

# HEALTH AND WELLBEING BOARD

29 JULY 2014

<b>Title:</b>	<b>Extending the Contract for Public Health Healthy Child Programme 5 – 19 Years Old</b>		
<b>Report of the Director of Public Health</b>			
<b>Open Report</b>		<b>For Decision</b>	
<b>Wards Affected: ALL</b>		<b>Key Decision: Yes</b>	
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<b>Sponsor:</b> Matthew Cole, Director of Public Health			
<b>Summary:</b> <p>The purpose of this report is to request an extension of the current Healthy Child Programme 5 – 19 Years Old to 31<sup>st</sup> March 2016. The current contract expires on 31<sup>st</sup> August 2014.</p> <p>From October 2015, Local Authorities will be responsible for the Early Years Programme 0-5 Years Old (Health Visiting) service currently commissioned by NHS England. Extending the current Healthy Child Programme 5 – 19 Years Old to 31<sup>st</sup> March 2016 will allow the Council to review its 0-19 provision (including early years and school based public health programmes) which will be developed to meet the changing needs of the borough, provide a more seamless service with fewer transition issues and look to deliver efficiencies. Also, the Department of Health have requested that 5-19 contracts do not end at the same time as the Health Visitor transition to allow for stability in service.</p> <p>The commissioning of these programmes will require an intensive procurement programme to ensure the process complies with both Contract Rules and where applicable, the Public Contracts Regulations 2006 (as amended). It will also be necessary for officers to comply with the Public Services (Social Value) Act 2012 requirements prior to commencing any procurement process.</p>			
<b>Recommendation(s)</b> <p>The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"><li>1. Agree to the extension of the Public Health Healthy Child Programme 5-19 contract until 31<sup>st</sup> March 2016.</li><li>2. Authorise the Corporate Director of Adult and Community Services, on the advice of the Director of Public Health and in consultation with the Head of Legal and Democratic Services to extend the current contract to 31<sup>st</sup> March 2016 under the same terms and conditions; except the break clause will be reduced from six months to three months.</li></ol>			

## **Reason(s)**

To allow for a comprehensive early years and school based service offer to be developed. The Healthy Child Programme contract needs to be extended to allow for the programme to be joined with the Early Years Programme (Health Visiting) service which becomes the responsibility of the council in October 2015, transferring from NHS England. Officers are requesting an extension in accordance with Contract Rules 54.1.3.

## **1. Background**

- 1.1 On the 1st April 2013 the Council assumed the responsibility for Leadership of the Public Health System locally, under reforms set out in the Health & Social Care Act 2012. The Statutory Transfer Scheme, enacted by the Secretary of State allowed public health contracts to legally “Novate” to the Council by a written Transfer Order from 1 April 2013. This included the transfer of all rights and liabilities existing under all clinical and non clinical arrangements. The Healthy Child Programme 5-19 transferred to the Local Authority from the Primary Care Trust (PCT).
- 1.2 From October 2015 the Local Authority will be responsible for the Early Years Programme (Health Visiting) service currently commissioned by NHS England. The Early Years Programme (Health Visiting) was discussed at a previous board, 5 November 2013. The Council have been asked by NHS England, through the London Health Visitor Transition Group to not reprocure the service before the transition in October 2015 and ideally wait for twelve months after. This is supported by the current partners of the programme (London Borough’s of Waltham Forest, Redbridge and Havering).
- 1.3 The date of transfer of the Health Visiting service to Local Authorities has moved from March 2015 to October 2015 and it is therefore advisable to extend the Healthy Child Programme to March 2016 in case of further changes to the transfer date to ensure that the borough is not left without any provision. Also, as many boroughs have expressed interest in developing a 0 – 19 programme, the Department of Health have requested that provision remain in place during the transition and that contracts do not end at the same time as the Health Visitor transition to allow for stability in service.

## **2. The Healthy Child Programme 5 – 19 Years Old**

- 2.1 The current Healthy Child 5 -19 service contract commenced on the 1st April 2013 for a duration of 17 months and is due to expire on the 31st August 2014. The contract value is currently £1.2 million per annum and is delivered by North East London Foundation Trust (NELFT).
- 2.2 Table 1 outlines the core elements delivered by the Healthy Child Programme.

