

## **Slough Borough Council**

<b>REPORT TO:</b>	Cabinet
<b>DATE:</b>	17 <sup>th</sup> October 2022
<b>PORTFOLIO:</b>	Councillor Hulme – Lead Member Children’s Services Councillor Pantelic – Lead Member Social Care and Public Health
<b>SUBJECT:</b>	Procurement for Health Visiting School Nursing (0-19 service)
<b>CHIEF OFFICER:</b>	Marc Gadsby Executive Director of People (Adults)
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<b>WARD(S):</b>	All
<b>KEY DECISION:</b>	YES
<b>EXEMPT:</b>	NO
<b>DECISION SUBJECT TO CALL IN:</b>	YES
<b>Appendices</b>	Appendix A The Healthy Child Programme/National Framework for Maternity Children and Young People.  Appendix B Equalities Impact Assessment  Appendix C Indicative Timetable of Processes and Key decisions to October 2024

### **1.0 Summary and Recommendations**

1.1 This report seeks approval for a further one-year extension for the Health Visiting and School Nursing (0-19s) Services Contract from 1 October 2023 to 30 September 2024 to allow officers more time to develop and agree a more integrated, collaborative approach with neighbouring local authorities to commissioning the Services. The report updates Members with progress to date, sets out the benefits of a collaborative approach, and the reasons why approval is being sought to extend the Contract for a further year from 30 September 2023.

## **1.2 Recommendations:**

Cabinet is recommended to:

- 1 Agree that the contract for Health Visiting and School Nursing (0-19s) Services be extended for a further year from 1 October 2023 to 30 September 2024
- 2 Delegate authority to the Executive Director of People (Adults), in consultation with the Lead Member for Children's Services, Lifelong Learning & Skills and Lead Member for Social Care and Public Health to agree the terms of that contract extension and to arrange for the legal agreement to be sealed
3. Agree a direction of travel for Slough Borough Council to collaborate on an East Berkshire basis in relation to commissioning of health visiting and school nursing services in the future
4. Note the establishment of a Task and Finish Group to oversee a joint commissioning approach with local partners with a suggested deadline of February 2023 for assessment of progress. If suitable progress has not been made at this time, the authority will pursue a solo provider selection and commissioning process from 1<sup>st</sup> April 2023.

## **1.3 Reason:**

1.4 The previously agreed contract extension of the Health Visiting and School Nursing service contract (the 'Contract') for one year to 30 September 2023 allowed exploration by officers of a collaborative commissioning approach with neighbouring local authorities in Berkshire East and this initial exploration has now been completed.

1.5 This exploration identified that to commission the service collaboratively requires alignment of commissioning timelines with the other neighbouring local authorities, and alignment with changes to national procurement legislation and to national guidance on service provision.

1.6 The benefits of this to Slough residents come from the opportunity for greater integration with other healthcare services (including a more streamlined offer with maternity services), increased stability of the workforce (at a time of local and national shortage of health visitors and school nurses) and economies of scale to benefit services and the council as a whole.

1.7 The collaboration must proceed at a scale and pace that ensures strengthened local service provision in Slough. Progress will be monitored by a Task and Finish Group who will determine if sufficient progress has been made in February 2023 to move ahead with the procurement on a partnership basis. If insufficient progress has been made at this time, Slough Borough Council will proceed with procurement on its own from 1 April 2023, with the aim of completing this process by 31 March 2024.

## 2. Report

### Background

- 2.1 An effective Health Visiting and School Nursing (0 to 19s) Service will assist the Council in its strategic commitments in support of children and young people's (CYP) health. This includes contributions to priorities in the Slough Health and Wellbeing Strategy and is a key service to support the Council in its recovery and improvement journey.
- 2.2 At the March 22 Cabinet permission was granted to extend the current Contract by 12 months – from October 1st, 2022, to September 30<sup>th</sup>, 2023, to enable exploration of options for collaborative procurement and delivery of the Health Visiting and School Nursing (0 to 19s) services.
- 2.3 Initial exploration of a collaborative approach clarified the need for cabinet sign-off in each local authority, and alignment of commissioning timeframes. This identified that Slough would need to begin a procurement towards the end of 2022, which was one to two years before contracts in the other two local authorities ended.
- 2.4 The difference in contract end dates meant that the required sign-off for a collaborative approach from neighbouring local authorities was not achieved when SBC began their procurement approach.
- 2.5 Under the current timeframes from May 2022 SBC would have to focus on the delivery of a solo procurement and modernisation of the 0 to 19 service specification.
- 2.6 The exploration period led to high-level discussions across Berkshire East local authorities and the NHS Frimley Integrated care Board (which came into existence in July 2022). These discussions highlighted that a collaborative, East Berkshire approach to commissioning Health Visiting and School Nursing services was seen as highly beneficial. The benefits of this approach are outlined in more detail below.
- 2.7 The exploration period also clarified that a further one- year extension of Slough's Contract would be required to achieve the collaborative procurement and the desired benefits. The reasons for the requested one-year extension are also set out below.
- 2.8 Why an East Berkshire Health Visiting and School Nursing service is seen as the best option for Slough**

