

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

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee

Date: 22nd January 2016

Subject: Commissioning Public Health Services for Children and Young People

Classification: Unrestricted

Previous Pathway: Children's Social Care and Health Cabinet Committee, 8th September 2015

Future Pathway: Key decision by Cabinet Member – 16/00012

Electoral Division: All

Summary: This paper gives an overview of the work undertaken over the last 6 months to inform the re-procurement of Public Health Services for children and young people across Kent. The core services are the Health Visiting service, School Public Health and Drug and Alcohol services for young people.

There has been significant public and stakeholder consultation, and a detailed performance review of the services. The findings of all of this work this will be used to inform the implementation of the procurement strategy during the next 6 months. This report outlines the key findings from the work.

Recommendations:

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

- i) comment on progress to date, and endorse the approach being adopted to procure 0 – 19 services for children and young people; and
- ii) comment on and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contract for the Young People's Substance Misuse service until 31st March 2017, utilising the existing clause in the contract, at a cost of £427,270 over 6 months.

1. Introduction

- 1.1. This paper provides an update on the procurement of Public Health services for children and young people, outlining progress to date and

the next steps required, to ensure that high quality services are secured through the procurement process in 2016.

- 1.2. Services in scope include Health Visiting, the Family Nurse Partnership (FNP), the School Public Health Service (also known as the School Nursing service) and the Young People's Substance Misuse Service. The annual contract value for these services currently totals over £29m. The County Council inherited the commissioning of the health visiting service in October 2015, which is more than £23m of the current spend, School Public Health Service is £5.2m and Substance Misuse services £854,840 per annum.

2. Background

- 2.1 In September 2015 a paper was presented to the Cabinet Committee outlining the plan for the procurement of the public health services for children and young people. This paper outlines the work, which has been undertaken in preparation for the procurement process.
- 2.2 The current provision and how this fits with current levels of need has been reviewed. Significant consultation has taken place to build the new model. The performance of the service has also been analysed, in particular the mandated requirements, and there is a clear need to improve the services.
- 2.3 The Kent Health and Wellbeing Board has identified the tackling of childhood obesity as a key priority, and activity to address this is being embedded in future model development.
- 2.1. Kent's Emotional Health and Wellbeing Strategy identified the need for a stronger approach to universal services for children and young people, to meet need before issues escalate. The new service models will contribute to this universal offer, ensuring that support is available at the earliest opportunity.
- 2.2. The new model will take account of these core priorities alongside the key mandated priorities. The model is being developed in partnership with all colleagues of the Kent Health and Wellbeing Board, including Early Help and Prevention and Specialist Children's Services, and with health colleagues, who are also undertaking service re-design programmes of work.

3. Consultation

- 3.1. A six-week public consultation on Public Health services for children and young people aged 0 – 19 ran from 2 November to 15 December 2015 and received a good level of response. The favoured delivery model from the consultation is for services to be focused across age groupings for 0 - 4, 5 – 11 and 12-19. The response suggests a clear

preference for a model which has a much greater focus on addressing children's needs aligned to their age and developmental needs.

- 3.2. Several focus groups have been delivered across the county with participants who are currently involved with, or who have had recent involvement with, the Health Visiting service. The initial report identifies that there is a largely positive experience of the service in many areas, and significant support is given to Mums and families but that there is a need for a more consistent focus to the Health Visiting service and the need to target more effectively support in areas with high need. This consultation echoed the review of the School Public Health Service, which identified positive experience of the service but also identified that the service and its priorities should be more visible to schools and shaped around local priorities.
- 3.3. Consultation has also been carried out with the Kent Youth County Council on public health services for children and young people. A majority of young people highlighted that the school nursing service in secondary schools needs to be much more visible to students and should focus on managing emotional health and wellbeing as well as physical health needs. This supports the public consultation for a more focused approach on the specific challenges adolescents face.
- 3.5 Market engagement events have been held as part of the consultation. This brought a good number of local and national providers together and discussion was held on the proposed delivery models outlined in the public consultation. This event enabled service providers to feed back their views, and key considerations included making sure that, in any model, transition arrangements were clear, and that there should be a fairer distribution of total resources across the age range. The feedback also clearly suggested that the skills to deliver drug and alcohol treatment interventions are significantly different to universal work with all families and that, whilst these services should be clearly aligned in key pathways of care, an organisation skilled and experienced in substance misuse should with be procured to deliver this aspect of the pathway.
- 3.7 In addition, a workforce modelling tool has been commissioned with the current providers of Health Visiting and School Nursing to assess the service's current capacity to deliver all aspects of the service and to understand the potential impact of any changes to service requirements or delivery model across the 0 -19 range. This will ensure that the capacity of service that we commission is much more closely aligned with population size and also need.
- 3.8 Outcomes have been developed with colleagues across the system, including, with Early Help services, looking at ways to maximise activity and minimise duplication against shared outcomes. Clear local action plans have been developed, and there is now systematic monitoring of an outcome-based performance dashboard with Children's Centres.

The training opportunities for early help staff are being reviewed to make sure that they can deliver public health outcomes such as smoking cessation. Work is also underway with Specialist Children's Services and designated nurses for safeguarding, to review the safeguarding metrics for the service and the joint working arrangements, in particular participation in key processes.

- 3.9 Discussions are also underway with NHS England to explore the opportunities to align commissioning of their contracted services for school-aged immunisations and vaccinations and the Child Health Information System with the County Council's Public Health services for children and young people. NHS England has confirmed that they would like to align their procurement process with the County Council through the joint development of specifications and a joint evaluation process for both the Child Health Information System and the Immunisation service. The timescale is being reviewed to look at how this can be made to work most effectively.

4 Next Steps

- 4.7 The key issues identified through service, stakeholder, public and market engagement will feed into the development of service specifications and our commissioning approach for 0-19 Public Health services, with the procurement plan to be finalised during February 2016.
- 4.8 Development of the models going forward will be made in the context of assessing the impact on equalities, building on the existing Equality Impact Assessments of the services.
- 4.9 Although the Young People's Substance Misuse Service was originally in scope to be procured in this programme of work, engagement with the market advised not to integrate this specialist service. The current contract is performing well and alignment with the new CAMHS contract could bring further opportunities to integrate. As such, an extension of the contract to March 2017 is recommended, in line with the clause in the current contract.

5 Recommendations

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

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- ii) comment on and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contract for the Young People's Substance Misuse service until 31st March 2017, utilising the existing clause in the contract, at a cost of £427,270 over 6 months.

6 Background Documents

None

7 Contact Details

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