

EXECUTIVE BOARD DECISION



REPORT OF: Executive Member for Public Health, Prevention and Wellbeing & Executive Member for Children, Young People and Education

LEAD OFFICERS: Abdul Razaq – Director of Public Health
Jayne Ivory- Strategic Director of Children’s Services and Education

DATE: 11th of August, 2022

PORTFOLIO/S AFFECTED: All

WARD/S AFFECTED: (All Wards);

KEY DECISION: YES NO

SUBJECT: EB Procurement of the 0-19 Healthy Child Programme

1. EXECUTIVE SUMMARY

The provision of 0-19 Healthy Child Programme services across Blackburn with Darwen will be retendered due to the current contract coming to an end.

The 0-19 Healthy Child Programme incorporates a range of service provision, covering health visiting, school nursing, specialist infant feeding and targeted support for children and families from Community, Voluntary and Faith Sector partners.

Local Authorities are mandated to ensure a number of Public Health Services for children and young people are provided including:

- Five mandated Health Visitor contacts (approx. 10,000 contacts a year)
- The National Child Measurement Programme (NCMP), a key element of the School Nursing Service, provided for all children in Year Reception and Year 6 in Blackburn with Darwen schools (approx. 4,000 children a year)

The Healthy Child Programme provides a wide-ranging offer including support for breastfeeding, vulnerable families, speech and language development, mental wellbeing of families and looked after children’s health assessments. Safeguarding responsibilities apply through all elements from identification of risk and need, to early help and targeted work, and formal child protection.

A comprehensive health needs assessment and consultation with stakeholders and partners has taken place to ensure the new service meets the needs of our children, young people and families. The delivery model has been reviewed based on consultation feedback, and a full competitive tender exercise is proposed to commence in Autumn 2022, based on the approved Procurement Strategy.

The new service contract is for a three year and a half year period (with the option for extend for a further 1 + 1 years) commencing 1st October 2023. The newly procured service will be required to demonstrate commitment to an integrated/collaborative ‘Family Hub Offer’ with other Local

Authority provided services for children and young people, in line with the wider strategic direction from the Department for Health and Social Care, 2021. Further information about this is provided via the following link:

[Department for Health and Social Care, Integration and innovation : working together to improve health and social care for all, 2021.](#)

Feedback from the consultation has led to a re-modelling of the contract and instead of one large 'prime provider' model, the contract will be divided into three 'Lots'. Separating out the contract will enable the Authority to have more control over the model and ensure it is adaptable to change over the contract period.

The lots are:

- Lot 1 – Health visiting and school nursing
- Lot 2 – Specialist infant feeding support service
- Lot 3 – Community and Voluntary Sector Support service

2. RECOMMENDATIONS

That the Executive Board:

- Approves the commencement of a competitive tendering exercise in accordance with procurement rules, to result in a new revised contract to be in place from 1st October 2023.
- Approves an extension to the current service's contract for six months, to enable the full recommissioning process to take place, with appropriate time for consultation.
- Notes that provided it is within the budget and strategy outlined in this report the decision to award the final contracts can be made by the Director of Public Health via delegated authority.

BACKGROUND

The local authority has responsibility for commissioning the 0-19 Healthy Child Programme (up to 25 with SEND), a universal offer to all families across the borough, ensuring every child has the best start to life. The foundations for virtually every aspect of human development including physical, intellectual and emotional, are established in early childhood.

There are two mandated elements as part of the programme, the five mandated health-visitor reviews and the National Child Measuring Programme (NCMP) in Reception and Year 6. The programme however offers a model for improving a wide and varied range of health outcomes for children and their families. It forms part of the 'whole system' of support for children and young people's health and wellbeing including the NHS, the community, voluntary and faith sector, schools and colleges. The programme also links to other commissioned services such as substance misuse, mental health, sexual health, pharmacies, screening and immunisation programmes and primary care.

In 2016, a procurement process took place resulting in the award of a contract for an integrated 0-19 Healthy Child Programme public health nursing service. Lancashire and South Cumbria NHS Foundation Trust were appointed as the prime provider, with sub-contracted elements provided by East Lancashire Hospitals NHS Trust, Homestart, Lancashire Mind and Brook. The Trust were awarded a three-year contract with two plus one year options. Over the five-year contract, the public health nursing staff were relocated within our Children's Centres to provide a joint early help offer with staff from Children's Services. Developments such as the two year integrated review have highlighted the good joint working processes across the children's health, education and social care teams. The development of 'Family Hubs' and a new Early Years Strategy for the Council will also be key drivers for this work.