Initial scoping of the collaborative approach has indicated that it would provide the following benefits:

- Greater opportunities for integration with health care services; all three local authorities in East Berkshire form part of the Frimley Health system and these services (including maternity and paediatric services) are commissioned across East Berkshire and this provides the opportunity for more streamlined services
- More streamlined services are recommended in terms of improving outcomes both for individual service users and the general population; for example, the Frimley

Children and Young People Programme points out that Slough has the highest fertility rates in the country – more integrated services can help address this ([see for example Care continuity between midwifery and health visiting services](#))

- A stronger workforce – currently in Slough, and nationally, there are vacancies across health visiting and school nursing which severely impact on access to services for patients
- Economies of scale both in terms of the services commissioned and the commissioning process, allowing more capacity to focus on system-level work to improve health outcomes and reduce inequalities

## **2.9 Why a further year is required and what will be done in that time**

### **2.9 (i) The extension allows alignment of timelines with the other two local authorities:**

The initial one-year extension, agreed in March 22, was to explore possible alignment with the two other local authorities in East Berkshire.

That exploration highlighted that the current timelines (including the previously agreed extension) for each local authority would not allow for a collaborative approach to commissioning.

With the contract for Slough ending in September 2023, commissioning of the new service would need to start around October/ November 2022 to allow enough time both to complete the process of selecting the provider (under current processes) and for the service provider to have enough time to be able to begin service delivery on 1<sup>st</sup> October 2023.

To complete commissioning of that service as part of an East Berkshire collaboration, the other two local authorities in East Berkshire would have needed to have completed their own internal governance procedures for full approval, including cabinet approval, of that approach.

Further exploration following March cabinet has highlighted that it is not feasible to undertake a collaborative procurement with the neighbouring East Berkshire authorities for a new contract to commence in October 2023. See Appendix C with indicative timeframes phases and key decisions for the collaborative procurement.

A further extension of SBC's Contract allows the other two local authorities to complete their own internal governance processes so that commissioning can proceed on a collaborative basis. Whilst the range of provider selection mechanisms is still to be confirmed it is clearly understood that the new commissioning framework will allow for different approaches including open competitive selection or direct appointment of providers which local commissioners can choose to adopt (see 2.9 ii) below).

The contract extension would permit Slough Borough Council to continue work with the Royal Borough of Windsor and Maidenhead and Bracknell Forest Council, who have indicated a commitment to continue to explore all opportunities for future collaboration on commissioning these services on an East Berkshire basis.

A Task and Finish Group would be established to ensure that there was strategic oversight of works across the three boroughs, and it is suggested that this group provide regular briefings and updates to all local system partners on progress and commitments made through each local areas democratic and commissioning systems.

The Task and Finish Group would manage development of shared products, including public and professional consultation materials, reports, updates, and briefings, and help develop a service specifications and other technical documents in support of the collaborative to assist in delivery of works across Berkshire East

## **2.9 (ii) The extension allows for changes in procurement procedures**

In March 2022, when the current contract extension was agreed, an open procurement (starting in late 2022) for a new contract was the simplest route to secure compliance with current public procurement rules and SBC's Contract Procedure Rules.

Throughout the recent exploration period, discussions with the Frimley ICB, the Chief Executives of Bracknell Forest and Windsor and Maidenhead councils, and senior SBC council and Slough Children First officers stressed both the continued desirability of the collaborative approach and also of specifically aligning the upcoming procurement to the emerging national [Provider Selection Regime](#)..

