

Nottingham City Council Delegated Decision



Nottingham
City Council

Reference Number:

5183

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Department:

People

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Subject:

People Seeking Asylum and Refugee Access to Healthcare Service

Total Value:

£684,087 (Type: Revenue)

Decision Being Taken:

. To approve the expenditure of £684,087 (£136,817 per year) from the ring-fenced public health grant for a 5-year period (3+2 years) from 1st April 2025 to 31 March 2030 for the People Seeking Asylum and Refugee Access to Healthcare Service, which supports access to healthcare for refugees and people seeking asylum.. To approve procurement of the People Seeking Asylum and Refugee Access to Healthcare Service through a suitable procurement process, and award of contract to the successful provider based on the outcome of that tender process. .To provide delegated authority to the Director of Public Health to approve the tender award. . To provide delegated authority to the Head of Quality and Contracts to sign the contract issued because of this tender and any subsequent amendments or extensions.To note that the associated spend for these decisions has been approved by the Section 151 Officer through the Spend Control process (SR ID 7492)

Reasons for the Decision(s)

People seeking asylum, refugees and those refused asylum face several barriers to accessing mainstream health services in the UK, including registering with GP practices, language and literacy barriers, poverty and limited understanding of NHS services. They are recognised as a vulnerable group who experience higher burden of communicable diseases and mental ill health. Women seeking asylum often access antenatal services later with poorer health outcomes. Since 2020, the number of people seeking asylum and accessing specialised resettlement programmes in the UK has risen significantly. In 2021 and 2022 Nottingham also began hosting people from Afghanistan and Ukraine. According to Home Office data there were around 1,500 people seeking asylum in Nottingham in December 2023. In addition to this, there are several thousand people with Refugee status and an unknown number of people refused asylum in Nottingham who also need support to access healthcare. To redress these inequalities, Nottingham City Council Public Health currently fund the Into The Mainstream service provided by Nottingham and Nottinghamshire Refugee Forum (NNRF) which supports people seeking asylum and refugees to access healthcare, register with a GP and/or dentist, make healthcare appointments, access translation services as needed for their appointments, and obtain HC2 certificates. The service also signposts to maternity care and other services as appropriate. The Into The Mainstream service has been provided by the NNRF, for the last 12 years. The funding has not increased significantly in that time and has therefore reduced in real terms. The current grant-funded arrangement is in place until 31 March 2025. To ensure sustainability and strengthen the contractual arrangements it is proposed to competitively procure the service from 1 April 2025 onwards. The procurement will be informed by the recently completed Joint Strategic Needs Assessment Profile (JSNA) which has comprehensively assessed need and will inform the design of the provision. In 2023 a commissioning review took place to consider the support needed by people seeking asylum, refugees and those refused asylum, to access healthcare. This review included a project team with partners such as the NCC Resettlement team, service user surveys conducted with those having lived experience, a stakeholder event to gather views of wider partners such as the Nottingham and Nottinghamshire Refugee Forum (NNRF) and other providers, and a full options appraisal. The preferred option was to jointly commission a suitable service with a neighbouring local authority. During 2023/24 there have been significant changes in demographics, which has meant that options to jointly commission are no longer viable. The proposal is to commission a service to meet these needs at a value that is consistent with the level of needs and costs of delivering such a service. It is proposed that the contract be for 5 years (3+2 years) to support provider stability. In recent years costs of delivering services have risen significantly, and there has been a risk that providers may not be able to deliver services within the previously agreed cost envelope. To avoid this occurring, the annual value of the contract has been calculated as an average of the expected actual costs of providing the core service, per year over the full life of the contract. The total expected value of the service over the lifetime of the contract (3+2 years) is £684,087. This equates to £136,817 per year. This full value is to be funded through the ring-fenced Public Health grant. Nottingham City Council has been in receipt of Home Office annual dispersal scheme grant funding in recent years. There is potential that it may be desirable to use some of this additional funding to support health outcomes for this cohort. Where it is consistent with the activities that comprise this service, the most efficient way to do this is likely to be by adding the desired additional activity to this contract. However, any additional funding beyond the agreed value of this decision is not confirmed at this stage. Therefore it is recommended that we include the potential for an agreed value of additional funding and the associated additional activity to be delivered, within the tender documents at the time of the procurement. This will avoid duplication of work in terms of arrangements with the provider, and support the efficient use of a single, well-managed contract where appropriate, without committing ourselves to funding that is not yet quantified. Should the activity required be significantly different to the service described in this paper, we would seek to provide it through separate procurement and contractual arrangements. Any additional funding is to be the subject of a future decision. This proposal will deliver best value by: - Being commissioned and procured through a competitive tender process,

