

**Meeting:** Council

**Date:** 21<sup>st</sup> February 2019

**Wards Affected:** All

**Report Title:** 0-19yrs Integrated Commissioning Project

**Is the decision a key decision?** Yes

**When does the decision need to be implemented?** Immediately

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**1. Proposal and Introduction**

- 1.1 This report seeks that the decision of the Council on 19/10/17 (minute 107/10/17 refers) in relation to 0-19yrs Integrated Commissioning Project recommissioning programme be rescinded and replaced by a new decision.
- 1.2 This is due to a change in scope relating to the number of services and financial envelope included within the original decision. During the recommissioning programme the scope of the 0-19 Integrated Commissioning Project was amended to remove 3 services initially included.
- 1.3 The previous proposal received unanimous support from Council and the key commissioning principles from this proposal are retained. These included:
  - The development of an integrated model enabling services to be designed around the needs of children, young people and families.
  - The removal of duplication in relation to current service arrangements
  - Introduction of a single-point of access for 0-19 services, removing multiple 'front doors'.
- 1.4 This revised proposal retains the initial ambitions for the project, with amendments sought to the financial window and services in scope.

- 1.5 The services which are no longer included in this recommissioning programme are:

<b>Current Service</b>	<b>Current Commissioning Department</b>	<b>Current provider</b>
Early Help Co-ordination	In house service	Torbay Council
Team Around the Family Co-ordination	In house service	Torbay Council
Family Intervention Team	In house service	Torbay Council

- 1.6 These services were removed from the commissioning programme due to a lack of clarification from Department for Education relating to the future funding of these areas of work from 2020 and beyond. It was felt that this introduced an unacceptable level of risk to the proposed 0-19 Contract, something which was expressed by potential providers in a number of market engagement events.
- 1.7 These services will continue to be delivered by Torbay Council's Children's Services. Further work is underway within Children's Services, with the aim to include the services at a later date, as long as this does not adversely impact service users, the Council or providers.
- 1.8 Following the removal of these services, the maximum value of the contract detailed in the tender pack for the procurement exercise was £15,538,039 for the following services:

<b>Current Service</b>	<b>Current Commissioning Department</b>	<b>Current provider</b>
Health Visiting	Public Health Team	Torbay & South Devon NHS Foundation Trust
School Nursing	Public Health Team	Torbay & South Devon NHS Foundation Trust
National Child Measurement Programme	Public Health Team	Torbay & South Devon NHS Foundation Trust
Children's Centres	Children's Services	Action for Children
Young People's Substance Misuse Service	Children's Services & Public Health	Checkpoint
Advocacy and Independent Visitor's Service	Children's Services	Checkpoint
Missing and Return Home Interview Service	Children's Services	Checkpoint

- 1.9 Following an OJEU tender process, the market did not respond with a proposal that was able to result in an award. The Council issued a VEAT notice on 9 October 2018 advising the market it would enter into negotiations with its incumbent providers. This VEAT notice also included a provision to enhance the value of the contract by 10% to an increased value of £17,421,843.

- 1.10 The proposal seeks to rationalise the services stated in paragraph 1.5 into one contract, held on a prime provider basis with the chosen provider.
- 1.11 The proposed contract value of £17,421,843 would deliver £3,218,197 in savings to the Council over the initial 5 year contract period.

## 2 Reason for Proposal and associated financial commitments

- 2.1 The proposal seeks to rationalise the services stated in paragraph 1.5 into one contract, held on a prime provider basis with the chosen provider for a period of 5 years, with an opportunity for an extension through 2+ and 2+ years.
- 2.2 The contract would commence in April 2019. The duration of this contract has been proposed for 5yrs to enable any prospective provider sufficient security and time to embed and maintain effective services with good outcomes for children and young people in Torbay.
- 2.3 The Council will work closely with providers to deliver cultural changes required to deliver services in an integrated way and improve outcomes for families, children and young people who use 0-19 services.
- 2.4 An integrated model will allow the Council to work alongside providers to:
- Align resources and activity that has previously occurred separately and/or been duplicated.
  - Develop IT solutions to hold a single record for all young people and families who use 0-19 services.
  - Enable families to access the system through a single point of contact.
  - Develop a consistent and integrated focus on a single set of shared outcomes.
- 2.5 With the removal of services listed in paragraph 1.2, the financial envelope for the contract during the initial procurement process was as below:

current contract	New contract Yr 1	New contract Yr 2	New contract Yr 3	New contract Yr 4	New contract Yr 5	New contract total
<b>Value for 18/19</b>	<b>Value for 19/20</b>	<b>Value for 20/21</b>	<b>Value for 21/22</b>	<b>Value for 22/23</b>	<b>Value for 23/24</b>	<b>Value for 19-24</b>
<b>4,128,008</b>	<b>3,716,675</b>	<b>3,030,341</b>	<b>3,030,341</b>	<b>3,030,341</b>	<b>3,030,341</b>	<b>15,838,039</b>