The Healthy Child Programme guidance was updated by Public Health England in May 2021 and therefore it is timely to go through the procurement process with the modernised model as a template – it is ‘universal in approach but personalised in response’ (see Figure 1 below). The new model is based on four levels of service – community, universal, targeted and specialist, depending on individual and family need.

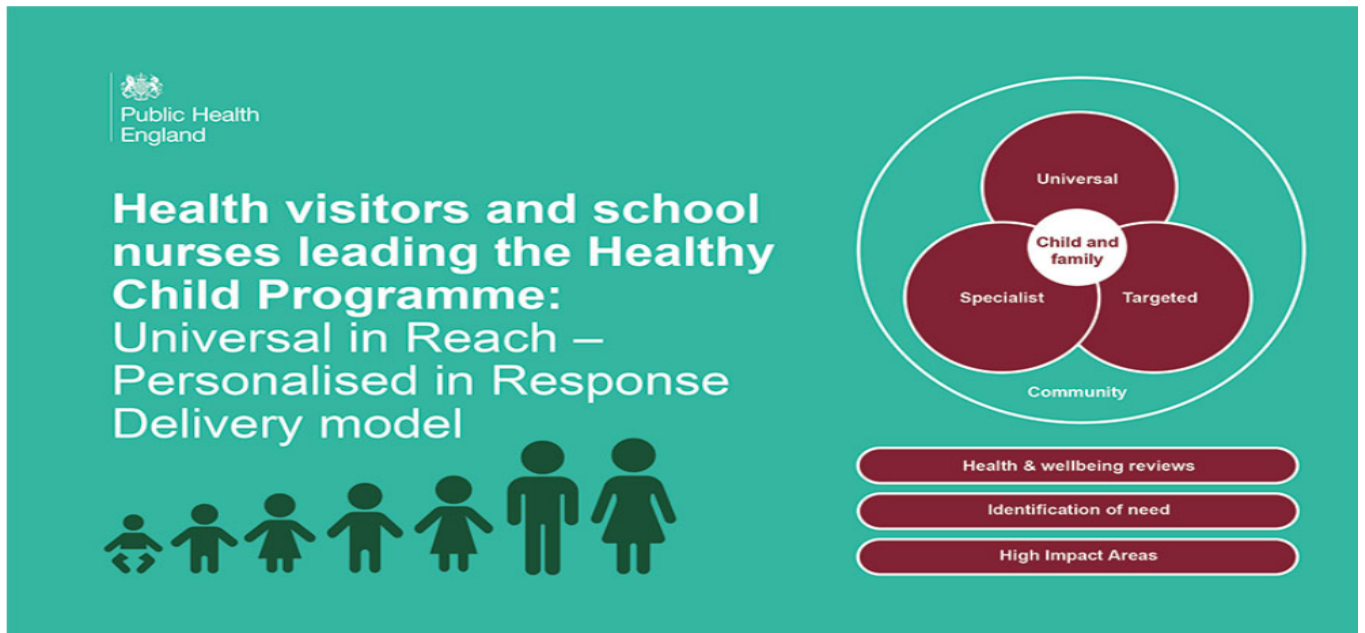


Figure 1. Core elements of a universal reach, personalised response model

As part of the commissioning process, an Expert Reference Group including experts and commissioners from a range of organisations and disciplines will be set up to aid the development of the local integrated delivery model. A governance group will be established with key representatives from Council departments that will need to be informed such as legal, finance, HR and information governance.

A consultation process has taken place with service users, families, schools and young people, including vulnerable groups, in conjunction with Healthwatch. The findings from the consultation have been collated into a report that will inform the development of the priorities and outcomes in the service specification.

A full options appraisal has taken place with elected members and Directors of relevant departments, to decide how to take forward the commissioning and provision of the Health Child Programme and to fully recommission the service was the recommended option.

The timeline for tender process is outlined below:

<i>September to December 2021</i>	<i>Consultation – Service User, Staff, Stakeholder</i>
<i>June 2022</i>	<i>Soft marketing testing with current providers and PIN notice published on the Chest</i>
<i>July 2022</i>	<i>Soft market testing meetings to take place with potential providers</i>
<i>August 2022</i>	<i>Executive Board Meeting – permission to tender sought</i>
<i>September 2022</i>	<i>Governance board set up</i>
<i>September – October 2022</i>	<i>Specification development</i>