The new Provider Selection Regime (PSR) is intended to provide a regulatory framework for the award of healthcare contracts by NHS commissioners and local authorities that sits outside the formal public procurement regime and means that those contracts will not need to be procured in accordance with the rules in the Public Contracts Regulations 2015 or their successor legislation. The PSR is a new framework accompanying the Health and Care Act 2022. Commissioners of health care services will need to consider all of the key criteria in the PSR when deciding on the appropriate approach to arranging services, and must be able to justify their decisions in relation to these criteria. The key criteria are:

- Quality and innovation
- Value
- Integration, collaboration, and service sustainability
- Access, inequalities and disparities, and choice
- Social value

The Government consulted on the PSR. in Feb 2022 and the final framework is expected later this year with a grace period for implementation.

Commissioning through the proposed PSR is likely to offer greater control over service provision and development to ensure more targeted improvement of outcomes

## **2.9 (iii) The extension allows for alignment and integration within the Frimley Children and Young People agenda**

During the process of exploring options for an East Berkshire collaboration, the Frimley ICB set out a clear agenda for Children and Young People that encompasses healthcare and local authority commissioned services.

In this, the Health Visiting and School Nursing services is aligned with the 'Starting Well' ambition. This is the Frimley-wide ambition to improve outcomes for children and young people. It is led by the Frimley lead for Maternity and Starting Well. Many SBC Public Health-commissioned services for adults are encompassed in the 'Living Well' agenda and this has seen more progress in recent years than the Starting Well ambition. The Director of Public Health is the convenor of this ambition and there is an established network for this already which involves the Directors of Public Health of East Berkshire, Surrey and Hampshire and the Isle of Wight.

The current proposal for a further extension of the current Contract for Health Visiting and School Nursing services allows these services to be better aligned with this ambition, and with Frimley Health services for children and families.

### **2.9 (iv) The extension allows continued alignment and integration with local Slough Children's First and education-facing service offers.**

There are clear advantages to embedding Health Visiting and School Nursing service offers into local provision, e.g., in the emerging Family Hubs and transformed Children's First offer for SBC and Education sector partners (ranging from Early years provision to primary secondary and further education settings). This will ensure that children's public health nursing services are at the heart of local provision. Such alignment will ensure that Health Visiting and School Nursing services will be well placed to meet the challenges faced by services for parents, carers, babies, children, and young people as SBC continues to revise and strengthen its front door and related care and support offers for a wide range of different service users.

This alignment across core agendas (including safeguarding and early intervention, health improvement, health protection and parity of esteem between physical and mental health and emotional wellbeing) will help maximise the impact and effectiveness of multiagency working across the life course and help the service align with the wider transformation agenda to ensure local responsiveness. The school nursing service is also an area where public health commissioned services could help improve coterminosity with the overall SEND offer and strengthen links to local SEND offer improvement works

### **2.9 (v) The extension allows alignment with changes to national policy**

In late May 2022 the Office for Health Improvement and Disparities announced that the Healthy Child Programme was being refreshed and reframed as the National Framework for Maternity Children and Young People and that this new Framework would be published later in 2022 (see Appendix A). A further extension will therefore also allow development of a service specification which is in line with the new framework.

2.10 Given the very real complexity and challenges associated with the Children and Young People's health agenda the opportunity for collaboration and alignment

with local system partners is to be welcomed. The collaboration must proceed at a scale and pace that ensures strengthened local service provision in Slough. It is essential that there is clarity on the progress made across the proposed collaboration and any risks to delivering it. It is crucial that all system partners are fully aware of any emerging issues with the collaboration that might threaten its delivery, and that they have an appropriate timescale within which they can pursue their own local solutions should the collaborative not proceed for any reason.

2.11 To safeguard this it is proposed that a Task and Finish Group - with strategic representation from all three Berkshire East local authorities, is established. This Task and Finish Group would provide scrutiny of the proposed collaboration and report on a monthly basis across the collaboration. A specific report to Cabinet from the Task and Finish Group in February 2023 outlining progress to date would be delivered, with regular Cabinet facing briefings and a decision paper delivered before the end of the financial year 2022/23 to recommend if the collaborative is to proceed or be replaced with local solo approaches from the 1<sup>st</sup> April 2023.

