

## **CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE**

**30 MAY 2017**

### **RE-COMMISSIONING OF MEDWAY CHILD HEALTH SERVICES – CONSULTATION FEEDBACK**

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#### **Summary**

On 6th of December 2016 the Children and Young People Overview & Scrutiny (CYP O&S) committee considered a report that set out the principles for the planned re-commissioning of Medway's Child Health services.

The Committee determined the proposed service reconfiguration to be a substantial variation of the health service in Medway under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. This places a statutory obligation on the Commissioners to consult the Committee and provide an opportunity for Members to comment before a decision is taken to proceed with the proposed changes.

The intention is to bring together local authority and NHS services so that residents are able to access high quality integrated support when they need it. The key services that will form part of this proposal are the council commissioned 0-19 Healthy Child Programme (HCP) and NHS Medway commissioned community paediatric health services.

This paper provides members with an update on the progress that has been made to re-commission these services. It also sets out some of the key issues that have emerged from the stakeholder engagement exercises and possible themes that will be prioritised throughout the competitive dialogue phase of the procurement.

## **1. Budget and Policy Framework**

- 1.1 As an upper tier local authority, Medway Council receives a ring-fenced public health grant from the Department of Health (DH). Grant conditions require the council to commission or provide a number of 'mandated' public health services for its population. One such mandated service is the provision of a Healthy Child Programme for children and families aged 0-19. The Medway budget for the local Healthy Child Programme is in the region of £5.5 million per annum.
- 1.2 NHS Medway Clinical Commissioning Group (CCG) fund community paediatric health services. These services include support for children, young people and families who have medical, neurodevelopmental or health needs. The approximate budget for these services is currently £6 million per annum. Medway Council and NHS Medway CCG's Public Health and Partnership Commissioning teams collaborate to oversee the commissioning and performance management of these services.
- 1.3 The proposed service areas included in the children's community health service recommissioning work, contribute to a range of local and national policies and priorities. These include:
- NHS Medway CCG– 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.

## **2. Background**

- 2.1 Health visiting and school nursing services are the main universal components of the 0-19 Healthy Child Programme. Some health services currently commissioned by NHS Medway CCG are only offered to children who need additional help. For example children with speech or language issues, or children with other physical or emotional development needs that require specialist paediatric care or support.
- 2.2 Many of our health services for children have been developed by individual teams to meet the needs they themselves have identified. Teams are now trying to see many more children, often with complex and varied needs. These children often require support from a number of different disciplines. This organic service development has led to local pathways not being properly aligned, collaboration between providers has been impacted, with evidence of duplication of service provision. There is scope to improve the way children and families are supported and also make efficiencies without impacting on care and support individuals receive.
- 2.3 The proposal for a new integrated Child Health Service is to join some of our main children's health services together. This will make them:
- More joined up and collaborative
  - More efficient

- Better able to respond to the needs of families and individual
  - Able to focus on the difference they can make to children and families and not just on numerical targets
- 2.4 Following a robust governance process in December 2016, Medway Council's Cabinet and Medway CCG Governing Body agreed the initial proposals and tasked the Public Health and Partnership Commissioning teams to commence the procurement process, including a public consultation.
- 2.5 On the 6 December 2016 the proposals for the new integrated child health service were considered by this Committee. There was a request to bring the findings of the consultation which commenced in January 2017, back to CYP O&S Committee for information.
- 2.6 The aim of the consultation was to:
- Offer potential providers the opportunity to be informed as to type of services and quality standards expected. We also aimed to ensure they were aware any organisation bidding for this contract needed to demonstrate they are committed to making a positive difference for children in Medway.
  - Hear the views of Medway service users and their families, to help us understand the strengths, difficulties and priorities for any future service development.
- 2.7 There have been two comprehensive consultations undertaken on this area of work. The initial consultation was to inform our direction of travel. The second consultation, building on the proposals approved by Cabinet and CCG Governing Body in December 2016, was launched on the 10 of January 2017 and ended on the 3 March 2017 – lasting a little under 8 weeks.

### **3. Approach**

- 3.1 Both consultations targeted all three main stakeholder groups that will be impacted by any changes to service:

- Parents and Carers
- Professionals (including current service providers)
- Young People

The consultation process builds on previous comprehensive needs assessments undertaken in 2015 and 2016. These were systematic studies that determined needs or "gaps" in current service provision, evaluated local and national data, and took account of good practice and national guidance as well as a literature review that looked at any good practice and national guidance. The findings of this work were presented to this Committee and have informed the current consultation process

3.2 Combined techniques and approaches (qualitative and quantitative) were used to engage and seek the views of stakeholders. This included online and paper questionnaires, focus groups, workshops, briefings (staff) and one to one interviews.

#### 4. Advice and Analysis

4.1 **Phase 1** - The initial consultation in Phase One was undertaken from April – June 2016. This work was led by Public Health and supported 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 the views of over 400 people.

