

HEALTH AND WELLBEING BOARD

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RE-COMMISSIONING OF MEDWAY CHILD HEALTH SERVICES

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Summary

This paper outlines our proposed approach for the re-commissioning of Medway Council's community child health services, which includes the 0-19 Healthy Child Programme (HCP), community paediatric health services and children's therapy services. The proposals were approved in December 2016 by Medway Council's Cabinet and the Medway NHS Clinical Commissioning Group's (CCG) Governing Body. This is a collaborative piece of work between Medway Council and Medway NHS CCG and aims to secure improvements to the outcomes of children and families, by increasing service efficiency and integration.

The paper provides details of the planned approach of integration and its associated implications, to inform members of the Health and Wellbeing Board of the direction of travel relating to this commissioning work, and to encourage Board Members and their respective organizations to participate in the public consultation.

Comment is sought from Board Members on the proposed way forward from a strategic/local joined-up systems approach and commitment is sought from system leaders to enable the proposed approach to be put into practice.

1. Budget and Policy Framework

- 1.1 The budget for the Universal Healthy Child programme Services has been delegated to Medway Council and is a mandatory universal function attached to the Public Health Grant.
- 1.2 The budget for community paediatric health services and children's therapy services is held by the CCG and is used to commission a range of services that support children, young people and families who are vulnerable or have

specialist medical, neurodevelopmental or health needs, which may be linked to learning disability.

- 1.3 The commissioning process is being managed by Medway Council via the Public Health and Partnership Commissioning teams, and procurement expertise is being supplied by Medway Council's Category Management team.
- 1.4 The service areas included within this commissioning work contribute to a range of local and national policies;
 - CCG Priorities – Prevention / Early diagnosis / Better care / Better integration / Quality and safety / Value for money.
 - Medway Council - Supporting Medway's people to realise their potential / resilient families, all children achieving their potential in schools.
 - Public Health England – Health Matters – Giving Every Child the Best Start in life /Obesity Strategy.

2. Background

- 2.1 Some Paediatric Health Service provision in Medway has been somewhat fragmented in its delivery for a number of years. This is attributable to a number of factors:
 - A range of commissioners (CCG / Public Health / Medway Council / Public Health England).
 - Organic service growth without effective commissioning control in some areas.
 - Different priority areas and deliverables.
 - Focus on outputs rather than outcomes.
 - IT, technology and communication barriers.
- 2.2 The transfer of Health Visiting from NHS England to Medway Council in October 2015 and the partnership commissioning review of community paediatric health services and children's therapies in 2015 have provided an opportunity to redesign community-based paediatric healthcare to improve outcomes and drive efficiency into the system.
- 2.3 In 2016, the Public Health and Partnership Commissioning teams were tasked to develop an integrated model and approach to the commissioning and delivery of health and wellbeing services for children and young people. An 'abridged model' of integration was developed and approved; this includes the integration of services, but does not extend as far as being complete integration of all service lines. This approach, coupled with a system of ongoing joint contract management, will provide operational integration with a degree of autonomy and financial protection for commissioning authorities. It will also serve to test the market and build market capacity for larger scale integration in future rounds of commissioning.
- 2.4 The proposed model of commissioning allows for the integration of a number of services and functions, helping to build service efficiency. Commissioning will be underpinned by a shared set of outcomes, to enable practitioners from across the workforce to pull in the same direction and focus on providing services that deliver meaningful results.

2.5 This model allows for flexibility and clear financial and operational autonomy, negating risks to Medway Council and the CCG respectively, and providing an innovative and improved child health offer to our residents.

3. The Commissioning Model

3.1 The agreed commissioning model works to a single commissioning timeline with integrated market engagement and procurement processes, underpinned by a shared 'hard' outcomes framework, for two lots of services. Each lot will have a separate contract and performance management of these contracts would be aligned to ensure ongoing integration between service areas (see figure 3.18 for detail).

3.2 Commissioners have identified a number of key themes to drive improvement and efficiency via the new service. These would include elements such as;

- Better use of technology.
- Improved data capture and reporting.
- Clearer links and responsibilities around Early Help and Safeguarding.
- Driving change in key areas identified in the Needs Assessments, such as improving school readiness.
- More accurate and consistent diagnosis of some conditions.
- A seamless service from pre-birth to adulthood.
- Better assessment of individual needs and more robust referral processes
- Improved pathways for children with special educational needs and complex health conditions and improved integration with mainstream services, including for children of pre school age.

