

## Slough Borough Council

<b>Report To:</b>	Cabinet
<b>Date:</b>	20 <sup>th</sup> May 2024
<b>Subject:</b>	Health Visiting School Nursing 0-19 service (and up to 25 years for SEND)- Contract Award
<b>Lead Member:</b>	Cllr Ishrat Shah
<b>Chief Officer:</b>	Tessa Lindfield, Executive Director of Public Health, and Public Protection
<b>Contact Officer:</b>	Kelly Evans, Deputy Director of Public Health
<b>Ward(s):</b>	<u>All</u>
<b>Key Decision:</b>	YES
<b>Exempt:</b>	Public with exempt Appendix C under paragraph 3 of Schedule 12A Local Government Act 1972 – Information relating to the financial or business affairs of the Council and Bidders.
<b>Decision Subject To Call In:</b>	YES
<b>Appendices:</b>	Appendix A: Health Child Programme Ages 0-25 Specification (Slough); Appendix B: Equality Impact Assessment service EIA 0 to 19 Services Healthy Child Programme Draft v3 Confidential - Appendix C: Bid Scores

### 1. Summary and Recommendations

The purpose of the report is to seek Cabinet approval to award the Health Visiting and School Nursing services for 0-19 years in line with the national Healthy Child Programme (and up to 25 years for SEND) to the preferred bidder following an open procurement in accordance with the Public Contracts Regulations 2015 (PCRs).

#### 1.1 Recommendations:

Cabinet is recommended to:

- i. Approve the outcome of an open competitive tender process for the procurement of the Health Visiting and School Nursing services 0-19 Healthy Child programme (and up to 25 years for SEND);
- ii. Approve the award of the contract to bidder 'HRCG Care Services Limited' to commence from 1<sup>st</sup> October 2024. The contract will be for a period of three years, with an option to extend for a period of up to 24 months at a value of

£2,910,034 per annum, and total contract value of £14,550,170 over the five-year contract period;

- iii. Approve the further award of a £174,000 per annum to bidder HCRG Care Services Limited as a transformational fund for HCRG to utilise. The additional funding is allocated as part of the Public Health ring fenced grant. These funds will be used to support collaborative work and more integrated delivery at individual, community and population level whilst contributing to the Authority's starting well priorities for improving health outcomes for children and young people and reducing inequalities below:
- Decrease the attainment gap between all children and the bottom 20% at Early Years Foundation Stage
  - Reduce the number of Reception and Year 6 aged children classified as obese
  - Improve immunisations rates amongst young people; and
  - Improve oral health amongst children.

## 1.2 Reason

1. The Council commissions its existing Healthy Child Programme (HCP) Health Visiting and School Nursing (0 to 19) Service from [Solutions 4 Health](#). The five-year contract has run from October 1<sup>st</sup>, 2017, and terminates on the 30<sup>th</sup> of September 2024 having been initially offered on a three-year initial contract and two-year extensions basis. The contract cannot be extended further.
2. The current contract for health visiting and school nursing ends on 30<sup>th</sup> September 2024. Re-commissioning the current service is an opportunity to reevaluate current systems whilst being innovative in learning from other providers and commissioners of these services.
3. Local Authorities have mandated responsibilities under the Health and Social Care Act 2012 to ensure the delivery of universal and targeted Healthy Child Programme to the whole child population. Universal and targeted public health services provided by health visiting and school nursing teams are crucial to improving the health and wellbeing of all children and young people.
4. The recommissioning of the Health Visiting and School Nursing Service will enable Slough Borough Council (SBC) to update the service model offer in line with the modernised Healthy Child Programme (HCP).

## 1.3 Commissioner Review

The commissioners are content with the recommendations in this report.

## 2. Report

2.1 The Health Visiting and School Nursing Services through the delivery of the Healthy Child Programme - is a key service driver towards meeting the strategic priorities set out in the plans and will contribute to achieving the outcomes for children and young people in Slough.

2.2 The service contributes to the following strategic plans:

- Slough Borough Council Corporate Plan 2023-2027
- Slough Borough Council Wellbeing Strategy 2020-2025
- Slough Early Help Partnership Strategy 2023-2025

2.3 The Healthy Child Programme (HCP) is the evidence-based model used to deliver universal health visiting and school nursing services in England. Health Visitors and School Nurses are specialist public health nurses who lead the service supported by a skill mixed team. They utilise their clinical judgement and expertise to identify risk and provide early intervention. Through this, contribute to several Public Health outcomes such as, improving life expectancy and healthy life expectancy.

