

**From:** Dr Anjan Ghosh, Director of Public Health

**To:** Dan Watkins, Cabinet Member for Adult Social Care and Public Health

**Subject:** **Public Health Service Transformation Programme - Adult Lifestyle Services Re-commission**

**Decision Number:** 25/00008

**Classification:** Unrestricted

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

**Future Pathway of Report:** Cabinet Member decision

**Electoral Division:** All

**Summary:**

This report sets out a proposed decision on the re-commissioning activity of Adult Lifestyle Services. The service commenced on 1 April 2017 and ends on 31 March 2026.

Kent County Council (KCC) commission Adult Healthy Lifestyle Services (Stop Smoking, Weight Management and Healthy Lifestyles) as part of the service branded as One You Kent (OYK). OYK plays a vital role in ensuring the effective and timely provision of preventative health and wellbeing services and can help meet key priorities.

In July 2023, KCC commenced the Public Health Service Transformation Programme (PHSTP). The programme responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants. The Programme required the evaluation of existing service models and collaboration with key stakeholders to identify recommendations for future service delivery.

As part of the PHSTP, market, stakeholder and public engagement has been undertaken. All responses and contributions from engagement has been analysed and informed future service delivery. The service model from 1 April 2026 will enhance elements of the existing model and will continue to be delivered in line with national best practice. New service specifications have been developed, which encompasses learning from all the engagement undertaken.

It is proposed Adult Healthy Lifestyle Services are re-commissioned, with the aim of successfully selecting provider(s) to deliver the services from 1 April 2026. The process will adhere to 'Spending the Council's Money' and relevant procurement legislation.

## **Recommendations:**

The Cabinet Member for Adult Social Care and Public Health is asked to:

- a) **APPROVE** the Adult Healthy Lifestyle Service model and agree to the commissioning of the relevant services:
  - Stop Smoking Service: Three Year Contract (1 April 2026 – 31 March 2029) with an optional extension, up to 24 months.
  - Weight Management and Healthy Lifestyle Service:
    - East Kent: Three year Contract (1 April 2026 – 31 March 2029) with an optional extension, up to 36 months
    - West Kent: Three year Grant Agreement (1 April 2026 – 31 March 2029) with District and Borough Councils. Towards the end of the Three years, a decision will need to be made on whether KCC continues to provide the service in West Kent through Grant Agreements with the District and Borough Councils.
- b) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health to commission the relevant services and enter into contracts or other legal agreements with providers to deliver the Adult Healthy Lifestyle Service model; and
- c) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and
- d) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision.

## **1. Introduction**

- 1.1. Kent County Council (KCC) commission Adult Healthy Lifestyle Services (Stop Smoking, Weight Management and Healthy Lifestyles) as part of the service branded as One You Kent (OYK).
- 1.2. Although smoking prevalence is declining nationally and locally, smoking is still the main cause of premature mortality, accountable for 27% of all cancer deaths and a range of long-term health conditions. In Kent, it is estimated that 11.4% (2023) of the adult population smoke, but smoking rates are much higher among some groups, particularly those in lower socio-economic and vulnerable communities, making smoking a major risk factor for health inequalities.
- 1.3. The percentage of Kent adults (18+) classified as overweight or obese is 67% (2022/23). This is higher than the national average (64%) and has increased from 61.3% in 2015/16. In comparison to smoking, there is a strong association between deprivation and obesity. nationally, the gap in obesity prevalence between women from the most and least deprived areas was

17%, while for men the deprivation gap was 8%. Obesity prevalence in Kent was lowest among adults living in the least deprived areas (20%) and highest in the most deprived areas (34%).

