

Committee Name and Date of Committee Meeting

Cabinet – 22 November 2021

Report Title

0-19 Children's Public Health Nursing Services Commissioning

Is this a Key Decision and has it been included on the Forward Plan?

No, but it has been included on the Forward Plan

Strategic Director Approving Submission of the Report

Anne Marie Lubanski, Strategic Director of Adult Care, Housing and Public Health

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Ward(s) Affected

Borough-Wide

Report Summary

This report is to update on the recommissioning of Public Health Children's Nursing services, including an update on procurement options and the specification.

Recommendations

1. To note the good progress made on the recommissioning process against the timeline agreed in March 2021.
2. To note the parallel timeline of the Health and Care Bill, and its implications in respect of the proposed removal of the current rules for NHS and public health service commissioners when arranging clinical healthcare services.

List of Appendices Included

Appendix One - 0-19 Specification Briefing Paper

Appendix Two - Initial Equality Analysis

Appendix Three – Carbon Impact Assessment

Appendix Four – Background Papers

Background Papers

1001 Days review

Cabinet, Monday 22 March 2021 10.00 a.m. (Item 129.)

NHS provider selection regime

Supporting public health: children, young people and families - GOV.UK
(www.gov.uk)

Consideration by any other Council Committee, Scrutiny or Advisory Panel
N/A

Council Approval Required
No

Exempt from the Press and Public
No

0-19 Children's Public Health Nursing Services Commissioning

1. Background

- 1.1 Since March 2021, a Project Group chaired by the Director of Public Health has been in place to oversee the commissioning of the service; the Project Group has been supported by additional subgroups focusing on: needs assessment, consultation, and the development of the specification. Attendance and engagement of the groups have been excellent from both internal and external partners, ensuring an inclusive and thorough process.
- 1.2 The Healthy Child Programme (HCP) is the national evidence-based programme for children aged 0-19, which aims to bring together health, education, and other key partners to deliver an effective programme for prevention and support that is universal in scope. The local Service is principally staffed by Health Visitors/School Nurses but also includes a wider workforce and is the primary means of delivering the HCP.
- 1.3 Responsibility for commissioning Health Visiting and School Nursing services (usually described as Public Health Children's Nursing) was passed to local authorities in 2015, following the earlier transfer of other public health services resulting from reforms set out in the 2012 Health and Social Care Act. Rotherham's current service was tendered in 2016 and awarded to The Rotherham Foundation Trust (TRFT). The contract was due to expire on 31 March 2022.
- 1.4 The Service delivers the HCP in Rotherham; this is a universal provision for all of Rotherham's families.

The Service shall deliver the following core elements:

The Health Visiting services (0-5 years) include:

- leading and delivering the five mandated health reviews
- delivering against the six high impact areas for early years
- continuity of family public healthcare from maternity to health visiting services
- contributing to safeguarding
- identifying and supporting vulnerable children and families
- addressing inequalities and contributing to the 'Families for Change' Programme.
- and contributing to the wider children and young people's (C&YP) system

The School Nursing services (5-19 years) also include:

- delivering against the six high impact areas for school-aged years
- supporting the transition for school-aged children, for example, the transition between health visiting and school nursing, and into adult services
- supporting vulnerable children and those not in school, for example,

- children in care, young carers or young offenders
- supporting children who are home educated

More detail is outlined in Appendix One, a specification briefing paper, which gives a condensed overview of what is contained in the full specification.

- 1.5 A meeting of Cabinet, Monday 22 March 2021 10.00 a.m. (Item 129.) agreed on an extension of the current contract to the end of March 2023 via a modification in accordance with Regulation 72 of the Public Contracts Regulations 2015 (as amended) to provide sufficient time for the recommissioning of the new contract, in the light of the disruption caused by the pandemic response. Cabinet agreed on the timeline for publication of the tender in April 2022 (subject to a further Cabinet report confirming tender proposals at an appropriate later stage) for a five year contract, with annual extension options after that for up to an additional five years, making the total potential contract length ten years. Extensions will only be utilised if performance is strong and there is evidence of continuous improvement. The report also suggested an open tender process.
- 1.6 Cabinet requested this follow-up report to provide information on the progress of the tender process against the timeline agreed in March 2021, shown below.

