

<b>Report to:</b>	Cabinet	<b>Date of Meeting:</b>	23 June 2022
<b>Subject:</b>	Re-Commissioning of 0-19 Healthy Child Programme and Children's Drug and Alcohol Service		
<b>Report of:</b>	Director of Public Health	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Cabinet Member - Health and Wellbeing		
<b>Is this a Key Decision:</b>	Yes	<b>Included in Forward Plan:</b>	Yes
<b>Exempt / Confidential Report:</b>	No		

### Summary:

On 31<sup>st</sup> March 2023, existing contracts for the 0-19 Healthy Children Programme provided by MerseyCare NHS Foundation Trust, and Sefton's Young People and Family Substance Use Service, provided by Addaction, will expire.

The purpose of this report is to seek approval to complete a tender exercise to re-procure Sefton's 0-19 Healthy Child Programme, this will include a revised specification aligned to the latest Children's Policy drivers, including the updated National Healthy Child Programme, latest evidence and local need.

The replacement contracts for both services to be reprocured will be for a 5-year core period, with the option to extend for up to 2 (individual) periods of 12 months.

Both tender exercises will be required to follow a Find a Tender Service (FTS) Light-Touch Regime Open Procedure, as part of this process; approval is sought for the Director of Public Health in consultation with the Cabinet Member for Health and Wellbeing to be given delegated authority to award the contract at the end of the tender process.

Delegated authority is also sought for the Director of Public Health (in conjunction with the Cabinet Member) to award the remaining subsequent extension options if any future extensions of this contract are deemed appropriate and offer value for money

Development of the evolving Sefton Partnership and the Health and Care Bill becoming law on the 1<sup>st</sup> July 2022 this may impact on the service redesign and recommissioning model. For example, this may mean a change in budget arrangements and the potential delivery model involving partners across the Sefton Health and Care system. Any developments in the model going forward would be overseen by the Sefton Partnership with Public Health leadership. Cabinet is asked to note this.

## **Recommendation(s):**

- (1) The Director of Public Health be authorised to conduct a FTS Light Touch Regime tender exercise for Sefton 0-19 Healthy Child Programme Service to run for a period of five years from 1<sup>st</sup> April 2023 with the option of two further one-year extensions
- (2) The Director of Public Health be authorised to conduct a FTS Light Touch Regime tender exercise for Sefton Young People and Family Substance Use Service to run for a period of five years from 1<sup>st</sup> April 2023 with the option of two further one-year extensions
- (3) That the Director of Public Health in consultation with the Cabinet Member for Health and Wellbeing be granted delegated authority to award the contracts resulting from the procurement and to award any extension thereof.

## **Reasons for the Recommendation(s):**

1. The current contracts will expire on 31<sup>st</sup> March 2022.
2. The Local Authority has a Statutory duty to deliver Public Health Services for children under the age of 5 years old.

## **Alternative Options Considered and Rejected:** (including any Risk Implications)

- 1) To work with the existing Providers to further develop services to meet the new specification and emerging needs of Children Young People and Families in Sefton.

Establishment of the 'Provider Selection Regime' is subject to Parliamentary approval and final formulation of the regulations by government. Therefore, the Council is bound by existing procurement legislation.

The current procurement system for healthcare services is governed by two pieces of legislation.

- The Public Contracts Regulations (PCR 2015)
- The Procurement, Patient Choice, and Competition Regulations 2013 (PPCCR2013),

- 2) Cease service delivery

Rejected based on reputational and financial risk to the authority by the potential failure to perform its statutory duty to deliver public health services for children 0-5 years. Furthermore, the lack of universal service and specialist provision for children, young people and families, would have a significant negative impact on health and wellbeing and increase safeguarding risk.

## What will it cost and how will it be financed?

### (A) Revenue Costs

The 0-19 Healthy Child Programme will be funded via the Core Public Health Budget for which sufficient provision exists. The new contract will similarly be contained within this budget.

The Young People Families Substance Use Service will be funded from the Core Public Health Budget with a contribution from Early Help. The new contract will similarly be contained within this budget arrangement.

The contracts will include provision for variation and early termination by the Council for convenience in the event of further reduction in funding and the requirement for the Council to achieve an overall balanced budget.

The financial envelope for the existing 0-19 Healthy Child Programme is £5,987,400.00 for 2022/23, which includes a 2% Agenda for Change Uplift.

The total cost for the existing Young People and Families Substance Use Service is £345,638. Early Help contributes towards the contract cost at £122,438 per annum.

### (B) Capital Costs

There are no capital costs associated with the re-commission of this service.

### Implications of the Proposals:

**Resource Implications (Financial, IT, Staffing and Assets):**

The cost of these services will be met within the core Public Health budget plus a contribution from the Early Help for the Children, Young People and Families Substance Use Service

**Legal Implications:****Equality Implications:**

There are no equality implications.

