Appendix 1 – 0-19 Public Health Nursing Procurement Strategy

Procurement strategy - Contract for 0-19 Public Health Nursing Services

1. PROCUREMENT SCOPE – WHY THE PROCUREMENT IS NEEDED

1.1. This is the procurement strategy for universal child health services 0-19 years including health visiting for children aged 0-5 and school nursing for children aged 5-19. All contracts for these services are procured in line with the national healthy child programme (HCP) model which offers every family a programme of screening tests, developmental reviews, information and guidance to support parenting and healthy choices.

1.2. Universal and targeted health visiting includes the healthy child programme for 0-5 years, and five mandated health visiting reviews - antenatal (from 28 weeks pregnant); new baby; 6 – 8 weeks; 9 – 12 months and 2 - 2 ½ years. Universal and targeted school nursing provision includes the healthy child programme 5-19 years and the mandated National Child Measurement Programme (NCMP) at reception and year 6.

1.3. Local authorities have mandated responsibilities under the Health and Social Care Act 2012 to ensure the delivery of health visiting and school nursing services to the whole of the child population. Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status.

1.4. Key national reports over recent years have reinforced the significance of early intervention and the provision of more targeted support to children and their families. Extensive evidence in the field of public health shows that this type of population intervention, prior to early intervention, significantly reduces all needs across the life course. We are procuring public health nursing and social care in tandem with wider early help services ensuring a common team around the school and team around the family model. Health visitors and school nurses are the only professional groups of local authority commissioned practitioners who seek unidentified health and social care needs in the community of all children and are best placed to identify, meet and report population needs.

1.5. The statutes and national guidance set out the services which must be delivered and quarterly outcome metrics which are reported to and published by Public Health England. Extensive guidance is published in how the law should be interpreted and implemented in public health nursing – the services must deliver nationally specified requirements and locally identified needs. The service objectives are clearly defined and prescribed in 'National Commissioning Guidance for Local Authorities'. Outcomes of this whole population provision are reported to Public Health England and reported quarterly per local authority in nationally published reports.

1.6. This service is required by law to support all children in the borough regardless of established need and requires the procurement of services with clearly established clinical governance, safeguarding and health metric reporting structures. This type of expertise is not typically present in wider local authority structures, subsidiaries or the voluntary sector. The service requires experienced senior management and

clinical leadership and a team of qualified nursing staff who form an intrinsic part of an established health organization, with a track record of delivering specific government led health outcomes to the whole population. Commissioned providers must be Care Quality Commission (CQC) registered and have sufficient clinical governance structures to offer safeguarding for both clinical and health responsibilities. This is a legal requirement as defined by the Health and Social Care Act 2008 (updated 2012) and (Regulated Activities) Regulations 2014.

2. MARKET ANALYSIS

2.1. Public health markets

The type of marketplace for this public health provision differs from the marketplaces for children's social care provision and for CCG health commissioning. Public health nursing delivers a suite of preventative interventions for whole populations and the identification of needs in the community. Services are run by either a single organisation, or on rare occasions Health Visiting and School Nursing may be separated into two lots and procured from two providers or provided in-house.

2.2 Contrasting with social care and individual healthcare (CCG) markets, public health nursing does not comprise packages of care for individuals where unit prices and costs can be easily compared across providers. Public Health Nursing comprises a workforce and a management structure charged with meeting the needs of a whole population.

2.3 The Marketplace for 0-19 public health nursing services is usually buoyant and competitive with a significant number of providers applying to deliver services in local authorities where these services are put out to open tender. The Market for this type of clinically governed provider is dominated by NHS Trusts and a small number of private providers. These organisations have existent, established clinically governed structures suitable for the delivery of public health nursing.

2.4 Local authorities rarely deliver public health nursing in house. It is usually the case that social care departments do not have the clinical staff and expertise even at the most senior director levels to provide adequate clinical governance to oversee public health nursing delivery.

2.5 If considering a model where numerous all Children's Services are procured in one service either the commissioner raises the standards of all Children's Services to sit within a provider with appropriate levels of clinical governance to satisfy public health requirements or public health nursing is excluded from scope for clinical governance and safeguarding reasons.