- 1.4. In Kent, 20.4% (2022/23) of adults (19+) are physically inactive, which compares well to the national average (22.6%). Furthermore, the percentage of adults in Kent meeting the '5-a-day' fruit and vegetable consumption recommendation is 33.3% (2022/23), which is higher than the national average (31%).
- 1.5. Kent's Alcohol Need Assessment (2021) estimated that 300,000 people in Kent are consuming more than 14, up to 35/50 units a week (harmful drinking) and 300,000 people are consuming more than 14, up to 35/50 units a week with no 'free days' and/or binge drinking (hazardous drinking).
- 1.6. In regard to Wellbeing, 5.9% (2022/23) of adults in Kent have a low happiness score (8.9% national). This has reduced from 10.8% in 2011/12.
- 1.7. Under the Care Act, KCC is obliged to provide or arrange for services, facilities or resources which would prevent, delay, or reduce individuals' needs for care and support. Within the Care Act statutory guidance, secondary prevention or early intervention is defined as more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.
- 1.8. KCC also has a statutory duty to improve the health of the population and reduce health inequalities (Health and Social Care Act 2012). KCC receive a ringfenced Public Health Grant to meet this statutory duty and annually report to Government on how much of this Grant has been allocated on weight management, lifestyles and stop smoking services.
- 1.9. OYK supports the Council to achieve priorities set out in 'Framing Kent's Future' and 'Securing Kents Future' and plays a vital role in ensuring the effective and timely provision of preventative health and wellbeing services and can help meet key priorities:
  - Play a key role in the delivery of early intervention and prevention strategies
  - Reduction in health inequalities
  - Prevent/reduce the number of people requiring Health and Social Care
  - Reduction in overweight and obese prevalence in the general population
  - Reduction in harmful and hazardous drinking prevalence in the general population
  - Increase in the percentage of adult who are physically active
  - Reduction in prevalence of health conditions linked to being overweight and/or living an unhealthy lifestyle

- Reduction in the number of people per 100,000 who have died under the age of 75 from cardiovascular diseases considered preventable
- Reduction of smoking prevalence in the general population
- Reduction of the under 75 smoking related cancer mortality rate
- Reduction of the mortality rate from smoking related respiratory disease
- Reduction of the mortality rate from smoking related cardiovascular disease
- Reduction in rates of related diseases such as lung cancer and Chronic Obstructive Pulmonary Disease (COPD).
- Promote independence, social inclusion and improved quality of life
- Improve mental health and wellbeing.

1.10. The service commenced on 1 April 2017 and ends on 31 March 2026.

1.11. In July 2023, KCC commenced the Public Health Service Transformation Programme (PHSTP). The programme responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants. The Programme required the evaluation of existing service models and collaboration with key stakeholders to identify recommendations for future service delivery.

1.12. This paper provides an overview of the current service, outlines the recommissioning work (PHSTP) that has been completed and presents options and recommendations in the context of the planned future commissioning of OYK.

## 2. Current Position

2.1. OYK commenced on 1 April 2017 and ends on 31 March 2026.

2.2. The service is delivered by Kent Community Health Foundation Trust (KCHFT) and six district, borough and city councils, as detailed in the table below.

*Table 1: Current providers of One You Kent services by District, Borough and City area*

District, Borough and City Area	Stop Smoking Service	Weight Management Service	Healthy Lifestyle Service
Ashford	<i>KCHFT also subcontract with Pharmacies and GPs to deliver stop smoking support</i>	KCHFT	KCHFT
Canterbury		KCHFT	KCHFT
Dartford		Dartford BC	Dartford BC
Dover		KCHFT	KCHFT
Folkestone		KCHFT	KCHFT
Gravesham		Gravesham BC	Gravesham BC
Maidstone		Maidstone BC	KCHFT

Sevenoaks		Sevenoaks DC	Sevenoaks DC
Swale		KCHFT	KCHFT
Thanet		KCHFT	KCHFT
Tonbridge and Malling		Tonbridge and Malling BC	Tonbridge and Malling BC
Tunbridge Wells		Tunbridge Wells BC	Tunbridge Wells BC