2.4 Approximately, 43,800 children and young people aged under 18 live in Slough. (Office for National Statistics 2023) Slough has the youngest population in the southeast with a median age of 34.

2.3 The HCP has been substantially updated by the Department of Health and Social Care (DHSC) Office of Health Improvement and Disparities (OHID) and is now explicitly linked to several other agenda areas (including Best Start for Life – tackling the first 1001 days, Family Hubs, SEND Code and review, Supporting Families, CYP Mental Health and wellbeing).

2.4 The HCP is 'Universal in Reach – Personalised in Response' and has 4 levels of service – community, universal, targeted and specialist – depending on individual and family need. The modernised programme represents a shift towards developing models of service provision in partnership with a range of stakeholders to provide a greater emphasis on the assessment of children, young people, and family needs, cultural competence and the skills mix required to respond.

2.5 The updated model and the Slough service specification includes:

2.5.1 Four levels of service: **Universal; Targeted; Specialist; Community** levels of support depending on individual and family needs. Services and interventions should be personalised to respond to children and family's needs most met by the universal offer. In addition, more targeted and specialist evidence-based support should be provided as early as possible. (See table 1)

**Table 1: Four levels of service**

<b>Levels of Service</b>	<b>Description</b>
1. Community	Working to promote health and wellbeing for children and families. Working with others to increase community participation in promoting and protecting health which will build local capacity to improve health outcomes
2. Universal	Leading, co-ordinating, promoting and providing universal services to deliver the HCP to the 0- to 25-year-old population
3. Targeted	Providing a swift response to ensure that children get extra help and support when they need it, offering early help for example support for additional needs, for emotional and mental health problems and sexual health advice, and by referring or signposting to services
4. Specialist	Provide additional services for vulnerable children who require longer term support for a range of special needs as part of a multi-agency services where there are safeguarding or child protections concerns. <u>Note:</u> Safeguarding is a core part of each level of service provision.

2.5.2 Five mandated health reviews for early years are offered to all families and delivered by the health visiting service. The universal health and wellbeing reviews and suggested contact are part of the overall support to 0 to 5 years. (See illustration in figure 1 below)

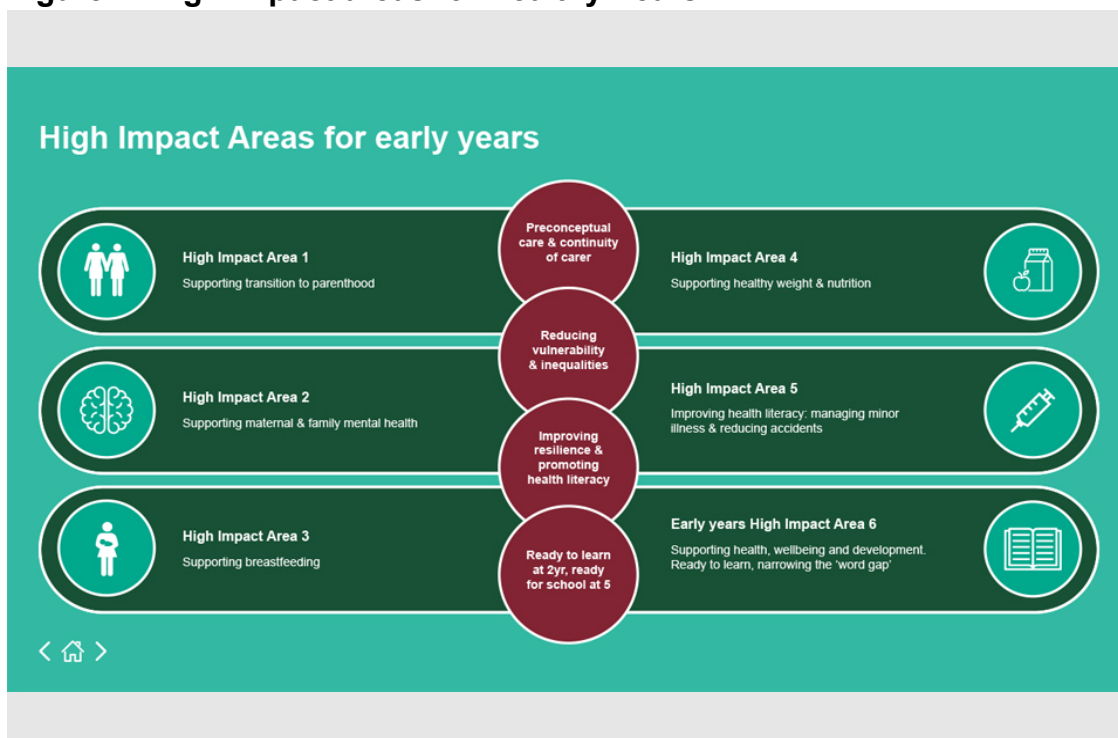
**Figure 1: Health and Wellbeing reviews and contacts for 0-5**