2.6 **Market Testing** - A PIN notice was placed in OJEU and on the capital sourcing portal to advertise the supplier engagement event which was held on the 11 November 2020. The event was held in order to inform suppliers on the proposed service model and gain feedback and comments on the model, proposed contract length and proposed price: quality split. The event was attended by representatives from 5 organisations who all expressed an interest. These were Solutions for Care, Virgin care, Central London Community Healthcare NHS Trust, Central and North West London NHS Foundation Trust and BFB Labs Ltd. Feedback on the proposed Procurement Strategy including social value and the service model was positive.

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3. PROCUREMENT ROUTE OPTIONS AND CONSIDERATIONS

3.1 It is recommended that the Council externally source a clinically governed provider (as detailed in option 1) to deliver the 0-19 service with high levels of clinical governance, appropriate organizational infrastructure and established track record of delivering public health nursing services.

Option 1 – proceed to open tender – integrated service as one lot (Recommended)

Pros	Cons
Transparent process which is compliant with the procurement regulations;	Extensive commissioning process to secure appropriate provider
Allows market testing, provider innovation and best value	Restricted to established clinical providers
Reduced legal challenge as providers have opportunity to bid	
Safeguarding compliance by clinical evaluation of tenders	

3.1.1. Other options considered were as follows:

Option 2 – Procure Health Visiting and School Nursing in two lots

Pros	Cons
Potential to align services more closely by age.	Increases level or resource to commission and contract manage and a risk to clear delivery to whole child population
Clinical governance requirements remain at same level but may be utilised for school nursing may be less in practice (same level of requirement, less likelihood of requirement)	Two services/ potentially two providers to manage and monitor
Finances are separated, school nursing may gain stronger focus alone.	Most local authorities moving away from this model based on experience of managing it.

Option 3– Section 75 Agreement

Pros	Cons
Allows direct award benefits for Local Authorities and NHS providers	Requires a legal statement that there is no known available market for these services which does not apply in H&F
NHS providers offer well established Clinical Governance arrangements, appropriate workforce requirements and CQC compliance. CGC level good or above.	Pooling of resources with the CCG or the NHS Trusts is not desirable in this instance; evidence that this leads to backfill of poorly performing services and under investment in health visiting and school nursing services with consequent safeguarding risks .
Enables the pooling of resources where	Limited ability to contract manage

this can be shown to be the best option and will improve the health of the local population	compared to commercially tendered services. No resource to contractual mechanisms for poor performance
	Procurement risk; Surrey Council challenged in 2017 over Section 75 award and lost to private provider Virgin care.

Option 4 – Bring services in-house

Pros	Cons
Gives full management and budgetary control to public health function	Clinical Governance structure not existent within H&F to make this possible. Significant cost and risk implications if sought to create this
No need for competitive procurement process	
Potential cost savings in management charges	
No risk of procurement challenge	

Option 5 – Open tender for a combined children's services delivery model encompassing both children's and public health nursing provision under one commissioned service. E.g. Essex Child and Family Wellbeing Service.

Pros	Cons
Services are evaluated for quality in a tendering process.	This was attempted before and was not achieved
Synergies of delivery and contract management drawn together under one umbrella organisation	Public Health statutory obligations to clinical governance would apply resulting in requirement for different providers for existing children's commissioned services
Innovative approach to delivery and flexibility to explore new models.	A combined delivery model would be more complex to both commission and manage

Option 6 – Seek a waiver under the CSO 22.3.6: "there are other circumstances which are genuinely exceptional".

Pros	Cons
Postpones decision at this time of uncertainty in context of COVID	Not compliant with PCR 2015
Guarantees a nursing workforce at a time where this may not be replaceable	Persists with a service which in the exceptional circumstances is not fully able to deliver as contracted.
Guarantees some public health outcomes.	Further delays improved value for money by delaying further a recommissioned service

Option 7 – do nothing

This is not an option as the current contract (via a direct award) will expire on 30 August 2021 and services are mandated under the Health and Social Care Act.

Other Commissioning Structure Options

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

4. RISK ASSESSMENT AND PROPOSED MITIGATIONS

4.1 A risk assessment has informed this procurement strategy covering clinical governance requirements, TUPE and staffing requirements, risk of legal challenge, engagement or stakeholders, partners and service users, use of public health grant and the legal requirements for these services.