- 2.3. The Stop Smoking Service supports residents of Kent (12+) to quit smoking. The Service model operates through a central referral point where contact details are taken, and Smokefree Advisers contact the referee to ascertain their readiness to quit smoking. If smokers wish to continue, they set a quit date and receive weekly behavioural support alongside nicotine replacement therapy (NRT) and other smoking cessation aids over a 7 week period. The service also offers adult smokers access to vapes as a way to support a quit attempt. Clients can receive support face to face, in a group, via telephone, Zoom or Teams. The service model has a strong evidence base following NICE guidance and Russell Standards. Alongside the Stop Smoking Service, additional stop smoking support services have been commissioned utilising the new Local Stop Smoking Service Support Grant (LSSSSG). Papers on this were presented at Health Reform and Public Health Cabinet Committee in January 2024, May 2024 and November 2024.
- 2.4. The Weight Management Service supports residents of Kent (18+) to manage their weight. People accessing the service receive weekly support for 12 weeks to learn how to manage their weight through healthy eating, physical activity and behaviour change. Support is available online but is predominantly done in groups. The service model has a strong evidence base following NICE guidance.
- 2.5. The Healthy Lifestyle Service supports residents of Kent (18+) wanting to boost their wellbeing, improve their diet, increase their physical activity (health walks) or reduce their alcohol consumption, plus one to one coaching and referral as appropriate to more specialist services.
- 2.6. There are multiple routes in which a person may enter the service. Routes include being referred by a professional (such as a GP or NHS Health Checks) and self-referral (telephone, text and online referral form). Individuals may also access through community settings and subcontractors (GPs and Pharmacies).
- 2.7. The overall aim of OYK, is to increase the number of people quitting smoking, managing their weight and living a healthy lifestyle in Kent, by engaging, motivating and supporting individuals to successfully achieve personal outcomes/goals. The service is open access, but is also targeted at people from priority groups, such as people residing in areas of deprivation, in order to reduce health inequalities.

2.8. In 2023/24, OYK supported 5282 people to quit smoking (set a quit date), 2997 people to manage their weight and 6981 people to achieve a healthy lifestyle. The service achieved the following:

- 57.8% of people supported by the service successfully quit smoking
- 80.2% of people who completed the weight management intervention lost weight
- 51.8% of people supported where from the most deprived areas of Kent (Quintile 1 and 2)
- 2140 health walks were delivered
- 1821 people were supported to reduce their alcohol consumption
- 98.5% of people supported where either satisfied or very satisfied with the service.

### **3. Kent County Council and Key Partner Strategies**

3.1. OYK supports the Council to deliver against (full details can be found in Appendix A):

- Council's Strategy 2022-2026 Framing Kent's Future
- Securing Kents Future
- Kent and Medway Integrated Care Strategy
- Smoke Free Generation
- Whole System Obesity
- Weight Management Strategic Action Plan
- Inequalities, Prevent and Population Health (IPPH) Prevention Sub Committee Action Plan
- Kent Drug and Alcohol Strategy 2023-2028
- Moving Together – Physical Activity Strategy 2023-2027.

### **4. Public Health Service Transformation Programme (PHSTP)**

4.1. In July 2023, KCC commenced the Public Health Service Transformation Programme (PHSTP). The programme responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants.

4.2. The Public Health Service Transformation Programme aimed to:

- Improve services for our communities; targeting those who need them most; informed by evidence and ensuring join up and alignment internally as well as with other related services
- Maximise impact of investment; spending where it can have the biggest impact. This will ensure Public Health Services are efficient and reprofile funding into a new prevention proposition
- Quality assure services against best practice; ensuring they are safe and effective

- Ensure services are fit for the future, sustainable and responsive to need (political, economic, social, technological, legal, international and environmental) and continue to be affordable. This includes managing changes in demand, ensuring provider capacity and capability, insights-led changing trends in society and utilising new technology.
- 4.3. The Programme required the evaluation of existing service models and collaboration with key stakeholders to identify recommendations for future service delivery.

