed.
- 2.7 A summary position against all service can be found below in Annex 1. Key progress made on the Key Decisions taken following the March 2025 committee is outlined below;

- **Health Visiting and Community Infant Feeding**

- Key Decision was taken following HRPHCC on 11 March 2025
- The procurement of place-based infant feeding services is now open and new services are due to go live in January 2026.
- Health Visiting procurement documentation is being finalised with a view to procure over the summer.

- **School Health**

- Key Decision was taken at HRPHCC on 11 March 2025.
- School Public Health Service procurement documentation is being finalised with a view to procure over the summer.
- The procurement for Therapeutic Support Services is live and new services will start in November 2025. The current CYP Counselling service will end on March 2026, and be replaced with a new Therapeutic Support Service (TSS). The team is working closely with key stakeholders, providers and young people to implement a communication and transition plan.

- **Lifestyle services**

- Key Decision was taken at HRPHCC on 11 March 2025.
- Procurements for Lifestyle and Smoking Services is now live. New services will commence on the 1 April 2025.

- 2.8 In order to implement all recommissioning activity the team will work closely with key partners, providers and stakeholders including local people to manage the change to new service models. It is anticipated that full transformation will be achieved during the life of new contracts.

### **3. Performance and Quality**

- 3.1 The Health Reform and Public Health Cabinet Committee regularly receives updates on the performance of commissioned services.
- 3.2 During the programme period the performance targets and metrics will be reviewed and readjusted to ensure they are fair and delivery best value for money. The committee may see some changes to Key Performance Indicators (KPI's) in 2026 and beyond.
- 3.3 A review of quality indicators and information is also taking place to inform future specification requirements. This will include expected standards around user satisfaction, audit, data quality and monitoring

### **4. Commercial Considerations**

- 4.1 New service models will be implemented in line with the Provider Selection Regime (2013) (PSR) and the new Procurement Act (2025) (PA) as applicable.
- 4.2 PSR is applicable to most public health services and applies when contracting for healthcare services. There are Key Criteria under the Provider Selection Regime (PSR) which cover Value, Social Value, Quality and Innovation, Integration and Collaboration, and Improving Access and Reducing Health Inequalities. Procurements choose from one of five key routes including Direct Award (A, B and C), Most Suitable Provider Process and Competitive Process.
- 4.3 Each service will consider best commercial arrangements such as contracting model, payment mechanics, supplier sustainability, risk allocation and strategies to manage inflationary price rises.
- 4.5 It is important that KCC are mindful and understanding of the many financial challenges that are currently facing suppliers from uncertain funding sources, inflationary increases in staff costs and those from the recent central government changes to National Insurance Contributions and to both the National Minimum and Living Wages. KCC have set financial constraints and cannot agree to long term contracts that may be unsustainable to fund. KCC will need to continue to work alongside suppliers to find solutions, to these and future challenges, throughout the lifespan of new services.

### **5 Risks**

- 5.1 In addition to the inherent risks associated with the Commercial Considerations, the programme is managing other risks.
- 5.2 There are uncertainties around whether the proposed contracts will be attractive to suppliers in terms of what is being asked to deliver in the service model specification and within the financial constraints of funding and potential TUPE liabilities This risk is being mitigated by testing and engaging with the market and through discussions with providers.

- 53 The current operating environment for commissioners and suppliers is challenging, with increases in costs, cuts to other services, increases in staffing costs, uncertainties of grant funding and sustainable long-term contracts. Both suppliers and commissioners need to be mindful of potential supplier market failures due to other financial pressures.
- 5.4 Transformation Governance – most of the contracts within the transformation programme, end on 31 March 2026. The time allocated to scheduling of the programme, is the minimum time needed to deliver new commissioning arrangements. If for any reason KCC governance is delayed, it is likely an extension to the current contract would be required to re-commission the service.
- 5.5 Complexity – The Transformation programme is a complex programme of work. There are multiple services transforming at the same time, many providers, new procurement legislation, uncertainties around future funding arrangements, Local Government Reorganisation, changes to national guidance and legislation.
- 5.6 It is critical that during this period of transformation that service stability is maintained so that any (negative) impacts on residents are minimised. To mitigate this, regular engagement has taken place with providers and current users. Mobilisation timeframes have been set on realistic market feedback with some cross over between the end of one service and the start of the next. Communication to key stakeholders also remains of key importance.

## **6. Legal considerations**

- 6.1 Most services within the scope of this programme are mandatory and KCC has a legal duty to deliver these Public Health services under the Health and Social Care Act 2012. Legal advice has been sought throughout the programme and in relation to; a) the decision surrounding the legal requirement for a Public Consultation and b) relevant procurement legislation and contractual terms and conditions.
- 6.2 Many of the services within scope of the transformation programme were procured through a Partnership Agreement with KCHFT (Kent Community Health NHS Foundation Trust) and MTW (Maidstone and Tunbridge Wells NHS Trust) based on Regulation 12(7) of the Public Contracts Regulations (PCR) to establish a cooperation agreement. The new Provider Selection Regime (PSR) regulations do not contain the same opportunities to continue the cooperation agreement. Services which did fall under the old legislation will need to be procured, separately using alternative, relevant legislation. The KCHFT and MTW Partnerships will therefore end as part of this programme of work and new relationships be established.

## **7. Conclusions**

- 7.1 The Public Health Service Transformation Programme presents an opportunity to improve services, target them to local residents with greatest need and ensure they represent best value.

- 7.2 Officers have completed significant activity to ensure a robust review process has been completed and any recommendations are informed by best practice, evidence and need.
- 7.3 The programme has delivered against key milestones and all services will commence no later than 1 April 2026.
- 7.4 The Health Reform and Public Health Cabinet Committee are asked to consider and endorse the final set of key decisions shared with today and support successful implementation of new service models over the coming months.
- 7.5 Regular updates can be provided to the committee during the implementation period and beyond this period as impact and success of new models are reviewed.
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## 8. Recommendation(s):

- 8.1 The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the information contained within this update report, and to **COMMENT** on the programme and the next steps.
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## Contact Details

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