

## CABINET

19 March 2024

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| <b>Title:</b> Procurement of 0-19 Healthy Child Programme Contract  |   |
| <b>Report of the Cabinet Member for Adult Social Care and Health Integration</b>  |   |
| <b>Open Report</b>  | <b>For Decision</b>   |
| <b>Wards Affected:</b> All  | <b>Key Decision:</b> No   |
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| <b>Accountable Director:</b><br>Chris Bush, Commissioning Director for Care and Support   |   |
| <b>Accountable Executive Team Director:</b> Elaine Allegretti, Strategic Director for Children and Adults   |   |
| <b>Summary:</b><br><p>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. The Healthy Child Programme (HCP) aims to bring together health, education and other main partners to deliver an effective programme for prevention and support. Most of the programme is commissioned by local authorities.</p> <p>Updated guidance to support local authorities in designing their specifications was released by the Office for Health Improvement and Disparities (OHID) on 27 June 2023.</p> <p>The current 0 to 19 service delivers a schedule of health and development reviews, some of which are mandatory, screening tests and health promotion, as well as tailored support for children and families through the following elements:</p> <ol style="list-style-type: none"><li>1 – Health Visiting – for 0 to 5 years</li><li>2 – School Nursing – for 5-19 years and 25 years for SEND</li><li>3 – National Child Measurement Programme, a mandatory public health programme</li></ol> <p>The 0 to 19 service is currently provided by North East London NHS Foundation Trust (NELFT). The current contract is an extension of the 2018-2023 contract and will expire 31 December 2024.</p> <p>The current commissioning plan offers an opportunity to work closely with strategic partners and programmes in the local authority and across the ICS and VCSE to improve partnership working, consistency in approach and better outcomes for children, young people and families. There will be alignment with Family Hubs and Start for Life to provide integrated services for families in co located community hubs. The focus will be on universal preventative services to improve public health, development and outcomes for children, young people and families.</p> |   |

## **Recommendation(s)**

Cabinet is recommended to:

- (i) Agree that the Council proceeds with the procurement of a contract for Contract-Procurement of Healthy Child Programme 0-19 (Health Visiting, School Nursing and National Child Weight Measurement Programme) in accordance with the strategy set out in the report; and
- (ii) Delegate authority to the Strategic Director for Children and Adults, in consultation with the Cabinet Member for Adult Social Care and Health Integration and the Head of Legal, to conduct the procurement and award and enter into the contract and all other necessary or ancillary agreements, including periods of extension, to fully implement and effect the proposals.

## **Reason(s)**

The procurement exercise will ensure compliance with the Council's Contract Rules and Public Contract Regulations and ensure continued provision of early intervention and prevention universal programme for improving the health and well-being of children in the borough beyond the contract end date of 31<sup>st</sup> December 2024.

The 0 to 19 contract supports the Council Priority of "Residents are safe, protected, and supported at their most vulnerable" and supports the BEST CHANCE IN LIFE Strategy system priorities:

1. Giving every child the best start in life (the first 1001 days)
2. Reducing prevalence of harm caused by domestic abuse
3. Acting together against child poverty
4. Improving quality, access and support for those with SEND
5. Reducing obesity and improving best start health outcomes
6. A better offer for those with social, emotional and mental health needs

## **1. Introduction and Background**

- 1.1 The 0-19 Healthy Child Programme service is a statutory service funded under the Council's Public Health Grant, providing public health input for every child in the borough in the form of the Health Visiting and School Nursing services and National Child Measurement Programme (NCMP).
- 1.2 The 0 to 5 element of the integrated HCP is led by the health visiting services through the 5 mandated health assessment visits with the 5 to 19 elements led by school based public health nursing services, which includes the mandated National Child Measurement Programme (NCMP). The service extends to 25 for those with Special Educational Needs and Disabilities (SEND).
- 1.3 The commissioning of HCP 0-5 (Health Visiting and Family Nurse Partnership Programmes) service transferred from NHS England and became the responsibility of the Council in October 2015. Specialist Public Health Nurses (Health Visitors) lead the implementation of the service in partnership with other health and social care colleagues.

