

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee, 22nd March 2016

Subject: Children and Young People's Services – Commissioning Strategy

Classification: Unrestricted

Past Pathway: Children's Social Care and Health Cabinet Committee, 8 September 2015, 22 January 2016

Future Pathway: Children's Social Care and Health Cabinet Committee

Electoral Division: All

Summary:

This report builds on the previous report to committee (January 2016) detailing the initial review undertaken to inform commissioning of Public Health services for children and young people.

The review has identified exciting opportunities to reshape children's services. This includes a number of significant opportunities to change the approach to Public Health and re-shape service integration to drive better outcomes and pathways for children, young people, and their families.

This report proposes an extension of the existing contracts for core Public Health services for children and young people, by six months in order to allow time to develop these opportunities in more detail and enable effective integration opportunities before a procurement exercise commences.

Recommendations:

The Children's Social Care and Health Cabinet Committee is asked to:

- i) **CONSIDER** and **COMMENT** on the opportunities for working jointly with partners on the re-commissioning of children and young people's public health services.
- ii) either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on proposed decision (Attached as Appendix 1) to extend the existing contracts for Health Visiting, School Public Health and Young Healthy Minds services until April 2017.

1. Introduction

- 1.1. Since the transfer of commissioning responsibility for Public Health programmes moved into the Local Authority on April 2013, KCC has undertaken a number of opportunities to reshape the use of the Public Health grant and deliver services in a more efficient way. Already there is significant change in the way the budget is allocated and there is clear evidence that efficiencies have been driven across a number of contracts. The proportion of the grant invested in children's services has increased.

- 1.2. Previous papers to the committee have kept members updated on the review of public health services for children and young people, and this paper provides a further update on the work since January 2016.

2. Progress to date

- 2.1. An analysis of children and young people's services has been undertaken and included the following activity:
 - Public Consultation and Focus Groups
 - Stakeholder engagement including Health and Wellbeing Boards
 - Market Engagement
 - Spend Analysis
 - Review of performance and outcomes
- 2.2. Work on the Health Visiting Service identifies there is significant opportunity to re-shape the service. The service is well regarded but would benefit from better prioritisation, and links with partner services. A detailed analysis of workforce identifies opportunities to align the services more effectively with need. Performance against mandated checks varies significantly and there have been clear problems with data capture systems. Significant work must now be undertaken to get a better understanding of the performance of the service.
- 2.3. It is also clear from the review that the School Public Health Nursing Service must be better connected into partner structures, and must develop a much clearer offer to schools. There have been consistently high vacancy rates in the service, limiting the service offer. In addition, current commissioning arrangements give relatively little investment in adolescent services compared to other childhood stages – this is a missed opportunity that the new model will address.

Developing the approach in partnership

- 2.4. The overarching common theme from the review, is that services must be redesigned with wider children's services, so that services are visible, the connected pathways of support are clear, and where there are shared outcomes, there is a clearly aligned approach. There have been a number of issues raised which show that both provision and commissioning arrangements are not always clear, resulting in confusion for people who are using the services, and confusion for staff working within the services. This also risks gaps in service provision.
- 2.5. Public Health have started to work more closely with colleagues across KCC and the NHS to reshape services in a more aligned model. The collaborative work on the emotional wellbeing and child and adolescent Mental Health

Strategy has seen the development of a joint model, which will link pathways and reshape budgets and resource in a partnership approach.

- 2.6. There are other similar opportunities emerging. For example work with NHS England shows there is case to join up the commissioning of the school nursing service with the NHS England commissioning of school aged Immunisations and Vaccinations and the Child Health Information System. This is likely to produce a solution to some of the workforce challenges within the school nursing workforce; however NHS England have made clear that the work can only align if there is an April 2017 start date.
- 2.7. Commissioners have also been exploring the approach to commissioning in other local authority areas. This work clearly shows that there are a number of new approaches being explored and developed, looking at opportunities to integrate the commissioning of these services with other health or other Local Authority services. An extension offers further opportunities to explore the Kent approach to this and develop an approach in partnership.

3. Commissioning Timeframe

- 3.1. The existing contracts for the contracts are due to run until 30th September 2016. New services would be due to start operating from 1st October which would require a procurement process to start by April 2016. Although this is still achievable, it would not allow time to fully explore the opportunities highlighted in the stakeholder feedback.
- 3.2. An extension will enable alignment of the procurement of the health visiting and school nursing contracts, with the procurement of CAMHS, and ensure that the decision relating to the emotional wellbeing aspects of the contract are taken at the same time. This will mean that the current arrangements for the Young Healthy Minds contract can also be aligned.

4. Financial Implications

- 4.1. As indicated in the previous report to the committee, the contracts for the Health Visiting service and School Public Health services currently have a total annual value of approximately £28.5m. The Young Health Minds service receives £882k from the public health grant.
- 4.2. KCC has now received its allocation for the public health grant 16/17 which is £71,121,000. This represents a 7.5% reduction.
- 4.3. A six-month extension will enable Public Health to continue to deliver efficiencies through internal activity and management of existing contracts for these services, and would not be curtailed by a delay in the procurement process. Contract values for extensions of services will reflect the need to deliver the savings. This will be worked through based on current performance, activity and need for the services.

5. Conclusion

- 5.1. Since the last Cabinet Committee meeting, Public Health have engaged in a series of discussions with key stakeholders including NHS England and CCGs. This has highlighted a number of opportunities to better align or integrate services for children and young people.
- 5.2. The current timetable for procurement of the services may not allow sufficient time to fully explore these opportunities. A six-month extension of the Health Visiting, School Public Health Nursing service and Young Healthy minds contracts would allow time to complete this work and to maximise the potential benefits of joint commissioning or integration services.

6. Appendices

Appendix 1 – Proposed Record of Decision

7. Recommendation(s)

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8. Contact details

Report Author

Karen Sharp
Head of Public Health Commissioning
03000 416668
Karen.sharp@kent.gov.uk

Relevant Director

Andrew Scott-Clark
Director of Public Health
03000 416659
Andrew.scott-clark@kent.gov.uk

