

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
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To: Health Reform and Public Health Cabinet Committee
5 September 2023

Subject: **Public Health Service Transformation Programme**

Classification: **Unrestricted**

Past Pathway: This is the first committee to consider this report.

Future Pathway: To be confirmed.

Electoral Division: All

Summary: This paper outlines the details of the Public Health service transformation programme that aims to review public health services to ensure they are impactful, cost-effective and robust for the future. The information gathering underpinning the work commenced in July 2023 and the recommendations will be implemented by summer 2025.

The programme responds to a series of strategic developments, challenges and opportunities in the commissioning landscape and will be underpinned by an evidenced-based review of all internal and external Public Health funded services and grants. It will ensure service models are sustainable for the future and explore opportunities for integration and efficiency. The evidence-based methodology will be delivered in collaboration with key partners, providers and residents.

It sits alongside a review of existing partnership arrangements held in public health including those with NHS Trusts, internal departments of KCC and District and Borough councils. It will be important to ensure we have the right contracting mechanisms for delivering the optimal service model.

This is an exciting opportunity to transform public health services and ensure that funding is spent where it can make the biggest impact. It will seek to learn from other areas, evidence-based approaches and find a balance for Kent which ensures delivery of mandated requirements in a lean way that optimises innovation.

Recommendation(s):

The Cabinet Committee is asked to:

CONSIDER and COMMENT on the decision to embark on a public health service transformation programme.

COMMENT on the aims, objectives and high-level methodology set out in this paper.

1. Introduction

- 1.1 This paper sets out the details of a transformation programme for public health services.
- 1.2 It is an exciting opportunity to transform public health services and will look to learn from other areas, and evidence-based approaches and find a balance for Kent which ensures delivery of mandated requirements in a lean way that optimises innovation.

2. Background

2.1 Public health transferred to local authorities as a result of the Health and Social Care Act (2013) and receives a ring-fenced grant to support the delivery of a range of mandated and non-mandated services. This supports KCC's statutory duty as a local authority to improve the health of the population and reduce health inequalities.

2.2 Key commissioned services include:

- **Health Visiting** including Family Partnership programme and infant feeding.
- **School Public health** including Children and young peoples' counselling services and mandated National Child Measurement Programme.
- **Substance misuse services** including Community Drug and Alcohol Service for adults, young people's services, housing, branding, lived experience and inpatient detox.
- **Lifestyle and prevention services** including smoking, obesity, wellbeing, physical activity NHS health checks, oral health and postural stability.
- **Wellbeing** including community wellbeing, children's and young people counselling services and perinatal services.
- **Sexual health services** including sexual health pharmacy programme.
- **Other services** including campaigns, training, oral health, and public health champions.

2.3 Services are provided via a range of contracts and delivered by a host of providers and partners including NHS Trusts, District and Borough Councils, voluntary sector suppliers, private sector companies and internal KCC departments.

2.4 A number of these contractual arrangements are due to end in early 2025 and the transformation programme will inform future commissioning decisions.

2.5 In addition to external contracts, the public health grant is invested in other KCC services. This includes Adult Social Care services (Live Well, Domestic Abuse Services), Integrated Children's Services, Kent Sport, Trading Standards and voluntary sector support.

2.6 Over the last 10 years, significant work has taken place to renew and transform services including a programme of transformation that was delivered in 2015. However, since this time there has been a series of significant

developments which have resulted in the need to embark on a new transformation programme. These key drivers are listed below:

- COVID-19 Pandemic
- Significant financial pressures and budget uncertainty
- Changing demographic and demand for services
- New programmes of work
- Changes in procurement legislation
- Changes in the health and social care landscape, including the Integrated Care Board and the launch of the Interim Integrated Care Strategy
- Changes in the external market
- Ongoing workforce challenges

3. Overview of the transformation approach

3.1 The main aim of the transformation is to improve service delivery to our communities, targeting those that need them, whilst maximising the impact of our investment; ensuring all services are efficient, evidence-based and delivering the best outcomes possible. Future services need to be innovative, sustainable, responsive and commensurate to the needs of our changing communities.