Timeline of Progress	
Project Group set-up	June 2021
Needs Assessment group set-up	July 2021
Needs Assessment completed	July 2021
Specification set-up	August 2021
1st Draft of Specification Completed	August 2021
Professional Consultation	August 2021
Market Engagement	September 2021
Public Consultation	September 2021
2 nd Draft of Specification Completed including the Specification Briefing	September 2021
Coproduction	October 2021
Final Specification	December 2021

Detailed below is the indicative high-level timetable for this procurement	
Tender Issued	April 2022
Procurement Concluded	September 2022
Mobilisation	October 2022 – March 2023
Contract Commencement	01 April 2023

- 1.7 PHE (Public Health England) published revised commissioning guidance in respect of the health visiting and school nursing model in March 2021, reflecting new evidence and emerging policy developments and the feedback from service users, professionals, and commissioners.

The new guidance:

- It remains under review as further work on the modernisation of the HCP

continues over the next 2-3 years.

- It does not propose fundamental changes to the operation of the model but shifts the focus toward a more needs-led approach and acknowledges the broader Health Visitor and School Nurse offer, which is considerably more than simply delivering mandated health visits. In this respect, the new guidance gives a better account of how the Rotherham service currently operates and broadens the opportunity for its future development.
- It introduces a new 'High Impact Area' (i.e., areas and outcomes where the Healthy Child Programme can have the biggest impact) for maternity, alongside the existing high impact areas for early years and school-age years.

With this in mind, continuity of care between midwifery and health visiting is also emphasised as of key importance.

The draft specification for the new Rotherham contract reflects these areas of focus incorporating the revised national guidance.

As further guidance is released, this will be addressed with the provider via the monthly performance reviews. The new service specification will reflect the expectation of the successful provider to adapt, change and respond as necessary to the latest legislation, policy and guidance published.

1.8 A national 1001 Days review was published in March 2021 and was developed as part of the early years' healthy development review, and the document outlines six areas for action to improve the health outcomes of all babies in England. Listed below:

- seamless support for families: a coherent joined-up Start for Life offer available to all families
- a welcoming hub for families: family hubs as a place for families to access Start for Life services
- the information families need when they need it: designing digital, virtual and telephone offers around the needs of the family
- an empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families
- continually improving the Start for Life offer: improving data, evaluation, outcomes, and proportionate inspection
- leadership for change: ensuring local and national accountability and building the economic case

These are currently under review. Should national policy implement these recommendations, this will influence the 0-19 model.

2. **Key Issues**

2.1 The recommissioning of the Service strategically aligns with:

1. 'Aim 1: All children get the best start in life and go on to achieve their full potential from the Health and Wellbeing Board Strategy (2018 to 2025).

2. Children and Young People Workstream of the Rotherham Integrated Health and Social Care Place Plan. (To be refreshed)

2.2 A detailed health needs assessment has been prepared to identify local needs as part of the recommissioning process. Details of Consultation and work with Partners are outlined below.

2.3 The Service is guided by national guidance and evidence-based practice so that it will be adapted accordingly. The HCP guidance mandates the majority of the contract.

The specification sets out additional priorities that have been identified from needs assessment and will form additional elements of the contract to help improve outcomes and meet the needs of Rotherham families. These priorities will be aligned to an annual action plan and can be adapted to meet changing needs.

2.4 The specification development has been a collaborative process with views sought from stakeholders, including CYPS, NHS England (NHSE), RCGG, Education and the VCSE.

The specification is an evolution of the current contractual requirements following the revised guidance. It has been created to allow flexibility as the needs of Rotherham change over a potential 10-year contract length.

The specification will allow the bidders to use their expertise and knowledge to submit a service delivery model that will meet the specification and the changing needs of Rotherham families and children and provides space for innovation.

Details of the Service to be offered can be found in Appendix One, the specification briefing paper, which gives a condensed overview of what is contained in the full specification.

2.5 In respect of the Commissioning options available to the Council, consideration should be given to the Health and Care Bill proposed reforms to provider selection rules for NHS services (as set out in the 'Integration and Innovation: Working together to improve health and social care for all' White Paper). These present alternative options that may be available to the Council early next year.

There are several proposed changes, including removing competition as an organising principle in NHS clinical care. The changes are material to local government where they are the commissioners of public health services (the procurement of non-clinical services is unaffected by the proposals). The changes seek to reduce unnecessary bureaucracy and give commissioners more discretion when using procurement processes.

2.6 Specifically, the proposal is to remove the commissioning of NHS and Public Health services from the scope of the Public Contracts Regulations 2015, to be replaced by a bespoke NHS provider selection regime and a new duty on commissioners to act in the best interests of patients, taxpayers, and their local populations.