5 FINANCIAL INFORMATION

5.1 Public Health Nursing delivers The Healthy Child Programme (HCP) which is funded through the ring-fenced Public Health Grant. The financial envelope for Public Health Nursing Services based on per capita modelling for these services should be between £3.5 and £4.5 million per annum. The forecast saving is expected to be £800k per annum from 1 September 2020.

5.2 Modelling has been undertaken demonstrating that these figures are commensurate with funding offered to these services in other London local authorities. The financial envelope is described over the contract duration with expected efficiencies to be generated through more integrated service delivery, clearer pathways and better information sharing between services.

5.3 The predominant focus of health visiting services is on the very significant majority of families and children in a local authority who never have any involvement with children's social care or special educational needs services. Some of the focus of health visiting is directed to families with greater needs identified in the HCP as 'partnership plus' levels of need, but these families are referred into social services when identified needs exceed those met by the preventive nursing role. Operational overlaps are limited and therefore the opportunities to make efficiencies are also limited.

5.4 The school nursing service has an inverse relationship with Education Services: education is delivered to the whole population of children, but school nurses focus their day to day work on children in schools where individual health needs are identified. Where School Nurses do deliver universally to all children is in the National Child Measurement programme in which all children in YR and Y6 are weighed and measured annually, as mandated under the Health and Social Care Act 2012.

5.5 Savings could be made in management charges currently applied to the service as delivered by the NHS Trust. Modelling of staffing and on costs in the current service suggest that at least 50% of the current funding for Public Health Nursing is expended on management charges.

5.6 Within the service itself, the HCP promotes improved outcomes along with increased value for money. This model will achieve savings through a reduction in duplication, streamlined pathways, integrated management structure, development of skill mix and improved prevention of health and social care in the community, resulting in reduced needs in social care. The specific and unique qualities of the HCP are the focus on primary prevention and promotion of resilience and wellbeing in families. The model offers prevention with early identification through universal engagement and the earliest intervention to either directly support families or ensure they can help themselves. This reduces the number of complex issues arising later that would otherwise cost the council and wider health economy more. The more we can help families to be resilient and enable them to help themselves and know where to access support when they need it, the less draw there will be on the Council's other services.

5.7 These outcomes are typically shown in improvements in educational attainment, particularly readiness for schools, youth offending, emotional wellbeing of parents/carers and therefore their capacity to be strong and effective parents promoting good attachment

6 COMPETITION PROCESS

6.1 It is proposed that an open competitive tender is ran via Capital E Sourcing. Bidders must be CQC registered and have sufficient clinical governance structures to offer safeguarding for both clinical and health responsibilities. Minimum 'good' CQC level. Services will be delivered under a single contract between the Local Authority and the provider of 0-19 Public Health Nursing Services.

6.2 The table below sets out the indicative timetable of activity for recommission of the 0-19 (HCP):

What	When
Phase 1 – Co-producing and determining commissioning requirements	
Co-production with residents	Jan 20 – Feb 20 & July 20 – Dec 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 – Dec 20 (8 weeks)
Issue of a Prior Information Notice	Oct 2020
Phase 2 – Governance and decision-making	
Officer governance and challenge	Nov 20 – Jan 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

7 SELECTION AND AWARD CRITERIA

7.1 An evaluation panel will be formed to review and score the submitted tender documents. The panel will be comprised of appropriately qualified public health, early help, education, commissioning and procurement colleagues as well as parent and young people representatives.

Technical and commercial weighting

7.2 Evaluations will be focused on examining how the proposal will deliver a quality service (technical) with a weighting of 70% to reflect the clinical governance requirements and the cost of the service (commercial) with a weighting of 30% **.**

7.3 Key considerations for scoring the services will be breakdown of staffing, projected coverage of mandated health reviews for children aged 0-5 and dedicated time allocated to community and wider health undertakings. The Evaluation panel will also consider how well the bids set out their interface with the local Children's Services and the team around the school and team around the family approach. The Team Around the School approach provides a strong foundation which supports children, young people and their families by refocusing resources on prevention rather than crisis intervention. It also provides the infrastructure for agencies to continue to work together to improve outcomes for children, young people and their families from 0 to 25.

