

From: Andrew Scott-Clark, Director of Public Health

To: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Decision No: 15/00067

Subject: The Public Health Strategic Delivery Plan and Commissioning Strategy

Classification: Unrestricted

Past Pathway of Paper: Children's Social Care and Health Cabinet Committee, 21 April 2015 and 22 July 2015

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary:

Following the transfer of responsibility for Public Health to the Local Authority in April 2013, there has been considerable work to analyse and monitor the contracts which transferred from the Primary Care Trusts.

The need for a new and revised strategic approach to public health improvement was agreed with this committee in April 2015.

It is becoming increasingly clear that public health improvement services for children and young people have previously been commissioned in a silo approach and that new opportunities to integrate services must be developed.

To commission this new approach effectively and smoothly, there is a good opportunity to align the end dates of current contracts and re-commission a new integrated model. This includes the opportunity to align the contract for the health visiting service from October 2015.

Recommendations:

The Cabinet Member is asked to agree to extend the current contracts for School Public Health Services and Young Peoples' Substance Misuse to 30th September 2016.

1. Introduction

- 1.1 The Children's Social Care and Health Cabinet Committee previously discussed the development of the public health strategic plan and commissioning strategy on 21st April 2015.
- 1.2 In this previous discussion, the drivers for change for the work were outlined, and the committee was asked to comment on the core outcomes. Since that discussion, further analysis has been undertaken to inform potential new models of provision for Public Health services. This paper outlines the work of the review to date, and the next steps for the public health programmes relating to children and young people.
- 1.3 It is absolutely recognised that children and young people live with families or carers and this paper aligns with the paper presented to Adult Social Care and Public Health committee on the 10th July 2015 on the Public Health Strategy and commissioning plan for adult services.

2. Review of Services

- 2.1 A review has been undertaken of the current public health grant spend on children's services, the performance of the current commissioned services and how Kent compares in relation to the relevant public health outcomes for children and young people.
- 2.2 Market engagement events have also been undertaken to engage with providers of services, both those that currently deliver services in Kent and also those that deliver elsewhere in the country, to explore potential new models of service.
- 2.3 Spend and performance have been organised into a Starting Well, Living Well and Ageing Well approach, which has enabled a clearer picture of the way in which the grant is invested, and the return on this investment.
- 2.4 It is clear that there has been increased investment in children's services since public health transferred to the Local Authority and there are some excellent examples of cross-authority work, such as the investment in children's centres and the associated joint working already underway.
- 2.5 It is also clear from the review that the current models of delivery in public health services have a number of strengths. This includes strong performance in substance misuse services and a respected and valued health visiting service, which delivers a very important universal and safeguarding service. However, it is also clear that there is significant variation across Kent and a number of concerns to address.
- 2.6 Whilst Kent performs comparatively well in many outcomes, there are outcomes for which no areas in Kent perform well, such as in breastfeeding continuation rates. There are other outcomes in which Kent performs comparatively well (to national rates), but the issues are so serious, and numbers so high, eg childhood obesity rates, that a completely new approach is needed, . Even where Kent performs generally well against an outcome, there is significant variation locally.

- 2.7 There are public health grant-funded services which are high performing and are working with significant numbers, such as the Young Healthy Minds service. However, these services need to be commissioned to increase capacity to intervene earlier and reduce the need for specialist children's services such as child and adolescent mental health services.
- 2.8 Work with colleagues across the the County Council's 0-25 transformation programme has highlighted many cases where health, education, early help and specialist children's services are working with the same children and families, and an integrated approach can be developed to improve delivery for families and deliver a more efficient approach. There is a series of pilots in place, such as the integrated 2-year check, which are demonstrating the value and the right approach for families, but they are not yet systematically implemented across Kent.
- 2.9 There are also a number of aligned strategic developments such as the development of the Emotional Wellbeing strategy which is providing a clear message that the current approach is in need of transformation and a whole system approach is the way to identify early, intervene early and target resource, in order to reduce the need for specialist, more intensive care.
- 2.10 In addition, a recent announcement of a new financial settlement for the Kent public health grant is being worked through nationally, and any transformation programme will need to deliver within the resulting final allocation.

3. Next steps

- 3.1 A new approach to public health models of provision for children is therefore needed. It is clear that new models of service must be worked through in partnership. New models of provision must therefore be developed through the the County Council's 0-25 transformation programme, and also with partners across the County Council, for example the Growth Environment and Transport directorate.
- 3.2 Wider engagement with partners, in particular General Practice and Clinical Commissioning Groups, and with all partners across the children's health and wellbeing boards, is also essential. Further consultation with providers of services, including the voluntary sector, will also be undertaken to develop the new models of provision. There is a planned programme of further engagement for autumn 2015.
- 3.3 As part of any new approach it will be vital that the right balance is in place which ensures universal delivery of services, where appropriate and required, with enough high quality services and interventions to target families with specific issues, including safeguarding, or families with children with complex needs. This includes children with both physical and learning disabilities.
- 3.4 At the heart of all public health improvement services is the need to reduce health inequalities. It is of course critical that the new shaping of services is based on clear principles which ensure that the resource is effectively targeted to tackle health inequalities.

4. Financial Implications

- 4.1 In order to comprehensively design and commission a new model it is recommended that the end dates for current public health contracts for children's services are synchronised. At present they have different end dates. This is particularly important in relation to health visiting, including the Family Nurse Partnership service, in the new modelling.
- 4.2 It is therefore proposed to extend all contracts until the 30th September 2016 and begin new model implementation from October 2016. Work on the new model would therefore be finalised before December 2015 with a procurement process to begin early in 2016.
- 4.3 The financial values of these contracts are detailed below.
- School Public Health Services (KCHFT) –£4,859, 856
 - School Public Health Service (MFT) –£414,379
 - Young People's Substance Misuse Service (KCA) –£854,464
 - Health Visiting and Family Nurse Partnership contract (KCHFT) £23,184,000
- 4.4 Progress will be reported back to this committee in the autumn, where there will be an opportunity to input into how the service specification(s) are shaped prior to any tendering process starting.
- 4.5 It must be noted that this timeline does not mean that there is no change in services until the start date for the new model. During this time, improvement plans will be put in place which will attend to current performance and quality issues.
- 4.6 For example, an action plan is already in place with the school nursing service, following a detailed review of this service with partners and children and young people. A quality improvement process will be a part of the new specification for health visiting, based on issues raised by partners. Strong contract monitoring is already in place for current contracts and performance will continue to be reported to this Committee.

5. Conclusion

- 5.1 Developing a new approach is needed to meet the challenges faced in public health, the changing needs of the population and the diminishing financial envelope of the public health grant.

- 5.2 The next step of this process is to engage with partners on the review of service and the emerging new model. It will important to retain the strengths of the current model whilst identifying the opportunities for improvements.
- 5.3 In order to deliver this programme smoothly and successfully, there is a need to synchronise the relevant contracts end dates and ensure that a fully transformed approach to public health is the model to be commissioned, moving forwards.

6. Recommendation(s)

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<p>7. The Cabinet Member is asked to agree to extend the current contracts for School Public Health Services and Young Peoples' Substance Misuse to 30th September 2016.</p>
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8. Background Documents

Update on Developing the Public Health Strategic Delivery Plan and Commissioning Strategy, presented to Children's Social Care and Health Cabinet Committee on 21st April 2015.

9. Contact details

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