- 2.6 The initial procurement exercise did not lead to an award of contract. The Council issued a VEAT notice on 9 October 2018 advising the market it would enter into negotiations with its incumbent providers. This VEAT notice also included a provision to increase the value of the contract by 10% to an increased value of £17,421,843.
- 2.7 The proposed contract value of £17,421,843 would deliver £3,218,197 in savings to the Council over the initial 5 year contract period.

- 2.8 The Council and providers will achieve cultural change required to deliver the new integrated system through a detailed mobilisation phase, including commissioner support provided by the Council.
- 2.9 The redesign of 0-19 services will improve outcomes for children and families by supporting early intervention through an outcomes focussed integrated service model. Services will be co-located in community spaces, enabling easier access for families and better working together for staff members.
- 2.10 The 0-19 service will have a direct impact on the number of referrals into children's social care and the health and wellbeing of our local population. The new integrated model will be one the key drivers for the Early Help and Neglect Strategy.
- 2.11 Should the contract not be awarded at this time, these services will continue to be provided at current cost, meaning that the Council would not realise any savings. The contracts with the three current providers are due to expire on 31 March 2019, although mitigation to this been gained through agreement with providers to extend contracts at current rates for 3 months for all services. Following this period, the Council would have no contracted provider for these services.

### **3 Recommendation(s) / Proposed Decision**

- 3.1 That the decision of the Council on 19/10/17 (minute 107/10/17 refers) in relation to 0-19yrs Integrated Commissioning Project recommissioning programme be rescinded.
- 3.2 That delegated authority be given to the Director of Children's Services and the Director of Public Health, in consultation with the Chief Finance Officer and the Executive Leads responsible for Children's Services and Public Health, to award the contract on a prime provider basis to the chosen provider (as identified in Exempt Appendix 1 to the submitted report).
- 3.3 That the budget allocation of £17,421,843 identified within the submitted report for the period of 5 years be approved to enable contract mobilisation and delivery from 2019- 2024.

### **Appendices**

Appendix 1 - Details of contract and chosen provider (Exempt)

### **Background Documents**

[Report to Council from 19 October 2019](#)

0-19yrs Integrated Children's Commissioning Project – Business Case v1.0

[Torbay 0-19 Consultation Report](#)

Consultation summary report 2015-2016 – Public Health Nursing & Children's Centres

Children and Young Peoples Needs Assessment - 2016

## Section 1: Background Information

### 1. What is the proposal / issue?

To undertake the procurement out of a range of local authority commissioned/provided services for children, young people and families. This is to include:

- Health Visiting
- Children's Centres
- School Nursing
- National Child Measurement Programme
- Young People Substance Misuse
- Advocacy & Independent Visitors service
- Missing & Return Home Interviews

To procure these services within a single contract that has duration of 5 years with an opportunity for extension through a 2+years and 2+ years

The aim of this is to achieve budget reductions; meet the needs of children, young people and families in Torbay; and improve outcomes.

### 2. What is the current situation?

A range of services that support the health and wellbeing needs of children and young people are currently commissioned or directly provided by Torbay Council and delivered by a range of providers. In terms of this recommissioning programme we are looking at the set of services identified above in section 1 which also includes the relevant commissioning team as it currently stands.

However there needs to be consideration over the course of this contract about what other services are a suitable 'fit' when opportunities to integrate them arise.

The services currently provide the following:

#### **Public Health Nursing**

**Health Visiting:** 6 mandated checks for all children aged 0-5, delivery of the healthy child programme 0-5yrs, family health & wellbeing checks, advice and support for both child and parents, usually the nominated health lead for any child who is within the child in need or child protection procedures.

**School Nursing:** school entry and transition reviews, healthy weight and height reviews, delivery of the healthy child programme 5-19yrs, advice and support for young people and parents, usually the nominated health lead for any child who is within the child in need or child protection procedures.