<i>November 2022</i>	<i>Specification and contracts legal checks</i>
<i>December 2022</i>	<i>Market Engagement Events prior to tender notice</i>
<i>January 2023</i>	<i>Tender Issued</i>
<i>March – April 2023</i>	<i>Evaluation of Tenders</i>
<i>April 2023</i>	<i>Governance Boards & Decision to Award</i>
<i>May 2023</i>	<i>Tender awarded & Standstill period</i>
<i>June to September 2023</i>	<i>Provider Engagement & Mobilisation of new service</i>
<i>1st October 2023</i>	<i>New service starts</i>

The previous tender was done on a prime provider model i.e. a single contract was awarded to one provider, who then tendered out different aspects of the service to other sub-contractors. As part of the feedback from stakeholders in the consultation, it is proposed that the service is now commissioned on a Lots model, comprising of three Lots as specified below:

Lot 1 – Health Visitors & School Nursing (Contract value £3,887,666 per annum)

The largest element of the contract, the health visiting and school nursing Lot will provide the vast majority of the model. The elements of this Lot will include, but not limited to:

- Public health nursing – Universal in reach and personalised in response, from the antenatal period up to 19 years for children, young people and families (up to 25 years with SEND).
- Support for all children, young people and families at the four service levels (community, universal, targeted and specialist).
- Early identification of need, screening, developmental health reviews, focus on high impact areas, and the provision of the National Child Measurement Programme (NCMP) and School Health Needs Assessment (SHNA)
- Safeguarding support, including looked after children health assessments.
- Health improvement with a focus on prevention.

Lot 2 – Specialist Infant Feeding Support Service (Contract value £100,000 per annum)

The specialist Infant Feeding Support Service will provide multi-faceted approaches in order to improve breastfeeding initiation and prevalence rates in Blackburn with Darwen, therefore supporting a reduction in health inequalities. The service will contribute to promoting a social and cultural shift where breastfeeding is recognised as the conventional way to feed an infant.

Lot 3 – Community and Voluntary Sector Support service (Contract value £95,000 per annum)

The community and voluntary sector support Lot will provide low level community support and early intervention to families to include aspects such as befriending, volunteering and peer family support for young families to build the skills, confidence and strength to nurture children. The service will support families and children with behaviour support, school readiness, speech and language, emotional support for children and families and support resilient parenting.

Soft Market Testing

A recent soft marketing testing exercise has shown there is more than anticipated interest in the forthcoming tender exercise, with nine providers filling out a questionnaire to show their interest and fourteen other providers expressing an interest, but not filling out the questionnaire. This has provided assurances that we will be able to appoint suitably experienced providers to each of the Lots outlined above.

Digital transformation

As part of the tender process, we want to deliver improved digital systems and innovation within the new service. This includes having an inter-operable web based child record system, a virtual offer (where appropriate) and increased digital information sharing. This will reduce duplication and enhance the service 'offer' to families and is in line with the Family Hub model. Once the Lancashire and South Cumbria Integrated Care Board (ICB) digital teams are in place, we will work with them to ensure our offer is part of any digital transformation programmes they propose.

Evaluation criteria

As per the changes to the Council constitution and the new Contract Procurement Procedure Rules, the evaluation criteria is displayed below, so the Board can approve the procurement strategy. As per the Council's Social Value Policy, 15% has been allocated to Social Value. 5% has been allocated to price for Lot 1 as this is set contract value and the quality and innovation of the service has been prioritised to obtain the best quality service to give our children the best start in life.

The following evaluation criteria will be used to evaluate the tenders received :

Lot 1 – Health Visitors & School Nursing

Evaluation Criteria	Weighting
Quality	70%
Price	5%
Innovation	10%
Social Value	15%

Lots 2 and 3 – Specialist infant feeding support service and Community and Voluntary Third sector support Service

Evaluation Criteria	Weighting
Quality	70%
Price	10%
Innovation	5%
Social Value	15%

4. KEY ISSUES & RISKS

- Due to the cuts to the public health budget, there is a challenge, with no significant uplift in the budget, to maintain quality standards and a sustainable workforce. There are national shortages of health visitors and school nurses and the current service has faced challenges with recruitment.
- Demand on the school nursing service has increased with regard to safeguarding and that has made it challenging for the service to deliver on the early intervention and prevention work required.

- Discussions will be ongoing with partners, such as Lancashire and South Cumbria ICB and NHS England around co-commissioning parts of the model that may help to increase value for money and efficiencies and we will explore joint funding opportunities.
- TUPE transfer would apply if a new provider were to be appointed. The governance board will provide the expert advice on the HR process. A new provider would also mean a transfer to a new data management system for personal data so information governance and IT colleagues will be engaged early on in the process.
- The implications of the new integrated care structure structures will be taken into consideration and an attempt will be made to ensure that any future commissioning on Integrated Care Board footprints will be considered as part of the plans.