Social Value

7.4 Public Sector organisations have an obligation under the Public Services (social value) Act 2012 (SVA) to consider how each procurement might improve the economic, social and environmental well-being in a way that achieves value for money as well as generating benefits to society and the economy, whilst minimising damage to the environment. Social value is intrinsic to the delivery of effective 0-19 services as they seek prevent health inequalities and improve the health and wellbeing of children and young people. Social value and community benefits will be built into the contract award criteria.

Price: Quality Ratio

7.5 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. As part of the open tender there will be a Qualification stage and only those tenderers who pass all aspects of this will have their quality and price submissions evaluated. The tenderer who submits the lowest price will be awarded the full 30% available.

Price

7.6 A maximum of 30% will be available for price and will be assessed as follows:

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Price sub-criteria	Award weightings	Rationale
Health Visiting and School Nursing	30%	Tenders that are submitted between £3.5m and £4.5m per annum.
Total	30%	n/a

Quality

7.7 The maximum score available for Quality will be 70%. Tenderers will be assessed against several award criteria. The table below outlines the criteria/factors to be used to score quality, along with their individual weightings and rationale for each.

Quality sub-criterion	Award weightings	Rationale
Implementation Plan	15%	The tenderers proposal will need to demonstrate that they have a robust mobilisation plan for mobilising the Service. The plan should include, without limitation and take the form of; A Gantt chart – setting out the activities required to establish the Services, timescales and who / the roles that would be accountable for delivery; A risk log – identifying and quantifying risk, and proposing actions to reduce the likelihood and / or mitigate the impact of identified risks;and An explanatory narrative supporting the above and detail of any resources the tenderer is willing to commit prior to the commencement date. The Plan should include regular contact with the Authority Representative The Plan should include how they will ensure the safe transfer of child health information from the current provider and ensure service continuity for children and schools.
Service Plan for Service Development and Continuous Improvement	10%	The Tenderer's proposal for the service plan, including without limitation; the evidence it is based on, how it will be imaginative and innovative in the provision of the School Health Service and in tackling child health inequalities. The proposal should include how they think the landscape of children's health and wellbeing is changing and what they will do to innovate accordingly The proposal should include how it will achieve all the outcome targets stated in the service specification. Your submission must include a quarterly breakdown of their submitted outcomes, how they will achieve those over the 5 year

		contract period and outline plans for the locations where they will deliver services.
Partnership working with the community of Early Help, health and education professionals including interface with an existing overarching Children's Social Services models	12%	The tenderer's proposal will need to demonstrate as to how it will work with the Childrens Services, health and educational professionals and the local voluntary and community sector to maximize improvement in health outcomes.
Service Plan for Data Management	10%	The Tenderer's proposal for data collection and management, which should cover (but not be limited to) the following: How data will be collected; How data quality will be ensured; How data will be stored; How data will be provided to commissioners (please refer to KPIs and the service specification); How data on outputs and outcomes will be recorded and reported; What data sharing arrangements the provider will plan to put in place; How will existing child health records be transferred from the current provider; How data will be used to evaluate the effectiveness of the service; and How will data be used to improve health and education outcomes at the key transitions between home and school, and from primary to secondary school.
Staffing – structure, management, retention, qualifications, terms, and conditions LLW	10%	Staff are critical to successful services. The tenderers proposal will explain how it will organised and structure their staffing resources, including training, staff progression and retention.
Improve resident employment, education, and training opportunities	10%	The tenderers proposal must demonstrate how they will work in partnership with other local statutory and community and voluntary sector providers to deliver improved outcomes for residents
Health and Safety of Service Users and Staff including Safeguarding (and approach to risk)	11%	The Tenderers proposals on how it will fulfil the safeguarding requirements as set out in the Specification, including but not limited to ensuring continuity of care for children and families between the Health Visiting and School Health Services.
Added/social value	15%	We want to understand what organizational and financial added value providers will bring to meet the service specification requirements.
Coproduction and social inclusion	7%	We want to see innovative approaches to co-production

Contingency plan which considers Brexit and COVID-19.	n/a	This are is not weighted as part of the evaluation but will be required as part of the tenderers submission.
Total	*100%	n/a