**National Child Measurement Programme:** Providing robust public health surveillance data on child weight status to inform obesity planning and commissioning, and underpin the Public Health Outcomes Framework indicator on excess weight in 4 to 5 and 10 to 11-year-olds.

### **Children's Centres**

The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances

### **Young Peoples Substance Misuse Service**

The core purpose of the young person's substance misuse service is to provide high quality, effective and safe community based specialist substance (including alcohol) misuse treatment services to children and young people experiencing substance related harm and support and training that enables universal and targeted services for children and young people to prevent and respond to substance misuse issues in a timely and effective manner.

### **Advocacy and Independent Visitors Service**

The purpose of the Advocacy Service is to give Torbay young people (who are in care or on a Children Protection Plan) a voice and enable and empower them to develop their confidence and independence. The role of the Independent Visitor is to provide volunteers who are positive role models who visit, befriend and advise the young person allocated to them and take a long-term interest in their welfare and development.

### **Missing and Return Home Interviews**

Interviews are carried out by an independent person or trusted person. The interview should: identify and deal with any harm the child has suffered, understand and try to address the reasons why the child ran away; help the child feel safe and understand that they have options to prevent repeat instances of them running away; provide them with information on how to stay safe if they choose to run away again, including helpline numbers.

As the explanation shows the current situation presents a system that is very complex with a range of commissioning programmes being run separately with different procedures, contract management and reporting arrangements.

This system is not only complex for professionals to navigate but more importantly it has been identified that it leads to confusion, difficulties and a lack of clarity of what is available to the families and young people who use these services.

This can create artificial or unnecessary blocks to services, increased time in accessing and receiving services and a lack of ability to share information and data in relation to the population of Torbay. It has repeatedly been stated that this arrangement significantly contributes to the experience of users of services having to 'tell their story' multiple times in order to access timely advice, support or interventions across a range of their family's needs.

	<p>It also creates inefficiency within the overall system at a time when budgets are becoming increasingly challenging to the whole local public sector economy.</p> <p>The current plan of budget reductions within this current arrangement means that some of the services above may become unviable if this is not addressed on a wider system scale approach (rather than within the current individual silo working). These services all have interdependency on each other and within the families that use them. The impact of any of these services no longer being available within the local system will have significant impacts on higher cost services both within the social care and health sector.</p>
<p><b>3.</b></p>	<p><b>What options have been considered?</b></p> <p>As an outcome of the initial project between Public Health Nursing and Children’s Centres three options were considered in order to progress this piece of work. These included:</p> <p>Option one – Public Health Nursing and Children’s centres remain as separate contracts but more closely aligned to prevent duplication. The key benefits of this option included good working relationships between commissioning departments and generally good levels of performance from current providers. The key risks with this option included lots of investment required from commissioning to mobilise two separate organisations and not all areas identified by parents as needing improvement within services would be addressed by this model.</p> <p>Option two – An integrated 0-19yrs public health nursing and children centres service contract with no age boundaries but skilled staff working with the population and interventions of identified need. The key benefits of this option included the ability to drive through transformational change through a combined recommissioning process and the opportunity to develop a workforce with the right skills to meet the needs of the population. The key risk of this option was the impact on current provision as a result of the recommissioning process. This option requires a clear vision and continued inter department co-operation and support.</p> <p>Option three – An integrated outcome led service specification across public health nursing and children’s centres, to start with, but to consider which other services could be part of the integrated contract. The strengths of this model are the efficiencies that could be realised in the longer term and a service delivery model that is more closely structured around children, young people and families’ needs. The main risk associated with this model is the complications of other services either not being commissioned out or that are on alternative commissioning timeframes.</p> <p>A full analysis of the options considered is available within the Business case attached.</p>

