

## WEST KENT INTEGRATION BOARD - 20TH SEPTEMBER 2016

Report of                      Dr Pav Ramewal

Status:                        For Decision

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### Recommendation to West Kent Integration Board

- i) To approve the principles of the West Kent Public Health Preventative Services devolution model set out in paragraphs 12 to 23 below;**
- ii) To approve the Partnership Agreement between Kent County Council, Tonbridge and Malling and Tunbridge Wells Borough Councils and Sevenoaks District Council to work together to deliver the West Kent Public Health Preventative Services devolution model over the three years 2017/18 to 2019/20;**
- iii) To set up a Health Improvement Partnership Board made of Health Portfolio Holders and Officers of each Council plus the KCC Director of Public Health to oversee delivery of budgets, outcomes and principles and report back to the West Kent Integration Board on a regular basis.**

### The Partnership Agreement:

- (a) Is attached at Appendix A (below)**
- (b) Is subject to ratification by the four councils;**
- (c) sets out a joint delivery model;**
- (d) is based on the principles of the West Kent Public Health Preventative Services devolution model set out below;**

### Introduction and Background

- 1 Kent County Council has a statutory duty to deliver the Public Health function, in partnership with others, to improve the health and wellbeing of Kent residents and reduce health inequalities. All Councils have a duty to plan for the health and wellbeing of the residents they serve. District and**

Borough Councils have a role to play in delivering health protection, health improvement and key services to address the wider determinants of health.

- 2 The 2015 King's Fund report 'The District Council Contribution to Public Health: a time of challenge and opportunity' looked at the opportunities for District and County Councils to work together holistically to deliver the public health agenda. The report demonstrates that 'district councils are in a good position to influence many factors of good health through their key functions' and describes a 'radical upgrade in prevention'.
- 3 Earlier this year, the three districts and boroughs developed a West Kent Health Deal, setting out a vision for the three Councils' roles in health going forward. This is attached at Appendix B.
- 4 The County Council's new countywide preventative service strategy is to offer seamless support to individuals who need to make change, to help motivate change, make the change and then maintain the change. Their aim is to do this through a service based around the individual and this approach is supported by the district and borough councils.
- 5 The County Council's public health team propose to start the procurement process in Autumn 2016. A report to the County Council's Adult Social Care and Health Cabinet Committee on 12<sup>th</sup> July 2016 sought endorsement of re-commissioning and the competitive tendering of a new model.
- 6 The report said '*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.*'
- 7 '**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.'

### **West Kent Integration Board**

- 8 The Board was set up in response to the Government's devolution agenda. It is made up of the Leaders of the four Councils, Kent, Sevenoaks, Tonbridge & Malling and Tunbridge Wells, together with Chief Executives from the three district/borough councils and senior Officers from the County Council.
- 9 This proposal supports the Board's aims to retain the individual sovereignty of the four councils, save money by taking out waste and duplication and

develop structures that enable services to be co-commissioned, delegated or devolved.

- 10 It is proposed that a Partnership Board, reporting to the West Kent Integration Board should be set up including Portfolio Holders and Officers from each of the four councils to oversee delivery of budgets, outcomes and principles and report back to the West Kent Integration Board on a regular basis.
- 11 The Partnership Board should also include the County Council's Director of Public Health

## **Proposed West Kent Health Improvement Model**

### **SUMMARY OF APPROACH**

- 12 In response to the West Kent Integration Board's intention to work together on Public Health (Preventative Services) an Officer Working Group was set up. Through the group the following approach has been developed:
  - a) Transparency of spend - with all parties sharing the detail of £2m current spend (£1m KCC, £1m district spend) and developing a 3 stage model to structure more efficient and effective delivery. The 3 stages that the collaboration will focus on, are :
    - Motivate change
    - Make/support change
    - Maintain change
  - b) The development of the "district deal", pioneered by Cllr Lowe in Sevenoaks District council, which outlines how districts can more systematically integrate health into all their work including through all of their policies and their wider service provision.
  - c) An intelligence led approach ensuring that there is a focus in the districts on those communities in which there are the highest health inequalities. This will mean a more local approach, focusing the resource in particular wards where there are high rates, or local intelligence that suggests high prevalence of core health issues e.g. smoking/mental health issues/high levels of alcohol or drug misuse or higher levels of obesity.
  - d) A co-commissioning approach:  
A county procurement for a new adult health improvement service was delayed for 6 months to give time for this work to be developed and approved. Part of the focus of the work in West Kent has been to reshape the connection between this procurement and the devolution new model. This has resulted in a bespoke model for the 3

districts/boroughs which will mean that the districts/boroughs provide the function of accepting referrals and assessing the need. This function will then signpost the person to the most appropriate service.

The advantage of this approach is that it will ensure a more holistic assessment of need, particularly picking up where there are connected issues with health such as debt, unemployment or housing related issues. This is a potentially hugely exciting model offering the opportunity to integrate all sorts of assessment functions over time and to support a shared intelligence approach to directing resource which supports people to change.

The model also means that people may not need to go to the adult health improvement service, but instead could directly access leisure provision or other district provision and enjoy a more sustainable level of support.

