

North Yorkshire County Council

Executive

Tuesday 24 March 2020

The Healthy Child Programme Targeted Service Procurement

Report of the Corporate Director of Health and Adult Services

1.0 Purpose of report

- 1.1 The purpose of this report is to present to the Executive the proposed arrangements between North Yorkshire County Council (NYCC) and North Yorkshire CCGs (NYCCGs), with Tees Esk and Wear Valley NHS Foundation Trust (TEWV FT) as the lead provider to deliver a School Based Universal and Targeted Emotional Wellbeing Service
- 1.2 The report is seeking approval to Start a 30-day public consultation on the use of a Section 75 agreement between NYCC and NYCCGs
- 1.3. Members are requested to note the proposed commissioning route for procuring the young people specialist substance misuse service.

2.0 Background and Issues

- 2.1 The Healthy Child Programme (HCP) is a universal preventative child and family health promotion programme for children aged 0-19 years and its aim is to:

“Ensure that every child gets the good start they need to lay the foundations of a healthy life”

- 2.2 The HCP is a local authority commissioned programme and some elements are mandated.
- 2.3 In North Yorkshire, the programme is currently made up of separate services:
 - Universal or core elements Healthy Child Service, mandated Health Visiting (0-5) and School Age (5-19) delivered by Harrogate and District NHS Foundation Trust (HDFT)
 - Targeted elements – emotional health and substance misuse service delivered by Compass
- 2.4 This report focuses on the targeted emotional health and substance misuse service provided by Compass.

3.0 School Based Universal and Targeted Emotional Wellbeing Service

- 3.1 The emotional wellbeing element of the Targeted Healthy Child Programme is a nurse-led service, working with children and young people who require support,

including specialist treatment for drug and alcohol misuse and early help for emotional difficulties. The current contract expires 31 August 2020.

- 3.2 The intention is to separate the emotional wellbeing and specialist substance misuse elements of the service. The proposal is for NYCC to use a section 75 agreement with NYCCGs to pool investment for an early intervention school based emotional wellbeing service. NYCCGs will lead the partnership arrangement.
- 3.3 Local discussions have taken place with the North Yorkshire Mental Health and Learning Disability Partnership. The partnership is made up of NHS and Local Government leaders across North Yorkshire. They have come together as a formal partnership to align planning and investment to achieve better outcomes, and better value for money whilst considering the financial challenges partners face. The partnership has considered and supported a joint commissioning approach, to join together the current CCGs investment for emotional wellbeing capacity building in schools and NYCC Targeted Healthy Child emotional wellbeing investment.
- 3.4 The substance misuse element is being separated out, as it is not something the partnership felt there was sufficient clinical governance within the lead provider arrangement.
- 3.5 The NYCCGs, with contribution from Vale of York and Airedale Wharfedale Craven CCG's have a current annual investment of £432,090. The NYCC value is £318,000. This provides an annual joint investment total of £750,090.
- 3.6 The joint commissioning arrangement proposed would support ongoing development work. TEWV, as the NHS funded mental health provider across North Yorkshire and York, is leading on the development of an NHS England project looking at whole pathway commissioning. The joint ambition among commissioners across North Yorkshire, York and the Craven area is to work jointly with TEWV to move at pace to the provision of an integrated pathway of advice and support for children and young people.
- 3.7 The proposed arrangement is also supportive of current national directive and responds to local feedback from professionals, family and children received during the North Yorkshire Care Quality Commission (CQC) mental health thematic review in September 2017, which indicated a requirement for clearer entry points to emotional mental health support and a clear need for early intervention.
- 3.8 In order to allow time for the Section 75 agreement to be agreed and sufficient consultation to take place, it has been necessary to extend the current Compass contract to 31st August 2020. Subject to the outcome of any consultation, it is envisaged that the new arrangement will begin 1st September 2020.
- 3.9 The Section 75 Agreement describing the shared governance and management arrangements for the service is being developed and will be brought to the Executive for approval in due course.

4.0 Specialist Substance Misuse Service

- 4.1 The Substance Misuse Service is currently delivered as part of Compass Reach. It involves delivering a range of individually tailored packages of evidence based and

age appropriate substance misuse interventions. These include targeted substance specific support through to the delivery of planned specialist treatment interventions, in accordance with national best practice guidance.