	<p>Following this initial piece of work a decision was made to pursue option 3. The work and considerations involved in this included:</p> <p>Partnering with other commissioning groups in the wider area to explore options for joint commissioning on a larger scale. There are a number of children focused recommissioning programmes currently being undertaken by neighbouring CCG's and Local Authorities. Full discussions with these organisations identified that due to differing models and procurement timescales this was not a possible option to pursue.</p> <p>Further work was then undertaken to review all universal and targeted services either currently commissioned or delivered by Torbay Council that impact on children, young people and families to assess the suitability for their inclusion within this project.</p> <p>The assessment for the current range of services included within this recommissioning programme was decided upon based on their suitability as part of the system redesign and then the current delivery or commissioning arrangements in place for that service.</p> <p>Where current services have been identified as being potentially beneficial to the overall service design and delivery in the future but are not included in this programme due to current contracting, financial or strategic reasons – they will be identified and considered for inclusion as opportunities arise during the life course of this contract.</p>
<p><b>4.</b></p>	<p><b>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</b></p> <p>The proposal supports the corporate plan as it seeks to realise the ambitions of a Prosperous and Healthy Torbay</p> <p>The core principles underlying this programme include:</p> <ul style="list-style-type: none"> <li>• Using reducing resources to best effect</li> <li>• Reducing demand through prevention and innovation</li> <li>• An Integrated and joined up approach (in both commissioning and delivery)</li> </ul> <p>It works towards the targeted actions within the corporate plan of:</p> <ul style="list-style-type: none"> <li>• Protecting all children and giving them the best start in life</li> <li>• Promoting healthy lifestyles across Torbay</li> </ul>
<p><b>5.</b></p>	<p><b>Who will be affected by this proposal and who do you need to consult with?</b></p> <p>All children, young people and families in Torbay will be affected by this proposal and a full public consultation and stakeholder has been undertaken as part of the recommissioning programme..</p> <p>The key stakeholders include:</p>



	<ul style="list-style-type: none"> <li>• Torbay Safeguarding Children’s Board</li> <li>• Torbay &amp; South Devon Clinical Commissioning Group</li> <li>• Torbay &amp; South Devon NHS Foundation trust</li> <li>• GP’s</li> <li>• Education – Early years, Primary schools, Secondary Schools, FE’s and Independent schools.</li> <li>• Community and Voluntary Sector</li> </ul> <p>The commissioning programme board has included children, young people and families in the whole process of this programme through consultation and through active participation at all levels.</p> <p>The commissioning programme board has worked closely with all strategic partners across Torbay and with neighbouring partners to develop a service that will improve the outcomes for children, young people and families.</p>
6.	<p><b>How will you propose to consult?</b></p> <p>As part of the initial piece of work a significant amount of stakeholder and public consultation was undertaken that has informed and shaped the developments of this proposal. This can be found in the background document - . Consultation summary report 2015-2016 – Public Health Nursing &amp; Children’s Centres</p> <p>Further consultation was undertaken between October 2017 and March 2018 and included briefings, stakeholder workshops, and service user focus groups, online and face to face surveys.</p>

## Section 2: Implications and Impact Assessment

### 7. What are the financial and legal implications?

Our knowledge of the market indicates that in order to achieve the range and scale of change required to support these ambitions, a contract period of sufficient length and stability is required to enable any provider to do this.

There is a significant risk that if this cannot be afforded (both in terms of time and budget allocation) that we will fail to find suitable provision within the market to meet our current and future needs. The project requires an identified budget allocation in order to undertake a thorough and robust procurement process within legal guidelines.

The legal implications of going out to procurement for this range of services have been considered. The summary of these considerations includes:

- i. A direct award to current providers

A direct award was ruled out on the basis it would be in direct contravention of the Public Contracts Regulations, leaving the Council open to sanction from the UK Government and European Parliament and also at risk of legal challenge from the incumbent suppliers and other potential suppliers.

- ii. Bringing services in house

Bringing external contracts back in-house falls outside of the Public Contracts Regulations, although any decision to bring a contract in-house should give due consideration to the Council's best value duty. Timescales for bringing the service in-house would need to take into account the requirement to transfer staff and any assets (including property) into the Council. It should also be remembered that if the services were to be outsourced again at a later date then staff would be transferred out with membership of the LGPS and potentially on Council terms and conditions. It should also be remembered that if the services were to be outsourced again at a later date then staff would be transferred out on Council terms and conditions, including membership of the LGPS.

- iii. Competitive tender

Undertaking some form of competitive tender process, in accordance with the Public Contracts Regulations, offers less risk in terms of supplier challenge or government/EU sanction. It also provides a greater opportunity to ensure best value, as the contract can be awarded by comparing quality and price across a number of suppliers. The number of authorities' undertaking formal tender processes in relation to Public Health services has significantly increased and there may well be expectation within the supplier market that this is becoming the norm.

On the basis of this analysis it is recommended as part of this recommissioning process that all services currently within scope go out to full competitive tender and procurement process.

