

**From:** Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee –  
11 March 2025

**Subject:** Healthy Child Programme 5-19 years Commissioning Intentions

**Classification:** Unrestricted

**Decision Number:** 25/00011

**Past Pathway:** N/A

**Future Pathway:** Cabinet Member decision

**Electoral Division:** All

**Is the decision eligible for call-in?** Yes

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**Summary:**

The Public Health Service Transformation programme (PHSTP) seeks to improve all services in receipt of the Public Health Grant, to ensure that services are efficient, evidence-based and deliver the outcomes and best value.

This report outlines proposed changes to the School Public Health service (5-19 years) model to support delivery of the 5-19 years National Healthy Child Programme and to respond to findings from the Kent 5-11 years Health Needs Assessment and emerging 11-19 years Health Needs Assessment.

Kent School Public Health service (5-19 years) is funded from the Public Health Grant at an annual value of £5,691,936 in 2024/5. This includes the Children and Young People's Counselling Service (CYPCS) at a cost of approximately £1 million per annum.

This paper proposes changes to the Kent School Public Health service including the removal of the Children's and Young People's Counselling Service and proposed commissioning of a new standalone Therapeutic Support Service which is developed to meet increased demand, increase choice of support and align with the developing NHS Kent and Medway system model for emotional wellbeing and mental health. Proposed changes to the School Health service specification will also ensure alignment with the national Healthy Child programme<sup>1</sup>; the six high impact areas (**Appendix A**),

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<sup>1</sup> [Healthy child programme - GOV.UK](https://www.gov.uk/government/publications/healthy-child-programme)

implementation of the Kent Family Hub model<sup>1</sup>, findings of the Kent 5-11 years Health Needs Assessment<sup>2</sup> and emerging 11-19 years Health Needs Assessment.

### **Recommendation(s):**

The Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the Proposed Record of Decision (**Appendix B**) to:

**APPROVE** amendments to the current Kent School Public Health Service:

- a) the removal of the Children and Young People's Counselling Service, from the school health contract;
- b) changes to target cohorts for Online Health Assessments,
- c) increased flexibility to Whole School Approach offer
- d) review and adaptation of the Emotional Wellbeing Package of Care to avoid duplication with Mental Health Support Teams (MHST) schools, better target need and improve outcome reporting;

**APPROVE** the required expenditure, via the Public Health Grant, from April 2026 to April 2031 (with an option to extend for a further 5 years to 2036) to implement the amendments to the Kent School Public Health Service.

**APPROVE** the establishment of a new standalone Therapeutic Support Service to support children and young people with mild to moderate emotional and mental health needs who are aged between school entry in Reception up to 19 years old. This service would be aligned with the wider Therapeutic Alliance model being procured by NHS Kent and Medway and be delivered and integrated into the Family Hub model. The service would commence from November 2025.

**DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health to implement the changes to the Kent School Public Health Service and undertake the required activity to establish a new standalone Therapeutic Support Service.

**DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and

**DELEGATE** authority to the Director of Public Health, to take other necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

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## **1. Introduction**

1.1 Kent County Council (KCC) Public Health is leading a PHST Programme to

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<sup>1</sup> <https://www.kent.gov.uk/education-and-children/kent-family-hub>

<sup>2</sup> [https://www.kpho.org.uk/\\_\\_data/assets/pdf\\_file/0016/141433/0-4-HNA-10.11.22.pdf](https://www.kpho.org.uk/__data/assets/pdf_file/0016/141433/0-4-HNA-10.11.22.pdf)

ensure that services are efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

- 1.2 Local authorities are responsible for using the Public Health Grant funding to deliver the nationally prescribed 5- 19 years National Healthy Child Programme (HCP). This includes the mandated National Childhood Measurement Programme (NCMP), which the School Public Health Service undertake with children in reception year and year 6 in mainstream schools.
- 1.3 The School Public Health Service have a crucial role in reducing health inequalities through leading delivery of the Healthy Child Programme (5-19) systematically identifying those groups of young people who are at greater risk of poor health outcomes and working in partnership with other agencies to support health improvements locally.
- 1.4 Kent School Public Health Service is a universal service, available to children upon school age entry to 19 years old, who are residents in the KCC area or attend a school within the KCC area.
- 1.5 The Kent School Public Health Service is currently delivered through a co-operation agreement between KCC and Kent Community Health Foundation NHS Trust (KCHFT), which ends on the 31 March 2026.

