

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee – 14th January 2016

Subject: The Public Health Strategic Delivery Plan and Commissioning Strategy

Classification: Unrestricted

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

Future Pathway of Paper: Adult Social Care and Health Cabinet Committee,
10 March 2016

Electoral Division: All

Summary:

The KCC Public Health team has developed a new strategy for health improvement services in Kent with an aligned commissioning plan. In July 2015 the Cabinet Committee agreed to extend and align all of the current adult health improvement contract dates so that a new model of provision could be developed and commissioned.

A period of stakeholder engagement, market engagement and customer insight work has taken place, including discussion with Local Health and Wellbeing Boards. A consensus has emerged around an integrated adult health improvement service. There has been clear support for a proposed model of integrating services to help people improve their health in a holistic manner, rather than trying to treat unhealthy behaviour separately.

During January and February the in-depth reports from all of the work, will be used to inform the development of a new service specification, which alongside further market engagement and discussions with key partners will inform how we propose to secure the right services for the future. A further report will be presented to this committee at its meeting on 10th March 2016, prior to any tendering exercise.

Recommendations:

The Adult Social Care and Health Cabinet Committee is asked to:

i) comment on the progress of the transformation work, the findings of the customer insight work and public consultation; and

ii) endorse the direction of travel, and the work to integrate adult health improvement services.

1. Introduction

- 1.1 The Adult Social Care and Health Cabinet Committee has been shaping the development of the emerging public health strategic plan and commissioning strategy, and this will be the fourth time that the topic has been discussed by the committee.
- 1.2 In the previous discussions, the drivers for change for the work were outlined, and the committee were asked to comment on the emerging Kent Public Health Outcomes Framework, and the proposal to engage with partners and the public over proposals for integrating health improvement services.
- 1.3 Since the last report to this committee in July 2015, there have been several key developments around the shape of the proposals, and a public consultation exercise. Prior to in-depth work to develop service specifications, this paper provides the committee with a final opportunity to comment on the proposed new service model.

2. Stakeholder Engagement

- 2.1 During September and October the Public Health team engaged with a range of stakeholders to gather their input to the process, including Local Health and Wellbeing boards, the Local Pharmaceutical Council, GPs.

2.2 Emerging themes

A number of themes have come out of the stakeholder engagement, including discussion at the majority of Local Health and Wellbeing boards, which will inform some of the core principles for the approach moving forwards.

2.2.1 Health promotion across the population

One of the strongest pieces of feedback from stakeholders has been that communications play a significant role in supporting people to take responsibility for their health, and that the approach to public health messaging could be hugely strengthened and coordinated much more with partners. There is a need for a highly proactive approach to increase the coordination of campaigns, social marketing and communication channels across partners to produce high profile, high impact messages.

2.2.2 A focus on health inequalities

A key theme has been to further identify the opportunity to enhance public health work in those communities where there are the highest health inequalities in Kent. It is clear that better use of data and intelligence and customer insights can be used to target communities with high health inequalities. Work has now begun on a follow up to the Kent Health Inequalities strategy 'Mind the Gap',. Professor Chris Bentley is working with us to enable much more effective targeting of health inequalities in the top 10 % most

deprived areas in Kent, using data from the recent release of the updated Indices of Multiple Deprivation.

2.2.3 Locally flexible services

The current approach has been based on a one size fits all model across Kent. Future procurement should include local representation to ensure a model which varies according to local priorities. The service models in development must enable better alignment with local population need. Local representatives are welcomed to be involved in developing this model.

- 2.3 A key element of work moving forward will be to work with local community assets to support people to develop and maintain healthy lifestyles, recognising that services alone are not enough to meet the health challenges faced across Kent.

3. Market engagement

- 3.1 A series of market engagement events have been conducted which indicated a strong willingness by many providers to engage in the transformation work. The exercise involved representatives from more than 80 service provider organisations from the public, private and voluntary sector. Feedback included the following points. A strong appetite to engage in the programme and suggestions that go beyond traditional 'service-based' approaches e.g. using behavioural science and marketing approaches to generate motivation.

4. Public Consultation

- 4.1 During November and December the proposed model was tested with the public. To ensure that a comprehensive picture was developed there were three elements to the consultation,

4.2 *Online/paper consultation*

This element of involved a consultation document which was promoted for an online response, as well as paper copies which were distributed to GPs surgeries, Libraries among other community venues. This allowed us to engage with the wider public, explaining the proposed model, the options we have considered and to get opinions of how the service should be shaped.

160 people and organisations completed the consultation document, and the key findings was that the proposed model was generally well received. Three quarters (75%) of respondents agreed with the proposed model, and only 9% disagreed.