This means that the range of services currently provided by local health, social care and community organisations could be awarded to any suitable bidder within the competitive market – all current providers would need to enter into the procurement process in order to be considered to deliver these services post 2019 if they wanted to.

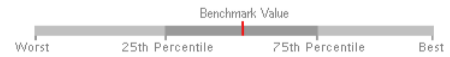
**8. What are the risks?**

There are many associated risks of not implementing this proposal and within the recommissioning programme. There are also risks associated with the proposed budget reduction to these services (as either part of this recommissioning programme or not). These include:

- Budgets reductions will make some non-mandated services potentially unviable within current arrangements– the impact of this will be felt throughout the wider system including Schools, GP’s, Hospitals and Children’s Social Care. This will have a knock on impact within the whole local provision of early help support services within our community.
- Remaining with existing arrangements is likely to lead to continued duplication and gaps within service delivery models – these are likely to increase as further budget reductions are sought. This will impact on the communities engaging with these services and therefore their effectiveness to meet the needs of our local population.
- If we continue to do things as we have always done then we will continue to see similar outcomes which we know are not always reaching the right families or providing every child with the best start in life and that they then need to access higher cost, more intensive support services. We could anticipate that outcomes will worsen as budgets reduce across the system with current arrangements.
- If approval is not granted for the duration of the proposed contract and a financial envelope to support this identified then there is a risk that the market is unlikely to have scope or ability to implement the large scale changes required and realise benefits in terms of improved outcomes and effective budget savings.
- If approval for this decision is not granted or there is any delay in the allocation of a funding envelope for this programme then there is a significant risk that the future procurement timescales will not be met. The impact of this is that we may end up with major gaps in service provision from April 2019 and / or a system that is not cost effective and unviable.
- Future options to extend many of the current service contracts in place have been exhausted within legal requirements of procurement. This leaves the council open to legal challenge. It means that decision is required promptly to ensure that arrangements are in place for the services that the Local Authority has a duty to provide.

<p><b>9.</b></p>	<p><b>Public Services Value (Social Value) Act 2012</b></p> <p>In accordance with the requirements of the Public Services (Social Value) Act 2012, part of this recommissioning programme we will consider whether the service we are commissioning might improve the economic, social and environmental well-being of the area, taking into account the Council's priorities, the needs of the area and any relevant corporate plans and community strategies.</p> <p>We will include requirements aimed at securing any identified improvements within the tender process.</p>
<p><b>10</b></p>	<p><b>What evidence / data / research have you gathered in relation to this proposal?</b></p> <p>The local child health profile (fig 1 below) provides an overview of the current picture of our local community. As part of this recommissioning programme a full needs assessment and exploration of the research of what works best will be undertaken and will form the basis on which service design work is undertaken with stakeholders and the market. Any future procured service needs to meet the needs identified within this range of evidence (data, research and local knowledge of professionals and users of services).</p> <p>Fig 1.</p>