Healthy Child Programme - Medway Council Services (Lot 1)

3.3 Background – Healthy Child Programme

The Transfer of the 0-5 (Health Visiting and Family Nurse Partnership) element of the Healthy Child Programme (HCP) from NHS England in October 15 means that Medway Council (Public Health team) are responsible for the core elements of the Healthy Child Programme 0-19. These services are currently delivered by MCH and this builds on the existing HCP services commissioned by the Public Health team:

- **Healthy Visiting (currently delivered by MCH)**
- **School Nursing (currently delivered by MFT)**
- **National Child Measurement Programme (YrR currently delivered by MFT & Yr6 currently delivered by the public health team)**
- **Oral Health Promotion (delivered by MCH/ Medway Council's public health team)**

3.4 The Healthy Child Programme (HCP) is the prevention and early intervention public health programme that lies at the heart of the 'universal service' for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. It focuses on providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and

parenting. Due to its universal reach, the HCP provides an invaluable opportunity to identify those families that are in need of additional support and those children who are at risk of poor outcomes.

3.5 Health visiting and school nursing are universal services. This means that all families in Medway are able to access and obtain the services they need, regardless of circumstances, as part of the Healthy Child Programme. Health visitors carry out a series of mandated checks with at least 90% of the 0-5 population (which in Medway is approximately 17,000 children) which check physical and mental development at key stages, as well as mental health assessments for mothers – this way any remediable conditions can be identified early and addressed, so reducing the burden on health and social care services if left unchecked.

3.6 School nursing also conducts a series of developmental checks, health screens and are a key health lead around child protection. Reducing the universal nature of these services will mean an increase in levels of child protection, demand on social care and potentially a reduction in Key stage 1 results.

3.7 0-19 integration

In spring 2016, Public Health England released guidance with a 'model' 0-19 Service Specification which identified a clear national direction of travel for the Public Health Healthy Child Programme Services to be commissioned together for better outcomes and a more joined-up service.

3.8 Following transition in October, the Public Health team has worked closely with Medway Community Healthcare as providers of the 0-5 service to better understand the current service and its strengths and weaknesses and as a result, work on service improvement, data capture and analysis has been undertaken. In Medway, the Health Visiting Team (alongside Children's Centres) form the core 0-5 Early Help offer for the Council.

Community Paediatric Health Services – NHS Medway Clinical Commissioning Group (Lot 2)

3.9 Background – Community Paediatric Health Services

The review of community paediatric health services, undertaken in 2015, identified areas that require change to improve the quality of services for children and families and to focus on outcomes. In addition, current service providers have highlighted cost and capacity pressures across children's service lines. These have arisen as a result of increasing levels of health need in Medway's child population and from services operating without specifications and growing beyond block values to meet local demand.

3.10 Another factor that must be noted is that this area of provision has suffered in Medway in recent years as a result of the former Child Development Centre (CDC) being discontinued, which has exaggerated the effect of service fragmentation. After a number of years without a CDC, a new CDC facility is currently being developed and provides an opportunity to facilitate multidisciplinary working in the interests of children, young people and their families and to help drive efficiency into service delivery.

3.11 Community Pediatric Service Integration

There is currently no formal integration of community paediatric services provided under the contracts with the two main providers in Medway. As a result, joint working between practitioners is limited and service provision is fragmented, with some duplication of care and difficulties for patients to navigate the system. This is the case despite the fact that a large number of patients receive care from more than one service area and despite practitioners consistently reporting that introducing multidisciplinary working processes would be a significant improvement.

3.12 Using the available funding to create an integrated service that is focused on core outcomes, with strong links to the progressive universal services that are to be included in the 0-19 public health services and with a focus on family support and building resilience, will help to improve the service offer for children, young people and their families, and will help to reduce areas of duplication, for example multiple assessment and review processes.

3.13 These proposals have been agreed with Medway CCG's clinical lead for children and families services, who agrees that such integration would be in the best interests of children and families. A discussion as to how the CCG sees these outcomes being delivered alongside the Medway model of health is required – some services are already delivered from healthy living centres, but there is the potential for additional advice and support to be focused in community hubs to improve access and integrated working across Medway.

3.14 Proposed model of integration

After presentation at respective Council and CCG Governance meetings in late 2016, it has now been agreed that services should be commissioned on the basis of a clear 'hard' outcomes framework and that service specifications should be based strongly around the delivery of these outcomes and not on process measures as has traditionally been the case.