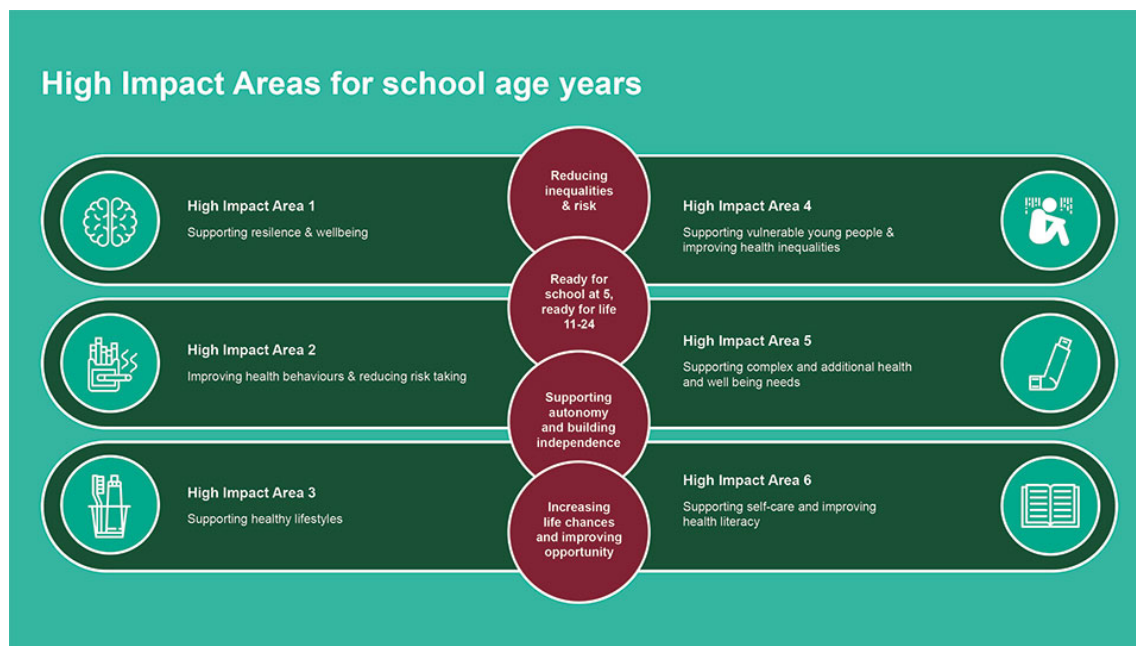
2.5.3 The National Child Measurement Programme (NCMP) is a mandated annual programme to assess overweight and obesity in children in primary school. The programme is delivered by the school nursing service and there is a requirement to submit data annually to NHS England.

2.5.4 High Impact Areas (HIAs) have been developed to embed prevention approaches considering new evidence on approaches to tackle health inequalities. (See illustrations in figures 2 & 3 below) They describe areas where health visitors and school nurses can have a significant impact on improving children, young people, and families' outcomes.