## **5. Market, Stakeholder and Public Engagement**

### **5.1. Market/Stakeholder Engagement Events – July 2024**

- 5.1.1. As part of the PHSTP, to help shape future commissioning of Adult Lifestyle Services, KCC held two market/stakeholder engagement events in July 2024. All responses and contributions from the events were analysed and informed future service delivery.
- 5.1.2. Attendees included representatives from 38 organisations, including providers, GPs and the Kent Local Medical Committee.
- 5.1.3. The events provided an overview of current services, needs of the population, the public health transformation programme and the current vision for the future of these services. The events included facilitated conversations and captured feedback from those attending.
- 5.1.4. The key findings from the events, were that services should:
- Be holistic
  - Be person centred and fully accessible
  - Aim to reduce duplication and work in partnership with other services
  - Include peer support
  - Have a digital offer. However, this should not replace face to face interventions
  - Include multiple support options
  - Increase the availability of digital solutions, including the use of apps
  - Be targeted to specific cohorts
  - Include support options for all age groups
  - Aim to reduce stigma.

### **5.2. Public Engagement (31ten Project) – May/June 2024**

- 5.2.1. As part of the PHSTP, 31ten were commissioned to generate insights into the barriers and facilitators to engagement of six Public Health funded services in Kent, including Adult Lifestyle Services.

5.2.2. The target audience for this engagement was the general public who meet service criteria/demography but have never accessed the service. The project aimed to prioritise those identified as the key target population through the CORE20PLUS5 which includes deprivation, protected characteristics and inclusion health groups.

5.2.3. 31ten collected approximately 1098 responses from 721 residents (some residents contributed to two or more service areas) from across Kent through online surveys, one to one interviews, local community pop-ups and focus groups.

5.2.4. Key findings from the project include:

- Across the services in scope, there was a lack of knowledge and understanding from those engaged about what support was available, how to access support, who it was aimed at and what it entailed
- Access issues included provision not being local to individuals and public transport often being unreliable. Difficulty in getting appointments and opening times of services also impacted people's ability to access services
- Healthy lifestyle services need to be available to access in a range of different ways to meet a range of needs. This includes virtual and face to face options as well as fun/sociable options alongside goal-orientated, self-directed support
- To meet specific needs, tailored support is required.

### 5.3. **Service User Survey – September/October 2024**

5.3.1. As part of the PHSTP, a survey was developed to get insights from those currently and who previously accessed the service. This survey aimed to gather intelligence on:

- Accessibility
  - How easy was it to find the service
  - How easy was it to access the service
  - Was communication clear
- Whether they feel they were treated with respect and listened to
- Whether they feel the service should offer more self-help tips and tools or online content
- Whether the service should organise ways for people to connect with others in a similar situation
- What people liked most about the service
- How people think the service could be improved to better meet needs.

5.3.2. 187 people responded to the survey and below details the key findings:

- The majority of respondents agreed or strongly agreed with the following statements:
  - *'It was easy to find out about the One You Kent service'*



- *'It was easy to access the One You Kent service'*
- *'The communication from One You Kent was clear'*
- *'I received the support from One You Kent when I needed it'*
- *'The One You Kent service listened to me and understood my situation'*
- *'The One You Kent service treated me fairly and without judgment'*
- *'The One You Kent service treated me with respect and dignity'*
- *'The One You Kent service helped me to achieve a positive outcome for my health and wellbeing'*
- More respondents who received face-to-face support agreed with every statement
- The statement regarding how easy it is to find out about the OYK service had the smallest proportion of respondents agreeing, indicating that ease of access to information on the service may need to be improved
- Respondents frequently highlighted the advisors and medical professionals associated with the OYK service as their favourite aspect
- Respondents mentioned receiving a good level of support that helped them take forward healthier habits
- Some people responding were concerned about a one-size-fits-all approach.

#### 5.4. Peer Review (Surrey County Council)

5.4.1. As part of the PHSTP, the preferred commissioning option (detailed in Section 6) was shared and presented to Peers from Surrey County Council.