*Scores are then equated to a mark out of 60

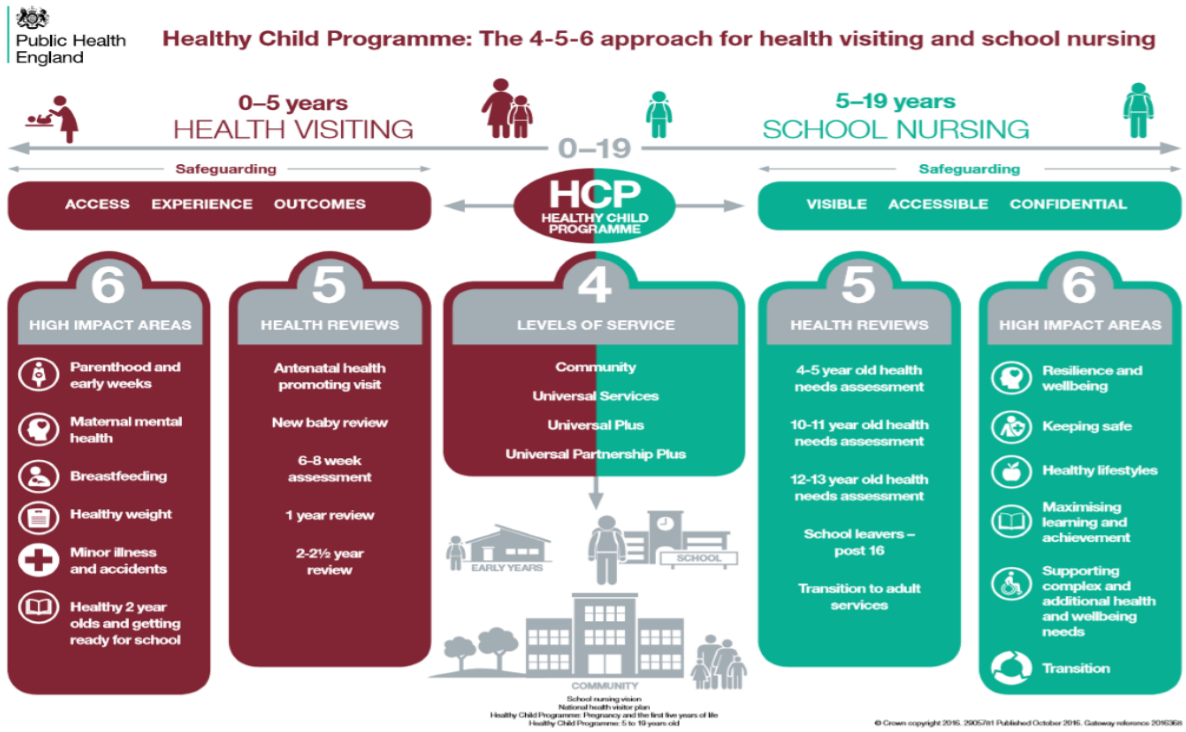
8 CONTRACT PACKAGE, LENGTH AND SPECIFICATION

THE SERVICES

Health visiting children aged 0-5

8.1 A universal health visitor review is an assessment and review of health and development in line with the Healthy Child Programme (HCP). The HCP describes the core purpose of health and development reviews to: "assess family strengths, needs and risks; give mothers and fathers the opportunity to discuss their concerns and aspirations; assess growth and development; and, detect abnormalities early

8.2 Although the HCP 0-5 is offered to all families, it provides opportunities for more extensive preventative work with families who are vulnerable or have additional needs, in line with the principle of universal proportionalism. This is set out nationally in a 4-5-6 integrated model for school nursing of: 4 levels of service provision; 5 health reviews; and 6 high impact areas as illustrated below:



8.3 The four-service provision show the difference between the universal public health population cohort with universal or common health needs, and the much smaller Social Services cohort with more acute social care and health needs: Public Health Nursing refers families into Social Services at the top of its tiers of intervention. From a social services perspective, 'Early Help' for individual families begins where Public Health Nursing is nearing the end of its scope. The Four levels of need described in the HCP are:

- community - includes the work of the service as a whole in providing specialist advice and supporting local health service planning;
- universal - ensures all families receive the five mandated health visitor checks;
- universal plus offer - available to children and their families with additional needs but who do not require social care input. Offers rapid response when specific expert help is needed; and,
- universal partnership plus offer - available to children who are suffering or likely to suffer significant harm (i.e. threshold for child protection). Addresses wellbeing needs within the scope of Public Health, likely to be referred to social care for any additional needs.

