

Report to: Health Overview and Adult Social Care
Scrutiny Committee

**Bolton
Council**

Date: 29th September 2015

Report of: Wendy Meredith

Report No:

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Report Title: Children and Young People's 5-19 Health and Wellbeing Service Tender
Update

**Non-
Confidential:**

(Non-Confidential) This report does **not** contain information which warrants its
consideration in the absence of the press or members of the public

Purpose:

To update the committee on the progress of implementation of the new 5-19
Children's Health and Wellbeing Service

Recommendations:

The Health Overview and Scrutiny Committee is asked to note the report on the
transition of the new 5-19 Children and Young People's Health and Wellbeing
service.

Decision:

Signed:

Leader / Executive Member

Monitoring Officer

Date:

Introduction

- 1.1 The health and wellbeing of children and young people in the early developing years is critical to improving the health and educational outcomes that influence and set the course for adulthood. Setting down strong foundations at an early age has a great influence over the life choices and health of people in adulthood. Services including school nursing have a very important role to play in supporting children and young people in order that they have the best possible outcomes for their overall wellbeing moving into and through adulthood. In order to achieve this, services are often able to best meet the needs of children and young people if they are integrated and focus targeted interventions on children and young people who are at risk and in need of support, including those with disabilities or complex emotional needs.
- 1.2 This report seeks to provide an update on the progress within the Council of delivering an holistic and integrated service to meet the health needs of Children and Young people aged 5-19 years in Bolton.

2. Ambition

- 2.1 The ambition is to ensure children, young people and families are offered a core programme of evidence based preventative health care with additional care and support for those who need it.
- 2.2 An integrated service will lead, deliver and evaluate preventative services and universal public health programmes (as set out in the Healthy Child programme (HCP) 5-19) for school-aged children and young people, within both school and community settings;
 - delivering evidence based approaches and cost effective programmes or interventions that contribute to children and young people's health and well-being e.g. reduction in childhood obesity, reduction in under 18 conception rates, reduction in prevalence of chlamydia and management of mental health disorders (such as depression and conduct disorder), co-ordinating services, referring to other agencies and delegating within the team to maximise resources and utilise the expertise of other skilled professionals;
 - supporting a seamless transition into school, from primary to secondary school and transition into adulthood;
 - managing the interaction between health and education so that the child or young person enjoys good health and well-being (including emotional health and wellbeing) therefore achieving optimal education;
 - leading support for children and young people who have complex and/or additional needs including providing or co-ordinating support, education and training for families, carers and school staff;

- identifying children and young people in need of early help and where appropriate providing support to improve their life chances and prevent abuse and neglect. This includes working with children and young people at risk of becoming involved in child sexual exploitation or youth violence;
- contributing as part of a multi-agency team, to the response for children, young people and families who have multiple problems.

3. Rationale

- 3.1 In order to achieve the ambition, current disparate services delivering a range of interventions to children and young people in Bolton already were considered. Taking heed of the national policy changes and the 'Vision for School Nursing' https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf

and public sector reform, the pressures of increasing need and demand and the benefits of integrating services to deliver the HCP it was decided to develop a new delivery model for these Public health Services for children and young people.

- 3.2 The new model offers a service that is visible, accessible and confidential, delivering universal public health services and ensuring that there is early help and extra support available to children and young people at the times when they need it. This includes services to help children and young people with illness or disability, within school and beyond
- 3.3 The new model is based on:
- The Healthy Child Programme 5-19 (Appendix 1);
 - Public Health Outcomes Framework;
 - You're Welcome Standards;
 - Getting it right for children, young people and families – a new Vision and Model for School Nursing.
- 3.4 Safeguarding of children and young people is embedded throughout the model which supports delivery of early help and early intervention through the local Framework for Action.

4. Consultation

- 4.1 A consultation process was conducted using a range of methods including an online questionnaire consisting of key questions for stakeholders, partners, schools, parents and carers.
- 4.2 Four briefing events were held to provide a detailed presentation on the model and to stimulate questions, comments and feedback with the commissioners.

- 4.3 A number of focus groups with young people were held including a looked after children's group, the youth council and young people who attended a Healthwatch event.
- 4.4 The consultation process included presentation at a variety of meetings and committees, including the Health and Wellbeing Board.
- 4.5 Consultation processes were also made available for children and young people online and these were also sent to schools directly with a briefing paper. There were 450 responses from primary schools and significantly less from secondary schools.

5. Summary of Consultation

- 5.1 Feedback from the formal consultation was very positive from all briefing sessions and focus groups with most attendees supportive of the new model of a more integrated service. The preventative and early help approach was valued by many.