5. POLICY IMPLICATIONS

The tender exercise will be delivered in line with current procurement law. The revised delivery model will be informed by evidence based quality standards as per the new Healthy Child programme guidance published in April 2021 (Public Health England, 2021). Following the award of Family Hub funding to the Authority for 2022/23, these contracts will provide key services that make up the integrated offer to children and families across the borough, and will be delivered in Family Hubs.

The following national strategies and plans will also inform the new local delivery model:

- Health visiting and School nursing service delivery model (PHE, 2021)
- A best start for life : a vision for the 1,001 critical day (DHSC, 2021)
- No child left behind: a public health informed approach to improving outcome for vulnerable children (PHE, 2020)
- The NHS long term plan (2019)
- Working together to safeguard children (Department for Education, 2018)

Local strategies and plans include:

- The oral health improvement strategy (2021-25)
- The joint health and wellbeing strategy (2018-21 - new strategy in development)
- Early childhood strategy (in development)
- The adolescent strategy (2019-23)
- The neglect strategy (2020-2023)
- Blackburn with Darwen SEND strategy (2020-23)
- Blackburn with Darwen Corporate plan (2019-23 – new plan in development)
- Trauma informed strategic framework for Blackburn with Darwen
- The Balance review of speech and language early identification and support across Pennine Lancashire

[Public Health England, Health visiting and school nursing service delivery model , 2021](#)

6. FINANCIAL IMPLICATIONS

The 0-19 Healthy Child Programme contract will be funded by the Department of Health Public health grant, the table below shows the cost of the initial three year and a half year contract and then the two one year extensions that will be available, if it is decided to extend the contract length. An increase on the previous contract value (£200,000) has been added to the value of the contract as Agenda For Change uplift monies have been added to the Public health grant in 2022/23. Public health departments have to pass these monies to the provider, as the stipulation of the public health grant terms :

The contract value for the 0-19 service has remained at a static rate for four years, since 2019/20. Since the start of the contract in 2017/8, NHS pay scales have had a 10% increase and with inflationary increases and the cost of petrol rising, the slight increase in the contract value means the real terms actual financial envelope is a decrease on the previous contract value. The increasing complexity and demand on the service post covid and as a knock on impact of the cost of living crisis, mean that any further reduction in funding would make the service objectives undeliverable.

A breakdown of the different Lot values is shown in the table below:

	Value per annum (full year effect)
Lot 1	£3,887,666
Lot 2	£100,000
Lot 3	£95,000
Contract total value per annum	£4,082,666

The total value of the three contracts over the potential five and a half years is shown below:

Year		Total contract values
Year 1 – six months	23/24	£2,041,333
Year 2	24/25	£4,082,666
Year 3	25/26	£4,082,666
Year 4	26/27	£4,082,666
Additional optional years		
Year 5	27/28	£4,082,666
Year 6	28/29	£4,082,666
Total		£22,454,663

Year one of the all the contract values will be 50%, to take into account the half year effect.

7. LEGAL IMPLICATIONS

An open tender process will be followed to ensure these tenders attracts providers with sufficient knowledge and expertise. The tendering process will need to comply with the Public Contracts Regulations 2015 and the Council’s Contract and Procurement Procedure Rules. The contract will be in a form approved by legal officers in the Contracts and Procurement team.

8. RESOURCE IMPLICATIONS

The management and implementation of the tender will be led by the Public Health team including input from Legal, Finance, HR and the commissioning and procurement team.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. *(insert EIA link here)*

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. *(insert EIA attachment)*

10. CONSULTATIONS

There will be a three phase approach to the consultation and engagement strategy that will draw upon the learning and feedback and build this into the design at each stage.

Stage one, which has already taken place, focussed on children and families, young people, current staff and partners and included a mix of questionnaires and focus groups. A draft consultation report has been drawn up of key findings.

Stage two, is currently underway involving soft market testing with current and potential providers in the market, steering the process by broadening understanding of the current market place and any innovations in practice which can be written into the service specification process. Meetings with all of our incumbent providers took place in June 2022.

Stage three will follow and focus on a market engagement event, once the tenders have gone online via the CHEST procurement system. These events will allow potential providers to gain more understanding of the service required and a chance to ask questions, before final tenders are submitted. Clarifications questions can also be asked via the CHEST.

A full consultation programme with colleagues from other relevant departments will take place, as well as the expert reference group, and all relevant partnership groups and boards will be consulted.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION: 1

CONTACT OFFICER: Liz Johnston, Public Health specialist – Start Well

DATE:	8th of July, 2022
BACKGROUND PAPER:	