3.2 In addition, we must embrace opportunities for prevention to underpin service delivery and explore options to further enhance our prevention offer and support aspirations of the Integrated Care Strategy.

3.3 Services in the scope of the transformation programme are:

- Public Health Commissioned Services
- Grant Funded Projects (e.g., Healthy Living Centres)
- Public Health funding to other KCC departments/services

3.4 In addition, the use of communication and campaigns will be considered as part of the programme of work. They can play a key role in motivating people to not just access support of services but to change their behaviours without the need for a service. They can often have a greater reach than services can and are able to support effective targeting e.g., through the use of social media.

3.5 The transformation programme follows five core principles:

- We will place prevention and tackling health inequalities at the centre of all services and ensure that services are person-centred. Changing the shape of demand is critical, so that the reliance on Council services is reduced. When conditions are detected earlier, people are less likely to enter statutory services and when they do it is less in crisis and more in a managed way.
- The review will work collaboratively and transparently across other KCC directorates, considering opportunities to align with other services to improve efficiencies, avoid duplication and co-design services where relevant and possible.

- The review will enable us to consider alignments in commissioning across the system and take into account the impact of other commissioned services and commissioning cycles (such as the ICB) to provide potential opportunities to compliment and join up commissioned services and avoid duplication.
 - The review seeks to work closely with the NHS (Providers, ICB, Primary Care, Health and Care Partnerships (HaCPs)), District Councils, VCSE and other partners and providers to explore wider perspectives on service need and delivery (such as place-based services). We will engage providers to align with all key partners including NHS (ICB, Primary Care, Acute and Community Trusts), (Health and Care Partnerships (HaCPs)), District and Boroughs Councils, localities and Parishes – where each stakeholder must play their part.
 - Value for money. Funding pressures and the changing nature of our communities provides an opportunity to assess need and demand for council services and ensure we can be innovative and commission the right services to the right people and offer value for money.
- 3.6 There are a number of key stakeholders and partners who will be engaged in this programme of work including local residents, providers, District and Borough Councils, other commissioning organisations, other parts of KCC, Elected Members etc.
- 3.7 It will be important to ensure we have the right contracting mechanisms for delivering the optimal service model and as such, a review of existing partnership arrangements held in public health will take place as part of this programme of work. KCC has previously opted for this route permitted within the procurement regulations. This includes:
- Partnership with Kent Community Health Foundation Trust (KCHFT) who delivers a number of mandated services including Health Visiting, Sexual Health, School Health and Lifestyle services.
 - Partnership with Maidstone and Tunbridge Wells NHS Trust for delivery of sexual health services
 - Partnership with District and Borough councils for delivery of lifestyle services

4. Review Methodology and timeframes

- 4.1 The evidenced-based methodology for the transformation has been developed and will be led by Public Health Consultants and senior commissioners in a collaborative, team approach across all portfolio areas. It will be supported by both the performance and analytics functions.
- 4.2 The review will be conducted in four main stages, most of which can run concurrently. The timescales are indicative at this stage and may vary between service areas:
- **Stage 1. Information gathering (July-August 2023)**
Desktop pro-forma exercise to understand population need, service need analysis, description of current service delivery and alternative

options, context, financial analysis, service performance and outcomes.

- **Stage 2. Wider Engagement (September-October 2023)**
Provider and stakeholder workshops to gain a wider perspective of service delivery and external influences. Co-production and feedback of target groups, service users and those not currently engaging in services to gain a greater understanding of needs, motivators and to identify best practice.
- **Stage 3. Options Appraisal (November-December 2023)**
Exploring the external market and summarising intelligence from the completed proforma. The Five Case Business model will be applied to measure against critical success factors and affordability. Outcomes from this process will be peer challenged for robustness and will conclude in final recommendations.
- **Stage 4. Options Finalisation and Implementation (January-July 2024)**
In this final review stage, the recommendations will be presented through the governance process allowing for public consultation if required. Once the final conclusions and recommendations have been agreed, services will be approved, procured, or commissioned in line with the implementation plan.

