From:	Dan Watkins, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Direcor of Public Health
To:	Health Reform and Public health Cabient Committee – 23 January 2024
Subject:	**Public Health Service Transformation Programme – Update**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This paper outlines the progress 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 programme commenced in July 2023 and the recommendations will be implemented in a staggered approach.

The transformation programme has completed the first three phases; planning, information gathering and delivering a series of engagement workshops.The next key step is to develop a business case which sets out a recommended commissioning model and includes a make, buy sell analysis, Equality Impact Assessments (EQIAs) and Data Protection Impact Assessments (DPIAs). The business case will be informed by a robust options appraisal processes and will go through a series of quality checks and will be externally peer reviewed.

Following the development of the business case, local engagement will take place, service models will be revised, and consultation (if needed) will take place, and then the commissioning plan and implementation will follow. Timescales will vary (for each service) and will follow the new Provider Selection Regime (PSR) procurement regulations.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this update report, and to **COMMENT** on the programme and next steps.

1. Introduction

1.1 On 5 September 2023 the Health Reform and Public Health Cabinet Committee was presented with an overview of the Public Health Service Transformation Programme. This paper provides an update on progress over the last three months.

1.2 Kent County Council (KCC) Public Health is leading a transformation programme designed to improve service delivery to communities, targeting those that need services the most. Ensuring that services are efficient, evidence-based and delivering the best outcomes and best value. Future Public Health services need to be innovative, sustainable, responsive, and commensurate to the needs of our changing communities.

1.3 There are opportunities to further enhance prevention and to support the aspirations of the Integrated Care Strategy. There are also opportunities to contribute to Secruing Kent's Future by ensuring that the programme actively supports Kent County Council's Best Value for services. See section 8.2.

2. Scope and background

2.1 Public Health funds a range of prevention services which can play a key role in preventing ill health and associated costs. 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.

2.2 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.

2.3 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. For example is there more that Health Visitors can do to support parents with poor mental health and substance misuse issues, or, can lifestyle services do more to support oral health outcomes?

2.4 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. As such, financial savings may be delivered through identifying and delivering new innovative approaches.

2.5 There are also opportunities to explore joint and integrated commissioning options as we move forward and conversations with key partners are ongoing through this programme.

3. Review methodology

3.1 The evidence-based methodology has been developed by drawing on resources across the team and has been approved by the Director of Public Health. The transformation programme consists of phases. The phases include;

collecting evidence and stakeholder insight (in the form of; proformas and engagement workshops), building a business case and a revised service model. The revised service models will be shared with the public through engagement (and public consultation, if required). Following engagement, the commissioning and contract approach will be executed and finally the new service models will be implemented. This implementation phase may take some time for example larger contract if competitively tendered would need sufficient mobalisation time.

3.2 Throughout the transformation process, opportunities to gather insight from the general public and people whow draw on support will be sought. Where it is identified there are existing gaps in insight, an external provider will be commissioned to conduct insights, particularly to target those people who are harder to reach, but who would benefit from the services.

3.3 As well as procuring insight, the transformation programme will make use of existing networks and communication channels to seek user views. These existing communication channels include; supplier / provider networks, working with other directorates and community groups. The team is also working closely with the Marketing and Resident Experience team at KCC.

3.4 The transformation implementation time will vary across Public Health services and will be impacted by a change in procurement law, as set out in section 5 of this report.

3.5 There are thematic worksteams which are each led by a Public Health Consultant and the delivery of transformation is a collaborative effort by Senior Commissioners, Commissioners and Public Health Specalists. The work is supported by; the performance and analytics and communications functions. The workstreams are set out in Appendix 1.

4. Progress

4.1 Phase 1 – Planning. Phase one consisted of planning and preparing for the transformation programme project; recruiting the Project Manager and developing the project methodology.

4.2 Phase 2 – Evidence and information gathering. For each Public Health service area a proforma has been produced, which contains; performance data, benchmarking data, a review of the current model, outcomes evidence, insight that exists and needs assessment information. In total, twenty one proformas have been produced and gone through a quality assurance process. The proformas provide a baseline of evidence and intital service improvement recommendations. All of the information will be used in the business cases for each service area and supported phase 3.

4.3 Phase 3 – Engagement workshops. Following the collection of evidence (as outlined above), engagement workshops for each service have been completed, where information was shared for dicussion. Attendees consisted of Public Health consultants, commissioners, providers and key stakeholders from across the health system.

4.4 The purpose of the engagement workshops was to explore the future commissioning models for Public Health services and asked attendees what a good service looks like. The workshops were well received and providers/stakeholders welcomed the opportunity to share their understanding of existing services and to generate ideas to; improve and embed prevention to integrate and align services and to innovate. It was also an opportunity to understand anything that wasn't currently working well. The feedback from these engagement workshops has been collated, with every provider/stakeholder having an opportunity to provide feedback. A new vision for each service has been developed from the workshops and themes have been identified, which will support the development of future options.