**Figure 2: High impact areas for Healthy Years**



**Figure 3: High Impact areas for school age years**



## 2.6 Proposed Digital Offer

2.6.1 The planned digital offer for the service will provide interactive virtual clinics as an alternative option to face to face consultations, but not as a replacement. This offer will be provided through a range of digital platforms and include, but not be limited to:

- ‘E’ clinics, as an alternative to face-to-face drop ins, health assessments and brief interventions.
- Health education/promotion lessons, videos and resources ranging from hand/respiratory hygiene to puberty, school transitions and food poverty.
- Training for school staff regarding medical conditions in schools.
- Safeguarding meetings. Confidential messaging and enables young people (age 11 – 19) to contact the School Nursing team.

2.6.2 Data on use of this facility will form part of contract monitoring and be part of the regular reporting.

## 3 Background

3.1 On 21<sup>st</sup> March 2022 Cabinet authorised a contract extension to enable modernisation of the existing service specification, scoping of collaborative opportunities across Berkshire East and consideration of the longer-term commissioning approach in a collaborative venture for these key services. This decision was based on the recommendations from the Berkshire East 0-19 health needs assessment (HNA).

3.2 The HNA recommended exploring the opportunities and risks associated with commissioning children and young people’s services across Berkshire East. The collaborative scoping exercise would look at how to incorporate the Universal in Reach – personalised in response health visiting and school nursing model into existing and future service specifications. The scoping would explore the possibility of a Berkshire East wide digital platform.

- 3.3 The three local authorities in Berkshire East (Slough Borough Council, Bracknell Forest Council & The Royal Borough of Windsor and Maidenhead) commission different providers to deliver the Healthy Child Programme (HCP) with differing contractual timeframes.
- 3.4 The agreed extension was for 12 months from the 1st of October 2022 to the 30th of September 2023. On the 17th of October 2022, approval was gained for further one-year extension for the Health Visiting and School Nursing (0-19s) contract from the 30th of October 2023 to 30<sup>th</sup> September 2024 to explore joint commissioning across Berkshire East.
- 3.5 The collaboration with the three councils failed as a consensus for a smooth mechanism of this collaboration could not be agreed leaving each LA to move ahead individually with their individual contracts.
- 3.6 A further recommendation was stated within the previous cabinet paper for the last year extension, that if suitable progress was not made in the last extension year to progress with this joint collaboration, the authority will pursue a solo provider selection and commissioning process from 1st April 2023. This approach was progressed from April 2023.
- 3.7 A soft market engagement event took place on the 7<sup>th</sup> of September 2023 and a business case paper for Health Visiting and School Nursing Business Case request to tender was approved in November 2023 procurement board.
- 3.8 The tender was launched on 3<sup>rd</sup> January 2024 to re-commission the Health Visiting and School Nursing 0-19 service in line with the National Healthy Child Programme and closed on 12<sup>th</sup> February 2024. After the evaluation process, the moderation was completed on 23<sup>rd</sup> February with the final presentations which took place on the 15<sup>th</sup> of March 2024.

## **4. Implications of the Recommendation**

### *4.1 Financial implications*

The proposed cost of the contract per annum is £2,910,034 and over 5 years is £14,550,170. This money is allocated as part of the Public Health ring fenced grant. Appendix C contains the bids scores. Whilst the price differential between tenders is negligible there was a clear differential in the technical assessment of the bids.

In addition to the contract award, the approved bidder will have access to a transformational fund up to £174K each year to transform the service. This money is allocated as part of the Public Health ring fenced grant from its existing headroom i.e. it is not being redirected from other expenditure.

The contract value over the life of the contract is a fixed fee however it does allow, should the Council wish to do so at their sole and absolute discretion, the Council the ability to increase the contract value. This will provide the Council with discretion in considering any bids for additional costs being incurred by the contractor through inflationary or other cost pressures. Any decision to amend the contract value will be subject to the appropriate Council governance at that time.

## 4.2 *Legal implications*

### **Recommendation 1.1 (i) and (ii):**

The procurement undertaken, as described in this report, was carried out in accordance with Regulation 27 of the Public Contracts Regulations 2015 (PCR 2015).

Under PCR 2015 the prescribed procedure and mandatory requirements for procuring under the Open Procedure are summarised below:

- i) Advertising: The publication of a contract notice (CN) or prior information notice (PIN);
- ii) Conducting the procurement in conformance with the information provided in the CN and the published selection criteria;
- ii) Time limits imposed by Contracting Authorities on suppliers.

