

London Borough of Hammersmith & Fulham

Report to: Cabinet

Date: 01/02/2021

Subject: 0-19 Public Health Nursing Procurement Strategy

Report of: Councillor Ben Coleman - Cabinet Member for Health and Adult Social Care

Report author: Susan Hughes - Programme Lead

Responsible Director: Lisa Redfern - Strategic Director of Social Care

Summary

Local Authorities have mandated responsibilities under the Health and Social Care Act 2012 to ensure the delivery of universal and targeted Health Visiting and School Nursing Services to the whole child population cohort. Clinically governed provision for the delivery of these services must be identified and commissioned by local authorities.

This report seeks approval of the procurement strategy which sets out the intention to tender for the delivery of a high quality and ruthlessly efficient, 0-19 years Healthy Child Programme service in Hammersmith and Fulham.

Recommendations

1. Appendix 2 and Appendix 4 are not for publication on the basis that they contain information relating to the financial or business affairs of any particular person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).
2. To approve a direct award to Central London Community Healthcare Trust ('CLCH') for a period of 5 months from 1 April 2021 to 31 August 2021, for the total sum of £2,304,275.
3. To approve the Procurement Strategy for the re-procurement of a single contract for the delivery of the health visiting and school nursing service from 1 September 2021 as set out in Appendix 1, in accordance with the Council's Contracts Standing Order 18.1

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	Linking in with the development of new models in Children's Services and local community organisations; to ensure positive health and wellbeing outcomes for children young people and families.
Creating a compassionate council	Further enhancing our 0-19 offer will ensure that children are healthy and reach their potential and will give families greater choice and control over their lives. The service will work flexibly so that Children and Families are no constrained by service need or setting.
Doing things with local residents, not to them	The service specification will ask that the new provider ensures that coproduction with residents is at the heart of service design and delivery and ongoing review/improvement to ensure that their needs are being met and respond well in preparation for any changes of need. Hearing from service users directly will be part of the contract management of this service.
Being ruthlessly financially efficient	We are changing how we invest in line with other similar boroughs and shifting towards greater prevention and early identification by improving referral pathways into children's and adult Services.
Taking pride in H&F	Quality provision in collaboration with other services and focussing on prevention and early intervention will ensure positive health and wellbeing outcomes for all children and families. As a result, they can take pride in their in their Borough.
Rising to the challenge of the climate and ecological emergency	Providers will be expected to commit to environmental outcomes as part of their social value offer. There will also be an opportunity to retain some newer ways of delivering this service as a result of COVID-19; for instance; less travel of staff due to the delivery of some appointments virtually.

Financial Impact

- Benchmarking has shown that the service cost at LBHF for this area is higher than average compared to other London boroughs. The procurement of the 0-19 Public Health Nursing services is designed to both improve outcomes in this service area and reduce costs by aligning service provision with currently identified needs. The savings delivered will be reinvested in services delivering Public Health outcomes.
- This service is currently fully funded from the ringfenced Public Health Grant and will continue to be fully funded from this grant after re-procurement.

- Continuation of service provision is required until the procurement process is completed and a waiver for the extension of the current contract by 5 months will allow for this. The extension of the current contract will be at the same cost to the council as is currently incurred.

The exempt Appendix 2 contains additional financial implications

Legal Implications

- This report is recommending the approval of a Procurement Strategy in respect of a contract for the provision of the health visiting and school nursing service. The proposed services fall under the category of “Social and other Specific Services” under Schedule 3 the Public Contracts Regulations 2015 (PCR). This is known as the “Light Touch Regime” as it has more flexible procedural requirements than the standard requirements. The proposed contract is for an initial term of 5 years with plus two years and the total estimated cost for the lifetime of the contract is estimated to exceed the existing threshold for contracts under the ‘Light Touch Regime’ is £663,540. Therefore, the Light Touch Regime provisions under the PCR apply in full.
- In the absence of a suitable framework agreement a procurement exercise must be undertaken in order to comply with the PCR. However, under the ‘Light Touch Regime’ regulations 74-76 of the PCR only requires that a contract notice is placed and that some form of competitive exercise is undertaken which follows the principles of fairness and transparency. In practice it is often the case that in order to demonstrate fairness and transparency, it is easiest to adopt one of the standard procedures that apply to contracts not covered by the Light Touch Regime. The PCR require some sort of competitive award process to be undertaken, here it is proposed to adopt an open procurement process for the proposed contract. By adopting the open procedure, the Council would be able to demonstrate compliance with the PCR 2015.
- A contract notice must be published prior to the procurement process on Find a Tender (FTS) and shall be followed by a contract award notice at the conclusion of the procurement process.
- Tenders will be evaluated on the basis of the most economically advantageous tenderer to the Council. Evaluation methodology has been agreed by the project team and is set out in the procurement strategy. The split between quality and price is 70:30.
- As this is a services contract, the Council is also under an obligation under the Public Services (Social Value) Act 2012 to consider how the letting of these contracts can benefit the social, economic and environmental well-being of their area. These are factors which will be considered and built into the contract and procurement documents. The Council has recently adopted a Social Value policy which requires that 10% of the total scoring is for social value, which will be subject to assessment by an external assessor, a company called Social Value Portal. The requirements of the assessor and the Council’s policy will need to be built into the tender documents.
- The total value of the proposed contract in accordance with CSO 16.1 is

considered a high value contract, in excess of £5m, CSO 18.1 provides that for a high value contract in excess of £5m, the approval process for the Procurement Strategy lies with Cabinet. Further, CSO 36 outlines the requirements for the Procurement Strategy which have been complied with in preparing this report.