## **2. Strategic Alignment and Background**

- 2.1 Under the terms of the Health and Social Care Act 2012, upper tier local authorities are responsible for improving the health of their local population. Local authorities are key commissioners and hold an array of statutory duties for children, including:
  - promoting the interests of children in the development of health and wellbeing strategies (joining up commissioning plans for clinical and public health services with social care and education to address identified local health and wellbeing needs)
  - leading partners and the public to ensure children are safeguarded and their welfare promoted
  - driving the high educational achievement of all children
  - leading, promoting and creating opportunities for co-operation with partners and parents or carers to improve the wellbeing of young people
  - safeguarding and promoting the welfare of looked after children
  - providing or commissioning oral health improvement programmes' <sup>1</sup>
- 2.2 Since 2017, KCC has commissioned Kent Community Health NHS Foundation Trust (KCHFT) to deliver targeted emotional wellbeing support as part of the School Public Health 5-19 Service.

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[Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK](#)<sup>1</sup>

- 2.3 In 2021, NHSE announced the introduction and funding of Mental Health Support Teams in Schools, known locally as Emotional Wellbeing Teams. As of January 2025, approximately 55 - 60% of schools in Kent have access to an Emotional Wellbeing Team, as part of the nationally funded Mental Health Support Teams (MHSTs). These teams provide additional capacity in schools to promote good mental health through whole school approaches, to deliver evidence-based interventions for children and young people with mild to moderate mental health needs, and to provide guidance to schools where it is felt that additional support may be needed for individual children and young people. Announcements are currently being awaited from central Government on potential future funding for the national MHST programme.
- 2.4 In 2021, a revised national Health Visiting and School Nursing service<sup>3</sup> model and commissioning guidance was published. This model placed further focus on needs assessment so that interventions are personalised to respond to children and families' needs across time. The new 'Universal in Reach – Personalised in Response' model, is based on four levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support.
- 2.5 The UK National Screening Committee (UK NSC) recommends that standardised vision screening is offered to children aged 4-5 years.<sup>1</sup> The UK NSC recommends school entry hearing screening should continue only where it is already implemented while further research is undertaken to evaluate its effectiveness<sup>2</sup>
- 2.5 In 2023, KCC became a Family Hub local authority. The model joins up and enhances services helping parents and carers of 0- 19-year-olds to access the support they need when they need it, particularly at key transition points. National guidance provides clear expectations related to 0-19 years services (**Appendix C**).
- 2.6 The service supports all four priorities in Framing Kent's Future<sup>4</sup> and aligns with the NHS Kent and Medway Integrated Care Strategy<sup>5</sup> including to 'Strive for Children and Young People to be Physically and Emotionally Healthy' as part of the outcome to 'Give Children and Young People the Best Start in Life' and 'to work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities.'
- 2.7 This service also aligns with the NHSE core20plus<sup>54</sup> to reduce healthcare inequalities by identifying mental health, asthma, epilepsy, diabetes and oral health as key areas requiring accelerated improvement for children and

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<sup>1</sup>[Child vision screening information for parents - GOV.UK](#)

<sup>2</sup> [Hearing \(child\) - UK National Screening Committee \(UK NSC\) - GOV.UK](#)

<sup>4</sup> [Framing Kent's Future - Kent County Council](#)

<sup>5</sup> [Kent and Medway Integrated Care Strategy :: Kent & Medway ICS](#)

<sup>4</sup> [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

young people. The ICB developed and piloted an asthma friendly schools programme in 2024 which will be introduced to all schools.

- 2.8 In the draft 'KCC Strategy for the Future of Education in Kent 2025-2030'<sup>1</sup> the shared vision is 'Supporting children and young people to achieve; through living healthy, safe lives in which they feel seen and included'. This means all children and young people should feel valued and supported, that our work should be centred on inclusivity and care and that all our actions should align with helping children reach their full potential.
- 2.9 The draft strategy states that "we will achieve strong starting points and therefore better life chances from the very beginning of education by "working with partners, particularly Public Health, health visitors and other health professionals, to exchange data to ensure there is a cross-sector understating of the cohort and their families to inform strategic planning of services."
- 2.10 Resilience is a key strand within the draft strategy, with a specific aim to enable children and young people to achieve "good mental wellbeing that supports children and young people to be resilient and do well in education and in life." The importance of good mental wellbeing for "engagement in learning, academic success and building resilience" is recognised within the strategy, alongside the role that schools and providers play in identifying mental health needs at an early stage and by referring children and young people to appropriate support.
- 2.11 In December 2024, the Children's Wellbeing and Schools Bill<sup>2</sup> was introduced, making sure no child falls through gaps between different services and that families can get help when they need it. The Bill includes, introducing compulsory Children Not in School registers in every local authority in England, so local authorities can identify all children not in school in their area and ensure that all children are receiving a suitable education. This could enable School Health to better support these children in the future.

