



Doncaster Council

Report

Date: 09/06/2021

To the Chair and Members of the Cabinet

To agree the service delivery model for public health services for 5-19 year olds.

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball, Cabinet Member for Public Health, Leisure, Culture and Planning	All	Yes

EXECUTIVE SUMMARY

1. The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years. The Healthy Child Programme 5 to 19 provides the blue print for public health services to support the health and wellbeing of school aged children and young people.
2. The Healthy Child Programme in Doncaster is primarily delivered by the School Nursing service who provide a variety of health improvement programmes for school aged children. Another partner key to the delivery of the Healthy Child programme is 'Project 3' young person's service, providing sexual health, substance misuse and smoking cessation services for young people aged 11 to 18.
3. Although both School Nursing and Project 3 provide quality services that perform well, child health data tells us there are still many challenges children and young people face in Doncaster.
4. We are exploring the potential to integrate the School Nursing and Project 3 services into one delivery model, with one provider overseeing provision of public health services for 5-19 years olds across Doncaster. Whilst there have been some potential issues highlighted with moving to an integrated model, these are not insurmountable and the potential to provide an innovative, effective, and efficient service offer for school aged children and young

people, outweighs any initial concerns.

5. The School Nursing service and Project 3 are both provided by Rotherham, Doncaster and South Humber NHS Trust (RDaSH). Both service contracts come to an end 31.03.2022.

EXEMPT REPORT

6. There is no exempt information contained in the report

RECOMMENDATIONS

7. Recommendation 1: Cabinet is asked to consider the options for the delivery model for public health services for children and young people aged 5 to 19 years old.
8. Recommendation 2: Cabinet is asked to agree to commencement of a tender process to find a suitable provider or providers to deliver public health services for children and young people aged 5 to 19 years old in Doncaster.
9. Recommendation 3: Cabinet is asked to support the extension of current contracts for public health 5 to 19 services by 4 months to align with the academic year.
10. Recommendation 4: That Cabinet approve the delegation of the contract award to the Director of Public Health, after consultation with the portfolio holder and subject to compliance with the Council's Standing Orders.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

11. This proposal secures the provision of high quality, evidence based public health services for children and young people between the ages of 5 and 19 years old.

BACKGROUND

12. The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years.
13. Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through robust children and young people's public health. This is brought together in the national Healthy Child Programme.
14. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. The 5-19 element of the Healthy Child Programme is led primarily by school nursing services, providing place-based services and working in partnership with education and other providers.
15. The School Nursing service comprises of a relatively small team covering the 40,000+ school aged children in Doncaster. The School Nursing offer is wide

and varied (see table 1 for summary) including school based drop in clinics (secondary only) and eClinics to support young people with a range of health and wellbeing issues from improving diet and nutrition, to reducing stress and anxiety. The School Nurse offer differs from primary to secondary aged children.

16. Health Visiting services, who primarily deliver the 0-5 elements of the Healthy Child Programme, have a requirement to ensure a seamless transition into the School Nursing service for all children reaching school entry age, including the safe transfer of family files or adult records.
17. Children being supported who are known to social care services must be formally identified to the School Nursing Service as per national procedure in order ensure continued targeted support. Where a professional contributes to the care plan of a child as part of a multi-agency team (e.g. early help assessment, child in need, child protection or Looked After Child plan), the professional must ensure the care plan is up to date and the lead professional made aware of transfer to School Nursing Services.
18. Note that this service offer does not cover schools for pupils with specialist health care needs. Doncaster CCG commission provision of specialist school nursing services in schools providing education for children with special educational needs and disabilities.
19. Other partners key to the delivery of the Healthy Child programme are services providing sexual health, substance misuse, and smoking cessation interventions. In Doncaster, these services are provided via an integrated service, Project 3, specifically developed to meet the needs of young people aged 11 to 18.
20. During adolescence, rapid brain development occurs as children experience new social relationships and emotions and start to experiment with potentially 'risky' behaviours. During this transitional period, 14 to 17 years in particular, young people are vulnerable to adverse influences and peer pressure exerting a negative effect on choices that may continue into adulthood. With the exception of normal, healthy sexual activity, problematic behaviours all have common origins stemming from a combination of factors: availability of substances, community and family norms, deprivation and low aspirations.
21. The delivery of specialist interventions within the service take place within the wider children and young people's provision, taking a holistic approach to need rather than addressing these issues in isolation.
22. The School Nursing service and Project 3 are both provided by Rotherham, Doncaster and South Humber NHS Trust (RDaSH). Both service contracts come to an end 31.03.2022. Although all contract extension options have been exhausted, the commissioner is requesting a short extension of 4 months to the current agreements in order minimise potential disruption of ending the contacts during the school year.
23. Because the School Nursing service traditionally operates in term time, aligning with the academic year, ending the contract part way through the school year could result in disruption to children and young people if a new service model is introduced. There is also the potential for a new provider to take over delivery of the contract, which again would lead to disruption of the