**Climate Emergency Implications:**

The recommendations within this report will

Have a positive impact	No
Have a neutral impact	Yes
Have a negative impact	No
The Author has undertaken the Climate Emergency training for report authors	No

It is a re-procurement of existing Public Health commissioned service which does not

generate additional impacts on the climate emergency.

### **Contribution to the Council's Core Purpose:**

Protect the most vulnerable:

The HCP is based on a model of 'progressive universalism'. This means all families receive a number of standard services (universal). Additional services are available to those who need them or are identified as being at risk.

Investment in substance use service interventions will support and protect young people, families and communities from the direct and indirect impacts of substance misuse.

Facilitate confident and resilient communities:

Timely access to a range of opportunities in community settings.

Responding and adapting services to meet the changing needs of children and young people.

Consultation with children and young people will help to shape future delivery.

Commission, broker and provide core services:

Core Public Health Commissioning for Children Young People and Families, to achieve best outcomes for Sefton.

Place – leadership and influencer:

Drivers of change and reform:

Understanding the impact of COVID-19, on Sefton's young people and families will shape the way services and support is provided in the future.

Changes to the National Healthy Children Programme including mandated elements for 0-5's.

Facilitate sustainable economic prosperity:

Greater income for social investment:

Cleaner Greener

### **What consultations have taken place on the proposals and when?**

#### **(A) Internal Consultations**

The Executive Director of Corporate Resources and Customer Services (FD.6817/22) and the Chief Legal and Democratic Officer (LD.5017/22) have been consulted and any comments have been incorporated into the report.

Discussion of the proposed model with children's partners, through existing partnership meetings.

## **(B) External Consultations**

Discussion of the proposed model with children's partners, through existing partnership meetings.

Review of relevant Children and Young People Consultation, to inform future delivery model and additional consultation and engagement.

### **Implementation Date for the Decision**

Following the expiry of the "call-in" period for the Minutes of the Cabinet Meeting

<b>Contact Officer:</b>	Julie Murray/Julie Tierney
Telephone Number:	Tel: 0151 934 3343
Email Address:	julie.murray@sefton.gov.uk

### **Appendices:**

Appendices to this report are set out at the conclusion of the report.

### **Background Papers:**

There are no background papers available for inspection.

## 1. Introduction/Background

In September 2016, North West Boroughs Health Care Trust were awarded a contract to provide an Integrated 0-19 Healthy Child Programme (HCP) with effect from 1<sup>st</sup> April 2017. The contract was awarded for three years with the option to extend the contract for a further 2 years. The extension period expired on 31<sup>st</sup> March 2021, followed by a 12 month out of contract extension period agreed by Cabinet under article 72 of the Public Contract Regulations 2015, due to COVID-19 related disruption to business continuity.

On 1<sup>st</sup> June 2021, the acquisition of Northwest Boroughs Healthcare (NWBH) into Mersey Care Foundation Trust was completed, resulting in the novation of the Sefton 0-19 Healthy Child Programme Contract to Merseycare NHS Foundation Trust who continue as the current Provider of the service. There is now a requirement for the council to consider undertaking a procurement exercise as the current contract extension period will end on 31<sup>st</sup> March 2023.

Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is good evidence about what is important to achieve this through improving children and young people's public health

The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years. This includes all families with babies to be offered 5 mandated health visitor reviews before their child reaches 2 and a half years old. The national 0-19 Healthy Child Programme provides a framework to deliver an effective early intervention and prevention public health programme based on a model of 'progressive universalism'.

The 0 to 5 element of the Healthy Child Programme is led by health visiting services and the 5 to 19 element is led by school nursing services. Together they provide place-based services and work collaboratively across the Children's Partnership where needed. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes.

Modernisation guidance for the National 0-19 Healthy Child Programme was published in March 2021, placing increased emphasis on personalised care as well as professional and clinical judgement. (See appendix 1 for links to full guidance). Other key recommendations include.

- Inclusion of two additional universal contacts at 3-4 months and 6 months. These will provide important opportunities to address key public health priorities including, perinatal mental health, child development, breastfeeding, childhood obesity prevention, immunisation uptake and accident prevention.
- Recognition that the health visiting offer is much bigger than 5 mandated contacts, these are just a "gateway" into the service
- Updated language and increased emphasis on health visitors' contribution to recent policy priorities including, early language development, preconception care and vulnerability.

- Increased scope for Emotional Health and Wellbeing Assessments – to include fathers and babies. This includes a clear statement that, Health Visitors should assess maternal mental health at all health visiting mandated reviews

The modernisation plan does not include any funding uplift to the Public Health Grant to enable full implementation, which is being challenged at regional and national level, by Children's Partners.