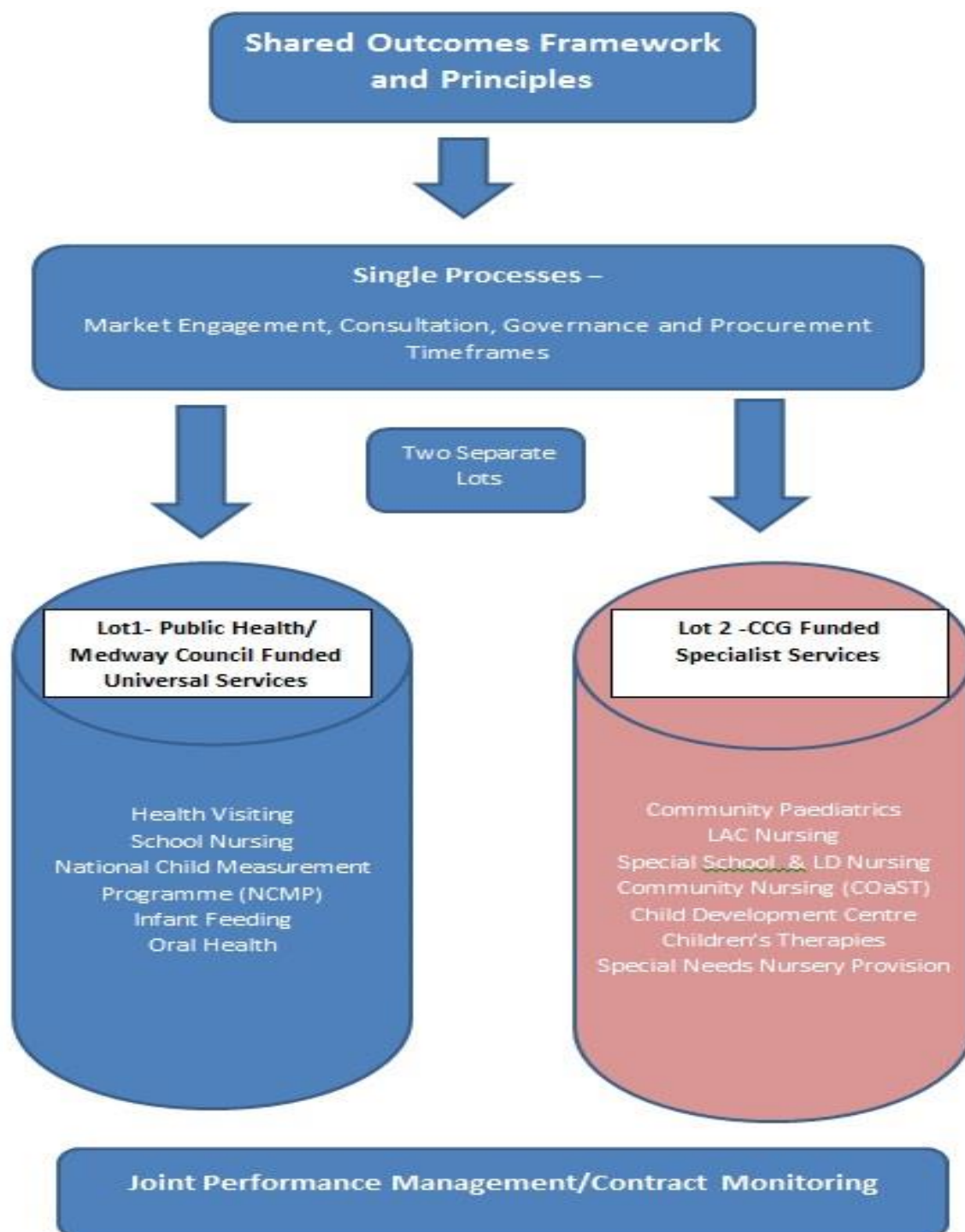
3.15 Service provider(s) will be supported to deliver the specified outcomes in a number of ways, including by being enabled to link into existing and emerging models of practice and allied professionals from across the children's workforce. Examples of this are that the CCG could support the service to provide interventions and advice as a part of the developing Medway model of delivering health and care, by enabling services to have a presence at the integrated service hubs that will be delivering a wider range of community-based services across Medway. Similarly, providers may be able to provide interventions in a model that is linked to the emerging system of early help and social care hubs in Medway. In addition, commissioners will ensure that services are able to work effectively alongside schools.

3.16 A comprehensive 'hard' outcomes framework has been developed and will form a core element of the engagement work that is scheduled as a part of the commissioning timeline. In some cases, this may give rise to service elements that are similar to that which already exist in Medway. However, it is anticipated that the use of a central outcomes framework and dialogue about how services can be provided will allow for significant innovation and flexibility

in the way that outcomes for Medway's children and young people are delivered.

3.17 The diagram in section 3.18 below provides an illustration of the services that are currently commissioned and how they may be allocated into separate contractual lots were they to be 'lifted and shifted'. Service priorities, configuration and organisation within each of these new lots will be determined as a result of consultation, market engagement and the process of commissioning via competitive dialogue.