5.4.2. Feedback received was positive:

- Additional funding from the Local Stop Smoking Services and Support Grant has been used to optimise the existing service, with a stronger focus on priority populations identified through the Tobacco Control Needs Assessment to address health inequalities
- The new model incorporates several new approaches, including Trauma-Informed care and co-production, with an enhanced focus on targeted groups
- There is evidence of partnership and collaborative working.

5.5. The intelligence gathered from all engagement activity has been used to develop future service delivery.

## 6. Commissioning Options and Model

6.1. As part of the PHSTP, commissioning options were developed by KCC Commissioners and Public Health Specialists and Consultants.

6.2. In order to select the preferred option, an options appraisal process was undertaken. This process resulted in the following being selected as the preferred commissioning option:

- Stop Smoking Service:
  - Commission the current service model (with some adaptations)
    - The service will continue to support residents 12+ and provide weekly behavioural support alongside nicotine replacement therapy (NRT) and other smoking cessation aids over a 7 week period. The service will also continue to offer adult smokers access to vapes as a way to support a quit attempt. People will also continue to receive support face to face, in a group, via telephone, or through other digital solutions
    - The main adaptation is changes linked to the NHS Long Term Plan. At present the service includes a Smoking in Pregnancy Service, which deliver home visit interventions to pregnant people and their partners to quit smoking. As a result of the NHS Long Term Plan for Tobacco Dependence Services, funding has been devolved into Integrated Care Systems (ICS's) to enable NHS Trusts to offer in house services in both Acute and Maternity. In Kent, maternity trusts are developing their services and are employing Maternity Support Workers (MSW's) to deliver these interventions to pregnant smokers and their partners in house. As a result of this the Smoking in Pregnancy (SIP) team are seeing a reduction in referrals and it is anticipated that they will continue to decline as more MSW's are employed across the county. Therefore, we are currently in the process of working with the current provider to re-design the remit of this team. This will include supporting post-natal smokers, smokers and their partners who are accessing fertility services, support smokers who have miscarried or who have had a still birth and supporting families with young children linking with family hubs. The new service specification will detail the new remit for this service
    - Other adaptations include increasing the availability of peer support and self-directed support
    - Local Authorities have been provided additional funding to increase the availability of stop smoking services and support. This new funding is in addition to the Public Health Grant and is being provided through a new Section 31 Grant on top of the current Public Health Grant allocations. This funding is ringfenced for local authority led stop smoking services and support. The additional funding is anticipated to be provided over the next five financial years, starting from 2024/25 until 2028/29. In 2024/25 KCC received £1.9m and KCC Commissioners and the Public Health Consultant and Specialist developed and enacted a plan to utilise the funding in 2024/25 and future years. These new service offers have been sourced outside of the PHSTP and were

previously presented at Health Reform and Public Health Cabinet Committee in January 2024, May 2024 and November 2024. However, there are clear interdependencies between these two programmes of work.

- Weight Management and Healthy Lifestyle Service:
  - Refine the current service model and commission a new service
    - The service will continue to Support Kent residents to manage their weight, improve their diet, increase their physical activity (including health walks), boost their wellbeing and reduce their alcohol consumption, plus one to one coaching and referral as appropriate to more specialist services
    - The service will continue to predominantly be for people aged 18 and over, with no upper age limit. However, the Service will be able to show a degree of flexibility to accept young people under 18 where appropriate
    - The Service will be open access but must include interventions that are targeted to people in Kent who are from the following priority groups:
      - Men (Weight Management)
      - Young people (aged 18-25)
      - People residing in areas of deprivation
      - Ethnic minority groups
      - People with a disability, including a long-term condition
      - Gypsy Roma Traveller community
      - People with common and serious mental illness
      - People experiencing homelessness
    - The Service will be required to recognise and address the overlapping nature and interconnectivity between unhealthy lifestyles and weight issues. The service should look to understand and alleviate the barriers preventing individual change, so to support people to tackle multiple unhealthy behaviours
    - The service will work to ensure there is a core offer that is locally appropriate and proportionate to the needs of each cohort. A menu of service delivery options will be available, to provide approaches that are tailored to individual/groups needs and preferences, being aware that not all those accessing the Service have access to, or may not wish to use, technology or the internet. People accessing the Service will be given a range of options around the support they receive. This should include locally tailored services, which can include but not be limited to:
      - Digital support (e.g. Telephone, Online Conferencing Software, Text and Video support)
      - Face to face interventions
      - Online videos/resources and Apps
      - Behavioural support
      - Individual/Group Sessions

- Workplace offers
- Peer Support
- The Service will also offer Very Brief Advice training to other commissioned organisations and key partners. This will enable other services to refer people into the Service for advice and support.