4.5 The themes which came out of the engagement workshops were; people have increasingly complex needs and there is increasing demand across all of Kent. People want to understand what services are on offer and want to access these services easily.

4.6 Improvements were identified by providers and stakeholders (during the workshops) and some of the suggested improvements are set out below:

- System improvements – there is a need for strong system leadership, governance and strategy with clear roles and responsibilities.
- Data – there is a need to have more sensible General Data Protection Regulations (GDPR) for data sharing and to ensure that a person only has to tell their story once.
- Information sharing – there is a need to share knowledge and insight and this could be met by;
    - work shadowing,
    - networking and the mapping of local offers.
- Workforce – there is a need to upskill volunteers, to use secondments, share training opportunities (e.g. workforce passports), use skill mix and provide career progression to help develop a sustainable workforce.
- Interventions – there is a need to continue to base interventions on evidence and focus on early prevention.

4.7 One area that was a challenge across most of the Public Health services is access to suitable premises and premises from which to operate. Outreach was felt to be needed but a more coordinated approach may be beneficial.

4.8 Following the engagement workshops, the focus for the programme team over the next few months is to; plan and deliver the options and business case phase. This phase will consist of using the evidence collected from information gathering (proformas and engagement workshops) and develop a short list of options to include within a business case. Proposed service changes will be subject to an EualityImpact Asessment and Data Protection Impact Assessment screening, in order to assess likely impacts.

4.9 A large number of people benefit from Public Health services each year and understanding the views of the people of Kent and those people who also use public health services will be critical to the success of this project. In 2022-2023

68,713 families had a health visiting, health and wellbeing review and 458,000 people were eligible for an NHS health check, of whom many will have experiences and views of how the service could be improved. Services regularly collect feedback from people who use their services. Feedback on how they would like to be communicated with, how they would like to access the services and this information is used to make improvements. An example of this is in 2023, the Kent Health Visiting website has a Kent Baby website and a separate website for older children, it has been re-launched to now encompass information for the whole family and is called 'Kent Family' and includes information on; babies, children, teenagers and for professionals.

4.10 Engagement with people who use Public Health services and also more hard to reach communities can be challenging, but this is critical to ensure the service offer is insight driven and based on need. Following a review of the insight that is available across Public Health services, it is clear that the insight that currently exists across the health portfolio is inconsistent and patchy. It will therefore be necessary to commission additional insight to enable all commnuities to have a voice. It is particularly important that people who do not currently access Public Health services, but who would benefit from accessing services, have their voices heard. This insight work will commence in early 2024.

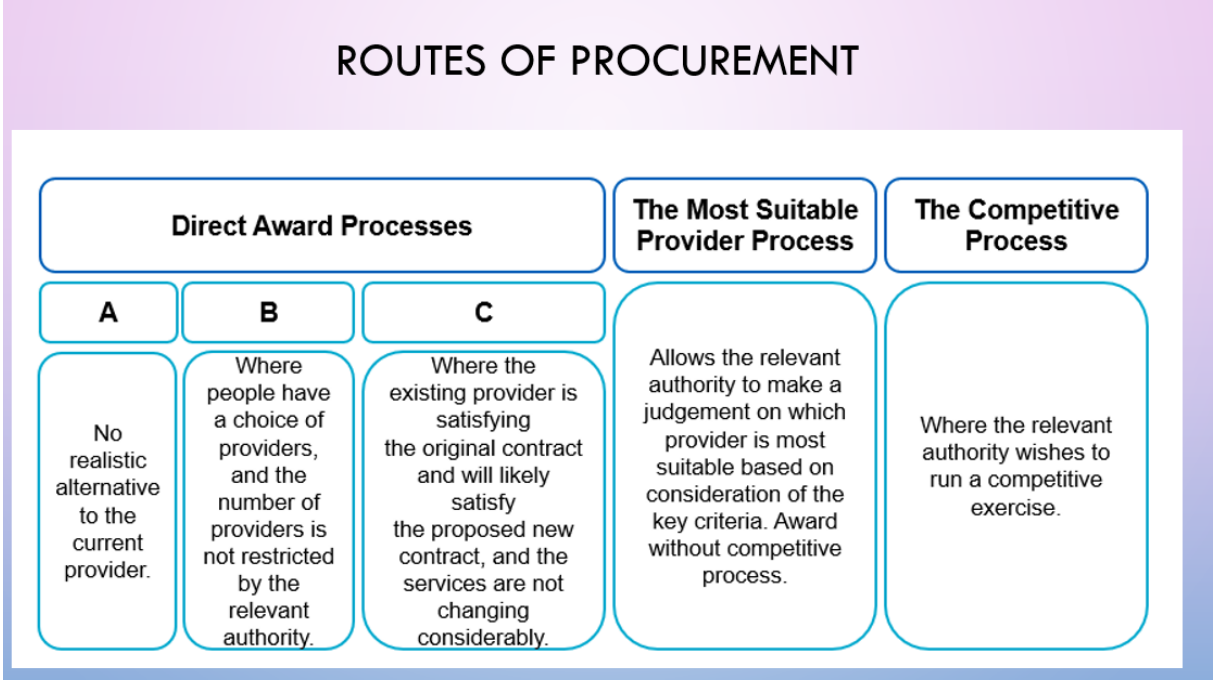
5 Contracting and procurement considerations