- This report also recommends the direct award of a contract to Central London Community Healthcare Trust ('CLCH') for a period of 5 months from 1 April 2021 to 31 August 2021, for the total sum of £2,304,275. The value of the proposed direct award contract is above the EU threshold under PCR, therefore the PCR applies in full.
- A waiver of the competition requirements under the Council's Contract Standing Orders (CSOs) CSO 19.1 was granted on 16 December 2020 (Exempt Appendix 4) on the grounds that the contract is for services that are required in circumstances which are genuinely exceptional (CSO 22.3.6). The decision maker needs to be satisfied, based on the information set out in this report, that a direct award would be justified.

The exempt Appendix 2 contains additional legal implications

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Background Papers Used in Preparing This Report

None

DETAILED ANALYSIS

Background

1. The 0-19 Public Health Services programme, including health visiting and school nursing, is currently delivered by the Central London Community Healthcare NHS Trust (CLCH). This contract is due to expire on 31 March 2021
2. In order to ensure the continuation of the 0-19 service until the proposed tender is completed a direct award is sought until 31 August 2021. This will enable commissioners to:
 - work with operational staff and residents to review and develop the service specification further through consultation and coproduction;
 - allow sufficient time for governance in order to put it to the market;
 - carry out a transparent competitive market process;
 - award and sufficiently mobilise with the new contract to commence at the end of the direct award period on 1 September 2021.

Proposals and Analysis of Options

Proposed delivery model

3. The children's public health commissioning responsibilities for the Council are to deliver:
 - targeted and universal health visiting services, including the Healthy Child Programme for 0-5 years, and five mandated health visiting reviews from antenatal stage through to when a child is 2.5 years.
 - targeted and universal school nursing provision for all schools including academies and free schools. This includes the Healthy Child Programme 5-19 years and the mandated National Child Measurement Programme (NCMP) at reception and year 6. School health teams will be aligned with Early Help Localities to improve multidisciplinary working. School health teams will participate in a "Team Around the Family" and "Team Around the School" approach.
4. It is recommended that the Council procure an external provider that will deliver the following functions:
 - Function One: Delivery of Health Visiting (0-5) including integrated delivery of Maternal Early Childhood Sustained Home Visiting (`MECSH`) targeted prevention (0-2);
 - Function Two: Delivery of the school nursing service (5-19 and 19 – 25 with SEND)

Model outline

5. The 4,5,6 model as set out in section 3 of Appendix 1 sets the contribution of Health Visitors and School Nurses to the Healthy Child Programme and to describe areas

where they will have significant impact on health and wellbeing and improving outcomes for children, young people, families and communities.

6. The model provides an evidence-based framework on which health visitors and school nurses, as leaders of the Healthy Child Programme, can maximise their contribution and make the biggest impact.
7. We propose to also introduce the MECSH model which is a structured programme for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage and, unlike Family Nurse Partnership (FNP), has no age restrictions to whom can be accepted on to the programme. This is especially important for all families and children whose personal, social and emotional development have been negatively impacted as a result of the pandemic.
8. MECSH is delivered as part of a comprehensive, integrated approach which has shown positive outcomes for those children who have been part of this programme. This model is more flexible than FNP as it focuses on any vulnerable family and recognises that families can move in and out of high risk. Unlike FNP it is integrated into the health visiting service rather than being a stand-alone programme.

Proposed procurement route

9. It is proposed that the Council procure a new service as follows:

Contract	Type of service	Procurement method and evaluation
Integrated service as a single contract for five plus two (5+2) years with an annual contract value as set out in the exempt Appendix 2.	0-19 Public Health Nursing Service for the delivery of the Healthy Child Programme	Open procedure - It is recommended that the evaluation for the procurement of the contract uses a 30% price and 70% quality weighting to ensure the delivery of quality services

10. This is considered the best commissioning option to enable the Council to achieve its strategic objectives for the 0-19 Healthy Child Programme and the duration of contract is considered to offer sufficient time to embed and build a service which can make meaningful and measurable changes in population health and wellbeing.
11. A full analysis setting out all commissioning options considered for the service are reflected in the options appraisal in section 6 of Appendix 1. The alternative options considered were as follows:
 - To procure Health Visiting and School Nursing in two lots
 - Section 75 Agreement

- Bring in house
- Open tender for a combined children’s services delivery model encompassing Children’s Services and Public Health Nursing provision under one commissioned service. e.g. Essex Child and Family Wellbeing Service
- do nothing

Other Commissioning Options considered

12. Frameworks, multiple providers, dynamic purchasing models and similar flexible purchasing structures do not feature in this type of single provider delivery.

