

## **Appendix A**

### **The Commissioning of Kent Adults Health Improvement Service Consultation Document**

**[kent.gov.uk/healthimprovement](http://kent.gov.uk/healthimprovement)**

**This publication is available in alternative formats and can be explained in other languages. Please contact 03000 421533. For Text Relay, please use 18001 03000 421533. This number is goes to an answer machine which is monitored during office hours.**

## **1. Purpose of this consultation**

We want to hear your views on the proposed integrated model for Health Improvement Services.

- Your views will assist Council Members in the decision making process for agreeing the delivery of Health Improvement Services from October 2016.
- KCC wants to ensure that the new model meets the needs of Kent residents and will be accessible to all who need support.

The consultation will run for six weeks, from Monday 2 November to Monday 14 December 2015 (inclusive).

## **2. Introduction**

**Kent County Council has a vision to improve and protect the health and wellbeing of the people of Kent, enabling them to lead healthy lives, with a particular focus on the differences in outcomes within and between communities.**

To achieve this we deliver and commission a range of services to improve people's health and reduce health inequalities so that people live healthier for longer. Public Health receives a grant from central government to achieve this. Health inequalities are preventable and unjust differences in health status experienced by certain population groups.

KCC undertook responsibility for Public Health in April 2013 and since this time has been carrying out a continuous review of the approach to delivering public health to residents of Kent. Public Health strives to deliver effective prevention and support services to improve health outcomes. Health Improvement Services form a key part of this work.

Public Health wants to ensure that all its services are based around the needs of the person, encourage personal responsibility and, wherever appropriate, delivered within integrated services. Most importantly, all service activity must contribute to reducing health inequalities.

### **3. Background**

Public Health currently commission services that focus on individual behaviours and encouraging positive lifestyle changes such as; increased physical activity, healthier eating, and smoking cessation. Many of these services are universal and open to anyone who needs them whilst others are only accessible through referral from your GP or other health professional. These include:

#### **Healthy Weight Services**

These services support those wishing to lose weight to access the most appropriate weight management programme. These programmes are delivered through a range of settings including community settings, GP surgeries, and pharmacies.

#### **Stop Smoking Service**

These services support those wishing to quit smoking. This service is provided in a variety of settings, including community settings, GP surgeries and pharmacies.

#### **Health Checks**

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who have not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a health check. This will assess their risk of heart disease, stroke, kidney disease and diabetes and they will be given support and advice to help them reduce or manage that risk. Health checks are delivered in GP surgeries, pharmacies and community settings.

#### **Health Trainers**

Health Trainers provide one to one support for people that want to make a behavioural change across their general lifestyle, and can support that individual around a range of health topics, such as; physical activity, smoking or alcohol. They focus on motivating people and explaining how a healthy lifestyle can be beneficial. This might be done verbally or through providing information in a written format, or it might mean referring individuals to other agencies or organisations for further

support or resources. The exact role will depend upon the needs of the community and individual, tending to work in community settings.

### **Wellbeing services**

These services help people to maintain mental wellbeing, help tackle stigma in communities and raise awareness of support services that are available.

### **Physical activity**

Physical activity services support people, whose current level of activity puts their health at risk, to achieve a more physically active lifestyle that will improve their health outcomes in the long term.

## **4. Our current services**

The way that Public Health currently commissions means that these services work independently and each have specific outcomes to achieve. For example; in the smoking services, success is measured by how many people have quit smoking. An individual may need to access a number of these services if they have more than one health behaviour that they wish to change. This model of service has been delivered for several years, however, Public health now has the opportunity to improve services and help more people access the support they need. Some services have already started to move towards more integrated services and early indications show improved outcomes and efficiencies.

## **5. Need for change**

The NHS Five Year Forward View was published in 2014 and highlighted the need to radically increase the role of prevention to achieve improvements in health outcomes for the public, reducing health inequalities and promoting healthier lifestyles generally. Similarly, the Care Act, which became law in 2015 also emphasises the importance of prevention, in addition to, outlining key responsibilities for local authorities in addressing this.

Public Health is responsible for delivering effective prevention work via Health Improvement Services, and in April 2015 KCC began a review of the use of the public health grant and the programmes commissioned through the grant. The review has provided a thorough understanding of the potential and the limitations of the current services, in the context of new legislative obligations and guidelines. This has presented a clear case for change and has identified opportunities for a new, more integrated approach. Kent will join many other Local Authorities that are proposing improved service models that deliver a more integrated and holistic approach to health improvement services, with the aim of helping residents live healthier lives, with the appropriate support to make difficult lifestyle changes.