### **3. Health Needs Assessment of Primary Aged Children in Kent and emerging findings of Secondary Aged Children in Kent**

- 3.1 Recent published reports and policies have highlighted the importance of this age group and the challenges they face, particularly from the COVID-19 pandemic. All school communities have been impacted by the pandemic and national lockdowns and these in turn have affected children in different ways.
- 3.2 There is evidence that shows that disadvantaged children and those who live in areas that were particularly hard hit by higher rates of COVID-19 are amongst those whose learning is most likely to have been affected. The health needs assessment post pandemic has emphasised the differences

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<sup>1</sup> [A Strategy for the Future of Education in Kent 2025-2030 | Let's talk Kent](#)

<sup>2</sup> [Children's Wellbeing and Schools Bill - Parliamentary Bills - UK Parliament](#)

in outcomes experienced by those children living in deprivation, in terms of health and education. This is particularly notable in terms of emotional and mental health. Emotional and mental health needs are seen to be more prevalent, and this theme ran throughout this health needs assessment.

- 3.3 Since 2017, the national prevalence of probable mental health disorders in children and young people has increased by 7.8%, from 12.5% in 2017 to 20.3% in 2023<sup>1</sup>. Applying this prevalence to the Kent population suggests that in 2023 there were an estimated 49,181 of children and young people with a probable mental health disorder in Kent.
- 3.4 Other key findings include;
- Developmental milestones in terms of learning are not being met.
  - Lower uptake of free school meals where entitlement is highest.
  - Decreased school attendance.
  - Emergency admission to hospital is highest in districts with greatest proportions of the population from different ethnic groups.
  - Increasing health and health care needs as seen in the prevalence of obesity and dental decay.
  - Widening inequalities with increased entitlement to child disability living allowance.

#### **4. Current Kent Public Health Service**

- 4.1 Kent School Public Health Service is a universal service, available to children upon school age entry to 19 years old, who are residents in the KCC area or attend a mainstream school within the KCC area.
- 4.2 The service plays an important role in identification of need, early support and prevention. Through delivery of the healthy child programme 5 to 19, the service will:
- Deliver the six high impact areas for school-aged years
  - Support transition for school-aged children, for example transition between health visiting and school nursing, and into adult services
  - Provide the support offered as part of the supporting families programme refreshed health offer or local equivalent
  - Contribute to safeguarding
- 4.3 The elements to the service include;
- Mandated National Child Measurement Programme (NCMP) to all children in Year R and Year 6 in line with national guidance. Results are shared with parents/carers via letter and those who are above the 99.6th centile or beneath the 0.4th centile receive a proactive support call, signposting and advice.
  - School Entry Vision Screening - Vision screening is carried out to detect Amblyopia (when the vision in one or both eyes does not develop properly) and strabismus (a squint, turn of the eye). If

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<sup>3</sup> Health visiting and school nursing service delivery model - GOV.UK

amblyopia is left undetected it can result in permanent reduced vision. Children who 'fail' the screen are referred onto specialist ophthalmology services for further investigation.