It gathered over 300 responses to the online questionnaire and included one-to-one interviews and focus groups with almost another 100 participants.

These included:

- Health Visitors
- Children's Centres
- School nurses
- Social Care and Early Help
- GPs
- Specialist Health professionals
- Parents and Carers

4.2 In addition, officers attended a number of meetings and forums to talk about what people wanted moving forward for services in Medway. Audiences for these briefings were in excess of 200 people and included the GP Protected Learning Time monthly meeting where there were over 80 GPs and practice managers in attendance

4.3 Key Themes from phase 1 consultation included:

##### ***Communication***

A recurring theme from responses received via questionnaire and face-to-face in focus groups and interviews was the issue of communication. Respondents commonly suggested that much of the work was being done in silos and there was little sharing of information. Although it was evident that some teams worked well together and had clear and adequate communication between themselves and their senior management, there did seem to be a need to improve communication within and between some teams and organisations. This issue was highlighted in all meetings, including those with senior management and was identified as a priority. Addressing these communication issues will lead to improvements in the quality of services provided to children and families.

### ***Improved use of technology***

Technology was a key theme, with both professionals and parents highlighting the poor use of technology. Some teams are still keeping paper records which is resource intensive and impacts their workload and ability to do the job effectively. Lack of mobile technology was also highlighted as a barrier to flexible and responsive working.

Teams often have to work with outdated systems which do not integrate with those of other teams. For example there is no shared system that multiple teams can access that contains records of a child/family.

### ***School Readiness - supporting children between 2.5 years and school age***

An issue that featured heavily was the concern that children and their families do not have much contact with the Healthy Child Programme (which includes the mandated contacts from Midwifery and Health Visiting) following the 2 year health check (if taken up) until they commence school at age 4 or 5. There was concern that many children are not school ready and there are no checks in places to identify this. As a result there was undue pressure on school nurses when the children started school with the service having to manage issues that could have been addressed at an earlier stage.

Suggestions included the introduction of some type of school readiness check in order that any issues could be picked up before the child starts school.

### ***Silo Working***

The majority of the focus groups and interviews highlighted difficulties communicating between different teams and providers. Respondents suggested some teams worked in a silo and were reluctant to share information with other teams, or recognise that they all worked within a wider programme.

### ***Disparity of service***

It was generally thought that not everyone in Medway was receiving an equal service. Some professionals undertake their role very differently to others, service offers vary between geographic locations and opening hours of services varied across areas.

### ***Co-location***

It is commonly viewed that the lack of communication is partly caused by the teams working out of different bases. Many suggested that the core teams within the programme should be co-located which would aid the sharing of information and improve communication.

4.4 **Phase 2** of the consultation, which launched in January 2017, took a similar approach but built on the themes established in phase 1. It included explicitly the more specialist areas of community health provision and looked at explaining the proposal and offering some options around models for change.

There were 219 respondents to the online consultation survey. Just under half (46.5%) were parent/carers, 52% were professionals working with children and young people and three respondents were young people.

In addition, phase two included focus groups, run by Involve to Change, with the following groups of people:

- Foster Carers – to explore the needs of Looked After Children (LAC), how the services currently work for this group and whether changes could be made in the future that would be more suited to this specific group.
- Parents/Carers of children with complex needs – to understand their thoughts on the services they have received, how they feel the different services work together, accessibility, use of technology and future thinking.
- Special Needs Nursery – to understand how parents feel about their child accessing a specialist provision, what they perceive as being the best system to support their child to access nursery provision and the extent to which they value the service input (as opposed to other forms of provision).
- Schools – exploring the role of the school, staff (SENCO/HCA/FLO etc), what they feel the role of School (or special school) Nurses is or should be, what support they feel is needed around children with moderate to severe behavioural needs, what role the school has to support Health and Wellbeing.
- Young People – The Public Health Child Health Team worked with Medway Youth Service and held a Focus Group at Woodlands Youth Centre with 11 young people aged between 14-17. A wide range of topics were covered including Health Needs of young people, what young people want from a School Nursing service, where young people access advice and information about Health and if there were any issues they didn't feel they were fully informed about.

During this phase of the consultation, commissioners also:

- Discussed the plans and gained feedback from a group of parents that have children with diagnosed Attention Deficit Hyperactivity Disorder;
- Presented to the staff teams of Medway Foundation Trust and Medway Community Healthcare as the two main incumbent providers;

- Presented plans to secondary head teachers at the secondary heads forum;
- Discussed plans with the chairs of the primary school consortia and distributed the documents to all schools.

