To: **Thanet Health and Wellbeing Board**

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Subject: **Public Health Programmes**

Summary

This paper gives an update on the transformation programme for Public Health commissioned services. Over the last few months a series of stakeholder and public consultation events have taken place, alongside a review of national developments, and a review of the performance of current services. This paper outlines some of the work to date, key findings and the recommended changes.

The Board are asked to:

1. Note and comment on the work.
2. Note the recommendations for future delivery.
3. Identify colleagues to be involved in the upcoming procurement processes.

1. Introduction

1.1. Following the paper and presentation to Thanet Health and Wellbeing Board on 17th September 2015, this paper gives an update of the work since then to review services commissioned from the Public Health grant. The services in scope for the review were services for children, including the Health Visiting service, School Public Health (school nursing) service and also the core public health programmes for adults, including healthy weight, health trainers and smoking cessation services.

2. Stakeholder engagement

2.1. During September and October the Public Health team engaged with a range of stakeholders to gather their input into the process. A number of themes come out of this stakeholder engagement. These include a much more effective approach to communication about health across the population, and also a much greater focus on tackling health inequalities. It was consistently clear that better use of data, intelligence and customer insight can be used to effectively message with a range of different communities and can also be used far more effectively to proactively target communities with the highest health inequalities.

3. Locally Flexible Services

3.1. The current approach to the commissioning of services has been based on a one size fits all model across Kent. Future procurement will include local representation to ensure a model which can vary according to local priorities and reflect local need. Local representatives are welcomed to be involved in developing this model.

4. Children and Young People

4.1. Services in scope of the review included Health Visiting, the Family Nurse Partnership (FNP), the School Public Health Service (also known as the School nursing service) and the Young People's Substance Misuse Service.

4.2. A public consultation took place on Public Health services for children and young people aged 0 – 19 closed on December 15th and received a good level of response. The favoured delivery model from the consultation is for services to be focused more clearly across age groupings for 0 - 4, 5 – 11 and 12-19. The response suggests a clear preference for a model which has a much greater focus on addressing children's needs aligned to their age and developmental needs. There will be a series of meetings during January to follow this model up with key stakeholders.

4.3. Several focus groups were delivered throughout Kent with participants who are currently involved with, or who have had recent involvement with the Health Visiting service. The initial report identifies that whilst there is a largely positive experience of the service, there is a lack of a clear and consistent understanding of the priorities of the Health Visiting service and the breadth of the service offer. This consultation echoed the review of the School Public Health service which identified some positive experience of the service, but also particularly from professionals a lack of visibility of the service clarify on what the service should offer, the priorities for the service, and eligibility for the service. It also echoed consultation with the Kent Youth County Council on public health services for children and young people in which a majority of young people highlighted that the school nursing offer of service in secondary schools should be much more visible to students and should focus on managing emotional health and wellbeing as well as physical health needs. This supports the public consultation for a more focused approach on the specific challenges adolescents face.

4.4. Market engagement events have been held as part of the consultation. This brought a good number of local and national providers together and the event enabled service providers to feedback their views. Key considerations raised included making sure that in any model transition arrangements were clear and that there should be a fairer distribution of total resources across the age range. The feedback also clearly suggested that the skills to deliver drug and alcohol treatment interventions are significantly different to universal work with all families and that whilst these services should be clearly aligned in key pathways of care, an organisation skilled and experienced in substance misuse should with be procured, to deliver this aspect of the pathway.

4.5. In addition, a workforce modelling tool has been commissioned with the current providers of Health Visiting and School Nursing to assess the service's current capacity to deliver all aspects of the service. This with the needs assessment for Thanet will ensure that the capacity of service that we commission is much more closely aligned with population size and community need.

4.6. Discussions are also underway with NHS England to explore the opportunities to align commissioning of their contracted services for school aged immunisations and the Child Health Information System. NHS England has confirmed that they would like to align their procurement process with KCC through the joint development of specifications and a joint evaluation process.

4.7. Both Thanet and the Kent Health and Wellbeing Board have identified tackling obesity as key priority and activity to address this is being embedded in future model development. Kent's Emotional Health and Wellbeing Strategy identified the need for a stronger approach in universal services on mental health for children and young people to meet need before issues escalate. The new service models will prioritise these issues contribute to this universal offer, ensuring that support is available at the earliest opportunity.

5. Adult health improvement

5.1. Public Consultation

5.1.1. During November and December a proposed model to integrate core public health services such as smoking and healthy weight, was tested with the public through a consultation process and a series of focus groups. To ensure that a comprehensive picture was developed there were three elements to the consultation.

5.2. Online/Paper consultation

5.2.1. This 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.

5.2.2. The key findings were 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%)

5.3. Focus Groups

5.3.1. 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 different demographics.

5.3.2. The 12 workshops showed that Participants considered health to be about both their physical and mental health, they recognised the wider determinants of poor health and that people are acutely aware that health inequalities exist. There was huge support for an integrated model dealing with a range of health issues. However participants also recognised the limits to what 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.

5.4. **Behavioural Insights**

5.4.1. 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 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.

5.4.2. The Behavioural Architects 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 key findings from the work which supported the integrated model included

- 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' clearly indicates that an integrated model would be more likely to support this group of people to make a sustained change.
- 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

5.4.3. Each of these studies will enable us to create an informed service that has the person at the heart , 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.

6. Market Engagement

6.1. 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 community and voluntary sector. Feedback included a strong appetite to engage in the programme and suggestions that go beyond traditional 'service-based' approaches e.g. using

behavioural science, technology and marketing approaches to generate motivation.

7. Next Steps

7.1. The key issues identified through service, stakeholder, public and market engagement will feed into the development of service specifications and our commissioning approach for Public Health services, with the procurement plan to be finalised during February 2016.

8. Timeline

8.1. The work to transform public health services has been divided into three phases and is on track for delivery. To deliver within this timescale any new procurement process will need to begin in March to deliver the new model to start by October 2016.

9. Conclusion

9.1. 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.

9.2. The stakeholder engagement phase of the project clearly supported the direction of travel.

10. Recommendations

10.1. The Board are asked to:

- Note and comment on the work.
- Note the recommendations for future delivery.
- Identify colleagues to be involved in the upcoming procurement processes.