- School Entry Hearing Screening – the intention is to identify those who have permanent hearing loss. Untreated hearing problems can cause difficulties with speech, learning and behaviour. Children who 'fail' the screen are rescreened 12 weeks later (to mitigate minor issues that can impact hearing e.g. coughs/colds/glue ear). If a second fail occurs, then children would be referred onto specialist audiology services for further investigation.
- Health Development reviews to identify where targeted support may be needed for the child to reach their full health and wellbeing potential. In Kent these are delivered as Online Health Assessments with parents in Year R, sent out via the Kent Schools admissions data, and with young people in Year 6 and mid-teens.
- Time-limited interventions - support delivered on key topics following a holistic initial assessment. Examples include toileting, behaviour, emotional wellbeing, healthy lifestyle, sleep and growing up.
- Online parenting programmes and advice phone line and Kent Family website.
- Confidential text messaging service, chat health, and online "understanding your brain" course for young people.
- Support for schools (including Pupil Referral Units) such as Whole School Approach, professional resource hub<sup>1</sup> and training on topics including asthma, anaphylaxis, epilepsy, and continence.
- The Children and Young People's Counselling Service support children and young people aged 4-19 years with mild to moderate emotional wellbeing and mental health needs. This is typically delivered as a 1:1, face-to-face model in community settings, with play therapy and /or group work. The service supports children and young people who would not meet the threshold for Child and Adolescent Mental Health Service (CAMHS) support, but are experiencing difficulties such as anxiety, depression, stress, attachment and relationship difficulties.

4.4 The School Health service is delivered by a specialised multi-skilled workforce including Area Clinical Managers, Specialist Community School Nurses, School Nurse Assistants and Health Improvement Practitioners. The Counselling Service is delivered by counsellors accredited with the British Association for Counselling and Psychotherapy (BACP).

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<sup>1</sup> [Professionals hub - Kent family](#)



- 4.5 Throughout the life of the contract, the services have worked in partnership with commissioners to enhance their service. For the Children and Young People's Counselling Service, this involved additional short-term investment to enable expansion of service capacity.

## **5. Public Health Service Transformation programme**

- 5.1 The Health Reform and Public Health Cabinet Committee was updated on progress of the Public Health Service Transformation Programme in September 2024 and January 2025.
- 5.2 The proposed service model has undergone a thorough process of review including stakeholder engagement, options development and appraisal to ensure that services meet the needs of the people of Kent whilst balancing increasingly challenging financial and demand pressures.
- 5.3 A public consultation on the School Health Service was not required. A public consultation on Children and Young People's Emotional Wellbeing Support (counselling service) ran between 25.09.24 – 12.11.24<sup>12</sup>.
- 5.4 The consultation was widely promoted to children, young people and families through schools, services, Family Hubs, libraries and community networks. Targeted activities took place to gather feedback from protected groups, in line with the Equalities Impact Assessment (see Section 13). The public consultation received 382 responses including 72 responses from young people via the young person friendly version of the questionnaire. Several additions have been made to the proposal following the consultation feedback. A summary of findings from the consultation is given at Section 7 and the full report can be found at **Appendix D**.

## **6. Review of the School Public Health Service**

- 6.1 The School Public Health Service review concluded that the current School Public Health service performs well.
- 6.2 Key Performance Indicators for the last academic year 2023/4: eight reached stretch targets; eight were green; four were amber. Service Satisfaction is Excellent at 97.71%. Participation in the NCMP is above the national and southeast average (Year R Kent – 96% South East – 95%, Year 6 Kent – 94.8% Southeast – 92.4%). The review has found that there is a need to improve demographic data collection and reporting.
- 6.3 Approximately 2,000 time-limited interventions are delivered to primary school aged children and 500 to secondary school aged children every year. 65% were reported as improving outcomes. The review has found that there is a need to gain a fuller understanding of the impact, outcomes, and efficiency of the short-term interventions.

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<sup>12</sup> Children and Young People's Emotional Wellbeing Support | Let's talk Kent



- 6.4 The introduction and embedding of a 7-to-8-year [year 3] health needs contact has been well received and showcased nationally<sup>1</sup>. Uptake of other health development reviews (online health assessment) could be improved, particularly for mid-teens. There is a need to continue to work with schools and young people to explain the benefits of health development reviews. It is proposed to amend the year groups undertaking an assessment from year 6 to year 5, from years 10 and 12 to year 9 and for all reviews to be targeted at schools in areas of higher deprivation, whilst remaining a universal offer.
- 6.5 School health receive approximately 5,600 Chathealth text messages from 11 to 19-year-olds in Kent each year for support with physical or emotional health concerns. In 2024 Chathealth and snapchat advertising won Best Academic Poster at the School and Public Health Nurses Association (SAPHNA) conference. It is expected that the service will continue to co-design support with young people.
- 6.6 The CYP Counselling Service is commissioned to support 35 referrals a week. Demand has substantially exceeded capacity within the service. The number of weekly referrals increased from 33 per week in March 2021 to 89 per week in March 2024. Additional short-term funding has been invested at times during this period but waiting times have often exceeded the target of 12 weeks. The review provided opportunity to take a broader look at the counselling service which has led to a proposed revised service model being consulted upon.