8.4 We propose to also introduce the Maternal Early Childhood Sustained Home visiting (MECSH) function 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.

8.5 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.

School nursing - children aged 5-19

8.6 Local authorities are currently the commissioners of school nursing services for local government funded schools and academies however academies or free schools also receive their own budget for school nursing from the weight management programme and vaccinations. The format of the school nursing service is not set out in legislation, consequently school nursing services configuration and delivery varies across England. However, non-statutory guidance produced by the Department of Health and Public Health England in collaboration with SOLACE outlines a continuum of support that children and young people should expect through school nursing and multi-disciplinary working.

8.7 The recommendations include a four-level service model with varying levels of support offered, similar to the model for the 0-5 programme: a community offer; a universal offer; universal plus offer; and a universal partnership plus offer. The 4-5-6 offer is also considered to be best practice in school nursing as follows:

- **Community** - School nurses have an important public health leadership role in the school and wider community - for example, contributing to health needs assessment, designing services to reach young people wherever they are, providing services in community environments and working with young people and school staff to promote health and wellbeing within the school setting.
  In particular school nurses will work with others to increase community participation in promoting and protecting health, thus building local capacity to improve health outcomes.

- **Universal Services** - School nurses will lead, coordinate and provide services to deliver the HCP to the 5–19 years population. They will provide universal services for all children and young people as set out in the Healthy Child Programme, working with their own team and others including health visitors, general practitioners and schools.
- **Universal Plus** - School nurses are a key part of ensuring children, young people and families get extra help and support when they need it. They will offer 'early help' (for example through care packages for children with additional health needs, for emotional and mental health problems and sexual health advice) through providing care and/or by referral or signposting to other services. Early help can prevent problems developing or worsening.
- **Universal Partnership Plus** - School nurses will be part of teams providing ongoing additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantaged children, young people and families or those with a disability; those with mental health or substance mis-use problems and risk taking behaviors. School nursing services also form part of the high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

8.8 For school nurses this means providing a service for children, young people and families at four levels with safeguarding being a core part of each level right through from universal services education about protective behaviors, to working as part of a team providing high intensity services where these are needed.

8.9 The National Child Measurement Programme (NCMP) is a nationally mandated element of the Government's strategy to tackle obesity. The NCMP, established in 2005, aims to weigh and measure the pupils in two school year groups (reception and year 6) and provides population-level surveillance data, as well as local-level data, which can be used to inform local planning and delivery of services, and is set out in National Child Measurement Programme Regulations 2008. Responsibility for the Programme transferred to local authorities as set out in The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Contract Length

8.10 It is recommended that the contract term be awarded for a minimum of 5 years with an option to extend by a further 2 years. This duration of contract is considered to offer enough time to embed and build a service which can make meaningful and measurable changes in population health and wellbeing.

Engagement of stakeholders, partners and service users

8.11 The Council has undertaken formal consultation in respect of these services in accordance with the legal obligations. A range of stakeholders' views have been and are currently being sought. Their feedback is central to the development the service model. The new service model is being developed in the light of:

- findings/themes emerging from the 0-19 public health nursing services review via an online community engagement platform Commonplace. This is currently being accessed by Health, Education and Social Care (including Health Visitors and School Nurses) professionals as well as parents and young people;

- support from the 0-19 steering group;
- interviews with young people including the SEND Advisory Group; output from various stakeholder groups attended by relevant stakeholders including Children' s Services, SEND and Early Years working groups, schools, CCGs and the local voluntary organisations;
- engagement through workshops, parenting groups including BME groups, the Youth Council and the Head Teachers forum;
- workshops and consultations on any specific issues highlighted i.e. with Midwifery advisory group;
- national guidance; and
- learning from other London Boroughs and other areas in the country

Consultation

8.12 Stakeholder consultation is ongoing, but the following themes have emerged and are informing the service specification development:

- a progressive, universal approach to transition needs to be taken with clear pathways for those needing additional support;
- there is a need to develop protocols for robust sharing of information between social care, health and learning services which should limit bureaucracy and be seamless enabling support rather than hindering it and ensuring compliance with the Data Protection Act;
- there are other professionals working with young people who deliver elements of the HCP and who are currently unrecognized;
- quality assurance and evaluation of services should be given priority so that there is a stronger focus on outcomes and quality rather than just on activity;
- quality assurance and client friendly services will enhance outcomes and needs to be consistent across the borough. Award schemes and branding of services is an effective way to promote them to children, young people and families – e.g. PACE Setter, "You're Welcome";
- schools are a setting for delivery if it is supported and needs led with adequate training and effective delivery through appropriate professionals who may be school staff or from other agencies. There is an opportunity in Hammersmith and Fulham to utilize the Healthy Schools London model and adapt it for improving the approach to prevention and health outcomes within schools, colleges and learning settings;
- responsibilities of the different elements of health services should be clearly set out. For example, responsibility for health input into Health Care Plans is often passed between CCG and local authority and a lack of clarity can ensue in cases which are unclear. Health Visitors and School Nurses are often required to spend a disproportionate amount of their time attending case conferences to the detriment of their key responsibilities;
- that School Nurses should be more visible, and roles clearly set out - many parents have reported that they are not clear on the role the School Nurse;
- that schools are clear on what to expect from school nursing (SN) services to include: how SNs are allocated to schools, SN time at safeguarding meeting, data returns, the role of SN in PHSE, menstrual poverty and the co-ordination of NCMP

- there are synergies that could be sought in the delivery of 2-year reviews. GPs typically reported dissatisfaction with the degree to which they are able to engage with Health Visitors in particular.

9 CONTRACT MANAGEMENT

9.1. The contract will be managed from within Health and Social Care Commissioning and operations teams utilising robust contract management and supplier relationship tools and techniques. This will include a multi-agency approach to the management of the contract involving key representatives from Health and other relevant sectors, working together to ensure that that the service provides the best possible support to children and families. There will also be annual contract review meetings.

9.2. The role of the contract manager will include:

- managing expectations and relationships between stakeholders;
- ensure that coproduction is evident in terms of service delivery;
- conducting periodic surveys with staff to get their views of the service and their employer;
- ensuring the obligations of all parties are met;
- managing commercial and operational risk (including financial stability, ethical performance, and quality control);
- managing change and ensuring due governance is undertaken;
- Aligning contract delivery to residents' needs and the commercial and operational objectives of the Council;
- performance management and reporting; and
- seeking opportunities for increased and added value and fostering innovation.

9.3. As a minimum the provider will be expected to ensure that regular service user and stakeholder consultation occurs at all levels of service and that this evidences to commissioners the ways in which service user feedback has been incorporated into service planning and delivery.

Mandated Outcomes

9.4. The mandated undertakings described in this Strategy are reported to Public Health England quarterly, and published for comparison next to data from all Local Authorities in London and England. A Provider with a clear understanding of what this entails, and the technical systems required to deliver this effectively are a critical element of the service provision. Therefore, Clinical Governance is such a key requirement of this service

9.5. The main requirement which a provider of these services must deliver from the first quarter of business operation would be the Early Years Minimum Data set (EYMDS). This requires an established workforce with experience, a management structure experienced in this type of data and it's acquisition to identify and resolve any undeliverable, and a Healthcare IT system such as System One or EMISS, such as is used by GPs and NHS Trusts, in order to capture and report the data.

