COMMISSIONING AND PROCUREMENT SUB-COMMITTEE/STRATEGIC RGENERATION COMMITTEE - 15th July 2015

Subject:	Re-procurement of the school nursing service	
Corporate	Alison Michalska - Corporate Director Children and Adults	
Director(s)/	Candida Brudenell - Strategic Director Early Intervention	
Director(s):	Alison Challenger – Interim Director of Public Health	
Portfolio Holder(s):		
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Key Decision		No
Pasons: Fynanditure Income Savings of £1 000 000 or -		014-1
more taking account of the overall impact of the decision		Capital
Significant impact on communities living or working in two or more		7 N.L.
wards in the City		No
Total value of the decision: £1,572,459		
Wards affected: All Date of consultation with Portfolio		
Holder(s): Cllr Norris		
Relevant Council Pla	an Strategic Priority:	
Cutting unemploymen	nt by a quarter	
Cut crime and anti-social behaviour		
Ensure more school leavers get a job, training or further education than any other City		
Your neighbourhood as clean as the City Centre		
Help keep your energy bills down		
Good access to public transport		
Nottingham has a good mix of housing		
Nottingham is a good place to do business, invest and create jobs		
Nottingham offers a wide range of leisure activities, parks and sporting events		
Support early intervention activities		$\overline{\square}$
Deliver effective, value for money services to our citizens		
Summary of issues (including benefits to citizens/service users):		

Summary of issues (including benefits to citizens/service users):

This report seeks dispensation to extend the contract for School Nursing until March 2017 in order to allow all options for integration of children's 0-19 services to be fully explored. The Child Development Strategic Review is currently underway in response to the opportunity for increased integration of commissioning and service delivery offered by the transition of commissioning responsibility for Health Visiting and the Family Nurse Partnership (FNP) to the Local Authority in October 2015. All options for integration are being considered as part of this Review.

Exempt information:

Appendix 1 is exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972 because it contains information relating to the financial affairs of a particular person (including the authority holding that information) and having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. It is not in the public interest to disclose this information because it is commercially sensitive and may jeopardise contract negotiations.

Recommendation(s):

- **1. Approve** the extension of the Public Health contract detailed in **exempt Appendix 1** for 1 year, at a cost not exceeding its current contract value;
- 2 Approve dispensation from sections 5.1.1 and 5.1.2 of the Council's Contract Procedure Rules, in accordance with section 3.29 of the Council's Financial Regulations, in respect of the Public Health contract indicated in **exempt Appendix 1.** The Chief Finance Officer has been consulted on and agrees to this request.
- **Delegate** authority to the Director of Public Health in consultation with the Portfolio Holder of Adults and Health, to agree the final value and award the contract for the service listed in **exempt Appendix 1,** providing this does not exceed its current value, noting that a Delegated Decision Making Form would need to be completed to record this decision.
- **4 Delegate** authority to the Head of Quality and Efficiency to sign the final contract extension in respect of the service detailed in **exempt Appendix 1**, following approval by the Director of Public Health to the agreed contract award.
- 5 Approval to spend the budget to support the contractual value set out in exempt Appendix
 1. If the contractual value is over and above the current indicative value, a separate report will be presented for approval.

1 REASONS FOR RECOMMENDATIONS

- 1.1 To allow the option to integrate Public Health Nursing services (0-19) by aligning the procurement of the service to timescales of the Child Development Strategic Review (CDR) and the re-procurement of Public Health Nursing (0-5) services (Health Visiting and Family Nurse Partnership).
- 1.2 To maximize the potential for increased integration of universal / preventative and early help services. Postponing the procurement will allow an in-depth options appraisal as part of the CDR to be developed which will determine the most effective, efficient, acceptable, accessible and equitable use of resources utilising an evidenced based integrated pathway of services for pregnant women, babies, children and young people up to the age of 19.
- 1.3 To support the achievement of a consistent and seamless delivery of the Healthy Child Programme 0-19 and achieve quality outcomes for children and parents and contribute to the recommendations from the Nottingham City Joint Strategic Needs Assessment and relevant Public Health Outcomes Framework indicators.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

The Healthy Child Programme (HCP)

- 2.1 The HCP¹ is an evidenced-based early intervention and prevention public health programme for children and families. It sets out the recommended framework of services for children and young people aged 0 -19 years (including during pregnancy) to promote optimal health and wellbeing, prevent ill health and provide early intervention when required.
- 2.2 The HCP delivers universal services to all children and families, including routine screening and developmental checks. Through the programme, families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided.
- 2.3. Health Visitors and Family Nurses (FNP) lead the implementation of the HCP (0-5) in partnership with other health and social care colleagues. Effective implementation of the HCP (0-5 years) contributes to: a range of health and wellbeing outcomes such as strong parent-child attachment and positive parenting; care that helps to keep children healthy and safe (e.g. healthy eating, prevention of certain serious communicable diseases, increased rates of breastfeeding); and readiness for school and improved learning.
- 2.4 In partnership, School nurses lead the implementation of the HCP (5-19 years). Effective implementation improves a range of public health outcomes including improved sexual health, reduced numbers of teenage pregnancies, healthy diet and exercise, improved educational outcomes, smoking prevention and cessation, alcohol and substance use prevention and awareness and improved emotional health and wellbeing.