**Table 1: Healthy Child Programme 5-19 has core elements:**

Universal	Progressive/ Universal Plus and Partnership Plus	Enhanced elements
Three universal health reviews	Participation in Common Assessment Framework process where related to direct case load	Health absenteeism support
National child measurement programme, including parental feedback	Participation in TaMHS process where related to direct case load	Tier 2 child weight management
Support for schools to develop health related policies, e.g. pupil medicine management	Participation in safeguarding and child protection procedures where related to direct case load	Additional drop-in school based sessions beyond universal provision
Regular access for children, young people and educational professionals to professional health advice and support in school and community youth settings.	Tier 1 child weight management advice and signposting	Additional input to school curriculum/assembly health related sessions beyond universal provision
Access, for secondary school children, to sexual and reproductive health advice and guidance and, where school SRE policies allow, access to condoms where appropriate	Support to school in signposting and accessing SEN related health services	
Access, for secondary school children, to Level One smoking cessation advice and support where needed.	Support and signposting to services for specific groups of vulnerable young people: <ul style="list-style-type: none"> <li>• Young carers</li> <li>• Children living with chronic diseases e.g. sickle cell disease, diabetes</li> <li>• Lesbian, gay, bisexual and</li> </ul>	

	trans identifying youth <ul style="list-style-type: none"> <li>• Young mothers in education</li> <li>• Youth offenders in education</li> </ul>	
	Signposting of support for vulnerable parents	

### 3. **Proposals and Issues**

- 3.1 From October 2015, Local Authorities will become responsible for the Early Years Programme (Health Visiting) service currently commissioned by NHS England. Extending the Healthy Child Programme 5 – 19 Years Old for the same period allows the Council to review its early years and school based public health programmes which will be developed to meet the needs of the borough, provide a more seamless service and look to deliver efficiencies
- 3.2 Recently the responsibility of the commissioning provision for 0 - 19 year olds has been split between NHS England (0 - 5) and the Local Authority (5 - 19) this has meant a risk of commissioning in isolation and therefore possible fragmentation in provision. The transfer of responsibility to the LA for the 0 - 5 programme gives the LA an opportunity to bring the programmes together to avoid fragmentation, reduce duplication, have oversight of the full 0 - 19 programme and to enable a seamless service for people who use this provision. Therefore it is desirable to commission the full Healthy Child Programme (0 - 19) as one programme rather than two separate services.
- 3.3 Due to the later transition date of the Early Years Programme (Health Visiting), the Healthy Child Programme 5 – 19 Years Old requires further extension so that the programmes can be reviewed and procured together.
- 3.4 These arrangements have been informed by the Commissioning Priorities agreed at the Health and Wellbeing Board 5 November 2013 and 11 February 2014 (Improving Child Health and Early Years). A procurement plan will be developed with a timeframe for the procurement exercise to allow for officers to implement the agreed proposals. This plan necessitates further issuing of contracts to current providers to allow for the procurement process to be completed and new contracts awarded.
- 3.5 In order to allow sufficient time and facilitate the process for completing the necessary steps of obtaining approvals, undertaking consultation, running procurement processes in accordance with Contract Rules and the Public Contracts Regulations 2006 (as amended) it will require the existing contract to be extended to the incumbent provider until 31 March 2016. The extension will be issued to the current provider on the same terms and conditions that presently exist; except the break clause will be reduced from six month to three months.
- 3.6 The interim period of nineteen months will enable the council to focus on stabilising the services for people from 0 – 19 years old. The Council are keen to continue to support the development of these services and ensure best value without destabilising the delivery for people who need the service.

- 3.7 The values of the interim contract will be frozen at current levels (or where appropriate price reductions sought) until the proposed end date of the contract.
- 3.8 The 19 month extension of the Health Child Programme (0 – 5) has a value of 1.9 million which will be paid for out of the Public Health grant.
- 3.9 To not award an extension would result in fragmented commissioning of services and therefore disjointed provision. The procurement process will ensure that the services provide value for money for the Council. The Healthy Child Programme contract will be joined up and procured as a single contract (with the Early Years Programme) to get maximum integration and efficiencies.

