

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 – 12 July 2016

Subject: Update on Health Improvement Services Transformation Programme.

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Cabinet Committee, 1 May 2015, 10 July 2015, 14 January 2016, 10 March 2016

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary:

This report provides an update to the Adult Social Care and Health Cabinet Committee on the commissioning transformation programme for adult health improvement services and follows previous reports, which have been shared with the committee, to shape the emerging model.

The Public Health team has continued engagement with a range of stakeholders, including Kent residents, which highlighted a number of opportunities to align and/or integrate the new adult health improvement model.

This Committee is asked to endorse the direction of travel and support the procurement of a new integrated service following final engagement over the summer 2016 to enable effective integration.

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

1. **COMMENT** on progress with partners on the re-commissioning of adult health improvement services and **ENDORSE** the direction of travel; and
2. **SUPPORT** a competitive tendering of a new model, based on the key points identified in the paper

1. Introduction

1.1. This paper provides an update to the Adult Social Care and Health Cabinet Committee on the work to develop a new model for integrated healthy lifestyle services and proposal to start the procurement process in autumn 2016. The committee has been invited to shape the emerging model alongside stakeholders, public residents and the market to ensure the final solution will address key drivers for this work.

1.2. The scope of the review looked beyond commissioned services to ensure that the County Council secures the best possible value from the total resource

available and takes into account the wider determinates of health, emerging health structures and interdependencies with district councils.

- 1.3. This report outlines some of the key findings from the work to date and emerging opportunities for integration and sets out the new service model for integrated lifestyle services in Kent.

2. Summary of findings

- 2.1. There are still 827,470 adults in Kent with two or more unhealthy behaviours and those from deprived communities have an increased risk of having all four risk behaviours¹. Forty per cent of all deaths in England are related to people's behaviours and correlate closely to a number of long term-conditions (such as type 2 diabetes, cancer, heart disease and dementia); a widening gap in health inequalities and early death amongst deprived populations.
- 2.2. Findings from this work have demonstrated that a more integrated and targeted approach would be the most effective way of delivering the outcomes, making greater use of the resources available and a more simplistic and tailored user experience.
- 2.3. There is support from Kent residents, with 75% of respondents agreeing with the proposed model, and only 9% disagreeing. Insight work also highlighted the need to support people in a holistic way, as unhealthy behaviours commonly cluster, are interchangeable and substitute for one another. For example, individuals who quit smoking commonly report putting on weight as they may eat more instead.
- 2.4. There is also a clear consensus for change and support for the approach from key stakeholder and potential providers. Ongoing discussions with CCGs and district councils has highlighted the need to align with emerging structures in health and the work of district councils to deliver maximum improvements in the health and wellbeing of the residents of Kent.
- 2.5. There is an opportunity to make better use of behavioural science to promote healthy lifestyles, positively influence lifestyle choices at key life stages and the need to make better use of community assets to reduce demand on services.

3. Opportunities for integration

- 3.1. Discussions with stakeholders and partners across the system have highlighted a number of opportunities for integration and the need for the new model to integrate with emerging health structures, the devolution agenda and the Sustainability Transformation Plans. Developments are expected in each of these areas during 2016/17. The current position is summarised below.
- 3.2. **Partnership working:** The CCGs and other local NHS and social care partners recognise that the current pattern of health and social care locally cannot continue in its current form. The vision is to provide a more coherent and

¹Buck and Rossini (2012).

sustainable service model, designed and delivered around patients rather than the needs of patients being forced to fit around the services already available. These changes are expected to include establishment of Integrated Care Organisations (ICOs), Multi-speciality Community Providers (MCPs) and/or GP federations in a number of areas of the county. CCGs are taking an incremental planned approach to integration and the provider of integrated lifestyle services will need to work with the CCGs and other partners to align to Integrated Care Organisations (ICO), work collaboratively to provide a proactive, coordinated and responsive, person-centred care, consistent with the agreed model and develop locality-based working where the GP is the co-ordinator of care.

Work with Districts: District Councils play a significant role in delivering core public health outcomes and understand local communities' needs. Work is being developed across the County and there is a specific programme of work in West Kent to re-model our approach with stronger working and better utilisation of resource across the County Council and 3 District Councils. This closer collaborative working will make better use of the diminishing preventative resources collectively and inform the development of the model more widely across the County.

- 3.3. **The Sustainability and Transformation Plans (STP)** will help deliver the aspirations of the Five Year Forward Plan and are currently being developed on a Kent footprint to show how local services will evolve and become sustainable over the next five years. The new contract will need to be flexible enough to align to the STP, and will support the prevention strand of the plan.

