

## SLOUGH BOROUGH COUNCIL

**REPORT TO:** Cabinet

**DATE:** 21<sup>st</sup> March 2022

**SUBJECT:** Procurement for Health Visiting School Nursing (0-19 service)

**PORTFOLIO:** Councillor Hulme – Lead Member Children’s Services  
Councillor Pantelic – Lead Member Social Care and Public Health

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**WARD(S):** ALL

**KEY DECISION:** YES

**EXEMPT:** NO

**DECISION SUBJECT TO CALL IN:** YES

**APPENDICES:** Appendix A Indicative Timetable of Phases Activities and Key Decisions  
Appendix B Initial Equalities Impact Assessment

### 1 Summary and Recommendations

1.1 This report sets out the context, key issues and suggested approaches to deliver a re-procurement of the Slough Health Visiting (HV) and School Nursing (SN) 0 to 19 service offer before the expiration of the existing contract on the 30<sup>th</sup> September 2022.

#### **Recommendations:**

Cabinet is recommended to:

1. Authorise a contract extension running from October 2022 to September 2023;
2. Agree to further work being undertaken to determine the procurement methodology, including the option of an East Berkshire joint service, with joint procurement.

3. Note that a briefing to Lead members and Directors, on progress to date in June 2022, will precede a report to be presented in July 2022 requesting a decision on future procurement of the services from September 2023.

**Reason:**

To ensure that Slough Borough Council (the Council) is able to meet its statutory obligations to secure an appropriately procured 0 to 19 Health Visiting & School Nursing (Healthy Child Programme) Service, that addresses both statutory and local service delivery imperatives for Public Health Services and an updated National Healthy Child Programme 0 to 19 specification and delivery model.

**Commissioner Review**

*“Commissioners support this report.”*

**2 Report**

2.1 An effective 0 to 19 Service will assist the Council in its strategic commitments in support of children and young people’s (CYP) health. This includes contributions to priorities in the Slough Health and Wellbeing Strategy and is a key service to support the Council in its recovery and improvement journey. In particular, the service has a key role to play in supporting the Council’s plans to improve its services to children and young people with special educational needs and disabilities (SEND).

2.2 The 0-19 Service should continue to deliver on the national service framework, the Healthy Child Programme (HCP), which covers both Health Visiting and School Nursing services, and a refreshed range of mandatory services (Health Visiting Developmental checks) alongside a wide range of School Nursing service outputs. The 0 to 19 service supports the Council’s wider overarching duties in relation to promoting and safeguarding the welfare of children, taking steps to improve the health of local people and having due regard to the need to advance equality of opportunity between protected groups and other groups.

**Recommended Option**

2.3 The Council is recommended to agree a one year extension of the existing contract to permit detailed consideration and consultation on options arising from changes to the national service framework for 0 to 19 services, a proposed collaboration with Berkshire East Public Health system and changes in the local, regional and national health system.

2.4 To fulfil its obligations to commission public health nursing services a new contract procured in line with the Best Value Duty is required. The existing contract ends on the 30<sup>th</sup> September 2022. The proposed extension would run from 12 months from the 1<sup>st</sup> October 2022 to the 30<sup>th</sup> September 2023.

2.5 The extension of the existing contract is being requested to permit a range of modelling and development works to be delivered to ensure that the new service reflects the national service framework, enables more detailed local professional and public consultation and explores potential benefits arising from integration opportunities in Berkshire East and with the local and Regional NHS. There are a number of key issues that an extension allows the council to address in greater depth than would otherwise be possible:

1. **Revision of the national model and specification for the Healthy Child**

**Programme:** The existing contract reflects a service model from 2015/16 and requires significant modernisation work to reflect the revised national Healthy Child Programme that was published in 2020.

Revision of the service specification has commenced with works linked to the regional Office for Health Inequalities and Disparities work stream. At this stage of revision it is proposed that the contract extension period is used to complete redesign of the service specification. The new specification would be informed by detailed professional and public consultation and modelling of the key delivery mechanisms and staffing structures across the Health Visiting and School Nursing service elements.