## PRINCIPLES

- 13 The proposed West Kent Health Improvement Model is informed by the King's Fund report and the West Kent Health Deal. The model provides for the four councils to manage their collective resources in a way that not only generates best value for money and delivers against outcomes but also provides a platform for further integrated working that delivers longer-term health solutions.
- 14 The West Kent Integration Board, made up of the four councils, should be the decision-making body for the County Council's health preventative services budget in West Kent through a co-commissioning process. The Board should agree the budget, outcomes and principles, set out in a Partnership Agreement.
- 15 District and Borough Council resources that currently have the potential to have a positive impact on local health and wellbeing should, wherever possible, be used in a way that complements the agreed outcomes, consistent with the West Kent Health Deal approach. These resources are set out in Appendix C.
- 16 A Health Improvement Partnership Board, made up of Health Portfolio Holders from each of the councils with supporting Officers from each Council, should be established to oversee the delivery arrangements.
- 17 The Board will work to ensure that maximum value for money and effectiveness is provided. Where it is jointly agreed, through a co-commissioning process, that a service should be externally procured, all four councils will play an equal role in the specification and evaluation processes.
- 18 The Board will work to see if further efficiencies can be made over the next 3 to 5 years.
- 19 The agreed health outcomes should relate to the health priorities of all four councils and may change over time as local needs change.

- 20 District and Borough Councils will, through a local hub model, play a full role in the co-ordination and delivery of the local public health (preventative services) provision, ensuring that services address local needs and are co-ordinated with other local delivery;
- 21 It is envisaged that there should be one single referral point for the three Districts that feeds into a Local Hub for each district or borough. This may not be a physical hub but enables a holistic assessment of individual needs and considers the wider determinants of health such as debt, housing and community provision. Co-location of locally procured services within the District and Borough Council offices will enable the integration of this new assessment function and make for efficiencies in delivery and better outcomes for the customer.
- 22 District, Borough and County Councils should work together to bring the necessary range of skills and experience together to bear on the delivery of the Partnership Agreement.
- 23 It is recognised that delivery models may change over time but it is likely that Partnership Agreements will last for a minimum of three years in line with the commissioning timescales. The delivery model should provide for arrangements to be responsive to changing needs

## **FINANCIALS 2017/18 TO 2019/20**

- 24 Currently, KCC spends just under £1 million on the identified outcomes each year on public health preventative services in the area covered by the three West Kent district/boroughs. It is recognised that this budget is reducing.
- 25 This sum in 2016/17 included **£397,653** which is currently passed to District Councils to undertake work on healthy lifestyles. There have been some additional monies that have been granted to districts and boroughs to deliver services for workplace health and winter warmth that are currently under review and may be included in the final arrangement.
- 26 KCC currently also procures services such as smoking cessation, health trainers, campaigns and postural stability from other providers.
- 27 The current funding agreement for the procured Adult Lifestyle service will end in March 2017.
- 28 Through working together in 2016/17, savings of 7.5% have already been made.
- 29 The KCC sum available for the Public Health Preventative Services devolution model as set out in this report is £1,000,000 for 2017/18. There is uncertainty concerning the Government's ring-fencing of this budget from March 2018 and therefore all arrangements including contracts may need to be negotiated in subsequent years.

- 30 Work already undertaken by KCC Commissioning Officers and Officers in West Kent through a co-commissioning process has identified that, over the three year period, it could be most beneficial and cost effective to procure the most specialist parts of the Integrated Health Service from an external provider. This is likely to include targeted interventions and 1:1 consultations in response to triage referrals and targeted campaigns and will cost c£400,000 in the first year.
- 31 The remaining funding will be apportioned by the Partnership Board to deliver the functions of the partnership Hubs and will be spent on direct delivery by the Hubs.
- 32 If the procured provider is successfully delivering on outcomes using the most-needed specialist skills, the Partnership Board could agree to apportion up to £100,000 of this funding to the procured provider on a menu basis. This will ensure maximum flexibility and value against local needs.
- 33 The funding available from District Council budgets for the same period will be approaching £1million in the first year for Council activity that could have a positive impact on health. It will be considerably more, in excess of £3million, including Disabled Facilities Grants.

#### Value for Money

- 34 Value for Money will be provided through:
  - a) A saving of 7.5% already made in the KCC public health (preventative services) budget with no corresponding reduction in outcomes.
  - b) The three West Kent districts/boroughs also spend at least £1million per year in total on activity that can have a positive impact on health. This includes, for example, Disabled Facilities Grants, grants to voluntary organisations, health promotion through local publicity and campaigns, debt advice, community safety schemes aimed at the vulnerable or those with dementia, domestic abuse and other small projects. Budgets for these services are determined annually by the district/borough councils. It is proposed that these budgets continue to fund such community activity but that a focus on health improvement is prioritised alongside the priorities of the individual schemes in order to help deliver the agreed health outcomes. These budgets may reduce over time but should continue at least at a level that match funds the County Council public health preventative services budget for West Kent. The new integrated arrangements offer scope to enhance this work to ensure that maximum benefit and value for money is obtained, to make the funding work harder and smarter and ensure linkages with the three local Health Hubs.
  - c) Additional activity is undertaken, as set out in the West Kent Health Deal, focussed on health improvements.
- 35 By adopting the proposed model the overall contribution to public health preventative services can be reduced over time whilst at the same time

significantly increasing the impact of the funding. Appendix D sets out the additional services that will be provided.