### **3. Commissioner Review**

*It is disappointing that more progress has not been made to date to progress the partnership working outlined in this report – therefore necessitating a second extension.*

*The Commissioners approve this extension on the basis that a decision must be made in February 2023 whether to continue with the joint procurement work, if appropriate progress has been made, or to pursue a lone procurement process if this is not the case. This milestone will allow sufficient time to undertake a relevant procurement process during 2023/24 with a view to entering new contract(s) in 2024.*

### **4. Implications of the Report**

#### **4.1 Financial implications**

4.1.1 The recommended contract approach will require funding of the service on the current basis for two years at the current rate with a proportionate uplift - covering staffing costs pressures - against inflationary pay increases.

4.1.2. The Public Health grant is the source of the funding for the service, and it has been confirmed that spend on the 0 to 19 services is available within the Public Health Budget and that it will continue at current rates with required uplift for inflationary pressures associated with the national recruitment and retention issues associated with Health Visiting and School Nursing services and the impact of Agenda for Change on staffing costs (see 4.1.3 below)

4.1.3 Current funding for the 0 to 19 offer - and linked Enuresis service (co-commissioned with NHS support) is set out below

- 0-19 service: £2,749,000 per annum - £5,498,000 for the two-year extension
- Enuresis service: £34,000 per annum (50% of costs contributed by the local NHS commissioners)

4.1.4 The contract extension for two years will cost £5,498,000, plus an uplift of £86,000 in the first year and £90,000 for the second year to take account of the impact of the Agenda for Change pay deal agreed with NHS and non-NHS providers of health services.

4.1.5 Officers have been able to achieve a cost containment within the current budget with the current provider in spite of inflationary pressures. The existing provider is not able to deliver the service at a lower cost due to the impact of inflationary pay increases. At this time there are no immediately available evidence-based options available to the Council to reduce the contract price without reducing the current level or stability of service delivery, or retain the current cost with an expanded and more impactful service reach

4.1.6 Subject to approval by Cabinet, Public Health will set out a timetable of reports on the collaboration across Berkshire East and will set out a detailed analysis of the cost/benefits of the modernisation and alignment works set out above. (See Appendix C for an initial outline of proposed activity.)

## 5. Legal implications

5.1 Section 2B of the National Health Service Act 2006 (2006 Act) (the “**2012 Act**”) requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

5.2 Schedule 1 of the 2006 Act sets out further provisions about services. Paragraph 1 requires a local authority to provide for the medical inspection at appropriate intervals of pupils in attendance at schools maintained by the local authority and for the medical treatment of such pupils. Paragraph 2 provides a power for a local authority to provide for medical inspection or treatment of pupils attending other educational establishments which are maintained by the local authority and for children who are educated otherwise than at a school. Paragraph 7A provides a power for a local authority to provide for the weighing and measuring of junior pupils in attendance at any school or early year’s provider. Regulations made under the 2006 Act require local authorities, as far as reasonably practicable, to provide for the weighing and measuring of any relevant children (being children in school years where majority of children are 4 or 5 years old and where majority of children are 10 or 11 years old). This provision only applied to registered children in a maintained or academy school or certain prescribed colleges within the local authority’s area.

5.3 Regulations made under the 2006 Act also mandate services in relation to health visitor reviews. These specify that under section 2B of the 2006 Act, each local authority must, so far as reasonably practicable, provide or make arrangements to secure the provision of a universal health visitor review to be offered to or in respect of eligible persons. Eligible persons are women who are more than 28 weeks pregnant, a child aged up to 2 weeks old, a child aged between 6-8 weeks old, a child aged between 9 and 15 months and a child aged between 24 and 30 months. A universal health visitor review means an assessment of the health and development of the person and a review of their health and development as set out in the Healthy Child Programme.

5.4 Guidance published by Public Health England – Best start in life and beyond – sets out guidance for local authorities in relation to the commissioning of the healthy child

programme 0-19. This refers to the wider, overarching duties of local authorities which good commissioning of 0-19 services can contribute to. This includes the following duties:

- Eradication of child poverty – The Life Chances Act 2010 – the specific duties for local authorities set out in the originally worded Child Poverty Act 2010 have now been repealed, however there remain target duties for the Secretary of State.
- Health and wellbeing strategy – under the Local Government and Public Involvement in Health Act 2007, local authorities, in conjunction with statutory partners, have duties to assess relevant needs and to prepare a joint health and wellbeing strategy. This includes considering the extent to which needs can be met by way of making arrangements under s.75 of the National Health Service Act 2006.
- Safeguarding and promoting welfare of children – the Children Act 2004, s.11 sets out a duty for statutory partners to make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.
- Educational provision – under the Education Act 1996, local authorities have a duty to contribute towards the spiritual, moral, mental, and physical development of the community by securing that efficient primary and secondary education is available to meet the needs of the local population and a duty to promote high standards and fulfilment of potential.
- Children with SEND – under the Children and Families Act 2014, local authorities have duties to support participation in decision-making, early identification of children with SEND, greater choice and control over support, collaboration between agencies and a focus on inclusive practice and removing barriers to learning.
- Looked after children – the Children Act 1989 contains a specific duty to safeguard and promote the welfare of looked after children and to make services available for children cared for by their own parents as appears reasonable.

5.5 All procurement must comply with the Public Contracts Regulations 2015 and the Council's contract procedure rules.

5.6 Under Regulation 72 (1) (b) of The Public Contracts Regulations 2015 (PCR) variations to contracts are permitted to accommodate additional services by the original contractor, which have become necessary but were not included in the initial procurement, where a change of contractor cannot be made for economic reasons, and would cause significant inconvenience or substantial duplication of costs for the council. Any increase in price must also not exceed 50% of the value of the original contract.

Under Regulation 72 (1) (c) of the PCR where the need for variations to a contract arises from circumstances which a diligent contracting authority could not have foreseen, these will be permitted provided that the change does not alter the overall nature of the contract, and each increase in price does not exceed 50% of the value of the original contract.

In the circumstances here:

- SBC's procurement function was impacted by the Covid pandemic and is still recovering

- Changes in service provision required as a result of changes in the legislative and policy realms are substantial and these will take time to work through
- There is a desire from partner organisations for SBC to work on a collaborative basis with other organisations nearby to commission and provide a single cohesive service. This will take time to come to fruition and there are contract alignment issues to take into account.

Current expectations are that the new Provider Selection Regime will come in (subject to Parliamentary approval) towards the back end of 2022.

5.7 Taking all of this uncertainty and change into account, the council needs some time to review the longer term 0-19 health services commissioning and procurement, and it is not ready to go out to market for a competitive procurement at this stage. A rushed or incomplete or partially considered procurement would be likely to cause economic loss in the longer term, and inconvenience and substantial duplication of costs for the council if it wants to change arrangements and go out to procurement in a relatively short period of time when the new PSR and collaborative arrangements materialise.

And providers are unlikely to want to bid for a short-term contract. Equally, the proposed collaborative arrangements and the advent of the PSR were not fully known and are still not fully known and we cannot have foreseen what is unknown.

Therefore Regulations 72 (1) (b) and (c) of the PCR are engaged here and justify the further one-year contract extension.

5.8 It will be necessary to agree a waiver of SBC's Contract Procedure Rules to agree the one-year contract extension.

## 6.0 Risk management implications

6.1 There are a number of risks associated with the contract extension set out below with RAG rating and suggested RAG status with mitigation using the NHS Risk rating schedule. These risks have been entered onto the Public Health Team risk register and will be entered onto the Directorate Risk Register once finalised.

Risk	Impact	Likelihood	Severity	Mitigation/RAG Rating
<b>Lack of time to complete formal provider selection process within the required timescales, impact on Provider workforce retention</b>	<b>Severe</b>	<b>Unlikely</b>	<b>HIGH</b>	<ul style="list-style-type: none"> <li>• Currently a shared procurement process is both desirable and viable at this time and a collaborative approach has Chief Executive support in each authority</li> <li>• The contract extensions significantly</li> </ul>

				<p>expands the amount of time available to deliver provider selection and new service mobilisation of 24 months (October 2022 to September 2024)</p> <ul style="list-style-type: none"> <li>• SBC Public Health and the Berkshire East Public Health Hub have experience, expertise, capacity and adequate time to deliver the works for the contract extension and solo procurement exercise</li> <li>• A robust programme plan is being assembled to mitigate risks to SBC and across the Berkshire East system</li> <li>• Provider engagement communications will stress the need to ensure retention and staff wellbeing are prioritised throughout any transition that may occur.</li> </ul>
<p><b>Lack of Appropriate Provider identified following on from Procurement</b></p>	<p><b>Severe</b></p>	<p><b>Possible</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>• Market and System engagement exercises will be conducted at Berkshire East level as the provider selection</li> </ul>