5. Governance

- 5.1 All decisions relating to this programme of work will be taken in line with KCC governance processes and regular updates will be shared via this committee.
- 5.2 Details of the work will be shared internally with the Directorate Management Team (DMT) and Corporate Management Team (CMT) for their consideration and endorsement.
- 5.3 The Director of Public health is the senior lead and will provide strategic leadership to the programme through the Public Health Service Transformation Steering Group. This group includes representatives from HR, finance, commissioning and communications.
- 5.4 The Assistant Director for Integrated Commissioning will lead a delivery group which will report to the steering group and engage with parties across the team such as communication, commissioners, performance and consultants.

6. Financial Implications

- 6.1 The current public health grant is £74.03m for 2023/24 and an in-year uplift is expected to meet the costs of the nationally agreed pay award for NHS providers.
- 6.2 Although the aims of this programme are not financial (other than ensuring an overall balanced budget), value for money and efficiency of the services

funded is integral to the outcomes of this work. It may be that financial savings can be delivered through new innovative approaches.

7. Legal implications

- 7.1 KCC is bound by the public contract regulations (2015) and as such will adhere to procurement regulations. National changes to the procurement legislation are anticipated to include a new framework called the Provider Selection Regime (PSR) and updates to the Public Contract Regulations (PCR), 2015. Public health procurements are likely to follow PRS which involve a more collaborative approach to contracting such as that taken with Kent Community Health Foundation Trust (KCHFT).
- 7.2 The public health grant also has several mandated services that must be funded by the grant. KCC and the Director of Public Health also has a duty to improve the health of the population and reduce health inequalities as set out in the Health and Social Care Act (2012). In addition, there are services specifically mentioned within the legislation or grant conditions that must be provided such as substance misuse services.
- 7.3 It is likely that legal advice may be taken regarding new models of delivery, consultation and procurement/ contracting approaches. Relevant legal advice will be sought as required and shared with this committee as part of any decision-making processes.

8. Consultation and engagement

- 8.1 Engagement with Kent residents, members, providers, and partners will be a critical part of the delivery of this programme of work. Solutions will be co-produced, and a key part of the methodology involves running collaborative workshops and engagement exercises.
- 8.2 Further information will be shared with the committee members in due course and advice will be sought from KCC's consultation and Engagement Team

9. Equalities Implications

- 9.1 Public Health will refresh relevant Equalities Impact Assessments in due course and take forward relevant recommendations in line with changes to service models.

10. Risks

10.1 Key risks include.

- **Delivery within timeframes and aligning to other commissioning activities** – A project management approach will be applied, and a dedicated Project Manager has been recruited.
- **Resources** – capacity of staff and stakeholders to engage in the programme of work within the timescales given. Careful planning and advanced notification will support this, alongside a team-led approach to the review.

- **Changes in national guidance** – for example, national policy or programme guidance for delivery. To mitigate this, staff will engage with national networks and providers and develop mechanisms for managing change through contracts.
- **Costs** – the preferred model cannot exceed current financial allocations and the methodology will utilise cost effective approaches and analysis tools.

11. Conclusions

11.1 This programme presents an exciting opportunity to apply evidenced-based thinking and collaboration to transform preventive services in Kent. It will support delivery of a number of strategic priorities such as those set out in the Integrated Care Strategy.

11.2 It will aim to improve the offer for local residents with the aspiration of supporting improved health outcomes in the longer term. It will build on existing good practices both locally and nationally but allow for innovation.

11.3 This is an ambitious programme of work which will involve careful planning and organisation to deliver elements on time. It may be that implementation needs to be done in a phased way across the breadth of services.

11.4 Engagement of this committee and its members will be key to its success and the committee is asked to consider the details set out in this paper and make comments.

11.5 Updates will be provided to the committee as this piece of work develops.

12. Recommendation(s)

The Cabinet Committee is asked to:

CONSIDER and COMMENT on the decision to embark on a public health service transformation programme.

COMMENT on the aims, objectives and high-level methodology set out in this paper.

13. Background Documents

[Public Contract Regulations \(2015\)](#)

[Health and Social Care Act \(2012\)](#)

[Integrated Care Strategy](#)

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