## 7. Service Specification

- 7.1. KCC Commissioners worked in partnership with colleagues in KCC Public Health to develop the new service specifications (Stop Smoking Service and the Weight management and Healthy Lifestyle Service), which encompasses learning from all the engagement undertaken.
- 7.2. The Service Specifications are based on outcomes, but there are certain service specific requirements which must be incorporated into the service delivery, for example adhering to NICE guidelines.
- 7.3. The Service Specifications clearly outlines the vision of the service and the approach.
- 7.4. The vision for the services is *'To support people of Kent to adopt healthy lifestyles and take control of their health and well-being, enabling them to live longer in good health'*.
- 7.5. The Service Specifications have been designed so services are able to innovate and change. It will be a requirement that the provider(s) collaborate with local communities and people accessing services to further enhance understanding on how people would like to be supported and how services should be delivered. This intelligence will be used to innovate and enhance the service offer.
- 7.6. The Provider(s) will be required to engage with multiple priority groups with different needs and preferences on how they should be engaged with and supported. The Provider(s) will develop delivery plans for each group which will detail:
- Engagement and delivery approach
  - Target number of people to be supported
  - Partners to engage with
  - Resourcing
  - Strategy for managing demand
  - Strategy for following up those lost to service
  - Risks.
- 7.7. The Provider(s) will be responsible for marketing the Service, utilising a variety of communication methods, which best increases the exposure of the Service. The Council will continue to support in promoting services through social media and other forms of communication.

- 7.8. The Provider(s) will ensure services are fully accessible to people residing in Kent and therefore should make sure there is no barrier to accessing services due to disability, language, culture or the geographical location they reside. This will also include making reasonable adjustments to make services accessible and tailored to meet different needs.
- 7.9. The Provider(s) will deliver services in suitable venues and consider the client group attending, recognising culturally sensitive locations and approaches. This will include distance, accessibility by public transport, parking costs and disability access requirements. This will be subject to the availability of location and venues that are able to provide a safe environment. Some venues may require adaptations in order to deliver face to face interventions. Broader digital solutions will also be available as an alternative to locations and venues as long as this does not impact upon engagement.
- 7.10. The Approach of the services:
- Person centred, holistic and non-stigmatising
  - Maximise service impact – following the philosophy of ‘Making Every Contact Count’ (MECC)
  - Trauma informed approach
  - Targeted and focused on health inequalities
  - Evidenced based
  - Maximize social value
  - Co-production approach.

## **8. Commercial Implications**

- 8.1. The contracts/grant agreements for the current service is due to expire 31 March 2026, with no further options available to extend the contracts.
- 8.2. In advance of this date, we are seeking approval to recommission the services, with the aim of successfully selecting external provider(s) to deliver the services.
- 8.3. The process will adhere to relevant procurement legislation, which is likely to be The Healthcare Services Regulations (Provider Selection Regime) 2023 for those where a contract bound by law is required. An assessment will be conducted to ascertain the applicable procurement legislation.
- 8.4. The commercial approach has previously been presented at Commercial and Procurement and Oversight Board (CPOB).
- 8.5. The commissioned services will seek to build further value for the Kent resident following benchmarking exercises which have ascertained the target values Kent should be achieving.
- 8.6. Contractual documents will specify the year on year contract values to provide budget clarity and certainty.