### Legal Implications and Risk Assessment Statement.

- 36 These arrangements rely on working in partnership and on each Council supporting the principles set out above and signing the Partnership Agreement on a three-yearly basis. There will be some negotiations to be developed where the model is changing for example where TUPE may apply. Currently the West Kent Integration Board works on a partnership basis and a group of Officers are working on the governance arrangements. Kent County Council has the statutory responsibility for health. Any procurement that takes place will be a joint decision but the practical arrangements will be taken forward by the County Council's Public Health commissioning team.

### Equality Assessment

- 37 Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups. The decisions recommended through this paper directly impact on end users. The impact has been analysed and does not vary between groups of people. The results of this analysis are set out immediately below.
- 38 The proposed devolution arrangements will provide improvements on existing services that target health inequalities that will offer more opportunities for residents to access services. Where age restrictions apply to certain activities offered, residents can be signposted to alternative services. Some restrictions may apply to those who are pregnant. In these cases, medical advice would be sought and alternative services found. Events and activities are open to all and where restrictions apply, due to the nature of the services provided, we will direct people to alternative services to meet their needs.

### Safeguarding Children and Vulnerable Adults

- 39 This activity will conform to Safeguarding arrangements. Any procurement that is undertaken will be subject to the usual requirement for the provider to demonstrate that their safeguarding arrangements are fit for purpose.

## Conclusions

- 40 The proposed partnership arrangements provide an opportunity to improve on the current public health (preventative services) model whilst reducing the total financial contribution over time.

## Appendices

Appendix A - Partnership Agreement (below)

Appendix B - West Kent Health Deal

Appendix C - District and Borough Council resources to be focussed on health improvement activity

Appendix D - Additional services to be provided

## Background Papers:

District Councils Network - King's Fund Report

<http://districtcouncils.info/the-district-council-contribution-to-public-health-a-time-of-challenge-and-opportunity/>

Kent County Council Cabinet Advisory Committee report 12<sup>th</sup> July 2016 ItemC2

<https://democracy.kent.gov.uk/documents/g6290/Public%20reports%20pack%2012th-Jul-2016%2010.00%20Adult%20Social%20Care%20and%20Health%20Cabinet%20Committee.pdf?T=10>

## Pav Ramewal

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## APPENDIX A

### WEST KENT HEALTH IMPROVEMENT MODEL

#### PARTNERSHIP AGREEMENT 2017/18 TO 2019/20

- 1 The report to the West Kent Integration Board on 20<sup>th</sup> September 2016 sets out the following:
- 2 The Approach to and Principles of the Partnership Agreement - paragraphs 12-23
- 3 The Funding for the Agreement - Paragraphs 24-33
- 4 Targets will be set by the Health Improvement Partnership Board for the following agreed priorities:
  - Healthy weight and people’s physical activity
  - Reduced smoking prevalence
  - Reduced substance misuse
  - Improved Mental health
  - Improved Sexual health
  - Ageing well
  - Staying safe
- 5 Delivery will be achieved through a health Hub model. The Health Hubs will:

|      |  |
|------|--|
| i.   | Be located in each district/borough and be the focus of co-ordinated health assessment in the community, providing a single point of contact for referrals |
| ii.  | Manage referrals and signposting to local opportunities and services;  |
| iii. | Understand local need, gaps and resources, working with local organisations and communities to address those needs;  |
| iv.  | Co-ordinate local promotion through community events, communicating health messages, using In Shape  |
| v.   | Set up local opportunities such as health walks, sports development and community activity;  |

|       |  |
|-------|--|
| vi.   | Boost capacity through training and community networks;  |
| vii.  | Improve use of local community provision;  |
| viii. | Address the wider determinants of health through Council policy;   |
| ix.   | Use core services to influence the wider determinants of health, e.g. through housing, planning, environmental health, community safety and others;  |
| x.    | Use existing core and externally funded programmes to have an impact on the agreed health outcomes. For example, training front line officers to recognise when signposting to health services is appropriate, targeting sports development activity towards areas of highest health inequality, ensuring that community safety activity makes appropriate drugs and alcohol referrals, ensuring that our grants to voluntary organisations support those working to improve health; |
| xi.   | Participating in an Officers' Executive Group to plan and co-ordinate activity and jointly manage the co-commissioning cycle with the County Council using the Analyse, Plan, Do, Review model.  |
| xii.  | Where specialist services are procured, ensuring that they are part of the health hub and are linked in to community and GP services   |
| xiii. | Work with the Officers' Executive Group to plan and delivery innovative approaches to preventative services.   |
| xiv.  | Deliver best value   |
| xv.   | Report outcomes to the Partnership Board   |

6 This Agreement covers the area included within the District of Sevenoaks and the Boroughs of Tonbridge & Malling and Tunbridge Wells.