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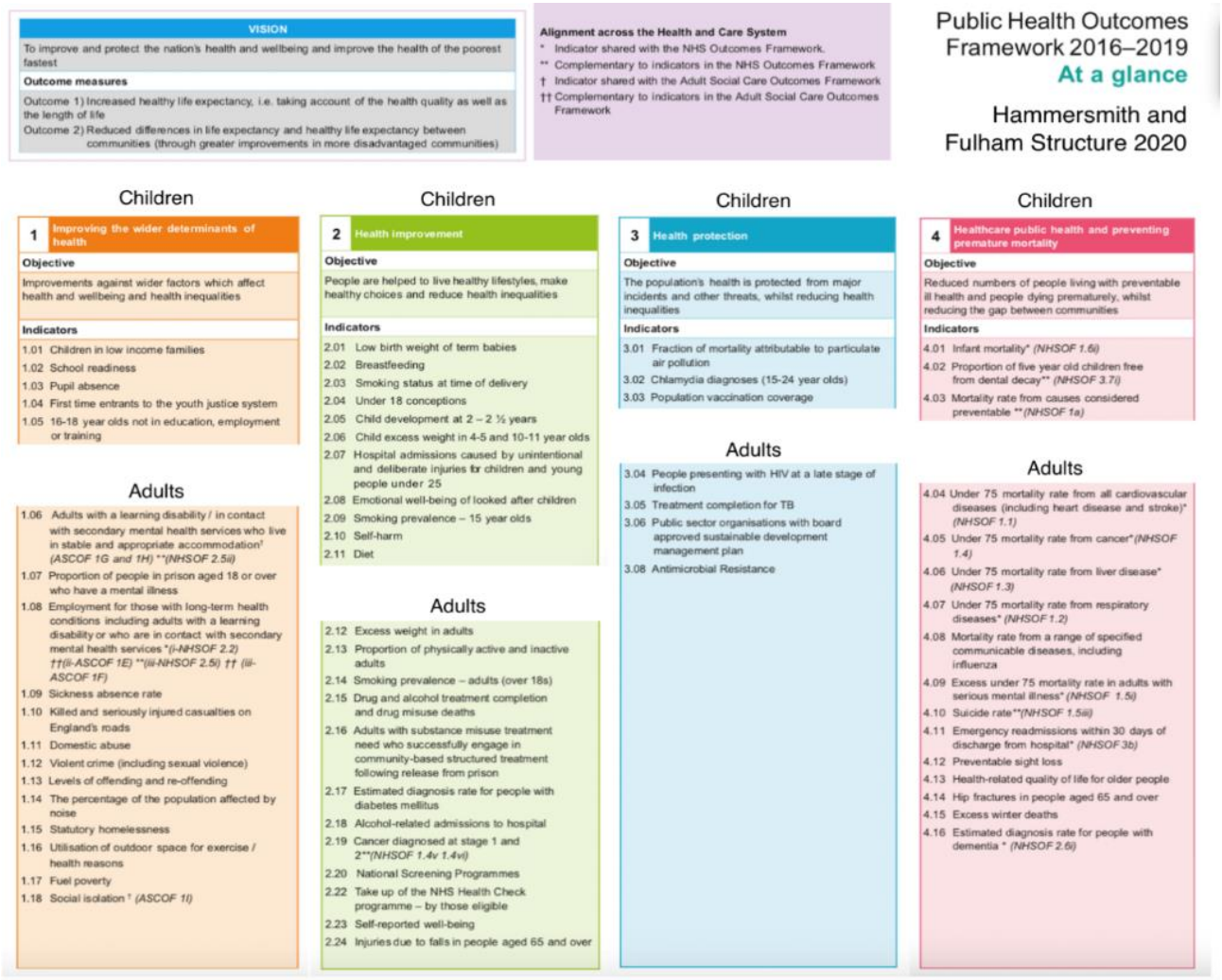

9.6. We consider that the model will ensure that 0-19 Public Health outcomes will be achieved, that we invest in line with other similar boroughs and shift towards greater prevention and early identification by improving referral pathways into children's and adult services. We will:

- commission an enhanced 0-19 offer so that children are healthy, will reach their potential and offer families greater choice and control
- commission a provider that is flexible and innovative in its approach to link into any current or emerging models (we will do this through the contract by requiring one specific project per quarter that responds to local emerging needs and trends). This will be built into the specification.
- ensure that service users are not constrained by service need or setting.

Key Performance Indicators (KPI's)

9.7. KPIs will be derived from the Healthy Child Programme and are existent in the current local authority contract with the present provider of these services.

9.8. Local assessment of needs has provided minor new additions and variations to the KPIs which are required from this service, both qualitative and quantitive, with a heavy focus on prevention in all measures. The new contract will seek clear qualitative measures alongside the public health outcome measures, and these will be developed with service users alongside a quality standard which will allow service users and commissioners to assess how well the service is working.