The themes identified were;

- Need for mental health support (particularly at lower levels of need/early intervention) was highlighted many times;
- Clarity needed at transition points to ensure no gaps;
- Parenting support should be included in the model;
- Health promotion and Healthy Schools to build capacity needs to be sustained;
- Clarity about how equality, diversity and cultural sensitivity is embedded;
- Potential to use new technology to reach young people;
- Listen to children and young people (opportunities for feedback on services);

6. Implications

- 6.1 The results of the consultation had no major implications on the model proposed. There was a general consensus from the consultation and support for the redesign of services using the model suggested. There was positive support for preventative elements of the model that increase the potential to reduce future demand.
- 6.2 The themes in the consultation were responded to and some minor adjustments to the outline of the model were be made, for example improving clarity about equality and cultural sensitivity. Some of the consultation feedback related to specific service deliverables and these were used to inform the development of detailed service specifications.

7. Equality Impact Assessment

- 7.1 This was undertaken and it is not anticipated that the new model will have a differential effect on any of Bolton's diversity groups.
- 7.2 The equality considerations are set out in more detail in the Equality Impact Assessment in Appendix Four.

8. Financial Impact

- 8.1 There is no national, regional or Greater Manchester tariff or benchmark for school nursing costs or any of the wellness services. Work is underway with neighbouring Greater Manchester commissioners to better understand the costs for children and young peoples 5-19 health services in order to develop a baseline benchmark.
- 8.2 **The new model was been developed to support the Public Services Reform (PSR) agenda in that it is based on prevention, early identification, early help and reduction in future demand.** The model will deliver services appropriate to need, whilst ensuring universal entitlement to the Healthy Child Programme for all children.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf
- 8.3 **It is envisaged that a similar level of investment will be required but the reach and impact of the services will be greater ('more and better quality for the same investment'), ensuring gaps in current provision are filled and meeting the needs of the significant increases in the population of children and young people aged 5 to 19 years.** For example the service will delivered all year round and not just in term time, it will provide specialist support to care leavers and provision in education settings will increase from 16 to 19 years. There will be a small saving in year one with further savings in years two and three of the contract. It is anticipated that there will be savings in some of the more costly services by providing help and interventions at the earliest point thus preventing escalation.

9. Risks and Priorities

- 9.1 A new detailed service specification was developed with support from a number of stakeholders which reflected the ambition of a fully integrated and holistic service which would meet needs at four levels:
- Community
 - Universal
 - Universal Plus
 - Universal Partnership Plus (Schedules 2 and 3 in the specification attached)
- 9.2 Specific issues which were addressed through the commissioning process and detailed in the service specification included:
- Safeguarding and early help (revised Framework for Action) embedded within model and specification;
 - Interface and agreement with other commissioners (Public Health England and Bolton CCG) who are responsible for elements of this model, for example immunisations and looked after children's health assessments;
 - There were potential human resource implications for four Council Public Health staff, currently delivering the Healthy Schools Programme

- Consultation feedback has reinforced the need to include health promotion and 'Healthy Schools' delivery within the integrated model.

9. Commissioning

- 9.1 There are two main options for commissioning a new service model – a redesign process with current providers or a tendering process.
- 9.2 Tendering the new model on the open market was seen to give the greatest opportunity to commission the proposed integrated model and encourage a creative and innovative response from potential providers. It would also give opportunity for collaboration amongst providers to deliver the full model and reduced the fragmentation/potential for duplication of the existing mixed model. In particular it would give the best opportunity to integrate the Healthy Schools programme across the layers of provision.
- 9.3 Due to the size of the contracts involved EU Procurement Legislation and Council Standing Orders directs that a tendering process is appropriate.
- 9.4 An open tender was completed and the contract has been awarded to Bridgewater Community Healthcare NHS Foundation Trust

10. The New Service

- 10.1 The new service is due to commence on the 1st December 2015
- 10.2 A service implementation group has been established in order to ensure a smooth and safe transition from the current service to the new integrated model.
- 10.3 Progress is being monitored fortnightly and progress to date is on track, including :
- Premises have been identified
 - Staff and union meetings have been arranged
 - Schools and colleges have been notified
 - Communications and marketing plans have been developed
 - Young people are being involved in the developments
- 10.4 On-going close monitoring of the new service as it develops will be delivered by the implementation team with potential risks and priorities identified.
- 10.5 The service will be delivered at a community level, universal level, universal plus level and universal partnership plus level. It will include, school health services including special schools, immunisations, the National Child Measurement Programme (NCMP which is mandatory), child weight management, school aged oral health promotion, substance misuse, sexual health (mandatory), healthy schools, emotional health and wellbeing,

assertive outreach and support for vulnerable young people, e.g. those at risk of sexual exploitation, care leavers, looked after children, and young offenders.