Current Public Health Nursing Services and commissioning arrangements

- 2.5 On 1 April 2013, under the provisions of the Health and Social Care Act (2012), Nottingham City Council (NCC) became responsible for commissioning School Nursing services (including mandatory provision of the National Child Measurement Programme).
- 2.6 School Nursing in Nottingham is currently provided by Nottingham CityCare Partnership; the current contract expires on 31/03/2016.
- 2.7 School nurses provide a specialist public health service to all children and young people (aged 5 19 years) resident in Nottingham City or attending City schools. There are 57,200 Nottingham citizens in this age group. The nurses work with other professionals to support schools in developing health reviews at school entry and key transitions, managing pupils' wellbeing, medical and long-term conditions and needs and developing schools as health-promoting environments. School nursing is the only independent access to health and social services for children and young people.
- 2.8 Currently the responsibility for commissioning Health Visiting and FNP services is delegated to NHS England. This responsibility will transfer to local authorities on 1st October 2015. NCC has been a co signatory to the health visiting and FNP contract since April 2015 to support a smooth transition. The contract provides the option to extend the current contractual arrangements until March 17 when these services will be re-procured.

¹ The HCP comprises three guidance documents: HCP - pregnancy and the first 5 years of life; HCP - the 2 year review; HCP –from 5-19 years. The documents include a programme schedule of age appropriate health and development reviews.

- 2.9 Health visitors provide a universal service to all families, with additional targeted support to those in greatest need. Every child is entitled to the best possible start in life and health visitors play an essential role in achieving this. By working with, and supporting families during the crucial early years of a child's life, health visitors have a profound impact on the lifelong health and wellbeing of young children and their families.
- 2.10 FNP is an evidence-based, intensive preventive home visiting programme for vulnerable, first-time young parents that begins in early pregnancy and ends when the child reaches age two years. FNP has three aims, namely to improve pregnancy outcomes; to improve child health and development; to improve parents' economic self-sufficiency.

Child Development Strategic Review (CDR)

- 2.12 The CDR is being undertaken by Nottingham City Council in partnership with Nottingham City Clinical Commissioning Group (CCG) in response to the opportunity for increased integration of commissioning and service delivery offered by the transition of commissioning responsibilities for Health Visiting and the FNP to the Local Authority on the 1st October 2015.
- 2.13 In order to maximize the potential for increased integration, an in-depth review of existing provision for children and young people is underway and will make recommendations to inform the development of an integrated and evidence-based offer for universal and early help services and approaches that will support health, social and educational outcomes for pregnant women, babies, children and young people and their families in Nottingham within the resources available.
- 2.14 An options appraisal which considers the various options for integration will be completed by September 2015. A draft integrated service specification for mixed skill area teams will be developed by March 2016, ready for implementation in April 2017.

The CDR has an extensive consultation plan which includes engagement with citizens and a range of other stakeholders through a series of surveys and consultation events.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Option 1 – Tender for school nursing services within the current timeframe so that the new contract commences 1st April 2016 - This option was rejected as it would allow insufficient time to complete the CDR and thus restrict the options for integration of 0-19 services. This would reduce the opportunities for added benefits for citizens of an integrated public health nursing service and possible enhanced efficiency savings.

Option 2 – Decommissioning of the school nursing service on expiry of the contract date was rejected as it would not be in the best interests of citizens. The only independent access to health and social services for children and young people would be lost which would have a detrimental impact on health, social and educational outcomes for children and young people in Nottingham city. In addition, the Local Authority has a statutory duty to commission the child measurement programme, which is delivered by the School Nursing service.

4 FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- 4.1 The maximum cost of the contract (one year only) is detailed in exempt Appendix 1.
- 4.2 The funding of the contract can be contained within the Public Health budget allocation.
- 4.3 Approval is given to award the contract up to its current annual cost. Any increase in contract value above that level will require further approval to be gained through the appropriate process.
- 4.4 Contract performance will be closely monitored to ensure the outcomes align to the City Councils framework to achieve value for money and deliver on the principles of economy, efficiency and effectiveness
- 5 <u>LEGAL AND PROCUREMENT COMMENTS (INLUDING RISK MANAGEMENT ISSUES, AND INCLUDING LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)</u>

6 SOCIAL VALUE CONSIDERATIONS

Social Value is inherent in the subject matter of this procurement, as an open access health service for citizens. However the possibility for creating additional social value (for example generating employment and training opportunities) will be considered as part of the procurement process.

7 REGARD TO THE NHS CONSTITUTION

Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making this decision relating to public health functions, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission services to improve the health of the local community.

8 EQUALITY IMPACT ASSESSMENT (EIA)

An EIA is not needed as the report does not contain proposals for new or changing policies, services or functions, financial decisions or decisions about implementation of policies development outside the Council.

- 9 <u>LIST OF BACKGROUND PAPERS RELIED UPON IN WRITING THIS REPORT</u>
 (NOT INCLUDING PUBLISHED DOCUMENTS OR CONFIDENTIAL OR EXEMPT INFORMATION)
- 9.1. Child Development Review Project Implementation Document Summary

10 PUBLISHED DOCUMENTS REFERRED TO IN THIS REPORT

- 10.1 Health and Social Care Act (2012)
- 10.2 Healthy Child Programme (2009)

11 OTHER COLLEAGUES WHO HAVE PROVIDED INPUT

11.1 Laura Patterson, Contract Performance Officer, Contracting and Procurement Dawn Cafferty, Procurement Category Manager – Community, Health and

Education, Procurement Team Andrew James, Senior Solicitor, Contracts and Commercial Team, Legal Services Dee Fretwell, Finance Analyst, Children and Families, Strategic Finance