The procurement process is compliant with PCR 2015, the UK public sector procurement principles and the Council's Contract Procedure Rules.

The Council must maintain an audit trail documenting the procurement process undertaken and how the award decision was arrived at.

Once awarded, the Council should enter into a written contract with the other party and record the contract in the Contract Register.

### **Recommendation 1.1 (iii):**

The further award of £174,000 is permissible. This further sum was offered during the clarification stage, as per the main body of this report, when the procurement was still live. Whilst this presents a risk of challenge, the risk is low as all bidders were notified of the further sum before the tender closed. All bidders were treated in accordance with public sector procurement principles namely equality of treatment, transparency, mutual recognition, non-discrimination, and proportionality.

Section 12 of the Health and Social Care Act 2012 requires each local authority to take appropriate steps as it considers appropriate for improving the health of the people in its area. The local authority has a statutory duty to deliver the national Healthy Child Programme, which includes the offer of five Health Visitor reviews to all Slough families (the antenatal health promotion visits; new birth visit; 6–8-week assessment; one year and 2-2.5-year developmental reviews) and the National Childhood Measurement Programme (NCMP). The Healthy Child Programme framework has recently been modernised to include a more flexible, whole-family, locality-based and partnership approach to delivery of services.

Guidance published by Office for Health Improvement and Disparities (OHID) Best start in life and beyond – sets out guidance for local authorities in relation to the commissioning of the healthy child programme 0-19.



### 4.3 Risk management implications

RISK	LIKELIHOOD /IMPACT	MITIGATION	LIKELIHOOD /IMPACT AFTER MITIGATION
Short mobilisation period of the 0-19 Health Visiting & School Nursing Service (including up to 25 for SEND) preventing full service being in place by 1st October 2024.	Low	It is proposed that the contract will be awarded by early June 2024 giving just over 3 months prior to the start date of 1st October 2024 to facilitate a mobilisation period	Low
There is no increase in budget over the time of the contract	Low	Bidders were made aware that there will be no additional budget other than what has been confirmed in the contract of the available budget for this service which is £2,910,034 per annum. In addition to this the successful bidder will have access to a transformational fund up to £174K each year to transform the service. This has also been communicated to bidders at presentations stage. It has confirmed that all the services the bidders have said they will deliver are within this financial envelope.	Low

### 4.4 Environmental implications

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.

### 4.5 Equality implications

4.5.1 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.

4.5.2 An initial Equality Impact Assessment (EIA) has been completed in January 2022 and refreshed in August 2022. The service will seek to address these needs.

#### *4.6 Procurement implications*

Subject to the approval of the Procurement Board, the new bidder will be awarded the contract in response to Cabinet's decision to approve the recommended bidder with a start date of 1<sup>st</sup> October 2024. The tender for this contract was an open procurement in accordance with the Public Contracts Regulations 2015 (PCRs). A table of the bid scores is available in the confidential document, Appendix C.

#### *4.7 Workforce implications*

Current TUPE information from current provider of the service, show a significant number of health visitors and school nurses approaching retirement age which could negatively impact staffing capacity.

#### *4.8 Property implications*

The new provider organisation of the Healthy Child Programme will be able to use the councils' children's centre at no extra cost. The programme of services is coordinated by the children's centres alongside partners and locality need. These Children's centres are:

- Penn Road
- Romsey Close
- Yew Tree Road
- Monksfield Way

#### *4.9 Health and wellbeing implications*

The overarching aim of this provision is to increase access to health services and reduce health inequalities amongst children and young people and their families. This means the service should have direct positive implications for the health and wellbeing of local residents and will be measured on its success in this area.

#### *4.10 Social Value implications*

The Public Services (Social Value) Act 2012 requires the Council when procuring services must consider how the procurement might improve the social, economic, and environmental wellbeing of the area. The purpose is to ensure that products and services are sourced and produced responsibly; to maximise resource and energy efficiency in the manufacturing and supply of goods and services in order to minimise environmental impacts; and to deliver outstanding value for money over the entire lifetime of the contract. As part of the tender process, providers were required to demonstrate their commitment to social value in delivering this service. A method statement on social value accounted for 5% of the overall evaluation, as part of the quality score.

## **5. Background Papers**

None.