- 4.2 The aim of the service is to reduce the harm caused by substance misuse by addressing identified individual need, building resilience and preventing any escalation of drug/alcohol related risk and harm and stopping young people from becoming substance misuse dependent adults.
- 4.3 There are effective pathways in place so that young people who require more specialist Tier 4 levels of care and treatment can access these. These include access to adult drugs and alcohol services provided by North Yorkshire Horizons, who provide pharmacological interventions for under 18 year olds where it has been deemed to be safe and appropriate.
- 4.4 The proposal is to separate the substance misuse from the emotional wellbeing contract provided by Compass Reach. The contract value is currently £182,000 per annum.
- 4.5 An options appraisal was completed to inform the procurement of a substance misuse offer and the options explored included:
- External market exercise
 - Use of existing contract flexibilities
 - In house delivery
- 4.6 The approved preferred option is external market exercise and a Gateway 1 report has been prepared in accordance with the Council's Contract Procedure Rules. The current Compass Reach contract has been extended to 31st August 2020 to allow sufficient time for a new offer to be secured from 1st September 2020.

5.0 Performance Implications

- 5.1 The proposal is likely to improve performance and outcomes, as there is likely to be a more integrated and coordinated approach in the system to meeting the emotional wellbeing needs of children and young people.
- 5.2 It will address the need for clearer access points to emotional mental health support and a clear need for early intervention.
- 5.3 One of the criteria in the procurement process for selecting a suitable substance misuse service provider will be the ability to deliver activities to agreed performance, and joint pathways with all mental health and emotional wellbeing services.

6.0 Policy Implications

- 6.1 The proposal for the emotional wellbeing is in line with the national model for improving the emotional health and wellbeing of children and young people which is now focused on schools based provision. This model advocates early intervention and developing strong preventative approaches.

- 6.2 The proposed partnership is an example of integrated working across health and children and young people services, and supports the philosophy of the Childhood Futures Programme.
- 6.3 The substance misuse service will build on and align with existing good practices on advice and support for tackling alcohol and drug problems in children and young people.

7.0 Financial Implications

- 7.1 The annual investment for NYCC for the proposed three-year agreement for a school based emotional health service would total £954,000.
- 7.2 The annual investment value for the substance misuse service is £182,000.

8.0 Procurement Implications

- 8.1 There is a requirement for NYCC, in partnership with NYCCGs to consult the public prior to entering into a Section 75 Agreement.
- 8.2 External market exercise to select a suitable provider for the substance misuse will commence in May 2020.

9.0 Legal Implications

- 9.1 Subject to the outcome of any consultation, NYCC can enter into a partnership agreement under Section 75 of the NHS Act 2006 with NYCCGs to pool budgets for the delivery of an early intervention school based emotional wellbeing service.
- 9.2 The draft Section 75 Agreement will be brought to the Executive along with the consultation results.
- 9.3 The Council's Contract Procedure Rules and the Public Contracts Regulations 2015 are being followed for the external market exercise to select a specialist substance misuse provider.

10.0 Consultation Undertaken and Responses

- 10.1 Feedback received from professionals, children and young people and families during the North Yorkshire Care Quality Commission (CQC) mental health thematic review in September 2017, has helped to inform the development of the new service and proposed partnership arrangements to support it.
- 10.2 Consultation has been carried out with young people during February 2020 and will inform the service specification.

11.0 Impact on Other Services/Organisations

- 11.1 The proposal will support the local ambition to develop whole pathway commissioning, and move further and faster with the provision of an integrated

pathway of emotional health advice and support for children and young people. Integration across the pathway is shown to bring benefits for patient care and effective and efficient service provision

11.2 Investment into early intervention has proven effective in supporting children and young people, and in diverting referrals from specialist CAMHS.

11.3 Drug and alcohol misuse problems can lead to emotional difficulties and vice versa, so the two services are complimentary.

12.0 Equalities Implications

12.1 An Equality Impact Assessment has been completed as part of the options appraisal in deciding the procurement routes for both services.