				<p>approach is clarified</p> <ul style="list-style-type: none"> <li>• Socialisation of upcoming approach to market will align with NHS system developments and national procurement system developments</li> <li>• Procurement of a larger service is likely to be more attractive to providers</li> </ul>
<p><b>Lack of appropriate budget and resources to address the mandatory and advisory elements of the Healthy Child Programme 0 to 19</b></p>	<p><b>Severe</b></p>	<p><b>Possible</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>• The Public Health Budget contains appropriate funding to support the service proposal and is a recurring item of spend in line with mandated and recommended service provision</li> <li>• The proposed modelling and resulting Cabinet Paper will highlight the imperative to secure appropriate funding for the 0 to19 service offer</li> <li>• An East Berkshire Health Needs Assessment has been completed by the Public Health Hub with local area teams including SBC PH and this underlines the necessity to</li> </ul>

				<p>support the case for further investment in the service to improve outcomes for Children and Young People</p> <ul style="list-style-type: none"> <li>The current service model and resources available have elements where development of a service specification reflecting the revised national Framework can deliver enhanced outcomes and the extended timescale for the re-procurement allows for a richer analysis of system delivery efficiencies and local engagement to drive a nuanced local delivery alongside generic service offers</li> </ul>
<p><b>Lack of preparedness of supplier from 1<sup>st</sup> October 2024</b></p>	<p><b>Severe</b></p>	<p><b>Unlikely</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>Preliminary socialisation and market testing/ engagement followed by robust approach to market when the procurement approach is agreed</li> <li>Extended current contract duration supports more detailed provider and system preparedness</li> </ul>

				<ul style="list-style-type: none"> <li>• Six-month mobilisation period to enable any required migration of caseloads, TUPE processes etc.</li> </ul>
<p><b>Risks arising from system working, local drives to realise efficiencies, different starting points in resourcing, delivery, systemic differences across Berkshire East</b></p>	<p><b>Severe</b></p>	<p><b>Possible</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>• There is an awareness across the Berkshire East Public Health system of the risks and challenges to collaborative ventures. With the ongoing proposed scrutiny of progress for the collaboration and monitoring of commitments an key decisions across system partners there is a strong commitment to ensure local nuance in commissioning, procurement and delivery reflect local needs.</li> <li>• With a Task and Finish Group steering the works and ongoing reporting on ensure cross border collaboration there is an enhanced ability to ensure the collaborative does not adversely impact on local services and timescales</li> </ul>

				<ul style="list-style-type: none"> <li>• Ongoing works – with additional capacity from the Public Health Hub – will improve the capacity and capability to support the programme of works and assist in the delivery of a more comprehensive engagement and consultation process and address issues arising from the re-procurement</li> <li>• Reports at key junctures from the Task And Finish Group, including the key progress report in February 2023, will provide opportunities to reframe the approach to the collaborative or solo commissioning of the new service model.</li> <li>• Both options (Collaborative or solo approaches) are achievable within the timeframe suggested.</li> </ul>
<p><b>Risks arising from the NHS Act to health and care services and systems arising during the lifespan of the procurement</b></p>	<p><b>Severe</b></p>	<p><b>Possible</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>• The Task and Finish Group delivering the collaborative will constantly monitor and report on the regulatory and legislative</li> </ul>

				<p>environment and address issues as they arise to ensure the re-procurement evolves in line with the NHS Act and other system frameworks etc</p> <ul style="list-style-type: none"> <li>The service model and specification at its heart will require provider(s) to respond and adapt to system changes arising from national, regional and local drivers including legislation, Needs Assessment, Service user insight – including inbuilt service iteration plans - learning from best practice evidence assessment, and ongoing system consultation.</li> </ul>
<p><b>Non-Agreement of the proposal around Berkshire collaboration in any or all boroughs</b></p>	<p><b>Severe</b></p>	<p><b>Possible</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>The collaborative will continue to engage with local system leadership and through socialisation of opportunity and ongoing consultation processes with local democratic and system leadership seek to support capture of progress and</li> </ul>

provide reports to each local area to enable scrutiny of the works conducted and the specific February 2023 report on the overall collaborative and key decision to proceed or pursue local (solo) approaches from 1<sup>st</sup> April 2023.