Procurement timeline

13. The table below sets out the indicative procurement timetable for recommissioning the 0-19 Healthy Child Programme (HCP):

What	When
Phase 1 – Co-producing and determining commissioning requirements	
Co-production with residents	Jan 20 – Feb 20 & July 20 – Sept 20
Service review and analysis of best practice models	Aug 20 – Oct 20
Consultation (Service users and Health, Social Care and Education Professionals)	Oct 20 – Nov 20 (4 weeks)
Issue of a Prior Information Notice	Oct 2020
Phase 2 – Governance and decision-making	
Officer governance and challenge	Nov 20 - Dec 20
Cabinet approval of procurement strategy & business case	Feb 21
Phase 3 – procurement and mobilisation	
Development of contract documents	Dec 20 – Jan 21
Tender submission and Evaluation period	Feb 21 – Apr 21 (10 weeks)
Cabinet Member approval for contract award	May 21
Contract award	End of May 21
Contract mobilisation	May 21 – Aug 21 (14 weeks)
Service commencement	1 Sept 21

Reasons for Decision

14. Local Authorities have mandated responsibilities under the Health and Social Care Act 2012 to ensure the delivery of universal and targeted Health Visiting and School Nursing Services to the whole child population cohort.
15. Requirements from the market for these types of services are CQC registration, high levels of clinical governance, appropriate organisational infrastructure and established track record of delivering Public Health Nursing services.

16. This type of population need requires the procurement of services with outstanding and clearly established clinical governance, safeguarding and health metric reporting structures. This type of expertise is sought from clinically appropriate providers.
17. We consider that the delivery model will ensure that:
 - 0-19 Public Health outcomes will be achieved
 - Investment in line with other similar boroughs and shift towards greater prevention and early identification by improving referral pathways into children's and adult services. Tenderers will be expected to set out how they will their interface with the local children's services and the team around the school and team around the family approach
 - a further enhanced 0-19 offer made available so that children are healthy, will reach their potential and offer families greater choice and control.
18. The new service model is also considered a key driver of cost avoidance for the Council. Within the service itself, the Healthy Child Programme (HCP) promotes improved outcomes along with increased value for money. This model will realise significant savings through:
 - a reduction in duplication
 - streamlined pathways
 - integrated management structure
 - development of skill mix
 - improved prevention of health and social care in the community, resulting in reduced needs in social care
19. This duration of contract is considered to offer sufficient time to embed and build a service which can make meaningful and measurable changes in population health and wellbeing.

Equality Implications

20. There are no anticipated negative implications for groups with protected characteristics, under the Equality Act 2010, by the approval of the procurement strategy outlined in this report.

Implications completed by: Fawad Bhatti, tel. 07500 103617.

Risk Management Implications

21. The services being commissioned are being tendered to ensure that a high-quality service continues to be delivered at the best cost to taxpayers. This is in accordance with the Council's approach in Being Ruthlessly Financially Efficient.
22. A timetable has been set out to ensure that a re-procurement is undertaken in an orderly manner and with appropriate governance. Continuity of service is also a core consideration and a direct award accompanies this proposal to ensure that the service users are unaffected. Consideration will naturally be given to the pandemic and its effects on service provision. Services delivered will be expected to act within HM Government, Health and Safety Executive, and Service Specific Covid safe operating guidance and any applicable regulations. Reference to external regulation and the Care Quality Commission are made in paragraph 15 of this report.

Implications verified by: Michael Sloniowski, Risk Manager, tel 020 8753 2587

Digital Services

23. IT Implications: No IT implications are considered to arise from the proposal in this report. However, if the new contract results in a requirement for the service provider(s) to have interoperability with H&F systems or applications (such as Mosaic) Digital Services must be consulted to ensure that IT requirements are met and that all necessary safeguards, permissions and budgets are in place.
24. IM Implications: A Privacy Impact Assessment will need to be completed to ensure all potential data protection risks in relation to this proposal are properly assessed with mitigating actions agreed and implemented.
25. The contract arising from this report will need to include H&F's data protection and processing schedule. This is compliant with the General Data Protection Regulation (GDPR). The supplier will be expected to have a GDPR policy in place and all staff will be expected to have received GDPR training.

Implications completed by: Karen Barry, Strategic Relationship Manager, Tel: 020 8753 3481

Social Value

26. As part of this procurement to ensure the Bidder provides added social value, we will attribute a tender weighting of 15% to this theme, in line with our Social value strategy. Social value KPI commitments will form part of contractual obligations.

Consultation

27. Full details of all the stakeholders consulted and to be consulted is included in Section 7 of Appendix 1.

List of Appendices:

- Appendix 1 – 0-19 procurement strategy
- Appendix 2 - Exempt financial and legal implications
- Appendix 3 - Equality impact assessment
- Appendix 4 - Exempt - Waiver