13.0 Recommendations

13.1 That the Executive:

- Note the proposed arrangements to deliver a school based universal and target emotional health service
- Approve a 30-day public consultation on the use of the Section 75 agreement between NYCC and NYCCGs
- Note that the consultation results and draft Section 75 Agreement will be brought back to the Executive for consideration in summer 2020.
- Note the external market exercise to procure specialist substance misuse service

Richard Webb, Corporate Director of Health and Adult Services

County Hall
Northallerton
13 March 2020

Authors of Report – Emma Lonsdale, Commissioning Manager Health & Victoria Ononeze
Public Health Consultant

Appendix 1 - Equality Impact Assessment

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated April 2019)

Changes to Targeted Healthy Child Service

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.



যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services – Public Health & Children and Young Peoples Services
Lead Officer and contact details	Emma Lonsdale – Children’s Commissioning Manager Health
Names and roles of other people involved in carrying out the EIA	Matthew Edwards – YVCE strategic manager Rachel Miller – Commissioning Officer Sarah Morton – Senior Solicitor
How will you pay due regard? e.g. working group, individual officer	To be regularly reviewed as part of the Healthy Child Programme project group
When did the due regard process start?	August 2018

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

NYCC initiated a review of the HCP in 2018 this included the targeted element of the programme to determine commissioning options from 2020. This included review by a project group and staff, stakeholder and young people engagement. In particular, NYCC HAS and CYPs Leadership teams have been engaged throughout. A paper has been to Executive August 2019 informing them of the intention to pursue a joint commissioning approach with NY CCG's. Several discussions have taken place with the North Yorkshire Mental Health and Learning Disability Partnership in relation to the changes proposed.

What we have now	Proposals - What we will have going forward	What vehicle are we proposing
Compass Reach – Emotional wellbeing and specialist substance misuse service	A jointly commissioned Emotional Wellbeing Service with NY CCG's	Section 75 with NY CCG's
	Separate specialist substance service – provider to be appointed	Traditional contract - New service provider

The proposal is to move to;

School Based Universal and Targeted Emotional Wellbeing Service

The proposal is a jointly commissioned Emotional Wellbeing Service with NY CCG's. NYCC Executive on 24th March 2020 will be asked to approve the proposal for NYCC to enter into a Section 75 agreement with North Yorkshire CCG's to jointly commission a School Based Universal and Targeted Emotional Wellbeing Service, with TEWV NHS Foundation Trust as lead provider

Young People's Specialist Substance Misuse Service

NYCC Executive 24th March will be asked to support the external procurement for a new provider for the Substance Misuse Service

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

The proposed arrangement would support a number of local and national ambitions to improve the emotional wellbeing of children and young people for example;

-NY Joint plan for Social Emotional Mental Health:

- Ensure a coordinate system across health education and social and that services meet the need identified locally
 - Improve individual outcomes for children and young people with social emotional and mental health needs
 - Improve confidence skills and knowledge across the children and young people workforce around SEMH
- Developing a local integrated offer is nationally recommended within the NHS mental health LTP and has been an ambition discussed locally as part of the NY Mental Health Strategy and Children's Plan. This approach would also support the national developments related to CAMHS whole pathway commissioning.
 - Economies of scale to deliver more comprehensive schools based early intervention service.
 - Help reduce the confusion which presently exists with multiple providers delivering similar services - This arrangement would allow the partnership to respond to family and stakeholder feedback that emotional wellbeing service provision is confusing and the offer is currently too focussed on mental