service and potential gaps in provision during the transition period.

24. A 4 month extension would take the contract end dates from 31.03.2022 to 31.07.22, which would fall during the summer holiday, allowing additional preparation time and any transition issues to be resolved with minimum impact on children and young people.

Public Health/School Nursing service	Project 3 – integrated substance misuse and sexual health services
Scope – school aged children (5-19) attending Doncaster educational establishments	Scope – young people aged +11 resident in Doncaster
School based clinics; non-school based consultations; eClinics; and single point of contact	Central base with some bespoke outreach activity
School support – school health plans; health questionnaires reception and Y6 children; ‘Safe Touch’ and puberty sessions; Long term condition training; health and wellbeing clinics	Tier 2/3 (non-prescribing) interventions for drug & alcohol misuse Specialist substance misuse prescribing
National Child Measurement Programme (NCMP)	Full contraceptive offer (up to and including level 2 provision)
Sexual health (condoms; emergency contraception; pregnancy testing; chlamydia testing)	NCSP (Chlamydia Screening): Screening, Retests, Partner Notifications, Treatment
Vision and hearing screening in reception children	Prevention of 2 nd pregnancy: contact with clients who are postnatal or have recently had a miscarriage or termination
Child Sexual Exploitation nurse (part of multi-agency team)	Therapeutic offer for families affected by parental substance misuse

Table 1. – Summary of current service provision

25. Local data and insight– key points

26. Ill health is not equally distributed within the population, and this is also true when it comes to the health of children and young people. We know that children and young people from more deprived areas suffer more incidence of overweight and obesity; have worse oral health; and poor outcomes for sexual health.
27. Young people aged between 15 and 24 years experience high rates of new STIs. This is reflected in Doncaster where 51% of diagnoses of new STIs made were in young people in this age-group.

28. Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Doncaster, an estimated 8.1% of 15-19 year old women and 5.9% of 15-19 year old men presenting with a new STI at a SHS during the 5 year period from 2014 to 2018 became re-infected with an STI within 12 months.
29. The latest National Child Measurement Programme (NCMP) data highlights that approximately 1 in 4 Reception Year children in Doncaster has excess weight (either overweight or obese), increasing to 1 in 3 by the time of leaving primary school. In relation to obesity; approximately 1 in 10 children are obese at the start of primary school and this doubles to 1 in 5 by the time of leaving.
30. Analysis of NCMP data shows that in Doncaster, excess weight prevalence increases as children age in primary school. There is inequality in relation to excess weight in primary school children in Doncaster with those in schools in the most deprived areas carrying the greatest burden.
31. Poor oral health is also related to deprivation, with children living in more deprived local authority areas experiencing poorer oral health than those from less deprived areas. In Doncaster prevalence of tooth decay was significantly worse for those living in the most deprived quintile than those in the least deprived quintile.
32. Since 2015, Doncaster Council has conducted the Pupil Lifestyle Survey, which has provided valuable data on children and young people's health-related behaviour. To date, the data from this survey has provided a set of Doncaster-wide figures at key points in children and young people's development.
33. Examples from the most recent 2019/20 survey tell us:
 - a. 28% of primary and 23% of secondary pupils have experienced being bullied at or near school in the previous 12 months
 - b. 11% primary and 23% of secondary pupils have nothing to eat or drink for breakfast
 - c. 73% of primary and 62% of secondary pupils are 'happy' or 'very happy' with their life at the moment
 - d. 5% of secondary pupils have taken drugs in the last year
 - e. Amongst secondary pupils who have had a sexual relationship, 30% have never used a condom
 - f. 26% of respondents had not heard about school nurses and 74% were not aware of Project 3
34. Doncaster Council has an ambition to be the most child and young person-friendly borough. One way to do this is for the council to increase young people's freedom to choose to live a life that they think is important. To do this Doncaster Council and a research team from Sheffield Hallam University worked with 17 young people to find out what would help them to 'live their best lives'. The young people took part in some research which they helped to plan and analyse. They asked a further 30 friends and classmates about their ideas. They also took part in a workshop with 6 adults, who work in health services, to plan together what support the council, and wider community, should give young people and how this support should be