5.1 New procurement regulations relating to the procurement of Healthcare services came into force on 1 January 2024. The new legislation is called the Provider Selection Regime (PSR). PSR will replace the preceding Public Contract Regulations 2015 and the National Health Services Regulations 2013. PSR will be the new procurement legislation for NHS and local authority funded healthcare services. Existing contracts that expire after 1^{t} January 2024 will need to comply with the regulations. The new legislation provides the council with greater flexibility to identify the most suitable provider to deliver the service, whether this is through direct award processes, or new processes.

5.2 All forms of health care services that are designed to secure an improvement in the physical and mental health of the people in England, and in the prevention,diagnosis and treatment of physical and mental illness are in scope of PSR. Services themselves would need to be delivered directly to an individual, or groups of individuals in order to be covered by PSR.

5.3 Legal advice has been sought on how contract variations or extensions to partnerships arrangements will work when the new legislation comes into force. Due to the fact that the new procurement legislation is untested, there could be a greater risk of challenge for those opting for direct award options. Furthermore, detailed work will be needed in order to apply the new legislation to existing contracts which are due to expire during the life of the transformation programme.

Table 1. Provider Selection Regime – Routes of Procurement



6 Stakeholder engagement

6.1 The Public Health Service Transformation Programme is engaging with a variety of internal and external stakeholders.

6.2 Internal KCC stakeholders include Corporate Management Team, Directorate , divisional management teams, as well as elected members.

6.3 External stakeholders include; district and borough councils, the Integrated Commissioning Board, current and potential suppliers, the Local Medical Committee, The Local Pharmacy Committee, Health Care Partnerships (HaCPs), Voluntary Community and Social Enterprise (VCSE), Police and Crime Commissioner and other local authorities.

7 Governance

7.1 All decisions relating to this programme of work will be taken in line with the council's governance processes and regular updates will be shared with this committee.

7.2 Details of the transformation work will be shared internally with the Directorate Management Team (DMT) and Corporate Management Team (CMT).

7.3 The Director of Public Health is the Senior Responsible Officer and will provide strategic leadership to the programme through the Public Health Service Transformation Steering Group. This group includes representatives from HR, finance, commercial, commissioning and communications. Discussions have taken place with Invicta Law who are sighted in the programme and will be

involved as needed.

7.4 The Assistant Director for Integrated Commissioning is leading the Transformation Programme Delivery Group which reports to the Steering Group. The Assistant Director also engages with relevant parties such as; communication teams, commissioners, performance and Consultants in Public Health.

8 Finance

8.1 A large proportion on the Public Health Grant is spent on the services contained within the transformation review. These services have a strong evidence of reducing longer term health and social care costs and it will be important to ensure these services support areas of greatest impact.

8.2 The Kent Public Health Observatory conducted a review of the services within the Public Health portfolio and the Return on Investment (ROI) (Appendix 2) that those services generate (based on national data sources). National evidence indicates that;

- alcohol identification and brief advice (IBA) produces a £27:£1 ROI,
- that smoking (tobacco control services) produce a £11.20: £1 ROI,
- pharmacy services (emergency contraceptive) produce a £15.60:£1 ROI.

8.3 There are ROI examples across the Public Health portfolio, demonstrating that these services represent value for money and are a good investment of the Public Health Grant.

8.4 Securing Kent's Future is KCC's overall budget recovery strategey. The Statutory Best Value duty that frames all financial, service and policy decisions within the council is a key driver for the Public Health Transformation Programme. Securing Kent's Future will be prioritised within the review, to ensure that Public Health is meeting its statutory duties and services upon which our people who use these services rely. Social value will also be a key priority within the transformation work.

8.53 Opportunities to deliver savings – there are activities within certain services that could be delivered differently, which still achieve the same outcomes but deliver financial savings. An example of this is the NHS Health Checks programme, at present, letters are sent in the post to invite people to take up a check. It has been identified that that there could be opportunities to complement the invitation process with text messaging, leading to a cost saving.