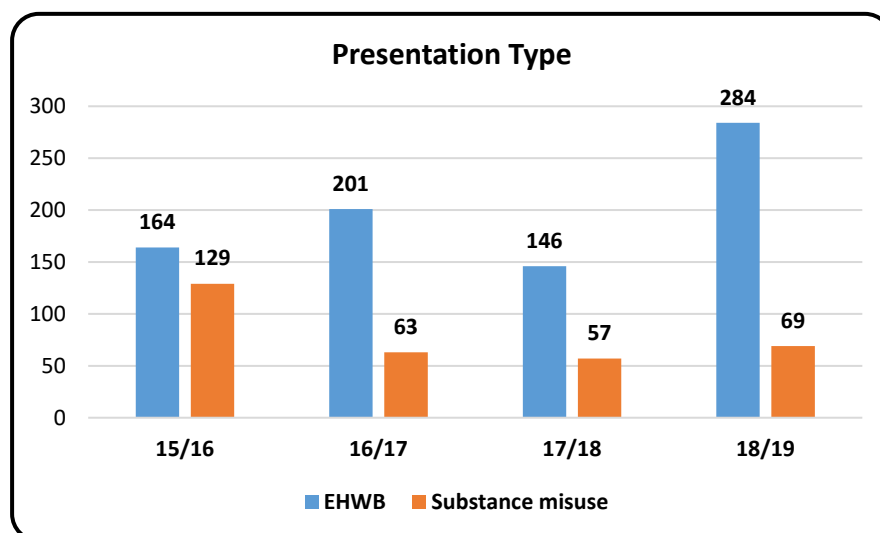
health illness. There would be an opportunity to address this and work with communities to co-produce an offer that meets local need.

- The proposal for the emotional wellbeing is in line with the national model for improving the emotional health and wellbeing of children and young people which is now focused on schools based provision. This model advocates early intervention and developing strong preventative approaches. The proposed partnership is an example of integrated working across health and children and young people services, and supports the philosophy of the Councils B2020 Childhood Futures Transformation Programme.

The substance misuse service will build on and align with existing good practices on advice and support for tackling alcohol and drug problems in children and young people. There will be a clear expectation that there are strong aligned pathways with the emotional wellbeing service that supports proactive integrated working practices.

Section 3. What will change? What will be different for customers and/or staff?

The dominant demand within the current service is for emotional wellbeing and disaggregating the service provides an opportunity to streamline the emotional wellbeing offer with NY CCG's, and to provide a focussed specialist substance misuse service.



What we have now	Proposals - What we will have going forward	What vehicle are we proposing
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The entry points for emotional wellbeing and substance misuse will be separated. However, there are currently multiple entry points for emotional wellbeing and this will be streamlined as a result of the changed process. Clear stakeholder communication will support customer and stakeholder understanding of this. Service provider will be expected to deliver strong aligned pathways that supports proactive integrated working practices and ensures young people receive the service that meets their needs in a timely way.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

Engagement activity took place between August 2018 and January 2019. This consisted of a variety of approaches including;

- Young People Workshops
- Survey
- Customer experience interviews
- Strategic meetings
- Engagement events & Early Years Forums

Here is a summary of the activity and main themes reported.

Young people

Feedback - Young people reported that their health was important to them and overall, mental health was seen as an issue that was very important. Access to support for health issues varied amongst the group depending on individual experiences / where they lived / what the issues were etc.

Mental health dominated conversation and healthy eating, physical activity and dental care were deemed important but less of a priority. Addressing Mental Health and in particular stress and anxiety was something that young people felt very strongly about. Some key points included:

- Young people would welcome extra support because so many are struggling with things like stress and anxiety
- There was recognition that people that are struggling can have problems with relationships / become cut off and isolated
- People are starting to become more open about mental health issues
- Awareness and support are on the increase (the mental health flowchart was mentioned as was the 'Caring Cultures' award the YVE are working on)
- Some strong feelings that CAMHS support was not what it needed to be
- Mental health came out as a top priority for the majority of groups

Parents

- Emotional wellbeing, staying safe, behaviour and relationships and transition points were identified as priority areas for support
- Face to face and online were most preferred ways to receive support

Stakeholders

- **Joint working and information sharing** should be improved
- Interoperability of systems identified as a barrier
- All high impact areas were important **but emotional wellbeing across 0-5 and 5-19 was particularly highlighted**
- The offer should be **streamlined to match the resource** available and be clearly communicated to families and available equitably across the county
- Support for vulnerable children LGBT and not often engaged e.g. home schooled children should be prioritised
- Home based support is valued
- Direct and regular liaison with all stakeholders but particularly schools and GP's was highlighted as essential
- Timely communication with all stakeholders was important
- Rural access was highlighted as a barrier
- Innovations related to communications, digital offer and skill mix

In particular, more recent engagement during February 2020 has taken place with Young People regarding a specialist substance misuse; here are the key messages from that work;

- Young People want a flexible, holistic service, that is tailored to the individual.
- The service should have different options for contact and accessing support.