provided.

35. The young people came up with their own framework for support which would help them to 'live their best lives'. This covered five topics: 1) people and special relationships, 2) places, spaces and time for me, 3) learning and skills, 4) freedoms, rights and responsibilities, 5) health and wellbeing. In each of these topics the young people were able to agree what helped them to grow well, what stopped them from flourishing and what people could do to support them. They focussed on the need for trusted relationships with adults, their own space and access to valued activities. They wanted education to be broad – building knowledge about academic subjects but also social and life skills. The young people stressed the need for support for their mental health and to be able to influence decisions that affect them. The project successfully showed that young people were able to make relevant suggestions for the ways in which the community and services might support them to thrive. The Council are committed to building young people's ideas into the support they offer and continuing to give young people decision making power in areas that affect them.

36. **Local context and proposed model**

37. Although both School Nursing and Project 3 provide quality services that perform well, child health data tells us there are still many challenges children and young people face in Doncaster. We know that no one service can 'fix' the deep rooted social and systemic causes of poor health, but we should always be striving to improve service provision and look to areas where we can innovate to adapt to emerging and existing need.
38. We want to ensure we have services that are making the most effective use of limited resource, to have the greatest impact possible.
39. We want to ensure our public health services for children and young people include the following:
 - a. A service offer that is co-produced with children and young people.
 - b. Addresses the health and wellbeing of children and young people in a holistic way rather than just individual targeted interventions.
 - c. Ensure children and young people get to the right person, at the right time, in the right place.
 - d. Are flexible and responsiveness to children and young people's needs.
 - e. Share knowledge and expertise within a multi-disciplinary team and wider children and young people's agencies.
 - f. Support vulnerable children and young people through better communication and information sharing.
 - g. Provide a range of options for children and young people to access services, including a virtual offer.
40. To this end, we are exploring the potential to integrate the School Nursing and Project 3 services into one delivery model, with one provider overseeing provision of public health services for 5-19 years olds across Doncaster.

41. There are examples of integrated care models working well, both in the literature, and in our own experience (Project 3). Fragmentation of care and care gaps arising from a lack of optimal integration can translate into negative experiences and outcomes for service users and unnecessary costs for providers. Effective integrated pathways have the potential to provide a more effective and efficient health system truly centred on the service user.
42. We tested this hypothesis at a recent soft marketing test event. Responses from providers have been summarised in the below table 2

Appeal of an integrated delivery model	Challenges of an integrated delivery model
A joined-up service for young people	Limited organisations that can deliver the totality of this offer
Interrelated health & wellbeing issues can be addressed	[clarity] around the different roles and responsibilities for each of the service elements
An innovative approach; offers scope to explore new ways of working; move away from traditional service delivery models	Development of new pathways; communication of new offer to service users and other CYP providers
Shared learning at all levels, increasing the early intervention skills of staff through training and development.	Pace of transformation; can everything be done in time to mobilise the service for the contract start date
Single service offer – single point of contact; one patient record; core skills set across the service; one digital offer	Governance - Specialist leadership will still be required to support the different specialisms within the team.
Opportunity to review the skill mix within the team; potential to benefit the non-qualified/ support staff group	An integrated model would provide minimal additional flexibility