4. Future model

- 4.1. The proposed model will integrate the current lifestyle services including healthy weight, smoking cessation, physical activity, health trainers and outreach health checks. There will be simple access and referral pathways to support residents to access support quickly, reducing the need to visit multiple services.
- 4.2. NHS Health Checks core programme will also be re-procured and be used as a way to support behavioural change. This is a mandated programme that provided 89,787 Health Checks in 2015/16 to the eligible population of 40 to 74 year olds in Kent.
- 4.3. The model will see a greater integration of health improvement practitioners (who currently deliver Health Trainers, smoking and weight management) into a joint role which is similar to that of a Health Trainer (in other areas these are referred to as Wellness Advisors or Lifestyle coaches). These community practitioners will be targeted to Kent residents who are more likely to have multiple unhealthy lifestyle behaviours, at-risk groups and individuals from deprived areas.
- 4.4. Feedback from the review has highlighted the importance of retaining specialist expertise within a skill mixed workforce for each health outcome. This will be an important part of the final delivery model to ensure expert advice is given.

There is no dilution of expertise however services can be delivered at an increased scale and in a more targeted way.

- 4.5. The service will support individuals to overcome the barriers preventing them from adapting healthy behaviours, working with them in a tailored way and use motivation interviewing techniques to increase motivation and readiness to change. The service will take an evidence-based approach by delivering interventions that have been proven to help people quit smoking, lose weight, take more exercise, reduce their drinking and keep them feeling mentally well, and make it possible for people to tackle more than one behaviour, should they wish. The service will work closely with specialist services such as mental health, alcohol, drugs, housing and domestic abuse services to ensure onward referral where appropriate. A particular emphasis will be placed in the health promotion and lifestyle advice to people with diagnosed mental health problems ensuring parity of esteem.
- 4.6. There will be a greater emphasis placed on utilisation and signposting to the vast range of activities available to those living in Kent. By motivating people to access opportunities within their existing communities and build on the assets available, demand on services can be reduced and people will be better equipped to sustain behavioural changes. It will also see a greater role for volunteers, advocates and peer led help to support individuals achieve their personal lifestyle goals.
- 4.7. The recommissioning will look to increase choice of services by increasing the range of places where people can access support. This will include GP surgeries, pharmacies, leisure centres and other qualified community providers.
- 4.8. The brand identity will align with the national behaviour change campaign for adults called “One You” (www.nhs.uk/oneyou) to ensure it is clear for Kent residents where they can go to access support. The service will utilise national resources including apps and campaign materials and support Public Health led campaigns.
- 4.9. The innovative model will use a number of robust measures for tracking outcomes to help build the evidence base of what works and link to the Kent Integrated Dataset.

5. Financial implications

- 5.1. As indicated in the report to this committee in March 2016, the contracts for the health improvement services currently have a total annual value of approximately £5.3m. However, ongoing budget pressures and reductions each year will mean the contract will see a reduction in budget year on year.
- 5.2. The successful provider will need to work with the County Council to drive efficiencies and meet savings targets across the life of the contract, which will include a greater use of online and digital innovations.

6. Next steps

- 6.1. The work to date will enable Public Health to develop an outcome-based service specification for an integrated Healthy Lifestyle service that will deliver the needs identified, but be flexible enough to adapt to emerging needs and priorities over the life of the contract.
- 6.2. There will be continued engagement over the summer of 2016 with Kent residents, CCGs, district councils and the market to refine the model, prior to a competitive tender process in the autumn.
- 6.3. Following a competitive tender process, the committee will receive a further report later this year prior to a key decision being taken to award the contract. New contracts will be in place by April 2017, following a mobilisation period.

7. Conclusions

- 7.1. Living healthily in middle age can increase life expectancy and double the chances of being healthy at 70. It is therefore important to take a preventive approach by supporting adults to make lifestyle changes today, which will have a positive impact on their health, and reduce demand on social care and health services in later life.
- 7.2. Many other local authority areas such as Birmingham, Dorset and Portsmouth have already moved to an integrated model of provision. There is momentum towards local authorities commissioning integrated health and wellbeing services across the UK and Kent is working with other areas to share learning of what works.
- 7.3. There is clear scope for partners (including health commissioners and district / borough councils) to work in partnership to drive better integration of services that contribute to improving Public Health outcomes. This transformation and re-commissioning will support this work to improve the health of Kent residents and reduce health inequalities.

8. Recommendation(s)

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

- 1.1 **COMMENT** on progress with partners on the re-commissioning of adult health improvement services and **ENDORSE** the direction of travel; and
- 1.2 **SUPPORT** a competitive tendering of a new model based on the key points identified in the paper

Background Documents

Five Year Forward View. (2014) <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>.

Buck and Rossini (2012). Clustering of unhealthy behaviours over time. The Kings Fund. http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf

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