- Support should be available at evenings and weekends, not just in the day time.
- The service should offer appointments in a choice of venues, including at the young person's home address.
- Weekly appointments were felt the most appropriate in terms of frequency, but this should be flexible and tailored to an individual's needs.
- Young people want workers they can relate to, and who are trained / experienced working with young people through youth work or health services.
- The service should provide clear and honest information on the consequences of using substances.
- Young people want information and evidence relating to the strategies used to help them – they want to see that the methods 'work'.
- The main issues caused by substance misuse, in the view of young people, relate to alcohol, followed by cannabis. MDMA, Ketamine, and Cocaine were also noted but not on the same scale.

Consultation and engagement with stakeholders is ongoing and will continue.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

The cuts to the public health grant nationally from PHE is circa 15%. We are relatively protecting this area of work but we cannot keep providing at the level we did before when we face significant budget cuts. The investment will be subject to a reduction but greater efficiency will be achieved through the proposed joint commissioning arrangement reducing duplication and providing a streamlined service.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		x		There will be clarity about the age the service is offered to and respond to the engagement outcomes from young people.
Disability		x		The service will be available as a choice for young people affected by SEND up to 25 and provide a strong transitions pathway with adult provision. The service will be required to be compliant with all legislation and make reasonable adjustments as required.
Sex	x			
Race	x			
Gender reassignment	x			
Sexual orientation		x		The service will be required to have named LGBTQ champions that support service delivery and workforce development.
Religion or belief	x			

Pregnancy or maternity	x			
Marriage or civil partnership	x			

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
..live in a rural area?		x		The streamlining of services and use of digital solutions will be included as response to feedback from stakeholders, parents and young people with regard to access in rural areas on an outreach basis.
...have a low income?		x		All risk factors and inequalities associated with poor emotional wellbeing and substance misuse will be paid regard to in the service specification's and performance frameworks in response to consultation feedback for support to vulnerable children.
...are carers (unpaid family or friend)?		x		As above – direct link to young carers as a vulnerable group

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)	
North Yorkshire wide	x
Craven district	
Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	
If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.	

Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.
No

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	x
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.)	
<ul style="list-style-type: none"> Ongoing engagement will support continuous points of review to ensure that no adverse impact. The service specifications and regular monitoring will ensure the impact is kept under continuous review. 	

Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)
Ensure effective communication - to be carried out with all stakeholders (clinical and non-clinical and public) to enable the change management and mobilisation for September 2020.
A 6-month formal review will take place in March 2020 and will be a carried out in partnership with NY CCG's.

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.				
Action	Lead	By when	Progress	Monitoring arrangements
HCP Project group continuous review	Emma Lonsdale	Ongoing fortnightly	–	Ongoing
6 month review	Emma Lonsdale	1 st April 2021		

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.
No adverse impacts have been identified at this stage;

- Ongoing engagement will support continuous points of review to ensure that no adverse impact.
- The service specifications and regular monitoring will ensure the impact is kept under continuous review.

The use of the S75 for the Emotional Wellbeing service will be subject to a Key Decision by Executive and a 30-day consultation on its use and content to be completed by August 2020. Consultation will be carried out in partnership with NY CCG's colleagues. EIA considerations will be made at each stage.

Legal advice has been sought from the Council's legal and democratic services as part of the gateway approval and will be kept under review during the consultation period. Legal advice is also being sought in drafting the Section 75 Agreement.

Council procurement processes will be followed for the external market exercise to select a specialist substance misuse provider and EIA considerations will be considered throughout this process.

This document will be reviewed at each decision point.

Section 14. Sign off section

This full EIA was completed by:

Name: Emma Lonsdale

Job title: Children's Commissioning Manager Health

Directorate: CYPS

Signature: *Emma Lonsdale*

Completion date: 20.2.20

Authorised by relevant Assistant Director (signature): Victoria Ononeze- Consultant in Public Health

Date: 12.3.20 ongoing process v1