

DEVOLUTION OF PUBLIC HEALTH (PREVENTATIVE SERVICES)

Cabinet - 10 November 2016

Report of Chief Officer Communities & Business

Status: For Decision

Key Decision: Yes

Executive Summary: This report sets out proposed arrangements for an integrated approach towards public health (preventative services) across West Kent between Kent County Council, this Council and Tonbridge & Malling and Tunbridge Wells Borough Councils.

These arrangements include using Kent County Council public health preventative service budgets to deliver agreed health outcomes and use District and Borough Councils' existing health-related resources in a way that complements the agreed outcomes, consistent with the West Kent Health Deal approach.

It enables District and Borough Councils to play a full role in the co-ordination of and provision of some, local services relating to health improvement, ensuring that services address local needs and are co-ordinated with other local delivery

It also enables District and Borough Councils to play a full role in and be equal partners in the procurement of health improvement services previously procured by Kent County Council, ensuring that the needs of local residents are addressed;

The proposals respond to the King's Fund report highlighting the role of district councils in health and to the West Kent Health Deal.

This report supports the Key Aim of Healthy Communities

Portfolio Holder Cllr. Michelle Lowe

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Recommendation to Cabinet:

- i) To approve the approach, principles and district council role in the West Kent Public Health Preventative Services devolution model set out in in this report;
 - ii) A partnership agreement between Kent County Council, Sevenoaks District Council, Tonbridge and Malling and Tunbridge Wells Borough Councils be developed as a basis to work together to deliver the West Kent Public Health Preventative Services devolution model over the three years 2017/18 to
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2019/20;

- iii) The principle of the governance arrangements set out in this report be endorsed and the approval of detailed matters (including a partnership agreement) be delegated to the Leader and Portfolio Holder for Housing & Health in consultation with the Chief Officer, Communities & Business.
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Reason for recommendation: This will enable the Council to act in the best interests of its residents in the provision of local health improvement activity.

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 A.
- 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 12th 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 West Kent 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. Meetings are also attended by the three Chief Executives and two Officers from the County Council.
- 9 The Board 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 The Board is currently operating in shadow format and has set up a range of working groups focussing on different issues where it is thought that better integrated working between the two tiers of government could have local benefits. Priority was given to opportunities where there was consensus across the four authorities, the risks were low and benefits high. One of the groups was set up to focus on arrangements for public health (preventative services).

Proposed West Kent Health Improvement Model

APPROACH

- 11 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

- 12 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.
- 13 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.
- 14 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 B.

- 15 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.
- 16 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.
- 17 The Board will work to see if further efficiencies can be made over the next 3 to 5 years.
- 18 The agreed health outcomes should relate to the health priorities of all four councils and may change over time as local needs change.
- 19 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;
- 20 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.
- 21 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.
- 22 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

THE DISTRICT/BOROUGH ROLE

- 23 The proposed West Kent model provides for the three district/borough councils to play a major role by:
 - i. Forming a health hub in each district that is the focus of co-ordinated health activity in the community
 - ii. Managing referrals and signposting to local opportunities and services;

- iii. Understanding local need, gaps and resources, working with local organisations and communities to address those needs;
- iv. Co-ordinating local promotion through community events, communicating health messages, using In Shape
- v. Setting up local opportunities such as health walks, sports development and community activity;
- vi. Boosting capacity through training and community networks;
- vii. Improving use of local community provision;
- viii. Influencing through Council policy;
- ix. Using our core services to influence the wider determinants of health, eg through housing, planning, environmental health, community safety and others;
- x. Using our existing core and externally funded programmes to have an impact on the agreed health outcomes. For example, creating 'healthy HERO' by training HERO 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. Working with KCC to decide which specialist health improvement services should be procured and to jointly procure those services;
- xii. Where specialist services are procured, ensuring that they are part of the health hub and are linked in to community and GP services, and
- xiii. In addition, the County Council's countywide 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, accessed via a website linked to the national One You campaign. Their approach is to offer a more holistic service around the individual rather than providing services in silos. How this service is provided is the subject of current consideration by the 4 councils' health officers, including how this will link to the local health hub and how this will be managed locally.

Key Implications

Financial

- 24 The three West Kent districts/boroughs spend about £1million per year in total on activity that can have a positive impact on health. For Sevenoaks, this includes Disabled Facilities Grants, grants to voluntary organisations, health promotion through In Shape, HERO, Stay Safe dementia scheme,

domestic abuse and other small projects. There is no formal commitment from the district/borough councils to continue to fund this activity. However, the new integrated arrangements offer scope to enhance the work that this Council funds to ensure that maximum benefit and value for money is obtained to make the funding work harder and smarter.

- 25 There is no commitment to any additional funding on the part of the District Council as part of this agreement.
- 26 Currently, KCC spends about £1million each year on public health preventative services. This includes £121,000 which is paid to Sevenoaks District Council to deliver health improvement work. Similar sums are paid to Tonbridge & Malling and Tunbridge Wells. They also spend £10,000 per year on a Workplace Health project, delivered by Environmental Health, £25,000 on Winter Warmth, delivered through the Housing Standards team. These sums have reduced over time.
- 27 KCC also procures services such as smoking cessation, health trainers, campaigns and postural stability from other providers.
- 28 The KCC funding arrangements will end early next year and will be replaced by Partnership Agreements between the County Councils and District Councils.

Value for Money

- 29 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.

- 30 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.

Legal Implications and Risk Assessment Statement.

- 31 These arrangements rely on working in partnership. The current working arrangements rely on a strong partnership approach developed with the West Kent Integration Board which will be supported by subject based Partnership Boards. Governance arrangements will be the subject of further work to establish detailed terms and responsibilities.

Equality Assessment

- 32 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.
- 33 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

- 34 This activity will conform to the Council's Safeguarding Policy. 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.

Background Papers:

[District Councils Network - King's Fund Report](#)

[Kent County Council Cabinet Advisory Committee report 12th July 2016 ItemC2](#)

[Previous report to Housing & Health Advisory Committee 4 October 2016](#)

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