- 1.4 Responsibility for the commissioning of HCP 5-19 (School Nursing and NCMP) service was transferred to the Council on 1 April 2013. The service is delivered by Specialist Public Health Nurses (School Nurses). It offers school aged children a schedule of health and development reviews, screening tests, immunisations and health promotion, as well as tailored support for children and families.
- 1.5 The services are currently provided by NELFT under the 0 to 19 integrated contract. This commenced on 01/09/2018 for 5 years to 31/08/2023.
- 1.6 There is currently a Contract variation for 16 months from 01/09/23 to 31/12/2024, agreed 12th September 2023 at the Health and Wellbeing Board.
- 1.7 The 0 to 19 contract variation was put in place as per the procurement strategy 120923 where the Director of Public Health agreed that the commissioning process should wait for new guidance to be issued from The Department for Health.
- 1.8 The Department of Health (DoH) released guidance in June 2023, which aligned outcomes with the Family Hubs and Start for Life programmes.
- 1.9 The 0 to 19 HCP is funded through the Public Health Grant with a 23/24 grant allocation of £6,487,700. The allocation of £7,037,700 has been agreed for the provision of Healthy Child Programme 0-19 from the Public Health Grant in 2024/25, after which decision on continued allocation will be subject to a process based on local need and priority.

## **2. Proposed Procurement Strategy**

### **2.1 Outline specification of the works, goods or services being procured**

#### 2.1.1 The core public health offer for all children which includes:

- child health surveillance (including infant physical examination) and development reviews
- child health protection and screening
- information, advice and support for children, young people and families or carers
- early intervention and targeted support for families with additional needs
- health promotion and prevention by the multidisciplinary team
- defined support in early years and education settings for children with additional and complex health needs
- additional or targeted public health nursing support as identified in the [joint strategic needs assessment](#), for example, support for children in care, young carers, or children of military families

#### 2.1.2 The service model is based on 4 levels of service depending on individual and family need:

##### **Health visiting services**

- leading and delivering the 5 mandated health reviews
- delivering against the 6 high impact areas for early years
- continuity of family public healthcare from maternity to health visiting services

- contributing to safeguarding
- identifying and supporting vulnerable children and families
- addressing inequalities and contributing to the Supporting Families Programme or local equivalent

### **School nursing services**

- delivering against the 6 high impact areas for school-aged years
- supporting transition for school-aged children, for example transition between health visiting and school nursing, and into adult services
- supporting vulnerable children and those not in school, for example, children in care, young carers or young offenders
- supporting children who are home educated
- providing the support offered as part of the Supporting Families Programme refreshed health offer or local equivalent
- contributing to safeguarding

## **2.2 Estimated Contract Value, including the value of any uplift or extension period**

2.2.1 5-year (3+1+1) Integrated 0-19 HCP 1st January 2025- 31st December 2030 - Estimated £ 36,188,500 (this represents the proposed funding of the core Health Visiting, School Nursing, NCMP (£7,037,700) plus £200,000 annually for delivering health function within MASH)

2.2.2 The funding for this contract was agreed during the review of the Public Health Grant September-October 2023 as per the Public Health Grant Position briefing paper 4<sup>th</sup> December 2023

## **2.3 Duration of the contract, including any options for extension**

2.3.1 5 years (3 years initially with the provision to extend for a further 2-year period on an annual basis at the sole discretion of the Council) from 1st January 2025 to 31st December 2030

## **2.4 Is the contract subject to (a) the Public Contracts Regulations 2015 or (b) Concession Contracts Regulations 2016? If Yes to (a) and contract is for services, are the services for social, health, education or other services subject to the Light Touch Regime?**

2.4.1 The service falls under the Health Care Services Provider Selection Regime

## **2.5 Recommended procurement procedure and reasons for the recommendation**

2.5.1 Competitive procedure in accordance with The Health Care Services Provider Selection Regime (PSR).

2.5.2 The procurement exercise will ensure compliance with the Council's Contract Rules and Provider Selection Regime and ensure continued provision of early intervention and prevention universal programme for improving the health and well-being of children in the borough beyond the contract end date of 31st December 2024.