2.7 The details of the provider selection regime were set out in a consultation document in February 2021 and included three broad decision options for commissioners and decision-makers:

- Continuation of existing arrangements
- Identifying the most suitable provider for new/substantially changed arrangements.
- Competitive procurement

2.8 There are considerations set out under each option. For the option to continue with the existing arrangements, there are three sets of circumstances given where this might be the decision:

1. Where there is no alternative provision available
2. Where alternative provision can already be obtained through patient choice
3. Where the incumbent provider is judged to be doing a sufficiently good job and the Service is not changing.

2.9 As the Bill progresses through its parliamentary processes, it is difficult to be certain about the final form of legislative changes and when they will become law. However, it seems likely that this may coincide with the proposed timelines for this tender process. It will be important for Officers to closely monitor and consider all available commissioning options to ensure the most appropriate route is selected to meet the needs of Rotherham best.

3. **Options considered and recommended proposal**

3.1 As stated in 1.3, the commissioning options have already been considered for the recommissioning of the Service, so the main purpose of this report is to note the progress made towards publishing the tender next year. The market engagement event held on the 07 September 2021 indicated a reasonable market interest and engagement from a variety of Providers.

3.2 The proposed reforms to Provider selection for NHS services will form part of this consideration if implemented prior to publication of this tender. Following on from consultations with the Leader, the final decision about how the Council procure this Service will be delegated to the Adult Care, Housing and Public Health Strategic Director and the Cabinet Member. Some further consideration may be required depending on how/when any new legislation comes into effect.

4. **Consultation on proposal**

4.1 A Project Group and Specification Group has been established with internal partners to the Council and the wider system, including the RCCG (Rotherham Clinical Commissioning Group). This will continue to ensure the new specification meets the needs of the whole Council and the wider health system.

4.2 An internal and public consultation has taken place, which sought the views of

people who use the 0-19 Service, children, young people, and their families, stakeholders and professionals, including people working in health, education, and the Voluntary Sector. The consultation was delivered through various forums, including 1-1 interviews, focus groups and questionnaires.

4.3 Results from the consultation have supported the development of the service model and specification. Key themes from the consultation include a need to focus on mental health and healthy weight. The consultation also prioritised a needs-led/preventative approach, a need to focus on continuity of care as well as more place-based interventions. These have all been integrated into the specification.

4.4 A Market Engagement Event on the 07 September 2021 targeted conversation around the proposed changes to the Service. The market expressed no issues with the new guidance and asked the Council to ensure ample time was given to submit tenders due to the size and complexity of the contract. A significant part of the event covered the Social Value aspect of the tender to help build knowledge and capacity in the market.

5. **Timetable and Accountability for Implementing this Decision**

5.1 It is envisaged that the recommissioning route will be selected early next year. The newly recommissioned Service will go live from 01 April 2023.

5.2 The mobilisation period projected between award and contract commencement is six months. This allows contingency time if needed; plus, an appropriate amount of time for the Service to mobilise if the award is made to a new Provider, which will require the transfer of patient records. This takes considerable time as patient consent must be obtained and records transferred to the agreed patient management system.

6. **Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)**

6.1 The combined budget for 0-19 Children's Public Health Nursing Service is £4.939m. If Weight Health and Attitude Management (WHAM) is included, the contract's maximum value is £4.992m, which over ten years is £49.92m (excluding inflation).

6.2 The key procurement implications are noted in the main body of this report. The landscape of procurement is subject to potential reform, particularly in relation to NHS services. The recommissioning of these services must be undertaken in accordance with the most relevant legislation at the time, whether that be the Public Contracts Regulations 2015 (as amended) or legislation that results from the Integration and Innovation: Working together to improve health and social care for all White Paper as well as the Council's own Financial and Procurement Procedure Rules.

6.3 In compliance with the Council's Social Value Policy, Social Value commitments were secured as part of the extension agreed through the

modification on the current contract and form part of ongoing contract management arrangements with TRFT.

- 6.4 The policy will also be applicable to the recommissioning of the new Service, and based on recent experience of similar projects, it is envisaged that the Council will see retained local employment through the new contract.

7. Legal Advice and Implications

- 7.1 Given the proposed contract value, the Council must comply with the Public Contracts Regulations 2015 in relation to this procurement. This procurement appears to fall within the 'light touch regime' under Schedule 3 of those regulations, giving the Council considerable flexibility regarding the design of the procurement exercise.