Just over half (54%) of respondents felt that they should be allocated based on need, with the remaining respondents stating that they should be open to everyone (19%), 'by referral only' (18%) and 'other' (9%).

The most preferred way of delivering the service was felt to be face to face, supported by a website/online information and telephone advice and preferred venues were GP surgeries, dedicated buildings and existing venues such as libraries and leisure centres. Opinions were also divided as to whether the

centres should be provided in a health related setting, with some feeling that they should, and others feeling that GP surgeries suggest illness rather than lifestyle, and that a non-health related venue would be better.

4.3 **Focus Groups**

The second element of the insight work, consisted of focus groups that were run to investigate further into people's attitudes to services, why they would or wouldn't access them, and testing our assumptions about the services and the proposed model. There were twelve focus groups that reflected the demographic make-up of Kent.

The 12 workshops showed that Participants considered wellbeing to be about both their physical and mental health, the wider determinants of poor health and people are acutely aware that health inequalities exist. People recognised the limits to what Council services can and should do given that adults are in control of whether they engage in unhealthy behaviours. This suggests that the message about self-motivation as being key to success must be consistently conveyed. There is strong support for the major changes suggested by proposed service model – indeed many participants spontaneously suggested elements of the proposed model when critiquing the current model.

4.4 **Behavioural Insights**

A behavioural insight study has also been undertaken, which focused on developing our understanding of why those people with the unhealthiest lifestyles are least likely to engage with our services. The key role of this study was to further our understanding of the issues raised in The King's Fund report 'Clustering of unhealthy behaviours over time - Implications for policy and practice' (August 2012). The report showed that people with no qualifications were more than five times as likely as those with higher education to engage in all four poor behaviours.

The Behavioural Architects (a specialist behavioural science agency) were appointed to carry out a piece of in depth research, working with twelve people over a course of two weeks, understanding their daily choices, and the influences on their behaviour.

The in-depth report from the Behavioural Architects team is currently being analysed and will be used to help shape the service specification, and the shape of future social marketing campaigns. The headline findings from the work are:

- Unhealthy behaviours are incredibly accessible and offer a way to exert choice and control
- Unhealthy behaviours are often default coping strategies for dealing with more acute challenges
- Identity is strongly tied to local friends and family and the area around where people live
- Consistent habit loops for all four behaviours enables them to be used interchangeably
- Unhealthy habits reinforce one another through 'negative snowballing'

The key points clearly indicate that an integrated model would be more

likely to support this group of people to make a sustained change. The in-depth report gives an understanding of the challenges faced by individuals in their communities in Kent, and what is causing them to struggle to sustain a change in their behaviours. It helps to show they will need to be supported, whether through communications, a service or through the resources available to them in their community.

- 4.5 Each of these studies will enable us to create an informed, intelligence led service that has the customer at the forefront of its design, whilst enabling us to develop campaigns that will help to motivate people to change their lifestyles, and then to engage with our services if they need support to make a change.

5. Financial Implications

- 5.1 The contracts for the individual services currently have a total annual value of £5.3m and the future service will be planned within this financial envelope. However the public health grant allocation for 2016/17 has not yet been announced. The new model through a more efficient integrated approach will put a particular emphasis on tackling obesity including increasing the focus on physical activity.

6. Timeline

- 6.1 The work to transform public health services has been divided into three phases and is on track for delivery.
- 6.2 To deliver within this timescale requires the new model to start by October 2016.
- 6.3 Progress will be reported back to this committee in March, where there will be an opportunity to discuss the proposed service specification prior to tendering.

7. Conclusion

- 7.1 Development of a new approach is needed to meet the challenges faced in public health, the changing needs of the population and the financial envelope of the public health grant.
- 7.2 The stakeholder engagement phase of the project clearly supported the direction of travel, whilst the three elements of the customer insight work have shown that to effectively support people to make a change in their lives an integrated approach is vital.
- 7.3 The findings of the work so far allow us to develop a service specification based on the needs identified. This piece of work will be conducted during January and February 2016, alongside engagement with partners, to ensure that local needs are built into the service, and that the service will work with the wider health and social care system to provide a joined up experience for the people of Kent, supporting them to improve their lives.
- 7.4 It is clear that beyond just developing a service response to the issues identified, it is also important to improve the coordination and dissemination of health messages, and signposting to support that can be accessed in the community , utilising all the assets that are available.

8. Recommendation(s)

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The Adult Social Care and Health Cabinet Committee is asked to:

- i) comment on the progress of the transformation work, and the findings of the customer insight work; and
- ii) endorse the direction of travel, and the work to integrate adult health improvement services.

6. Background Documents

Update on Developing the Public Health Strategic Delivery Plan and Commissioning Strategy, presented to Adult Social Care and Health Cabinet Committee on 1st May 2015

7. Contact details

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