## **7. Public Consultation – Children and Young People’s Emotional Wellbeing Support**

- 7.1 In relation to the public consultation on Children and Young People’s Emotional Wellbeing Support, 49% of consultees answering the main questionnaire agree with the proposal to fund a new Therapeutic Support Service and 45% disagreed; however, the response from young people indicated 63% in agreement and 29% disagreeing.
- 7.2 The reasons for disagreement focussed largely on the element of the proposal to deliver ‘mostly group-based support’ with some 1:1 delivery. There were concerns around the efficacy and impact of group work, whether children and young people would feel able to safely engage and share experiences in a group setting, and how neurodiverse children and young people would access support in this way.
- 7.3 There was broad support for the proposal to introduce more creative and

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<sup>1</sup> Early Intervention and Prevention for Children, Young People and Families Health Service  
Journal award finalist 2024

therapeutic activities (76% agree, 16% disagree). Broad support for more peer support opportunities (58% agree, 25% disagree) and continuing support for parents/carers as appropriate (87% agree, 7% disagree).

7.4 Moderate support for delivering the service through the Family Hub Network (50% agree, 27% disagree) and in alignment to the wider Therapeutic Alliance, being commissioned by NHS Kent and Medway (64% agree, 15% disagree).

7.5 The independent analysis of the consultation responses and post-consultation report is at **Appendix D**. **Appendix E** sets out how KCC have responded to the consultation in the proposed model below (Section 10).

## **8. Proposed Commissioning Model for School Health and Emotional Wellbeing Support**

8.1 Options were explored to consider potential changes to the existing delivery model. Options considered but rejected include:

- Keep Current Service the Same - No Change/ Do Nothing. This was discounted as the current service model requires financial investment at an unsustainable level to keep within the original target waiting times of 12 weeks.
- Discontinue/ Decommission the Current Service. This option was discounted as school health lead the national Healthy Child Programme for 5–19-year-olds, there is a mandated requirement to deliver the national child measuring programme and national recommendation to undertake vision and hearing screening. The preventative service prevents escalation of need and reduced demand for specialist services.
- Adaption of School Public Health Model - Revision of online health assessments to be conducted through KCC. This option was discounted as although KCC have the infrastructure to deliver and analyse online surveys, KCC does not have the clinical governance and infrastructure required to assess and respond to survey responses.
- Jointly commission the therapeutic support service with NHS Kent and Medway as part of their proposed Therapeutic Alliance. This option was actively explored with NHS Kent and Medway, but proposed procurement timelines and anticipated contract lengths could not be aligned. In addition, the Therapeutic Alliance model proposes to mainly support those with moderate needs.

8.2 The preferred option identified was to create two separate services:

1. County wide school health service with changes to age cohorts for Online Health Assessments and target schools in areas of higher deprivation, review and adaptation of the Emotional Wellbeing

Package of Care to align with the proposed Therapeutic Support Service and focus Whole School Approach support to schools that do not have a Mental Health Support Team in school.

2. Design a new evidence-based Therapeutic Support Service (TSS) delivered through the Family Hub network (See Section 10).

8.3 Advantages of these two proposals include:

- Increased uptake of online health assessments – identifying and supporting needs earlier to prevent escalation
- Increased service capacity and potentially more timely access
- Increased choice
- Inclusive services
- Increased collaboration
- Supporting and monitoring system outcomes
- Affordability

**9. Proposed changes to the School Public Health Specification**

9.1 The proposal is for minor amendments to the service specification including:

- improve demographic data collection and reporting.
- increase flexibility to support wider partners, e.g. to support colleges.
- offer a health development review (online health Assessment) in Year 5 rather than Year 6 to support transition to secondary school earlier.
- Offer a health development review in year 9 rather than years 10 and 12 when
- there may more opportunities within the school curriculum for engagement in
- the review,
- support schools to improve asthma awareness and management in schools
- quantify interventions within the service specification. It is expected that the volumes of delivery would remain in line or greater than the current delivery.
- raise awareness of the service to increase engagement from families not in school or who are in school for reduced time periods.