2.5.3 The procurement timetable is as follows:

| <b>Activities/ Tasks</b>  | <b>Date</b>                                   |
|---|---|
| Issue PIN for Expression of Interests                               | January 2024                                  |
| Market Engagement Event   | 1 <sup>st</sup> March 2024                    |
| Prepare Tender Documents (Conditions, Specification, ITT, TUPE etc) | By 31 <sup>st</sup> March 2024                |
| Issue contract notice /ITT  | 2 <sup>nd</sup> April 2024                    |
| Deadline for clarifications   | 10 <sup>th</sup> May 2024                     |
| Return Tenders  | 28th May 2024                                 |
| Tender Evaluation and Clarifications                                | Completed by 28 <sup>th</sup> June 2024       |
| Prepare contract award report and get approval                      | Completed by 12 <sup>th</sup> July 2024       |
| Intention to award notice   | 15 <sup>th</sup> July 2024                    |
| Provisional Award (notify successful/ unsuccessful Tenderer's)      | 15 <sup>th</sup> July 2024                    |
| Standstill Period   | 16 <sup>th</sup> - 26 <sup>th</sup> July 2024 |
| Final Award   | 29 <sup>th</sup> July 2024                    |
| Service Mobilisation including potential TUPE transfers             | August to December 2024                       |
| Contract commencement   | 1 <sup>st</sup> January 2025                  |

## 2.6 The contract delivery methodology and documentation to be adopted

2.6.1 The Council's Standard Terms and Conditions for services is the form of contract to be used. The contract will have 3-month no-fault notice allowing notice to be given by the Council for early termination. This allows increased flexibility should a significant change in service provision be required.

2.6.2 A range of services will be delivered by a specialist workforce of healthcare professionals working with children, young people and their families in local schools and community settings on both a group and individual basis to support children and young people to remain healthy and to ensure that their health needs are met.

2.6.3 Services are to be provided to Barking and Dagenham residents only; the service specification will highlight respective service eligibility criteria

2.6.4 Service performance will be monitored through a series of Key Performance Indicators (KPIs) as detailed in the service specification that includes quantitative and qualitative data, service user feedback and activity on outstanding action plans reviewed at quarterly meetings. A number of KPIs are set nationally and others are set locally to reflect local priorities as determined by the needs assessment.

## 2.7 **Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract**

2.7.1 The healthy child programme provides a framework to support collaborative work and more integrated delivery. It contributes to the following outcomes:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5'

## 2.8 **Criteria against which the tenderers are to be selected and contract is to be awarded**

2.8.1 For this tender, the five key criteria set out under PSR will be used.

- **Quality and innovation (20%)**– the need to ensure good quality services and support processes that will improve the delivery of healthcare or health outcomes;
- **Value (30%)**– the need to strive for good value in terms of the balance of costs, benefits and the financial implications of an arrangement;
- **Integration, collaboration and service sustainability (20%)**– the extent to which services can be provided in an integrated and collaborative way and in a sustainable way (e.g. stable delivery or service continuity);
- **Improving access, reducing health inequalities and facilitating choice (20%)**– ensuring all eligible patients have access to services, respecting patient choice and improving health inequalities;
- **Social value (10%)**– improvement to economic, social and environmental well-being for a local geographic area.

## 2.9 **How the procurement will address and implement the Council's Social Value policy**

2.9.1 10% of the potential marks awarded in the proposed evaluation criteria will review the social value benefits being offered by the bidder for the borough its residents.

We will give potential bidders access to the Council's Social Value Toolkit where more information is provided regarding the Social Value themes, ideas of outputs and the borough's priorities.

2.9.2 All Social Value commitments that are agreed with the successful supplier will be contractually binding and these will be managed and reported on as a part to the Contract Management process.

2.9.3 The evaluation process will take note of the Council's legal obligation to consider Social Value under the Public Services (Social Value) Act 2012.

## 2.10 **London Living Wage (LLW)**

2.10.1 The provider is statutorily required to pay The UK Government's 'National Living Wage' to those over 23. It is recommended that The London Living Wage which covers all boroughs in Greater London is met .