ensuring healthy competition for the contract and securing the best quality for the funding available.. - To ensure the new service continues to deliver high quality support over the lifetime of the contract, the contract will be managed by Nottingham City Council's Contracts Team and be fully monitored including regular reporting on Key Performance Targets (KPIs), performance management meetings and quality monitoring. KPIs will be developed and agreed for inclusion with the service specification prior to procurement taking place. KPIs will ensure that we can monitor both the volume of activity taking place (e.g. number of individuals supported to register with a GP), the impact of the activity and the extent to which the service is meeting the needs of the whole of the relevant population. Ongoing review will ensure that the service is sufficiently adapting to changing needs/demand and maintaining effectiveness.. - Ensuring the new contract reflects the true cost of running the service. The current model has relied on the added value offered by the current provider, such as translation through existing staff members. Costs and service needs have increased significantly since the grant arrangements were previously put in place but work with the provider has taken place to ensure that the proposed budget is reflective of the full cost of the service, including expected capacity. . - Seeking to include the option for potential additional grant funding which may be available, avoiding duplication of work in terms of arrangements with the provider, and supporting the efficient use of a single, well-managed contract where appropriate.. - The new service will be shaped by the recently completed JSNA Profile and will reflect our improved understanding of the needs of refugees and people seeking asylum.

Other Options Considered:

1. Do Nothing Allow the grant arrangement to end and not continue to fund this type of preventative approach. Due to a limited understanding of the healthcare system in England, and eligibility for it, it is likely that many people from this cohort would not register with GP practices and dentists without support. This results in people waiting until their health conditions become more severe, then accessing more acute services such as hospital emergency departments. This leads to poorer health outcomes for this cohort, and additional strain placed on our over-stretched healthcare system. Therefore, this option is not recommended.

2. Extend the existing Into The Mainstream provision The existing provision is funded through a grant arrangement which is in place till 31 March 2025. The current grant arrangement provides limited opportunities for collecting service level information to support good commissioning practice. In order to have a contract in place which can be managed effectively, it will be necessary to competitively tender for this provision. Therefore, this option is not recommended.

3. Jointly fund or commission this type of provision with other partners A commissioning review was completed during 2023 where the interest of neighbouring local authority and health authorities was explored, in case there was an option to progress with joint arrangements. However, due to changes in local accommodation and demographics there isn't an agreed joint approach. Therefore, this option is not viable and is not recommended.

Background Papers: JSNA Profile

Unpublished background papers: JSNA Profile - People seeking asylum, refugees, people refused asylum.pdf

Published Works: None.

Affected Wards: Citywide

Colleague / Councillor Interests: None.

Consultations:

Date: 20/02/2024

Other: Stakeholders, service users.

A number of consultations have taken place to identify and understand issues faced by those seeking asylum and refuge when accessing healthcare. In 2020, the NNRF conducted 58 interviews with people who have direct experience of the difficulties of accessing healthcare. Face to face surveys conducted in August 2023 to assess the difficulties in accessing healthcare and what worked well and what did not work well with the People Seeking Asylum and Refugee Access to Healthcare Service. A stakeholder event was held in June 2023 where a range of stakeholders provided feedback into healthcare provision for those seeking asylum and refuge. The event was also able to identify additional stakeholders who were later interviewed in September 2023 and February 2024.

Those not consulted are not directly affected by the decision.

Crime and Disorder Implications:

n/a

Equality:

Please login to the system to view the EIA document: EIA - FINAL V4-20240830.docx

Social Value Considerations:

. Volunteering opportunities that will allow for upskilling and improving employability. Community development - the service will improve resilience by encouraging this community to peer support each other and through health literacy. The service will also link with other agencies to support and signpost this community with other needs such as housing and learning opportunities such as English for Speakers of Other Languages (ESOL).

Regard for 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.

Decision Type:

Portfolio Holder

Subject to Call In:

Yes

Call In Expiry date:

10/10/2024

Advice Sought:

Legal, Finance, Procurement, Equality and Diversity

Commissioner Comments:

The Commissioners are content with this decision

Legal Advice:

Legal advice is completed Advice provided by Vendie Charles (Contracts & Commercial Solicitor) on 20/08/2024.

Advice documents: People Seeking Asylum and Refugee Access Legal Comments VS 2.docx

Finance Advice:

See attached. Advice provided by Tracey Moore (Senior Finance Technician) on 03/09/2024.

Advice documents: Observations of FBP People Seeking Asylum and Refugee Access.docx

Procurement Advice:

This decision relates to the commissioning and procurement of a service for People Seeking Asylum and Refugee Access to Healthcare at a cost of £684,087 (£136,817 per year) to be funded from the ring-fenced public health grant, to award a 5-year contract(3+2 years) from 1st April 2025 to 31 March 2030. A competitive tender will be undertaken in compliance with the UK Public Contracts Regulations and the Council's Contract Procedure Rules. The award of the contract will secure the best value for money for the council. Spend Control Approval ID7492 is in place for this decision.

Advice provided by Nicola Harrison (Procurement Lead Officer) on 14/08/2024.

Equality and Diversity Advice:

The EIA has been reviewed. There are no impacts to any of the protected characteristics and therefore happy to sign off. Advice provided by Rosey Donovan (Equality and Employability Consultant) on 02/09/2024.

Signatures

Pavlos Kotsonis (Executive Member - Adult Social Care and Health)

SIGNED and Dated: 03/10/2024

Lucy Hubber (DPH)

SIGNED and Dated: 03/10/2024