Compared with benchmark ● Better ● Similar ● Worse ○ Not Compared



Indicator	Period	Torbay		Region England			England			Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Infant mortality	2013 - 15	–	20	4.7	3.6	3.9	7.9		2.0	
Child mortality rate (1-17 years)	2013 - 15	–	10	14.1	10.5	11.9	20.7		5.3	
MMR vaccination for one dose (2 years)	2015/16	↑	1,445	95.2%	92.9%	91.9%	69.3%		97.7%	
Dtap / IPV / Hib vaccination (2 years)	2015/16	→	1,480	97.5%	96.5%	95.2%	73.0%		99.2%	
Children in care immunisations	2016	→	185	84.1%*	82.9%*	87.2%*	26.7%		100%	
Children achieving a good level of development at the end of reception	2015/16	–	1,027	70.6%	69.5%	69.3%	59.7%		78.7%	
GCSEs achieved (5A*-C including English & Maths)	2015/16	–	763	56.6%	58.4%	57.8%	44.8%		74.6%	
GCSEs achieved (5 A*-C inc. English and maths) for children in care	2015	–	-	*	14.3%	13.8%	6.4%		34.6%	
16-18 year olds not in education, employment or training	2015	↓	180	3.8%	4.1%	4.2%	7.9%		1.5%	
First time entrants to the youth justice system	2016	↓	47	428.9	327.3	327.1	739.6		97.5	
Children in low income families (under 16s)	2014	↓	5,325	23.6%	16.1%	20.1%	39.2%		7.0%	
Family homelessness	2015/16	→	20	0.3	1.2*	1.9	10.0		0.1	
Children in care	2016	↑	280	111*	53*	60*	164		21	
Children killed and seriously injured (KSI) on England's roads	2013 - 15	–	11	16.6	13.7	17.0	49.3		1.4	
Low birth weight of term babies	2015	→	40	3.1%	2.7%	2.8%	4.8%		1.3%	
Obese children (4-5 years)	2015/16	→	133	9.5%	8.5%	9.3%	14.7%		5.1%	
Obese children (10-11 years)	2015/16	→	235	18.0%	16.3%	19.8%	28.5%		11.0%	
Children with one or more decayed, missing or filled teeth	2014/15	–	-	26.8%	21.5%	24.8%	56.1%		14.1%	
Hospital admissions for dental caries (0-4 years)	2013/14 - 15/16	–	149	687.4	223.0	241.4	1,143.2		9.2	
Under 18 conceptions	2015	↓	50	22.9	16.8	20.8	43.8		5.7	
Teenage mothers	2015/16	→	16	1.2%	0.7%	0.9%	2.2%		0.2%	
Persons under 18 admitted to hospital for alcohol-specific conditions	2012/13 - 14/15	–	46	61.5	44.8	36.6	92.9		10.9	
Hospital admissions due to substance misuse (15-24 years)	2013/14 - 15/16	–	67	160.4	97.7	95.4	345.3		34.1	
Smoking status at time of delivery	2015/16	↓	174	15.0%	11.2%	10.6%*	26.0%		1.8%	
Breastfeeding initiation	2014/15	–	779	*	79.0%	74.3%	47.2%		92.9%	
Breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	–	528	*	*	43.2%*	18.0%		76.5%	
A&E attendances (0-4 years)	2015/16	↑	3,983	542.3	469.3	587.9	1,836.1		335.0	
Hospital admissions caused by injuries in children (0-14 years)	2015/16	→	263	126.6	105.0	104.2	207.4		53.5	
Hospital admissions caused by injuries in young people (15-24 years)	2015/16	↑	360	259.8	153.2	134.1	280.2		72.0	
Hospital admissions for asthma (under 19 years)	2015/16	→	46	172.0	168.0	202.4	591.6		84.3	
Hospital admissions for mental health conditions	2015/16	↑	43	170.4	95.1	85.9	179.8		33.8	
Hospital admissions as a result of self-harm (10-24 years)	2015/16	–	237	1,167.9	597.8	430.5	1,444.7		102.5	

A Children and Young People's Needs Assessment was undertaken in 2016 and can be found in full within the background documents. This needs assessment reinforced the following priorities for Torbay:

- Children have the best start in life
- Children and young people lead a happy and healthy life
- Children and young people will be safe from harm, living in families and communities
- Opportunities to participate and engage in community and public life.

Consultation and research undertaken so far, in relation to Public Health Nursing and Children's Centres, has established that there was a consistency of findings between face-to-face conversations and the online responses in our surveys that whilst parents were generally happy with the services received from Health Visiting and Children's Centres there were areas that they felt could be improved. These consultations were not undertaken with the knowledge of the potential impacts of

the future large scale budget savings that would need to be achieved (particularly in Public Health Nursing since 2016). This will need to form part of the consultation programme for the re-commissioning project.

Many Local Authorities around the country have and continue to consider how to deliver a more integrated service for children with some already undertaking joint procurement or aligned contracts between Children's Centres and Public Health Nursing and a range of other health and social care services.

Many areas are now redesigning services based on outcomes rather than outputs.

The research identified that integration was seen as beneficial but is complex around information governance, clarity of roles and responsibilities and terms and conditions.