## 9. Financial Implications

9.1. The new service length will be:

- Stop Smoking Service: Three Year Contract (1 April 2026 – 31 March 2029) with an optional extension, up to 24 months. This will align with the ending of the new services being commissioned utilising the LSSSSG
- Weight Management and Healthy Lifestyle Service:
  - East Kent: Three year Contract (1 April 2026 – 31 March 2029) with an optional extension, up to 36 months
  - West Kent: Three year Grant Agreement (1 April 2026 – 31 March 2029) with District and Borough Councils. Towards the end of the Three years, a decision will need to be made on whether KCC continues to provide the service in West Kent through Grant Agreements with the District and Borough Councils.

9.2. Arrangements involving grant agreements between KCC and Districts and Borough Councils may be impacted by devolution and reorganisation. Future commissioning plans will be reviewed as the devolution agenda progresses.

9.3. The tables below outline the estimated costs to KCC Public Health and includes an estimated annual uplift that will be applied (with the exclusion of the first year). Final costs will be subject to negotiations and procurement outcomes.

*Table 1: Estimated Costs to KCC Public Health (Stop Smoking Service)*

	Cost to KCC Public Health (Stop Smoking Service)
1 April 2026 – 31 March 2029	£7,184,878.04
1 April 2029 – 31 March 3031 (Optional Extension Period)	£4,910,464.97
<b>Total Cost (Three year Contract + up to 24 month optional extension)</b>	<b>£12,095,343.01</b>

9.4. The estimated annual costs to KCC Public Health will be consistent with current costs.

*Table 2: Estimated Costs to KCC Public Health (Weight Management and Healthy Lifestyle Service)*

Cost to KCC Public Health (Weight Management and Healthy Lifestyle Service)		
1 April 2026 – 31 March 2029	1 April 2029 – 31 March 3032	Total

East Kent ( <b>Contract</b> )	£5,448,122.53	£5,613,206.09	£11,061,328.61
West Kent ( <b>Grant Agreement</b> )	£3,448,069.30	£3,552,549.24	£7,000,618.54
Total Cost	<b>£8,896,191.82</b>	<b>£9,165,755.33</b>	<b>£18,061,947.15</b>
Includes:			
<ul style="list-style-type: none"> <li>• Optional extension (up to 36 months) in East Kent</li> <li>• Decision taken to continue to provide the service in West Kent through Grant Agreements with the District and Borough Councils for the same time period as the East Kent optional extension (Three years).</li> </ul>			

9.5. The estimated annual costs to KCC Public Health are lower compared to current costs. Cost modelling, including benchmarking with other local authorities has been undertaken to determine the estimated costs of the service post April 2026. This has determined that KCC can achieve improved value for money with no impact to the level or quality of support provided across Kent.

9.6. The above values can be funded from within the budget approved and will be funded from KCC Public Health ring-fenced grant.

## 10. Legal Implications

10.1. Spending will be compliant with 'Spending the Council's Money' and relevant procurement legislation, which is likely to be The Healthcare Services Regulations (Provider Selection Regime) 2023 for those where a contract bound by law is required. An assessment will be conducted to ascertain the applicable procurement legislation.

10.2. TUPE regulations are likely to apply. During mobilisation, KCC needs to be conscious to mitigate the disruptive effect that this may have on current people accessing the service.

10.3. Legal and Commercial advice will be sought as and when required.

## 11. Equality Implication

11.1. Equalities impact assessments (EqIA) have been undertaken for both Stop Smoking Services (Appendix B) and Weight Management and Healthy Lifestyle Service (Appendix C)

11.2. The EqIA found the impact of this work to be positive, with no negative impacts. Services will continue to play a key role in supporting KCC to reduce

health inequalities and improve the health of the Kent population. Services will continue to aim to increase the number of people supported from underserved groups, to tackle inequalities that exist among high-risk populations and areas of deprivation.

- 11.3. The EqIA will be regularly reviewed.

## **12. Data Protection Implications**

- 12.1. A new Data Protection Impact Assessment will need to be undertaken and completed during mobilisation. Initial screening has already been completed and determined a full Data Protection Impact Assessment will need to be completed.
- 12.2. The provider(s) will also be required to undertake an Data Protection Impact Assessment during mobilisation and support the completion of KCC's Data Protection Impact Assessment.

