

**Communities, Housing and Environment committee****08/12/2015**

Is the final decision on the recommendations in this report to be made at this meeting?

**Yes****Public Health Improvement service for adults consultation**

<b>Final Decision-Maker</b>	Communities, Housing and Environment Committee
<b>Lead Head of Service</b>	John Littlemore
<b>Lead Officer and Report Author</b>	Michael Mckeen
<b>Classification</b>	Public
<b>Wards affected</b>	All

**This report makes the following recommendations to this Committee:**

1. That the Committee endorses the consultation response set out in Appendix C.

**This report relates to the following corporate priorities:**

Securing a successful economy for Maidstone Borough

**Timetable**

<b>Meeting</b>	<b>Date</b>
Communities, Housing and Environment Committee	8 <sup>th</sup> December 2015

# Public Health improvement service for adults consultation

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Kent County Council is consulting on their public health commissioning proposal for Kent adult's health improvement.
  - 1.2 The consultation closes on the 14<sup>th</sup> December and the Committee is invited to consider comments received by the Housing and Communities Manager.
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## 2. INTRODUCTION AND BACKGROUND

- 2.1 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, Stop smoking services, Health checks, Health trainers, Maintaining mental wellbeing and physical activity services.
  - 2.2 These services currently work independently from each other; a model which has been delivered for several years. Public Health now has the opportunity to move towards a more integrated service following the NHS 5 year forward view, which has highlighted the need for increased prevention to achieve health outcomes for the public.
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## 3. AVAILABLE OPTIONS

- 3.1 Option 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 promote efficiencies

- 3.2 Option 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

#### 3.3. Option 3, preferred option, an integrated model open to the public as a whole:

##### Advantages:

- Provides a consistent point of access for people to get the support they need
- Treat the person rather than a single issue.
- Allows for efficiency of contract delivery, allowing extra resource to be released to supporting people.

##### Disadvantages:

- Potential loss of specific expertise.
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## **4. PREFERRED OPTION AND REASONS FOR RECOMMENDATIONS**

The proposed model would take a holistic approach to each person that comes into 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.

Full background information including options can be found in Appendix A

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## **5. CONSULTATION RESULTS AND PREVIOUS COMMITTEE FEEDBACK**

- 5.1** The Maidstone Health and Wellbeing board has been consulted on the Council's response in Appendix C and were in agreement with the feedback provided.
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## **6. NEXT STEPS: COMMUNICATION AND IMPLEMENTATION OF THE DECISION**

- 6.1** The committee's decision will be communicated to KCC as the council's formal response.

## 7. CROSS-CUTTING ISSUES AND IMPLICATIONS

<b>Issue</b>	<b>Implications</b>	<b>Sign-off</b>
<b>Impact on Corporate Priorities</b>	Securing a successful economy for Maidstone Borough – Improving the health prospects of Maidstone residents and ensuring the effective use of funding to support positive health outcomes.	Head of housing and communities
<b>Risk Management</b>	None	Head of Service or Manager
<b>Financial</b>	None	Section 151 Officer & Finance Team
<b>Staffing</b>	none	Head of Service
<b>Legal</b>	None identified at this stage	Team leader Corporate Governance
<b>Equality Impact Needs Assessment</b>	Appendix B is the completed impact assessment put together by KCC	Policy & Information Manager
<b>Environmental/Sustainable Development</b>	none	Head of Service or Manager
<b>Community Safety</b>	None	Head of Service or Manager
<b>Human Rights Act</b>	None	Head of Service or Manager
<b>Procurement</b>	None	Head of Service & Section 151 Officer
<b>Asset Management</b>	None	Head of Service & Manager

## 8. REPORT APPENDICES

The following documents are to be published with this report and form part of the report:

- Appendix A: Health Improvement service consultation
  - Appendix B: Equality impact assessment
  - Appendix C: Health improvements questionnaire (Maidstone Borough Councils recommended response)
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## **9. BACKGROUND PAPERS**