Table 2.- Summary of responses from providers re: integrated model

43. It is inevitable with any new service delivery proposal that there will be apprehension about issues that may arise. We anticipate a 7 to 8 month mobilisation period from contract award to contract start date in order to allow the successful provider to develop and mobilise the service.
44. There is also the option to develop and test some aspects of an integrated model with the existing provider through the Doncaster Provider Alliance prior to the service going out to tender. This will further allow us to anticipate any issues that may arise and find solutions to them before the service goes live.
45. There may also be flexibility after the start of the contract to allow for continuing development of certain aspects of the service offer.
46. In order to let the service properly form and embed, the proposed contract length for the service is 4 years plus the option to extend for a further 2 years.

OPTIONS CONSIDERED

47. Option 1 – To retender public health services for 5-19 year olds using current service delivery model
48. Option 2 – To retender public health services for 5-19 year olds using an integrated service delivery model
49. Option 3 – To retender public health services for 5-19 year olds using an integrated service model which has been developed and tested first in collaboration with the Doncaster Provider Alliance
50. Option 4 - Do nothing
51. Option 3 is the preferred option.

REASONS FOR RECOMMENDED OPTION

52. Although there will be inevitable 'teething' issues with a new service delivery model, we feel the issues highlighted by providers are not insurmountable and the potential to provide an innovative, effective, and efficient service offer for school aged children and young people, outweighs any initial concerns.
53. Being able to develop and test the model first with the provider Alliance will help to anticipate and resolve any issues that arise before going out to tender.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

54.

	Outcomes	Implications
	Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;	Prevention of long-term illness into adulthood which may affect an individual's ability to find and maintain employment.

	<ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	Prevention of long-term illness into adulthood that may impact on an individual's ability to flourish and lead lives they value
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Services that protect, support, and improve the health and wellbeing of children and young people.</p> <p>Ensuring all children can participate fully in educational opportunities and are not held back by poor physical or mental health</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Services that protect, support, and improve the health and wellbeing of children and young people.</p> <p>Universal reach provides opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce 	

	<ul style="list-style-type: none"> • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	
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RISKS AND ASSUMPTIONS

55. Failure to fulfil the local authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years.
56. Substantial change in size or status of ring-fenced public health grant. This option assumes that the public health grant continues to be ring fenced and is of a similar quantum. A reduction in the grant will require additional savings and if the ring fence is removed, the Council may choose to use the grant differently and/or take money out of contracts.
57. Insufficient volume in contracts. As reductions in investment in any programme are almost entirely related to staff costs there is a possibility that clinical or 'face to face' hours will be reduced and waiting lists will have to be introduced. Risks associated with this scenario include:
 - Emerging issues with vulnerable and at-risk children and young people are missed due to reduced opportunities to have sight of them
 - Increased time between referral and intervention thus there is potential for service users conditions to get worse thus requiring more intensive, costly treatment
 - Increase in individuals who do not attend as the increased waiting time means they lose interest or lose courage to attend.
 - Potential for untreated individuals with STI to infect other individuals
 - Potential for individuals requiring contraception to become pregnant with an unwanted pregnancy
 - The reduced hours of provision may mean that staff are not able to adequately support children and young people with multiple and complex needs, this may mean costs in other areas.
58. The current provider and provider alliance would not be precluded from procurement of this service.