## **13. Management of Works**

- 13.1. The management and implementation of the recommission will be delivered by KCC Public Health and Integrated Commissioning. Progress will be monitored through internal governance arrangements.
- 13.2. KCC Public Health and Integrated Commissioning plan to update Health Reform and Public Health Cabinet Committee of progress.

## **14. Options Considered but Rejected**

- 14.1. **Discontinue / decommission services** - Decommissioning the services was concluded as a non-viable option, due to the prevalence of unhealthy behaviours in Kent and demand for services. OYK supports the Council to achieve priorities set out in Framing Kent's Future and Securing Kent's Future and the Kent and Medway Integrated Care System to achieve key outcomes set out in the Integrated Care Strategy. The services play a key role in supporting KCC to reduce health inequalities and improve the health of the Kent population. It is also a requirement as per the Local Stop Smoking Service Support Grant (LSSSSG) that in order for local authorities to receive the funding, KCC must maintain its existing spend on stop smoking services.
- 14.2. **Reduce service offer** - Reducing the services was concluded as a non-viable option, due to the prevalence of unhealthy behaviours in Kent and demand for services. OYK supports the Council to achieve priorities set out in Framing Kent's Future and Securing Kent's Future and the Kent and Medway Integrated Care System to achieve key outcomes set out in the Integrated Care Strategy. The services play a key role in supporting KCC to reduce health inequalities and improve the health of the Kent population. It is also a requirement as per the LSSSSG that in order for local authorities to receive the funding, KCC must maintain its existing spend on stop smoking services.



## 15. Conclusion

- 15.1. Kent County Council (KCC) commission Adult Lifestyle Services (Stop Smoking, Weight Management and Healthy Lifestyles) as part of the service branded as One You Kent (OYK). The service commenced on 1 April 2017 and ends on 31 March 2026.
- 15.2. OYK plays a vital role in ensuring the effective and timely provision of preventative health and wellbeing services and can help meet key priorities.
- 15.3. As part of the PHSTP, market, stakeholder and public engagement has been undertaken. All responses and contributions from engagement has been analysed and informed future service delivery. New service specifications (Stop Smoking Service and the Weight management and Healthy Lifestyle Service) have been developed, which encompasses learning from all the engagement undertaken.
- 15.4. It is proposed Adult Healthy Lifestyle Services are recommissioned, with the aim of successfully selecting provider(s) to deliver the services. The process will adhere to relevant procurement legislation.
- 15.5. Recommissioned services will aim to be mobilised and start no later than 1 April 2026. The service model from 1 April 2026 will enhance elements of the existing model and will continue to be delivered in line with national best practice.

## 16. Recommendations:

- 16.1. The Cabinet Member for Adult Social Care and Public Health is asked to:
  - a) **APPROVE** the Adult Healthy Lifestyle Service model and agree to the commissioning of the relevant services:
    - Stop Smoking Service: Three Year Contract (1 April 2026 – 31 March 2029) with an optional extension, up to 24 months.
    - Weight Management and Healthy Lifestyle Service:
      - East Kent: Three year Contract (1 April 2026 – 31 March 2029) with an optional extension, up to 36 months
      - West Kent: Three year Grant Agreement (1 April 2026 – 31 March 2029) with District and Borough Councils. Towards the end of the Three years, a decision will need to be made on whether KCC continues to provide the service in West Kent through Grant Agreements with the District and Borough Councils.
  - b) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health to commission the relevant services and enter into contracts or other legal agreements with providers to deliver the Adult Healthy Lifestyle Service model; and
  - c) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to

- exercise relevant contract extensions and enter into relevant contracts or legal agreements; and
- d) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision.

## 17. Background Documents

- 17.1. Updates on the Public Health Service Transformation Programme have been presented at each Health Reform and Public Health Cabinet Committee since its inception.

## 18. Report Authors

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