**10. Proposed new Therapeutic Support Service**

- 10.1 This would continue to support 4–19-year-olds with mild to moderate emotional wellbeing needs, but would offer more creative and therapeutic approaches, including more group activities and peer support opportunities. Offering more interventions within group setting will support a greater number of children and young people, meet needs more quickly and offer greater choice in the type of support engaged with.

- 10.2 Therapeutic interventions would be based upon clear evidence of effectiveness and suitability to meet mild-to-moderate emotional wellbeing needs and comply with NICE guidelines and/or British Association for Counselling and Psychotherapy.
- 10.3 The service would continue to offer support to parents and carers of children and young people as appropriate, particularly for younger children and those with more complex needs.
- 10.4 The service would be delivered as part of the Kent Family Hub network and be aligned with the proposed NHS Kent and Medway Therapeutic Alliance. This will facilitate strong partnership working between service providers including, workforce planning and development and a shared approach to clinical governance and risk management. Key functions (as appropriate) will be aligned to ensure that children and young people are able to access the most appropriate service to meet their needs through a timely and streamlined process.
- 10.5 In response to the consultation, the service will be required to demonstrate how they will ensure that group activities are fully inclusive and that children, young people and their families are able to access support through a range of local settings and methods.
- 10.6 The service will offer a flexible blend of 1:1 and group activities, tailored to meet individual needs. The service will utilise trauma-informed healing centred approaches.
- 10.7 The service will actively support children and young people to gradually build the confidence, skills and resilience to be able to participate in group activities, including peer support opportunities where appropriate. Engagement will be structured through a stepped approach including an initial 1:1 assessment, co-created individual goal-based support plans and formal and informal review points.
- 10.8 To ensure a smooth transition between services and manage risks, it is proposed additional one-off funding is utilised to start the service earlier than initially planned, during Autumn 2025. This will mean that the new service and current Children and Young People's Counselling Service would both be operating alongside one another for several months with the aim of CYP not transitioning to the new service.
- 10.11 Building on intelligence gathered, through recent ICB-led market engagement activity, further engagement with suppliers will support the development of the service specification.

## **11. Financial implications**

- 11.1 The funding for contracts would be from the Public Health Grant. Contract values will be finalised following a Provider Selection Regime (PSR)

compliant procurement process, including supplier negotiations, as applicable.

- 11.2 Contract values will be within the following maximum budgets available for these services:
- up to £25,210,393 for a 5-year School Public Health Service
  - up to £11,559,498 for a 5-year contract and 5-month contract with a 5-year extension for a Therapeutic Support Service.
- 11.3 The above values include an estimated uplift that will be applied to the contract (with the exclusion of the first year). The uplift reflects the need to retain the workforce. Final values will be included within an Officer Record of Decision (ROD).
- 11.4 In terms of affordability, the annual increase in the Public Health Grant is only generally known for the current year, so it is not possible to know with certainty that there will be sufficient Public Health Grant to fund the increase. If the Public Health Grant increases prove to be insufficient, then savings will need to be delivered elsewhere in the programme.

## **12. Commercial implications**

- 12.1 In May 2024, a Key Decision was taken to extend the Kent Community Health NHS Foundation Trust partnership by a further period of 12 months to support the Public Health Service Transformation programme. The 12-month extension is from 1st April 2025 to 31st March 2026.
- 12.2 The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) is the relevant procurement legislation, effective since 1 January 2024, for procuring health care services in England and must be followed by organisations termed 'relevant authorities'. Authorities to which the PSR applies are NHSE, NHS Trusts and Foundation Trusts, Integrated Care Boards (ICB), and local and combined authorities.
- 12.3 Most notably, the PSR introduces five procurement processes that relevant authorities can follow when awarding contracts for health care services which cover new Direct Award routes as well as more traditional competitive processes, subject to meeting certain criteria'
- 12.4 Since the 24th of February 2024, the Public Contracts Regulations 2015 has been replaced by the Procurement Act 2023 which will be the replacement procurement legislation for all public procurements outside of those covered by the PSR. An assessment of eligible procurement legislation will be undertaken to ensure the Council follows the appropriate replacement procurement legislation to the PCR 2015.
- 12.5 The proposed service model has been endorsed by internal procurement governance. An officer ROD will be published after procurement and internal Commercial and Procurement governance will be updated.

### **13. Risks**

- 13.1 There is a risk of failed procurement. Transfer of Undertakings (Protection of Employment) Regulations 2006 may apply which would increase the likelihood of this risk.