8.6 Transformation programme resources - The transformation programme is managed by a dedicated in house team. The team consists of a Project Manager to ensure the programme scope is met, that risks are appropriately managed, and the that the key deliverables are achieved on time. The Project Manager is managed by a Senior Commissioner who also has a wider role. The Integrated Commissioning Assistant Director is responsible for the project

management of the transformation service. A fixed term Project Officer has also joined the team to support the programme.

8.7 The direct staffing costs of the transformation programme are £81,399 in 2023/2024 and are forecast to be £162,288 in 2024/2025.

9 Risks

9.1 Delivery within timeframes and aligning to other commissioning activities – A project management approach is being applied to the transformation work, and a dedicated Project Manager and Project Officer have been recruited. In addition to project management resource, the service transformation work will be phased. This is to help ensure that those contracts that are expiring soonest, with less risk are reviewed first, giving enough time to more complex/riskier contracts. This is particularly important with the new PSR legislation that is at present, untested.

9.2 Due to the complexity/number of compnonets within some Public Health services, combined with the changing commissioning arrangements in the health system and the uncertainty that the new PSR legislation brings, it is likely that some short term extensions on current contracts will be required. Enacting contract extensions would enable a longer term, more forward thinking view that aligns with external factors (such as legislation and confirmation of budgets) and opportunities (such as joint commissioning).

9.3 Resources – capacity of staff and stakeholders to engage in the programme of work within the timescales, given the majority of work is within existing resources. Careful planning and advanced notification will support this, alongside a team-led approach to the review. It is also likely that work will need to be phased.

9.4 Changes in national guidance – for example, national policy or programme guidance for delivery. To mitigate this, staff will engage with national networksand providers and develop mechanisms for managing change through contracts.

9.5 Costs – the preferred model cannot exceed current financial allocations and themethodology will utilise cost effective approaches and analysis tools. However if budgets are not set high enough then there may not be a market to deliver services.

9.6 Limited opportunities to deliver savings – with increased demand and caseloads being more more complex, there may be reduced opportunities for the programme to deliver financial savings.

9.7 Stability of workforce – developing a sustainable workforce is key to being able to deliver services efficiently, effectively and safely. The new Provider Selection Regime (PSR) legislation, changes in the health system landscape and the uncertainty of future contracts is a risk that could result in de-stabilising the

workforce. Changes of supplier or approaching the end of a contract may result in high vacancy rates, staff turnover and loss of productivity.

9.8 Missing opportunities to jointly commission – the result of moving ahead at pace to procure new contracts could result in missing out on potential future joint commissioning opportunities, resulting in continued and fragmented commissioning. Ongoing conversation with other commissioners and building flexibility into contracts will help to mitigate this.

9.9 External funding security – a series of additional investment has supported enhancement and development of new services. This includes Start for Life, substance misuse, weight management and stop smoking services. In addition, the Public Health Grant allocation and income for NHS pay (for commisseiond health services) is often received annually. Lack of clarity on future funding levels makes it challenging to confirm budgets for these services, however mitigations will include; contractual breakclauses and pricing reviews.

10 Timings

10.1 The programme will be phased into blocks of activity and services grouped according to contract expiry date, complexity of service and alternative market providers. It will also be necessary to reduce the potential risk around new procurement routes under PSR.

10.2 The transformation programme will be phased into blocks, with the services that are lower value, lower risk and ahead in terms planning starting the review first. The timings for the full project are currently being worked through and will be available at the next update.

11 Conclusions

11.1 The Public Health Service Transformation Programme presents an exciting opportunity to apply evidence based thinking and collaboration to transform prevention services in Kent. The programme is well underway and has (since the Cabinet Committee were last updated); reviewed and collected data and evidence, delivered engagement workshops for providers and external stakeholders. This evidence collection will now feed into the next phase of the programme which is to develop improved service options and an accompanying business case.

11.2 Major changes to services may or may not need to go out to public consultation depending on the level of change proposed. The transformation programme will explore different options to ensure best value by including cross cutting themes into all relevant service changes'. For example, reducing harm from alcohol and substance misuse will be considered in the Family Hub offer and Children and Young People's services, and promoting good oral health can be considered across all services.

11.3 The Public Health Transformation Programme is designing services to meet the growing demands and changes in population, to re-think how resources can be

delivered to meet needs, particularly of the most vulnerable people, whilst also delivering best value in models that are sustainable and fit for the future.

11.4 The programme will be phased into blocks of activity and services grouped according to contract expiry date, complexity of service, alternative market providers and route to market. Further details will be provided as part of the next update to this committee.

12. Recommendation(s):

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

13. Contact details

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