The proposed contract extension - operating a hybrid of existing and modernised specification - will support migration of the 0 to 19 service offer towards a fully refreshed national model with insights drawn from consultation with professional and public stakeholders, and local, regional and national best practice approaches to 0 to 19 services. The additional time flowing from a contract extension would allow for mobilisation and stabilisation of the service offer to proceed alongside ensuring its development alongside of other council work streams focussed on early intervention, prevention and support.

2. **Discussions with the Berkshire East Public Health Hub focussing on potential collaboration across borders focussed on 0 to 19 Services:** All three Berkshire East local authorities will have to revise their local specifications and re-procure their 0 to 19 services in the near future. The existing contracts for each Berkshire East council expire as follows:

Slough Borough Council (SBC) – expires 31<sup>st</sup> Sept 2022

Bracknell Forest Council (BFC) – expires 31<sup>st</sup> March 2023

The Royal Borough of Windsor & Maidenhead (RBWM) expires 31<sup>st</sup> March 2024

Discussions with the Berkshire East Public Health Hub on options for collaboration, procurement approaches and support, and key service development lines have commenced. A number of initial potential benefits arising from a collaborative approach have been identified.

3. **Development of a revised service specification:** All three Berkshire East systems require a revised service specification and there is merit to collaborating on the specification to ensure both revision of the existing service offer, and identification of best practice at local regional and national level to inform the new specification. This should be evidence based and take account of local factors that may not be present across the wider Berkshire East area.

4. **Changes to the local NHS system arising from the NHS Bill:** The extension allows for more consideration of the significant changes and opportunities for integrated and aligned working this may bring to local NHS Service and structures.

2.6 Other options were considered, including immediately procuring a new service for the Council only, with a standalone contract, allowing for alignment with other Council work streams including future discussion of early intervention and prevention services and children's centres. However this is not recommended as it does not allow for a detailed consultation process with stakeholders, nor an evidence-based assessment of the benefits

of a joint service and joint procurement compared with proceeding on a single council basis. The suggested approach does allow for a solo approach to be adopted if after exploration a collaborative approach is not favoured, but benefits from additional capacity, time and Berkshire East level expertise. A briefing to the Leaders and Directors meeting in June 2022 will provide an update on progress and a detailed options appraisal on the longer term options will be presented in the next full report to cabinet in July 2022. See Appendix A for an indicative timeline of key phases, activities and decisions.

## **Background**

2.7 The National Health Service Act 2006 set out local authority's statutory responsibility for commissioning public health services for children and young people aged 0-19 years. This is supported by guidance issued by Public Health England. Some of the services delivered by the current arrangement are services that are mandated, in particular the need to offer 5 mandated health visitor reviews by the age of 2.5 years. Other services contribute towards the Council's wider public health and other overarching duties. The Council commissions its existing Healthy Child Programme ("HCP") 0 to 19 service from [Solutions 4 Health](#). The five-year contract has run from October 1<sup>st</sup> 2017 and terminates on the 30<sup>th</sup> September 2022. It is recommended that this service is re-commissioned for a further 12 months to allow more time to consider the longer term commissioning approach for these key services.

## **3. Implications of the Recommendation**

### **3.1 Financial implications**

3.1.1 The recommended contract extension will require funding of the existing provision for one year at the current contracted level. The funding for the extension will cross two financial years (2022/23 and 2023/24)

3.1.2 Current funding for the 0 to 19 offer - and linked Enuresis service (co-commissioned with NHS support) is set out below

- 0-19 service: £2,749,000 Per annum
- Enuresis service: £34,000 PA (50% of costs contributed by the local NHS commissioners)

3.1.3 The contract extension will cost £2,783,000, plus an uplift of £86,000 to take account of the impact of the Agenda for Change pay deal agreed with NHS and non NHS providers of health services.

3.1.4 Officers have been able to achieve a cost containment within the current budget with the current provider in spite of inflationary pressures. The existing provider is not able to deliver the service at a lower cost due to the impact of inflationary pay increases. At this time there are no immediately available evidence based options available to the Council to reduce the contract price without reducing the current level or stability of service delivery, or retain the current cost with an expanded and more impactful service reach, but this is a key area of consideration in the proposed "hybrid specification" and overall modelling exercise and options appraisal that the contract extension would allow.