Preparatory work has identified that when undertaking a remodelling of services, especially one involving integration, then several elements need to be in place to make this a success:

- Strong system wide leadership is critical
- Time and resources required to make a success – Essex County Council has started on a ten year transformational programme
- A phased approach to remodelling
- Robust management and supervision needed to meet the needs of professionals and aid integration
- Evaluation built into remodelling from the start
- Use of a framework such as the Early Intervention Foundation Maturity Matrix to measure starting point and progress
- Co-production with providers, service users and communities should be the base of designing a new model of delivery
- Good relationships with the providers is essential

Other aspects that need to be taken into consideration which are key to success are:

- Joint commissioning posts
- Shared outcomes framework
- Use of evidence based programmes
- Use of a recognised workforce planning tool
- An integrated service specification
- Clear offer of service should be available to service users
- Age should not be the deciding point of a service but the skills required for the intervention
- Parents need good advice and support from trained practitioners whatever their professional background and organisational boundaries

Due to similarities in ambitions we have taken a closer look and worked in partnership with Essex County Council who has undertaken a full service remodelling, integrating several services based on an outcome approach. Their framework is appropriate for Torbay and key points are:

- System vision co-produced with parents and practitioners
- System vision is used to change culture and needs to be simply portrayed in a way that is meaningful to both service users and practitioners
- Focus on outcomes that are driven by the vision
- Resources should be used to support those further from successful outcomes
- Transformational plans take time – 10 year timescale and contract
- Transformation of workforce underpins ambition
- There needs to be the right leadership and environment for transformation
- Focus on measurable quality outcomes rather than activity

**11 What are key findings from the consultation you have carried out?**

Our consultation to date has included a range of activities including:

- Face to face interviews with parents
- Face to face group interviews with young people
- Online survey of parents
- Face to face workshops with stakeholders
- An evidence review (in relation to Public Health Nursing and Children’s Centres)
- Engagement with a range of services as part of the redevelopment of the Early Help strategy for Torbay.

The key findings from these activities to date include:

- Families and children and young people dislike telling their story more than once – especially if in relation to the same issue.
- People want a consistency in the professionals they engage with
- People want the right help at the right time – they make no distinction of preference about who it is that provides this help.
- We know that for certain groups that current services are not meeting their needs – despite all the services currently in place we are seeing increasing numbers of children requiring child protection and statutory level services.
- Services need to be accessible at times families and young people need and want to access them.

**12 Amendments to Proposal / Mitigating Actions**

The scope of the work to date means that as part of the recommissioning programme further work needs to be done with groups not yet consulted with and to engage all identified parties (families, children, young people and stakeholders) in the process of the development of this project. There needs to be a particular focus on the following groups:

- Families that do not currently engage with any services on offer
- Young people (13-19yrs)
- Families that have experience of the Early Help Support process.

## Equality Impacts

13	Identify the potential positive and negative impacts on specific groups		
	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	<p>The 0-19 fully integrated service will be designed in partnership with stakeholders to support children and young people and their families to receive the right support at the right time. It will work to reduce unnecessary duplication of work and allow for the development of effective individual relationships to ensure timely and appropriate interventions that improve their wellbeing and reduce inequalities.</p> <p>The most vulnerable young people, including teenage parents, will continue to be targeted under the principal of proportionate universalism – where everyone will receive a service but will receive a slightly different service dependent on individual need</p>	<p>The culture and environments of the 13-19 services will require consideration to ensure they are designed to encourage access and are age appropriate. This will be built into the design, contract and monitoring arrangements.</p> <p>The budget reduction could impact on the level or type of service that young people receive – particularly in relation to non-mandated services. The budget reduction occurring at the same time as the service and system redesign provides us with the opportunity to work as far as is possible within the financial allocation to minimise the impact – particularly amongst vulnerable groups of young people.</p> <p>The outcome of the service redesign and budget reduction means that services will not be run as they currently are, in the future contract. To mitigate this stakeholder may be directed to alternative resources for supporting them. E.g. There will</p>	



		<p>be reduced resource availability for supporting schools with health managements and PSHE delivery – to mitigate this they could be directed to local and national online resources.</p>	
<p>People with caring Responsibilities</p>	<p>The introduction of fully integrated working will mitigate the impact of reduction in capacity, with certain service areas, for identification and support for young people and adults with caring responsibilities.</p>	<p>Some vulnerable groups such as Young Carers may not be so easily identified as often they do not recognise this role within themselves. To mitigate this, the new service will need to be visible and actively promote themselves so that young carers know how to access them.</p>	
<p>People with a disability</p>	<p>Integrated working will develop the ability of the service to identify possible early indicators of or risk factors for disability, resulting in timely referral to specialist help.</p> <p>Children and young people with an Education Health Plan will continue to be targeted.</p>	<p>There may be a delay in input to Educational Health Care Plans due to reduced capacity as a result of the budget reduction.. This may delay needs and interventions being implemented. This will need to be considered as part of the service redesign – with acknowledgement that school nursing is a non-mandated provision.</p> <p>Health plans for children and young people with health conditions such as asthma may be delayed due to capacity issues. To mitigate this, the new service will need to prioritise children with special needs.</p>	

