

Joint Public Health Board

25 July 2023

Update on Children and Young People's Public Health Service

For Decision

Portfolio Holder: Cllr Jane Somper, Adult Social Care, Health and Housing,
Dorset Council

Cllr David Brown, Health and Wellbeing,
Bournemouth Christchurch and Poole (BCP) council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

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Report Status: Public

Brief Summary:

The Children and Young People's Public Health Service (CYPPHS) is commissioned by Public Health Dorset and provided by Dorset HealthCare. The service delivers the core requirements of the Healthy Child Programme and local priorities for improving Children, Young People, and Families' outcomes.

The CYPPHS delivers all five mandated contacts within the Healthy Child Programme for children aged 0-5 years, largely performing above both South-West Region and England averages. The service also contributes significantly to the assessment and identification of needs and delivering evidence-informed *prevention and 'early help'* interventions with children, young people, and families.

Safeguarding is a core part of the Healthy Child Programme and runs through all levels of service offer and needs. The complexity of families, post-pandemic, has

increased demand on the CYPHPS and the Joint Public Health Board in May 2022 agreed investment of £97k for 12 months for two specialist safeguarding posts.

In April 2023, the service escalated cost pressures to Public Health Dorset, specifically following the unprecedented 5% pay award for staff on Agenda for Change terms and conditions. A contribution of 3% towards these cost pressures will be met through additional non-recurrent funding for pay impacts on local authority-commissioned services through additional non-recurrent allocations to the host ICB, NHS Dorset.

The service is contracted on a three-year contract with provision to extend twice for two years each (3+2+2) and an annual budget of £11 million. It is a contractual requirement to provide 12 months' notice, by the 30th of September 2023, of an intention to extend the contract for the final two year period.

Recognising both the good performance of the service, but increasing demands and cost pressures, Dorset HealthCare is committed to working with Public Health Dorset to review the expected outcomes, staffing skill mix and required financial investment for the proposed contract extension period from 1st October 2024.

Recommendations:

1. Delegate authority to the Director of Public Health, to issue a Contract Variation to Dorset HealthCare to increase the Children and Young People's Public Health Service contract value by £397,000.00 per annum from 1st April 2023 to 30th March 2024, using part of the Public Health Grant uplift.
2. Delegate authority to the Director of Public Health to authorise the required 12 months legal notice to extend the Children and Young People's Public Health contract, for delivery between 1st October 2024 and 30th September 2026, in line with Dorset Council contract regulations.
3. Mandate a comprehensive commissioning intentions report for presentation to the Joint Public Health Board, which includes a fully costed and clear workforce plan, to deliver core mandated activity and outcomes based activity, in line with the Service Specification, for the Children and Young People's Public Health Service, for the period 1st October 2024 - 30th September 2026.

Reason for Recommendations:

Recommendation 1.

In April 2023, the service escalated cost pressures to Public Health Dorset, specifically following the unprecedented 5% pay award for staff on Agenda for Change terms and conditions. A contribution of 3% towards these cost pressures will be met through additional non-recurrent funding for pay impacts on local authority-commissioned services through additional non-recurrent allocations to the host ICB, NHS Dorset.

The additional investment in two specialist Safeguarding posts has assisted the service to manage increasing demands, specifically requests for Strategy Meetings, with dedicated and skilled practitioners. It is proposed these posts are sustained as the preferred service model, without any required backfill to deliver the current activity. However, a review of activity will make recommendations for prioritising and managing future demands within this capacity.

The shortfall in financial investment, as evidenced by Dorset HealthCare, through their response to a Contract Query Notice in September 2022 and subsequent submissions, including the two Safeguarding positions, is £397,000.00 per annum.

Recommendation 2.

The service is contracted on a three-year contract with provision to extend twice for two years each (3+2+2) and an annual budget of £11 million. It is a contractual requirement to provide 12 months' notice, by the 30th of September 2023, of an intention to extend the contract for the final two year period.