The proposed model would integrate the current separate healthy weight, smoking cessation, physical activity and Health Trainer services and include elements of health checks, alcohol and sexual health services, with mental and emotional wellbeing underpinning the whole service delivery.

## **6. Proposed model**

The proposed model would take a holistic approach to each person that comes in to the service. This means that the service would support the individual to address a range of factors that might be affecting their lifestyle choices and barriers faced by them in changing their unhealthy behaviours. The approach looks beyond individual behaviours, seeking to improve the overall health and wellbeing of the person. It would save the individual needing to visit a range of different services, as it is integrated, rather than individual services for a particular condition e.g. smoking or excess weight. It is proposed that there would be simple access and referral pathways to support residents to access the most appropriate services quickly, reducing the need to visit multiple services.

The key advantages of the proposed model are that it will allow Public Health to deliver Health Improvement Services in a way that;

- Provides a consistent point of access for people to get the support they need
- Treats the person rather than a single issue

- Allows for efficiency of contract delivery, allowing extra resource to be released to supporting people

In addition to making access to Health Improvement Services simpler and more co-ordinated, the proposed model will result in improved signposting to other local services that provide support on topics such as mental wellbeing, housing or help getting work as a way to improve the chances and motivation of someone being successful in making lifestyle changes that will improve their long term health.

The proposed Health Improvement Service model will, pending the outcome of this consultation, be commissioned to start delivery in Autumn 2016.

An Equalities Impact Assessment has been completed and can be found in the accompanying documents for this consultation at [kent.gov.uk/healthimprovement](http://kent.gov.uk/healthimprovement). The service would see greater investment in motivating people to change their behaviours. This would provide individuals with the skills to help themselves and help people sustain their change in behaviour. It would hope to better utilise web-based support e.g. apps to lose weight, signpost to local services and positive opportunities in the community. The approach would see the development of community champions.

The service will remain available to everyone and maintain a universal offer, whilst prioritising those with the greatest health needs. For example, the service will be promoted more in communities with higher health inequalities or particular risk factors.

### **Case study:**

Adam is a 53 year old Lorry driver who undertakes a variety of unhealthy behaviours including; smoking, overeating and drinking, he is also physically inactive. Since the birth of his grandchildren, Adam has been trying to give up smoking and lose weight, however after some unsuccessful attempts he visits his GP for help.

### Current Service

Adam visits his GP for support for support to quit smoking; Adam's GP refers him to the Stop Smoking Service, who contact Adam 2 days later.

Adam is made an appointment with the Stop Smoking Service who provide him with specialist support over 7 weeks with the aim to be smokefree for 4 weeks. Adam then discusses his issue with weight, activity levels and alcohol. The Stop Smoking Service advises Adam on increasing his activity and refers him to the Healthy Weight Team.

The Healthy Weight team make contact with Adam following the referral and book Adam to see a Healthy Weight Adviser at his local Pharmacy. Adam is then seen for 12 weeks for support for losing weight. Adam is advised again to increase his physical activity and is signposted to a local healthy walk activity in his area. He is also referred onto the drugs and alcohol recovery service for support on his alcohol consumption.

### Proposed Integrated Model

Adam visits his GP who explains about the support available to aid him in becoming healthier. The GP gains consent from Adam and sends his details via email to the Health Improvement First Point of Contact Team.

2 days later Adam receives a phone call from Hannah, who speaks to Adam to gain an understanding of his lifestyle, how he would like support, what he has tried and what his personal outcomes were. Adam explains that he would like to be fitter and healthier and his main priority is to quit smoking. Hannah asks some basic questions to assess Adam's motivation and gains consent for an appointment to be made with her the following week at the local venue. Hannah explains that she will see Adam for 12 weeks with the intention that by week 7 he would have quit smoking. Hannah also explains that she will advise on healthy eating and drinking during these sessions and will then focus on eating more directly for the following 5 weeks, with the hope to achieve Adams fit and healthy outcome. During the weekly sessions

Hannah motivates Adam, providing advice on all his unhealthy behaviours, pharmacotherapy and support.