- If the collaboration is not supported in one or more local councils, the Berkshire East Public Health Hub will work with local commissioners to support a common starting point for the approach to modernising each 0 to 19 service offers in response to the national programme requirements
- Local public health commissioning capacity would require additional specialist input to make up for the loss of cross border collaboration if this did not proceed
- A solo provider selection– if the collaborative did not proceed

				<p>following scrutiny in February 2023 and a decision on a solo process from 1<sup>st</sup> April 2023 was called for would be deliverable by October 2024.</p>
<p><b>The collaborative approach to provider selection and service delivery does not address the specific demographic and population health issues of Slough Borough Council residents and reflect their concerns, priorities and needs</b></p>	<p><b>Severe</b></p>	<p><b>Unlikely</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>Local demographic factors will be a starting point for the collaborative approach and will be the core of the se</li> <li>The Council's Public Health Team has led on the development of the proposed modernisation and with the Berkshire East Public Health Hub is seeking to ensure that alongside core offers across each local area that individual demography, health needs assessments and population health factors drive a nuanced, modular approach to the development of the service</li> <li>The service will be developed from first principles to ensure that the specific needs of each local area are addressed and that each councils unique</li> </ul>

				needs are amply reflected in local service delivery, alongside elements where a common approach is both proportionate and effective (Recruitment and retention, in service development and skill mix approaches, portability of accreditation and continuing professional development required by HCP delivery being immediate first steps for aligned working)
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Table 4 Risk Assessment and mitigations

## **7.0 Environmental implications**

7.1 There are opportunities in the updated specification to place emphasis on environmentally sustainable work practices, including reduction in paper records and minimising travel by allowing professionals to work in an agile way. A key element of service user insight and co-production will focus on identification of possible additional supports within the service that could promote active travel and have a positive impact on emissions.

## **8.0 Equality implications**

8.1 The Council has a duty contained in section 149 of the Equality Act to have due regard to the need to: a) eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under this Act; b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

8.2 The broad purpose of this duty is to integrate considerations of equality into day-today business and to keep them under review in decision making, the design of policies and the delivery of services.

8.3 There are significant opportunities to advance equality of opportunity and to reduce health inequalities from a re-procurement of the 0-19 service. The service delivers key outcomes that support children and young people in general, parents and carers with

additional needs, and children and young people with SEND and other specific needs. Tailored support is provided to certain communities, including but not limited to Black, Asian, Eastern European, Roma and Traveller communities, as well as looked after children, teenage and young parents and parents who are sole carers.

8.4 It is important to note insights from [Census](#) and [Health Needs Assessment](#) data on the CYP groups in Slough and how these impact on Health inequalities and Equality issues in a wider context. The proposed collaborative works will seek to address these needs for a wide range of children and young people who require additional support or service focus:

- Nearly a quarter of Slough's population are under 15 years of age which is a significantly higher proportion than national and regional averages.
- There are significant health inequalities faced by children and young people in Slough and these are known to intersect with equality characteristics such as gender, ethnicity, disability and more generally deprivation and other risk factors.
- Whilst the collaborative work that is underway will aim to reduce inequalities and improve access and outcomes for children and young people from all backgrounds, it does have a specific focus emphasis on supporting those most vulnerable and at risk of negative outcomes.
- The resulting specification will be evidence –based, align to the emerging National framework and the selection regime will ensure that the providers can demonstrate understanding of Equality, Health Inequalities and Health Equity issues and the different demographics and emerging issues in the Berkshire East area.
- The collaborative will establish and ensure the ongoing monitoring of Key equality indicators and outcomes amongst different groups
- The EIA is a fluid document and will be updated throughout the process, and thereafter through contractual review and the diverse service user voice and co-production elements that are being planned.

8.5 An initial Equality Impact Assessment (EIA) has been completed in January 2022 and refreshed in August 2022 - See Appendix B - and will continue to be updated during the lifetime of this project and following release of the revised national Framework as mentioned in section 2.0 above which considerably strengthens the inclusion and equalities agenda for both mandated and advisory services.

## 9.0 Procurement implications

9.1 Subject to the approval of the Procurement Board a contract extension for two years would be issued, in response to the March 2022 Cabinet decision as a contract variation to the existing provider with a duration from 1<sup>st</sup> October 2022 to 30th September 2024.

9.2 Options for the commissioning methodology will be set out in full form as the national [Provider Selection Regime](#) is understood .

10.0 Workforce implications

10.1 There are no workforce implications arising from this report.

11.0 Property implications

11.1 None known at this time.

**12. Background Papers**

None