Recommendation 3.

Quarterly Contract Review Meetings (CRM) monitor the performance of the CYPHS against Key Performance Indicators (including mandated elements of the healthy Child Programme) and Outcomes Based Payments. Whilst the Service performs broadly better, compared to South-West and England averages, there are variations at place level.

The Benson Model is a tool which uses service metrics to inform transformation, improvement and optimisation and was used by the service following the *Call to Action* in 2010 and transfer of responsibilities for commissioning this service to Public Health from NHSE in 2015. The *establishment* and *vacancy rates* often reported reflect outdated modelling data and also overlook significant work by service leaders with teams to align the workforce to the new Service Specification.

This includes introducing a team skill mix, new staff grade nurses and training through Bournemouth University, successful recruitment to the Specialist Community Public Health Nurse programme and utilising the flexibility of Bank contracts, which retain experienced staff and provide agile working to cover planned absence.

With the cost pressures arising from the employed workforce, priorities and variation in some outcomes at place, it is recommended that a review of service metrics to inform the required workforce and investment, is presented to the Joint Public Health Board, to inform any adjustments for the final contract extension.

1 Financial Implications

- 1.1 Recommendation 1. requires an investment of £397,000.00 from the 2023/24 Public Health Grant uplift, for the period 1st April 2023 to 30th March 2024 and a further investment of £198,500 for the remaining initial contract extension period from the 1st April 2024 – 30th September 2024.
- 1.2 Recommendation 2. commits Public Health Dorset to an anticipated investment of a minimum of £22 Million, over two-years, in line with the 2019 Open Tender, by extending the current contract with Dorset HealthCare.
- 1.3 Recommendation 3. commits Dorset HealthCare and Public Health Dorset to review investment and outcomes, and present a fully costed workforce plan for the contract extension period from the 1st October 2024 – 30th September 2026. The Joint Public Health Board should anticipate the review and subsequent contract extension may require additional financial investment to maintain current performance and/or seek decisions to modify and prioritise mandated contact targets and outcomes based performance.

2 Wellbeing and health implications

- 2.1 The Children and Young People's Public Health Service is commissioned to deliver, as a minimum, the mandated elements of the Healthy Child Programme. Data on mandated contacts collated by the Office of Health Improvement and Disparities (OHID) indicates this service broadly exceeds England and South-West average performance, across Dorset and Bournemouth, Christchurch, and Poole. Local contract review data demonstrates positive progress and evidence of good outcomes against the four key priorities in the Service Specification.
- 2.2 The Joint Public Health Board, should note that the good performance and outcomes for children, young people, and families, delivered by this service

is constituted on the financial investment and sustainability of a skilled workforce.

- 2.3 Additional investment in this service, including from partners within the Integrated Care Partnership, has the potential to positively identify need earlier and improve health and wellbeing outcomes for local children, young people, and their families.
- 2.4 By way of an example, Health Visitors include the Early Language Identification Measure (ELIM) assessment within mandated contacts. Between October and December 2022, 1,308 assessments were completed, and 236 children were identified with receptive language delay. However, the ELIM assessment does require additional appointment time and reduces the number of mandated visits deliverable per day by the team.

3 Environmental implications

- 3.1 None identified in this paper.

4 Other Implications

- 4.1 None identified in this paper.

5 Risk Assessment

- 5.1 Having considered the risks associated with the recommendations, the level of risk has been identified as:

Current Risk: MEDIUM
Residual Risk: MEDIUM

6 Equalities Impact Assessment

- 6.1 Equalities Impact Assessment is not applicable.

7 Appendices

- 7.1 None.

8 Background Papers

- 8.1 Performance of the CYP PHs and South-West and England comparisons for mandated contacts can be found at: [Children and young people - contract data | Tableau Public](#)

8.2 Finance Update to the Joint Public Health Board on the 30th May 2022