## 2.11 **How the Procurement will impact/support the Net Zero Carbon Target and Sustainability**

2.11.1 Providers will be subject to Net Zero Carbon Audits and will be required to demonstrate their Carbon Reduction Plans. These will be factored into the new terms and conditions of the Contract.

## 3. **Options Appraisal**

3.1 **Option 1: Do Nothing** - This option is not viable because the Council is required to deliver statutory duties for children, young people and families through the Healthy Child Programme 0-19 service. In addition, NCMP which is an element of the programme is a mandated public health programme for the Local Authority. If the service ceases, access to health and social services for children, young people and families in the borough would be lost, and this would have a detrimental impact on their health, social and educational outcomes. There is also a reputational and financial risk to the authority by the potential failure to perform its statutory duty to deliver public health services for children 5-19 years.

3.2 **Option 2: Undertake a competitive process and the award contracts for separate 0-5 and 5-19 HCP** - This option does not achieve the intended aim of providing these services more effectively and efficiently through reducing the structural boundaries that could impede the seamless delivery of support and hamper good communication and skill sharing.

3.3 **Option 3: Undertake a competitive process and then award the contract for an integrated 0-19 HCP (preferred option)** - This is the option that will best deliver all the key elements of a fully integrated service tailored to the needs of the borough (as outlined in section 2.).

## 4. **Consultation**

4.1 Consultation commenced in January 2024 and included the following groups:

1- Community Groups for Families and Children

- 2- Staffing groups internal and external
- 3- Voluntary and Community Sector staff groups
- 4- Integrated Care Board partners
- 5- Public Health Director
- 6- Portfolio Lead
- 7- Legal, financial and procurement services

- 4.2 An online survey was launched on One Borough Voice (<https://oneboroughvoice.lbbd.gov.uk/health-visiting-programme>) and communication regarding the commissioning activity was placed on the Council's website (<https://www.lbbd.gov.uk/healthychild>). Summary headlines from the consultation will also be made available on this page.
- 4.3 A focussed workshop was held with young people on 30 January 2024 and a follow-up session will take place on 19 March 2024.
- 4.4 A focussed workshop was also held with parents and carers on 27 February 2024. Consultation with parents and carers with CYP with SEND is ongoing via Just Say Forum.
- 4.5 Commissioning plans are informed by ongoing consultation through the commissioning project group. This group includes key members from Social Care, Education, Domestic Abuse and Integrated Care Board.
- 4.6 The proposals in this report were considered and endorsed by the Procurement Board sub group on 5<sup>th</sup> March, approved as chair's action on 6<sup>th</sup> March and will be minuted in the procurement board meeting on 18<sup>th</sup> March 2024

## **5. Corporate Procurement**

Implications completed by: Adebimpe Winjobi, Procurement Lead

- 5.1 This report is seeking approval for the Council to proceed with the procurement of a contract for Healthy Child Programme 0-19 (Health Visiting, School Nursing and National Child Weight Measurement Programme) commencing 1st January 2025 for a period of 3years initially with the option to extend for a further 2-year period on an annual basis in accordance with the Council's Contract Rules.
- 5.2 The service being procured falls within the description of services covered by The Health Care Services Provider Selection Regime (PSR). The procurement exercise will ensure compliance with the Council's Contract Rules and Provider Selection Regime.
- 5.3 In line with procurement principles, it is imperative that the contract is tendered in a competitive way and that the process undertaken is transparent, non-discriminatory and ensures the equal treatment of bidders.
- 5.4 The procurement team will provide the required support to commissioners throughout the entire process.



## **6. Financial Implications**

Implications completed by Amar Barot – Head of Service Finance (14IM22022024)

- 6.1 This report seeks cabinet agreement that the Council proceeds with the procurement of a contract for the procurement of integrated 0-19 Healthy Child Programme for a total period of 5 years (3+1+1), inclusive of extension periods, with effect from 1st January 2025.
- 6.2 The total cost of the proposed contract will be £36,188,500 for the entire contract period or annual sum of £7,237,700. This includes funding for delivering health function within MASH. The annual contract cost is 12.4% higher than the average cost of the existing contract (circa £6,437,000). The increase in contract cost stems from recent review of Public Health Grant allocations, which provided uplift for the delivery of the Healthy Child programme to reflect the changing demographic profile of the borough, including the growth in the 0-19 population.
- 6.3 The cost of the service will be fully met from the ringfenced Public Health grant with no demand on other Council budgets. There is sufficient funding available within the grant.