#### 4.5 Some key themes from the consultation and engagement are:

- Support needed for young people who self harm or are victims/witnesses of Domestic Abuse
- Information sharing between services (including early help) needs to be seamless to prevent duplication
- More support for adolescents around exam stress and anxiety
- Better communication and linkages between acute health services and schools
- Support and early intervention for children with behavioural needs
- More robust and consistent assessment of conditions such as ASD and ADHD
- People still value face to face services despite the emergence of new technology
- More flexibility in services

#### Other clear data trends indicate the following:

- 57.7% of respondents either understand or partially understand the proposals for change, with 32.3% stating that they did not understand the proposals and the remainder not stating. This may be linked to the type of procurement that is being undertaken, as proposals are deliberately not finalized at this point – this will be done via discussion with providers during the competitive dialogue phase.
- Approximately two thirds of responses believe the current Healthy Child Programme model should change
- A preference for delivery of recommissioned services from existing and familiar provision, for example, Health Living Centres, GPs Surgeries, and Children's Centres
- That being listened to and having confidence in your health professional are the most important things for people in a child health service
- The top three things that young people value in health professionals are;
  - Confidentiality
  - Putting you at ease and don't make you feel rushed
  - Patience
- The top three things that parents see as being the most important for their child are:
  - Being happy
  - Having the best possible health
  - Being supported to understand their choices and achieve their goals

## **5. Risk Management**

- 5.1 Despite the varied channels used throughout the two consultation exercises, there is a risk that the consultation does not fully represent the views of Medway's population. Were this to be the case, the risk is that services may be designed in such a way they do not fully reflect the priorities for service users. Dialogue with the Parent and Carer Forum and other service user representatives will be maintained throughout the procurement process to mitigate this risk.
- 5.2 In addition, there is a potential risk in relation to the capacity to deliver services from specific venues favoured by those completing the online consultation questionnaire. Further work will be required to evaluate options with to the aim of securing accessible venues for service users.

## **6. Next Steps**

- 6.1 The feedback from the consultations has been used to inform the approach and children's service model, including influencing the draft service specification which is currently being finalised.
- 6.2 Report detailing findings of the consultation will be made available to stakeholders following CYP Overview & Scrutiny to ensure we are open and transparent about the results of the consultation and the actions taken.
- 6.3 We will further engage with parents and young people as part of the tender evaluation process in the autumn of 2017.
- 6.4 The commissioning process will be a competitive dialogue process which demonstrates our commitment to taking an informed and inclusive approach. Themes from the consultation will be included in competitive dialogue discussions, and weaved into the developing service specification as the procurement process progresses.

## **Key Milestones**

May-June = Supplier Questionnaires issued  
June – July = Competitive Dialogue process  
August = Finalise Specification  
September = Out to Tender  
October = Evaluation  
Nov-Dec = Governance  
Jan 2018 = Award  
April 2018 = New Service Goes live

## **7. Financial and Legal Implications**

- 7.1 Legal
  - 7.1.1 The Council has set a deadline for the new services to be in place no later than 1 April 2018. The procurement timeline is set to meet this deadline.



- 7.1.2 The Council is required under the terms and Conditions of the Public Health Ring-fenced Grant, to commission or provide a Healthy Children Programme for children aged 0-19.
- 7.1.3 The new service model will facilitate greater joint working between education, health and care services, thus enabling Medway Council and NHS Medway CCG to discharge their duties under the Children and Families Act (2014).
- 7.1.4 Potential providers bidding for the new services can assist the Council with ongoing consultation with the Parent Carer Forum and other service user representatives. This will be a benefit to all the parties as it will allow potential providers to design services that meet the needs of the users. However, this must be balanced with the requirements for transparency and non discrimination throughout an EU procurement process. Once published to the market, the evaluation framework for assessing tenders cannot be altered without a risk of challenge but there is scope for including service user representatives in the evaluation process.
- 7.1.5 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council has power to review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. This Committee has the remit to review and scrutinise health services for children and must invite interested parties to comment on particular matters under review or scrutiny and take into account relevant available information and in particular, relevant information provided by Healthwatch Medway. The Committee may make reports and recommendations and reports to relevant NHS bodies or health service providers.
- 7.1.6 These organisations are also under a statutory obligation to consult the Committee on any proposal for a substantial development or variation of children's health services in Medway. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment.

## 7.2 Financial

- 7.2.1 Financial plans related to this project were outlined in the paper presented to the committee in December 2016. There have been no modifications or amendments to the financial considerations set out in the previous report.

## 8. Recommendations

The Committee is asked to:

- 8.1 Note the approach taken to consult the public and practitioners;
- 8.2 Note some of the emerging themes of service improvement and how they will inform future service modelling;

8.3 Note the initial views of parents, young people and practitioners as to the type of children's health services they wish to see provided in Medway.

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**Appendices**

None.

**Background Papers**

- Consultation Pack and online questionnaire
- Consultation findings report – phase one
- Consultation findings report – phase two
- Involve to Change report – Key findings from focus groups
- Young people's focus group feedback