#### **4 Consultation**

Consultation with partners and providers has taken place (via the Health and Wellbeing Board in November) and a regular dialogue is ongoing.

### **5. Mandatory Implications**

#### **5.1 Joint Strategic Needs Assessment (JSNA)**

The outlines the recent increases and changes in the 5 – 19 population which highlights the need for provision for this group -

- The population of children and young people (5-19 years) in Barking and Dagenham has grown by over 15% between the 2001 and 2011 Census. The largest growth has been in the 5-7yrs (20%) and the 16-17yr (18%) age groups. This is due to increase births and inward migration of children and young people being greater than outward migration.
- There has also been a 43% growth in the number of lone parent households with dependant children in the borough.
- There has been a continued increase in the number of school age children in Barking and Dagenham.
- The school population is becoming more diverse. More than 60% of pupils in local schools are now classified as BME compared with 45% in 2007.

The complexity of provision of this age group is a reflection of several factors including ethnicity, poverty and parental life-style factors such as obesity, smoking and substance misuse. The current service plays a vital role in supporting our increasing and changing 5 – 19 population to become and remain healthy and preparing for a healthy adulthood.

#### **5.2 Health and Wellbeing Strategy**

If agreed and taken forward, the recommendations from the report will be integral to the delivery of a key Health and Wellbeing Strategy outcome –

- Children having the best possible start in life from conception, so breaking the link between early disadvantage and poor outcomes throughout life.

### **5.3 Integration**

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The report's recommendations are underpinned for the need for effective integration of services and partnership working.

### **5.4 Financial Implications**

This report seeks the Health and Wellbeing Board's agreement to an extension of the Public Health Healthy Child Programme 5-19 contract until 31 March 2016 for the reasons set out in the report.

The estimated value of the 19 month contract extension is £1.9m over two financial years. Budgetary provision has been agreed for 2014/15, and has been included in indicative budget allocations for 2015/16. Final decisions on 2015/16 will be made later in the year after the level of the Public Health grant is confirmed by the Department of Health. The contract for the extension will include a break clause of three months to provide flexibility should the grant be lower than anticipated.

Implications completed by Roger Hampson, Group Manager Finance (Adult & Community Services).

### **5.5 Legal Implications**

The Health and Wellbeing Board (HWB) is being asked to authorise the extension of this existing contract from 31<sup>st</sup> August 2014 until 31<sup>st</sup> March 2016.

It is noted that the request to extend this existing contract is sought so that the service can be brought in line with the Early Years Programme (Health Visiting) as detailed in the report.

Rule 45.1.3 of the Council's Contract Rules state that extensions can be made where there is a provision stipulated in the original contract for an extension. Legal Services note that this contract at Clause A3 allows for the extension of the initial period provided that the duration of the contract will not exceed three years in total. The initial duration of 17 months and the extension up to 31<sup>st</sup> March 2016 will mean the total duration of the contract is 3 years, in accordance with Clause A3.

Legal Services note that the contract has a value of £1.2 million per annum and in accordance with Contract Rule 54.5 the HWB can indicate whether it is content for the existing contract to be extended for a further 19 months.

Legal Services will be on hand to assist in the preparation of a Deed of Variation in order to extend this Contract.

Implications completed by Daniel Toohey (Principal Corporate Solicitor, Legal and Democratic Services).

### **5.6 Risk Management**

The Healthy Child contract is important to the continuing health of the residents of the London Borough of Barking and Dagenham. Risk will be managed through the procurement process.

## **6. Background Papers Used in Preparation of the Report:**

- Joint Strategic Needs assessment  
<http://www.barkinganddagenhamjsna.org.uk/Pages/jsnahome.aspx>
- Joint Health and Wellbeing Strategy  
<http://www.lbbd.gov.uk/AboutBarkingandDagenham/PlansandStrategies/Documents/HealthandWellbeingStrategy.pdf>
- Public Health Commissioning Priorities 2014/15 (Health and Wellbeing Board papers 5 November 2013 and 11 February 2014)
- The 0-5 year Healthy Child Programme (Health Visiting) Service (Health and Wellbeing Board paper 5 November 2013)