By week 12 Adam was able to quit smoking, reduce weight, increase his physical activity and cut down on drinking. Hannah then discharges him and offers Adam a 'Community Champion' to support him with continuing with his new behaviours.

## 7. Key outcomes to be achieved

The key outcomes that the new integrated service will aim to achieve are the same as those identified for the current individual services namely:

- Improve the wellbeing of the population
- Reduce levels of excess weight
- Increase levels of physical activity
- Reduce smoking prevalence in general population
- Reduce levels of smoking during pregnancy

## 8. Key principles

There are a number of key principles that underpin the service for the proposed model:

- **Integrated.** People will be able to access a range of different health improvement / healthy lifestyle support from one place
- **Targeted** towards those who need it most but available to all where necessary
- **Motivational and positive focus.** Motivating people to want to change their behaviours
- **Promote independence** helping people to develop the skills to lead healthier lifestyles and become less reliant on services.



- **Flexible and tailored** to meet changing local needs and priorities

## **9. Engagement and service development**

The proposed model has been designed using detailed needs assessment research, Mosaic data, the Public Health Observatory and engagement with service users.

Details of the needs assessment and linked research may be viewed in the background documentation available at [kent.gov.uk/healthimprovement](http://kent.gov.uk/healthimprovement).

Feedback received via service user and community engagement was considered carefully while developing the model and is summarised below:

- Services should fit in with where you live
- Services should be in the community as far as possible, instead of health locations
- Services should be in places where everyone uses resources to get on with life
- You need a single contact for the service
- There should be good signposting to resources and services so that you can take personal responsibility for what support you want to receive
- Services should be accessible when you want them, avoiding waiting lists
- The service should empower service users
- The service should not be stigmatised

Market engagement has also taken place with both current and potential providers. This has indicated support for the approach and a market that could deliver this type of model.

Throughout September and October 2015 Public Health have presented to each of the Health and Wellbeing Boards to get their input on the proposed model. The main findings from this engagement work were;

- Services should be open to anyone who is motivated to make a change rather than being restricted to those people in the lowest socio-economic groups.

- There should be much stronger coordination of messages encouraging people to make a change in their lifestyle, and an increase in campaigns and marketing to promote healthier lifestyles.
- There was support for an integrated service that delivers holistic health improvement.
- It is important to localise services to meet the needs of different areas.

As part of this consultation, focus groups are being held with samples of key stakeholder groups to further explore the model and how best the services may be delivered within the proposed integrated approach.

### **10. Alternative service models**

When designing the proposal we looked at two other ways to deliver the Health Improvement Service, before identifying the proposed model as our preferred option.

**Alternative 1** – Leave services as they are, and simply re-commission

Advantages:

- This would allow for continuity of service

Disadvantages:

- Would continue to treat individual conditions rather than the whole person
- Would not address referral and access gaps present in the existing model
- Would not allow for efficiencies

**Alternative 2** – Develop an integrated model but restrict access to high risk groups only

Advantages:

- Similar structural and outcome advantages to the model being proposed with the additional benefit of ensuring targeted use of resources.

Disadvantages

- Would mean there is no Universal offer of support
- Could leave those currently engaged with services without support
- Presents commissioning challenges with existing providers

## **11. Public Consultation – have your say**

**Public Health want to know whether you think that the proposed model for Health Improvement Services will meet the needs of Kent's residents in an accessible and holistic way that will result in the desired outcomes. Your views will also help Public Health to maintain good services if you can comment on how you would like to access the service in terms of setting, online accessibility and information.**

Please visit [www.kent.gov.uk/healthimprovement](http://www.kent.gov.uk/healthimprovement) to complete the online questionnaire. Alternatively, please complete the attached questionnaire and return to Freepost - KCC PUBLIC HEALTH CONSULTATIONS.

Public Health value all the feedback and views provided. By completing the questionnaire you will be assisting us to ensure we develop a model that meets the needs of Kent residents.

### **Glossary of Terms:**

#### **Outcomes**

The good results Public Health are hoping to get from the proposed service.

#### **Health inequalities**

Differences in life-expectancy and health across communities that are preventable and unfair.

#### **Brief advice**

Short sessions with professionals who give simple tips and guidance on changing unhealthy lifestyles.

#### **Community Champions**

Volunteers that work in communities to encourage and support lifestyle changes to help people become healthier.