Despite, the lack of additional funding, recommissioning the Sefton Healthy Child Programme provides opportunity to re specify the service to incorporate elements of the modernisation programme, building in the flexibility and opportunity to continually adapt the service to meet the needs of Sefton families. This is particularly relevant, in relation to the emerging health and social impacts of COVID-19 on children, young people and families.

### Young People & Families Substance Use Service

The contract for Sefton's Young People and Family Substance Use Service - We Are with You (WAWY) provided by Addaction was awarded with effect from 1<sup>st</sup> October 2017. The contract was awarded for two and half years with an option to extend for up to a further two years. The extension period expired on 31<sup>st</sup> March 2022. In July 2021, due to the impact of COVID 19 on service delivery, Cabinet approved a 1 year out of contract extension to the Young People & Families Substance Use Service under article 72 of the Public Contract Regulations 2015. There is now a requirement for the council to consider undertaking a procurement exercise as the current contract extension period will end on 31<sup>st</sup> March 2023.

The pattern of substance use among young people is changing, both in terms of reported prevalence and complexity of the problems faced by the young people who use services. While recent years have seen a decline in the number of young people recorded as entering specialist substance use services, substance use continues to be an issue for young people with cannabis and alcohol remaining the most commonly reported substances for under 18-year-olds in Sefton. A recommission will provide an opportunity to address any changing and emerging needs.

Young people who have substance use problems often have complex needs. This often involves poor mental health and self-harm, and sometimes experience of criminal or sexual exploitation. These young people need a combination of specialist substance use service and wider health and care services.

Building resilience within an age-appropriate model of young people and family substance use service delivery is central to enabling young people to develop the confidence and social capital that are protective factors against vulnerability to substances and involvement in criminal activity.

Substance use can also have a devastating impact on families. Families can support and aid recovery, but they also have their own support needs. Specific support is also required for families with parental substance misuse treatment needs, which must be integrated and co-ordinated at a local level.

Intergenerational substance use is a pattern of substance use often passed on within families – a pattern which can be hard to break without support and interventions. Evidence from family intervention programmes demonstrates that the lives of young people can be significantly improved where substance using parents are provided with targeted interventions. Breaking the Cycle of intergenerational substance use requires specialist service support that considers the needs of the whole family.

Prevention is also an important part of the local service offer. Providing school based education and substance use interventions plus social media campaigns and information for young people and parents is important in developing an understanding of substance use and attendant risks and accessing help and support.

Since 2017 Sefton Public Health have commissioned and developed an integrated model of young people's and family's substance use services, combining universal, targeted and specialist substance use treatment for young people with family focused Breaking the Cycle inter-generational interventions. These services are an important part of the local substance use treatment system providing support to some of the Boroughs most vulnerable young people and families.

The recommissioning of a specialist integrated substance use service for young people and families will support the ambition within the 2021 national 10-year drug strategy – From Harm to Hope, for 50% more young people to receive specialist substance use interventions, preventing longer term use into adulthood.

## **Appendices:**

The following appendices are attached to this report:

### **Appendix 1:**

#### **Modernisation of the National Healthy Child Programme**

##### **Best Start in Life and Beyond**

##### **Improving public health outcomes for children young people and families.**

The guidance is presented in a suite of 3 documents to assist Local Authorities in Commissioning of the National Healthy Child Programme for children and Young People aged 0-19 and up to age 25 for young people with SEND.

#### **Guidance to support Commissioning of 0-19 Healthy Child Programme**



[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/969168/Commissioning\\_guide\\_1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/969168/Commissioning_guide_1.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/982107/Commissioning\\_guide\\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/982107/Commissioning_guide_2.pdf)

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Important changes and considerations include:

- The inclusion of **two additional universal contacts at 3-4 months and 6 months**. These will provide important opportunities to address key public health priorities including, perinatal mental health, child development, breastfeeding, childhood obesity prevention, immunisation uptake and accident prevention.
- The language of the **“4,5,6 model” has been removed**; acknowledging that principles behind the model were sound. The updated document contains welcomed recognition that the health visiting offer is much bigger than 5 mandated contacts, these are just a “gateway” into the service.
- An increased **emphasis on “personalised” care** as well as **professional and clinical judgement**. This is a helpful reframing of policy which underpins the professional autonomy of the health visitor which is so important if we want to avoid a “one size fits all” approach.
- Updated language and increased emphasis on health visitors’ contribution to **recent policy priorities** including, early language development, preconception care and vulnerability.
- Increased scope for **“Emotional Health and Wellbeing Assessments”** – alongside maternal mental health, these will **now include fathers and babies**. This includes a clear statement that, **“Health visitors assess maternal mental health at all health visiting mandated reviews”**
- There is a lack of details on funding, accountability and essential strategy to address the current workforce issues in health visiting. We hope that these are forthcoming to support the translation of this policy into strategy and the action needed to achieve PHE’s ambition of **“No child left behind”** – which of course is an ambition that we wholeheartedly share.