### **14. Equalities Implications**

- 14.1 Equalities Impact Assessments have been completed for the two services in scope (School Public Health Service) and The Therapeutic Support Service. The EQIA has identified potential negative implications for certain protected characteristics and mitigations have been built into the service specification. The EQIAs are attached as Appendices F and G.

### **15. Data Protection Implications**

- 15.1 General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/processor.
- 15.2 A Data Protection Impact Assessment (DPIA) screening will be undertaken as part of the procurement process, with expectation that a full DPIA will be agreed prior to the contract Commencement.
- 15.3 It is proposed that the new Therapeutic Support Service;
- submits data to the National Mental Health Service Dataset.
  - collects the NHS number of children and young people to access (and submit information to) the Kent and Medway Care Record (KMCR).

### **16. Legal Implications**

- 16.1 The [Health and Social Care Act 2012](#) sets out a local authority's statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years.
- 16.2 The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 sets out that each local authority must so far as reasonably practicable, provide for the weighing and measuring of the children.
- 16.3 As a local authority, KCC has a statutory duty to consult with the public when a significant service change is proposed. Following consultation team advice, it was recommended that a public consultation be held on the proposed changes to emotional wellbeing support for children and young people.

- 16.4 The recommissioning of these services will fall under the Healthcare Services Regulations 2023 (Provider Selection Regime PSR) and/ or the Procurement Act 2023. An assessment of eligible procurement legislation will be undertaken to ensure the Council follows the appropriate replacement procurement legislation to the PCR 2015. Appropriate legal advice has been sought in collaboration with the Governance, Law and Democracy team and will continue to be utilised to ensure compliance with relevant legislation.
- 16.5 Transfer of Undertakings (Protection of Employment) (TUPE) Regulations 2006 may apply which would be included within the relevant clause within the contract.

## **17. Conclusions**

- 17.1 KCC is responsible for using the public health grant for the National Healthy Child Programme and mandated NCMP as a condition of the Public Health Grant.
- 17.2 Integrated Commissioning is seeking approval to proceed with the proposed preferred option for the service delivery model from April 2026 onwards; this will include changes to the current School Public Health Service specification including the removal of the Children and Young People's Counselling Service and the creation of a new standalone Therapeutic Support Service.
- 17.3 This approach has been endorsed by the KCC Commercial Oversight and Procurement Board and a PSR compliant process would be used.

## **18. Recommendation(s):**

- 18.1 The Cabinet Committee is asked to CONSIDER and ENDORSE or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in the Proposed Record of Decision (**Appendix B**) to:

**APPROVE** amendments to the current Kent School Public Health Service:

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- d) review and adaptation of the Emotional Wellbeing Package of Care to avoid duplication with Mental Health Support Teams (MHST) schools, better target need and improve outcome reporting;

**APPROVE** the required expenditure, via the Public Health Grant, from April 2026 to April 2031 (with an option to extend for a further 5 years to 2036) to implement the amendments to the Kent School Public Health Service.



**APPROVE** the establishment of a new standalone Therapeutic Support Service to support children and young people with mild to moderate emotional and mental health needs who are aged between school entry in Reception up to 19 years old. This service would be aligned with the wider Therapeutic Alliance model being procured by NHS Kent and Medway and be delivered and integrated into the Family Hub model. The service would commence from November 2025.

**DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health to implement the changes to the Kent School Public Health Service and undertake the required activity to establish a new standalone Therapeutic Support Service.

**DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and

**DELEGATE** authority to the Director of Public Health, to take other necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

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## 19. Background Documents

[Framing Kent's Future - Our Council Strategy 2022-2026](#)

[Public Health Outcomes framework](#)

[Statistical NHS Outcomes Framework](#)

[Kent and Medway Integrated Care Strategy: Kent & Medway](#)

[ICS\(kmhealthandcare.uk\)](https://www.kent.nhs.uk/ICS(kmhealthandcare.uk))

[Family Hubs and Start for Life programme - GOV.UK](#)

[Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#)

[Children and Young People's Emotional Wellbeing Support | Let's talk Kent](#)  
<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/>

[A Strategy for the Future of Education in Kent 2025-2030](#)

[Kent SEND Strategy 2025-2028](#)

[National Child Measurement Programme: operational guidance - GOV.UK](#)

## 20. Contact details

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