3.18 Model of Integration



4 Advice and analysis

- 4.1 This model is intended to enable service providers to develop multi-disciplinary working practices, facilitate earlier intervention, enable efficiency gains to be made and improve communication between service areas in the interests of children, young people and their families.
- 4.2 An Equality Impact Assessment is attached as Appendix 1
- 4.3 The model includes the recommissioning of paediatric health services for all children in Medway and will therefore have an impact on services that are accessed by children that are looked after by the local authority. In addition, nursing services for looked-after children, such as statutory health checks, will form part of this service. Commissioners will ensure that the service(s) that arise as a result of this commissioning process will not have negative implications for looked-after children; on the contrary, it is expected that changes will be positive insofar as that services that are specifically provided for looked after children will be more closely aligned with a range of health services to reduce multiple appointments and focus on holistic needs.
- 4.4 Timeline –

Jan- March = Consultation
May – July = Commissioning
August = Assessment
Sept = Governance
Oct/Nov = Award

5. Consultation and Engagement activity

- 5.1 A six-week consultation was undertaken in April/May 2016 to support the Healthy Child Programme (HCP) Needs Assessment. This work was led independently by Involve to Change and engaged professionals and parents in a range of issues relating to child health services in Medway. It involved questionnaires, focus groups and interviews and captured views of over 400 people. This information is being used to inform our approach to recommissioning and service redesign of the HCP in Medway. The Public Health team also consulted GPs around the Healthy Child agenda at the July GP event and received positive feedback and a collection of views from many GPs and practice nurses on their priorities for Child Health.
- 5.2 A further public and staff consultation is now live and looks to further engage the public and professionals in the process. This consultation which is available via <http://www.medway.gov.uk/carehealthandsupport/childrenshealthconsultation.aspx> with the consultation pack included as Appendix 2, consults on service user priorities, and models and methods of service delivery.
- 5.3 Focus Groups and presentations with a range of groups and stakeholders are planned throughout January and February and will explore in detail some of the themes and more complex areas of work that are included. These results will be captured in a report and will inform the final specification.

5.4 Commissioners will take the results of this consultation forward into a process of formal competitive dialogue with potential providers, during which time models of service delivery will be discussed and service specifications will be finalised.

6. Risk management

1. Risk Category: Legal	Likelihood: Significant	Impact: Critical
<p>Outline Description: School Nursing contract cannot be extended beyond the autumn of 2017 for legal reasons which means if timeline extends we will either have to procure separately and lose the savings and efficiencies of integration or be without a service which will have implications legally and staff wise.</p>		
<p>Plans to Mitigate: Keep to proposed timescales to enable commissioning to be complete by Oct 2017.</p>		
2. Risk Category: Sustainability/Environmental	Likelihood: Low	Impact: Critical
<p>Outline Description: Relocation of services to a community setting - An element of the work will be to deliver services in the most appropriate and accessible setting possible and is likely to require some services that are currently provided in the acute hospital setting to be delivered in community venues. In some cases this will carry an element of risk around how the needs of patients are met and may initiate silo working between the commissioned service and those services that remain in the acute setting.</p>		
<p>Plans to Mitigate: Through engagement and dialogue with potential providers, service pathways will be developed to ensure that strong joint working is embedded between new services and those provided in acute settings. Ensure that new models of working have appropriate clinical and quality and safety review.</p>		
3. Risk Category: Contractual Delivery	Likelihood: Low	Impact: Marginal
<p>Outline Description: The market does not have capacity to respond effectively to the commissioning opportunity.</p>		
<p>Plans to Mitigate: By splitting the process into two lots, this risk is mitigated.</p>		

7. Financial implications

- 7.1 The procurement requirement and its associated delivery (as per the recommendations in Section 9, will be funded from existing revenue budgets; Lot 1 from the Public Health grant and Lot 2 from CCG budgets.

8. Legal implications

- 8.1 Based on advice from the council's legal team, the new contract needs to be awarded by autumn 2017 as we are unable to extend some of the current contracts beyond that period.
- 8.2 Depending on the outcomes of the procurement process, Transfer of Undertakings (Protection of Employment) (TUPE) obligations may apply. This may include posts in Medway Council. There may also be staff within the current services provided by MFT and MCH that may be eligible for TUPE.
- 8.3 As per the Contract Procedure Rules under section 3.3.1: 'All requirements above £100K must be advertised on the Council's Website, the Kent Business Portal and in the OJEU (where above the EU tender thresholds for goods, services or works).'

9. Recommendations

It is recommended that:

- i) The Health and Wellbeing Board agrees the direction of travel and intentions relating to this commissioning work.
- ii) Board Members and colleagues from their respective organizations agree to participate in the public consultation and promote it to their own service users as appropriate.

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Appendices

- Appendix 1 - Consultation Pack
- Appendix 2 - Equality Impact Assessment

Background Papers

None.