- 7.2 Officers have been working with legal services for the preparation of appropriate contract terms and conditions.

8. Human Resources Advice and Implications

- 8.1 There are no HR implications in relation to the contract in respect of RMBC. However, Transfer of Undertakings (Protection of Employment) (TUPE) may apply should the contract be awarded to a new supplier, and potential providers will be required to declare their commitment to adhering to employment legislation regarding the TUPE regulations.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 The Service forms a part of the C&YP (children and young people) system and will be universal in reach and personalised in its response. A proportionate needs-led approach will be used, with universal, targeted, specialised and community components. Therefore, this will help reduce health inequalities in relation to social and economic circumstances and identify and address specific needs or risks/vulnerabilities.

- 9.2 This has been a collaborative commissioning exercise with service model views sought from various stakeholders, including families, children and young people, children, and young people's services, safeguarding, adult care, RCCG and the Voluntary Sector.

- 9.3 Health Visiting and School Nursing are universal services, and every family will have some level of offer and engagement with these services. The level of engagement will vary according to the need of both the child/ children in the family and the needs of parents/ carers.

- 9.4 Effective mobilisation of this new service and continuity of care is critical for all aspects of the health and safeguarding of people who use the service in Rotherham. A risk register has been developed, which is reviewed monthly by the project board.

10. **Equalities and Human Rights Advice and Implications**

- 10.1 Part A of EA has been carried out in Appendix Two. It is important to note, although the Service is labelled as 0 to 19, it does offer support for young people with complex health needs up to the age of 24.
- 10.2 This is a universal Service in Rotherham. It is known that poor physical and mental health is disproportionately experienced by some of the most vulnerable members of our local communities. The recommissioned Service will aim to address inequality in health as a general principle and prioritise certain target groups.
- 10.3 The specification for the recommissioned Service sets out the above requirements to ensure equal access and outcomes across all of Rotherham's communities whilst ensuring that no protected equalities group is being unintentionally disadvantaged or excluded.

11. **Implications for CO₂ Emissions and Climate Change**

- 11.1 The Service is already in place, and no new premises are being sought. There will be no additional implications for CO₂ Emissions and Climate Change, and the changes within this proposal do not highlight any further impact on CO₂ emissions.
- 11.2 A Carbon Impact Assessment form has been completed and can be reviewed in Appendix 3.

12. **Implications for Partners**

- 12.1. The Service is an essential part of an existing C&YP system and has existing relationships/pathways. The new specification/model is unlikely to impact this and potentially could improve it. However, the impact of a potential new Provider is unknown.
- 12.2 The key partners are CYPS, NHS England (NHSE) and RCCG. RCCG also commission other children's services from TRFT, and there are interdependencies that are untested as TRFT has always provided these services to date. All partners have been developing the specification to ensure that it takes account of their requirements.
- 12.3 Views have been sought from external partners using consultation and engagement methods. Where a conflict of interest is not established, these partners are invited to participate in the specification development.

13. **Risks and Mitigation**

- 13.1 A risk register has been developed outlining any potential risks and how they can be mitigated. The project board will continue to oversee and update the

risk register for the programme of work, e.g., new legislation. Some important risks already identified are briefly described in the following three paragraphs.

- 13.2 A potential risk would be having a gap in service provision. This is mitigated by the timetable outlined and the extension in place with the current provider.
- 13.3 A potential risk arises from the requirements of set working locations, which would include rents. Services are generally already well-located for residents of Rotherham - typically co-located with Health or Children Centres. These are a mix of RMBC and NHS properties. Bidders may be reluctant to tender until these can be stated. This will be mitigated by being clear in the specification of any requirements.
- 13.4 A potential risk is associated with data transfer and system interoperability. Any new provider would need to manage the large and complex data transfer from SystmOne and ensure system compatibility with clinical systems in Primary Care and/or Acute services. Any delays in the data transfer could leave a gap in Service. This will be mitigated by being clear within the final specification of the scale and the critical importance of such technical requirements and inclusions relating to these requirements in the Invitation to Tender (ITT) and/or Selection Questionnaire (SQ).

14. **Accountable Officers**

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Ben Anderson, Director of Public Health, ben.anderson@rotherham.gov.uk

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	Sharon Kemp	07/11/21
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	03/11/21
Head of Legal Services (Monitoring Officer)	Bal Nahal	03/11/21

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