		<p>Schools may not have up-to-date health information on children and young people due to potential reduction in non-mandated provision – this needs to be considered as part of service redesign.</p> <p>Training for school staff on conditions and treatment e.g. EpiPen pen training for allergies may no longer be available due to reduced budget allocation.</p> <p>To mitigate this, schools will need to negotiate and access required support from other health professionals e.g. practice nurses. There may be a cost to this alternative provision.</p> <p>Parents whose disability is not easily identifiable or becomes apparent in-between mandatory reviews may not be targeted in the most appropriate way to meet their needs</p> <p>To mitigate this new service will need to actively promote their services to all parents and children .</p>	
Women or men	The new service will continue to work with both mothers and fathers on a targeted basis.	There could be a perception that the majority of services being re-commissioned are targeted primarily at women and children. However integrated working will	

		<p>provide the opportunity to create family hubs which will be supportive of the whole family, providing equal access, advice and support to both women and men.</p> <p>Research shows that men are least likely to be actively engaged in accessing health services. The reduction of capacity in the new service could mean a reduced ability by the services to seek out and engage men.</p> <p>In mitigation the services should actively promote means for men to source health and parenting information.</p> <p>There may be fewer opportunities through universal visiting and groups to identify mothers and fathers that are socially isolated.</p> <p>In mitigation the services should actively promote opportunities for parents to become engaged but may not have the capacity to ensure that this happens.</p>	
<p>People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p>	<p>The new service will continue to work with people who are black and from a minority ethnic background (BME).</p> <p>Health professionals will continue to target work on identifying health</p>	<p>Language and cultural barriers and lack of knowledge of an unknown system can inhibit people who are black and from a minority ethnic background (BME) from accessing health services. This needs to be considered as part of the service redesign.</p>	

	needs with Gypsy/Roma populations as appropriate.		
Religion or belief (including lack of belief)			There is no differential impact
People who are lesbian, gay or bisexual			There is no differential impact
People who are transgendered			There is no differential impact
People who are in a marriage or civil partnership			There is no differential impact
Women who are pregnant / on maternity leave	Pregnant women will continue to receive the mandated health review at 28 weeks. This includes support around maternal mental health and wellbeing, breastfeeding and early attachment. All of which impact upon the short and longer term health and wellbeing outcomes of children and their parents.	The delivery of the 28 week review may be delivered differently, for example in a clinic rather than home, to women who have not been identified as requiring to be targeted.  In mitigation pregnant women already identified by the midwife as having extra needs will be targeted by the health visiting service.	
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Families, children and young people will continue to be targeted based on socio-economic needs e.g. deprivation, child poverty etc. This will mean that those most in need will receive a greater part of the service.	The ability for the new service to identify need based on social economic needs could be reduced due to capacity issues and mandated reviews being undertaken in a clinic situation rather than a home environment.  Research shows that people from deprived communities are less likely to access support due to a	

		<p>number of reasons including costs to do so and other issues taking priority.</p> <p>In mitigation new service will target services based on a robust Family Health Needs Assessment that should be able to identify socio-economic issues, though these are only undertaken at the start of the service engagement and if it is known that circumstances have changed. Therefore for some families who do not seek out the service their needs might not be identified. This needs to be addressed and considered as part of the service redesign.</p>	
	<p>Public Health impacts (How will your proposal impact on the general health of the population of Torbay)</p>	<p>The integrated contract will ensure that the Public Health impacts underpin the whole service delivery model. Families, children and young people will continue to have their health needs met in a targeted approach meaning that those most in need will receive a greater part of the service.</p>	<p>The general health of the population of parents, children and young people could be affected by the reduced capacity of the new service. This needs to be considered as part of the service redesign.</p> <p>In mitigation families, children and young people will be signposted to online support and advice.</p>
<b>14</b>	<p><b>Cumulative Impacts – Council wide</b> (proposed changes elsewhere which might worsen the impacts identified above)</p>		

<b>15</b>	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	Torbay & South Devon Clinical Commissioning Group are currently in the process of reviewing a range of children’s community health services. Ongoing work with the CCG will ensure that universal, targeted and specialist pathways are aligned and that outcomes for children and families are shared and understood.
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