## **7. Legal Implications**

Implications completed by: Yinka Akinyemi – Contracts and Procurement Solicitor

- 7.1 This report is seeking approval for the Council to proceed with the procurement of a contract for the Healthy Child Programme 0-19 (Health Visiting, School Nursing and National Child Weight Measurement Programme) in accordance with the strategy set out in the report commencing 1st January 2025 for a period of 3years with the option to extend for a further 2-year period at an estimated value of £36,188,500.
- 7.2 The Report states that the Council will carry out a competitive tendering process via the Find A Tender Service (FTS) in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) . The requirements for competitive tendering, as contained in the PSR and rule 10.2 of the Council's Contract Rules, should therefore be met, provided that the procedure is conducted in accordance with the PSR.
- 7.3 Clause 6.5 of the Council's Contract Rules requires that all procurements of contracts above £500,000 in value must be submitted to Cabinet for approval. Cabinet can indicate whether it is content for the Strategic Director for Children and Adults, in consultation with the Director of Public Health and Cabinet Member for Social Care & Health Integration to award the contract following the procurement process as set out in this Report.
- 7.4 It is noted that the Transfer of Undertakings (Protection of Employment) Regulations 2014 will apply in respect of this Contract. The Legal Team will be on hand to provide advice in this regard and in relation to contract and procurement aspects as and when required.

## 8. Other Implications

### 8.1 Risk and Risk Management

| Risk   | Likelihood | Impact | Risk Category | Mitigation   |
|--|------------|--------|---------------|--|
| Delay to/ failed procurement process                           | Medium     | Medium | Medium        | Set and follow a realistic timetable. Council to negotiate and vary contract with current provider in case of a delayed or failed procurement  |
| Financial risk- bidders' prices higher than available budget   | Low        | High   | High          | Service specification to be realistic and have flexibility on requirements from providers. Negotiation with bidders to achieve a cost-effective service for the Council  |
| Contract award decision challenged by unsuccessful provider(s) | Low        | Low    | Low           | Procure contract in line with Council's contract rules and PSR. Liaise with legal and corporate procurement departments at all stages and ensure documentation is kept.  |
| Provider fail to meet contractual obligations                  | Low        | High   | Medium        | Clear set of KPIS and outcomes set out in service specification and agreed with provider. Robust and regular performance monitoring procedures, performance indicators and consequences of failure to meet them set out in service contract. |

8.2 **TUPE, other staffing and trade union implications** – In the event of change in service provider, eligible staff currently employed in the service will transfer their employment to the new provider under the Transfer of Undertakings (Protection of Employment) Regulations 2014

8.3 **Corporate Policy and Equality Impact** – To support this procurement strategy an Equality Impact Assessment was completed and is attached at Appendix 1.

8.4 **Safeguarding Adults and Children** - The provision of this service would improve the wellbeing of children in the borough and reduce inequalities. The Council would ensure that the provider has in place the necessary safeguarding protocols, in line with Council Policy and applies the Frazier Guidelines and Gillick Competency where a young person is under 16.

All health visitor and school nursing services must be registered with the Care Quality Commission (CQC). This is a legal requirement as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health visitors, school nurses and their teams must meet the legal requirement for professional registration and revalidation. This must be in line with statutory

requirements for practice issued by the Nursing and Midwifery Council (NMC) on revalidation requirements.

As per statutory guidance in Working together to safeguard children 2023: Health practitioners are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating and sharing information effectively with children and families, liaising with other organisations and agencies, assessing needs and capacity, responding to those needs, and contributing to multiagency assessments and reviews.

- 8.5 **Health Issues** - The proposal is in line with the outcomes and priorities of the joint Health and Wellbeing Strategy. The award of the contract should further enhance the quality and access of services, as well as user and patient experiences. The proposal will have a positive effect on our local community.

**Public Background Papers Used in the Preparation of the Report:** None

**List of appendices:**

- **Appendix 1** – Equality Impact Assessment