LEGAL IMPLICATIONS [Officer Initials...NJD.. Date 17th February 2021]

59. Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do. Section 111 of the Local Government Act 1972 gives the Council the power to purchase goods and services.
60. Section 2B of the National Health Service Act 2006 (as inserted by Section 12 of the Health and Social Care Act 2012) places a duty on all Councils to take such steps as it considers appropriate for improving the health of people in its area. Examples of such steps are, providing information and advice; providing services or facilities designed to promote healthy living; provide services or facilities for the prevention, diagnosis or treatment of illness and providing assistance to help individuals to minimise any risk to health arising from their accommodation or environment.
61. The contract will be tendered in accordance with the Councils contract procedure rules and the Public Contracts Regulations 2015.
62. The report author has stated that the current contracts will require a short extension. The extension should be requested through the contract procedure rule waiver process.
63. By combining the services, the Council are changing the way in which the services are delivered. The Equality Act 2010 requires the decision maker to comply with the Public Sector Equality duty to consider the need to promote equality for persons with "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and have due regard to:
 - i) eliminate discrimination, harassment, and victimisation;
 - ii) advance equality of opportunity
 - iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it.

In order to do this the decision maker will need to have sufficient information about the effects of the proposed changes on the aims of the Equality Duty. The Equalities Implication section below is designed to assist with compliance with this duty and so the decision maker must take that into consideration and the public sector equality duty before taking the decision.

64. Legal should be consulted throughout the procurement and award process.

FINANCIAL IMPLICATIONS [HR 16/02/21]

65. The council has not yet received notification of Public Health grants beyond the current financial year. In 2020/21 the council received a ring fenced Public Health grant of circa £24m to tackle health inequalities in the borough. School Nursing service and Project 3 contracts are fully funded from the Public Health Grant with a budget of £1.89m in 2020/21. The cost of any future contracts will need to be included in the medium term financial plan and budgeted for accordingly in the annual budget setting process.

HUMAN RESOURCES IMPLICATIONS [PM – 02/03/2021]

66. There are no direct HR implications in relation to this report.

TECHNOLOGY IMPLICATIONS [Officer Initials...PW..... Date...15/02/21]

67. There are no anticipated technology implications in relation to this report.

HEALTH IMPLICATIONS [Officer Initials CW Date 17/02/21]

68. Universal public health services for children and young people are an essential component of promoting, supporting and protecting their health and wellbeing. Universal services of this nature can identify health issues at an early stage in a child's life and support them through their school years. For children going into adolescence, being able to access trusted services that can help them to safely navigate through some of the riskier behaviours they may experiment with, is important to ensure these behaviours do not become problematic and follow them into adulthood.
69. An integrated service delivery model may allow for greater flexibility and responsiveness to the needs of children and young people; and ensure children and young people access support with the right person, at the right time, in the right place.

EQUALITY IMPLICATIONS [Officer Initials CW Date 17/02/21]

70. Universal services mean that all children will have opportunity to be seen by the school nursing service at entry in reception year and at various opportunities throughout their school years. Children who do not access mainstream schools for whatever reason should also be offered a school nurse service in a setting appropriate to them.
71. Access to services through education setting is important in particular for elements of the service such as screening and surveillance. However, young people should be able to access public health services in ways that are acceptable to them. Access to online or digital services should be an integral part of service for young people, as well as options for young people to engage with services outside educational or clinical settings, in their own communities.
72. The report notes that health inequalities appear in child health data profiles and in local survey data. Vulnerable groups such as children with special educational needs, young carers and young people who identify as LGBTQ+ should be provided with tailored support to help them overcome any additional challenges they may experience as a result of circumstance.
73. The report notes that health inequalities appear in child health data profiles and in local survey data. Vulnerable groups such as children with special educational needs, young carers and young people who identify as LGBTQ+ should be provided with tailored support to help them overcome any additional challenges they may experience as a result of circumstance.

CONSULTATION

- 74. Consultation is ongoing.
- 75. Relationships & Sexual Health Services for young people (July 2020) (report available on request)

BACKGROUND PAPERS

- 76. Healthy Child Programme: 5 to 19 year olds
<https://www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old>
- 77. Child Health Profiles
<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/par/E12000003/ati/202/are/E08000017/cid/4>
- 78. Integrated Healthcare Pathways
https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems?gclid=EAlaIQobChMlj967i4bk7gIVELrtCh0WmwCcEAAYASAAEgJw-vD_BwE

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