3.1.5 The next cabinet report will set out a detailed analysis of the cost/benefits of each option.

## 3.2 Legal implications

3.2.1 Section 2B of the National Health Service Act 2006 (2006 Act) (the “**2012 Act**”) requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

3.2.2 Schedule 1 of the 2006 Act sets out further provisions about services. Paragraph 1 requires a local authority to provide for the medical inspection at appropriate intervals of pupils in attendance at schools maintained by the local authority and for the medical treatment of such pupils. Paragraph 2 provides a power for a local authority to provide for medical inspection or treatment of pupils attending other educational establishments which are maintained by the local authority and for children who are educated otherwise than at a school. Paragraph 7A provides a power for a local authority to provide for the weighing and measuring of junior pupils in attendance at any school or early years provider. Regulations made under the 2006 Act require local authorities, as far as reasonably practicable, to provide for the weighing and measuring of any relevant children (being children in school years where majority of children are 4 or 5 years old and where majority of children are 10 or 11 years old). This provision only applied to registered children in a maintained or academy school or certain prescribed colleges within the local authority’s area.

3.2.3 Regulations made under the 2006 Act also mandate services in relation to health visitor reviews. These specify that under section 2B of the 2006 Act, each local authority must, so far as reasonably practicable, provide or make arrangements to secure the provision of a universal health visitor review to be offered to or in respect of eligible persons. Eligible persons are women who are more than 28 weeks pregnant, a child aged up to 2 weeks old, a child aged between 6-8 weeks old, a child aged between 9 and 15 months and a child aged between 24 and 30 months. A universal health visitor review means an assessment of the health and development of the person and a review of their health and development as set out in the Healthy Child Programme.

3.2.4 Guidance published by Public Health England – Best start in life and beyond – sets out guidance for local authorities in relation to the commissioning of the healthy child programme 0-19. This refers to the wider, overarching duties of local authorities which good commissioning of 0-19 services can contribute to. This includes the following duties:

- Eradication of child poverty – The Life Chances Act 2010 – the specific duties for local authorities set out in the originally worded Child Poverty Act 2010 have now been repealed, however there remain target duties for the Secretary of State.
- Health and wellbeing strategy – under the Local Government and Public Involvement in Health Act 2007, local authorities, in conjunction with statutory partners, have duties to assess relevant needs and to prepare a joint health and wellbeing strategy. This includes considering the extent to which needs can be met by way of making arrangements under s.75 of the National Health Service Act 2006.
- Safeguarding and promoting welfare of children – the Children Act 2004, s.11 sets out a duty for statutory partners to make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.
- Educational provision – under the Education Act 1996, local authorities have a duty to contribute towards the spiritual, moral, mental and physical development of the community by securing that efficient primary and secondary education is available

to meet the needs of the local population and a duty to promote high standards and fulfilment of potential.

- Children with SEND – under the Children and Families Act 2014, local authorities have duties to support participation in decision-making, early identification of children with SEND, greater choice and control over support, collaboration between agencies and a focus on inclusive practice and removing barriers to learning.
- Looked after children – the Children Act 1989 contains a specific duty to safeguard and promote the welfare of looked after children and to make services available for children cared for by their own parents as appears reasonable.

3.2.5 All procurement requires compliance with the Council’s contract procedure rules and procurement at this level of spend (where the proposed total spend is above the relevant UK procurement threshold) needs to comply with the Public Contracts Regulations 2015 in full.

### 3.3 Risk management implications

3.3.1 There are a number of risks associated with the contract extension set out below with RAG rating and suggested RAG status with mitigation using the NHS Risk rating schedule . These risks have been entered onto the Public Health Team risk register and will be entered onto the Directorate Risk Register once finalised.

Risk	Impact	Likelihood	Severity	Mitigation/RAG Rating
Lack of time to complete formal procurement within the required timescales, impact on Provider workforce retention	Severe	Unlikely	HIGH	<ul style="list-style-type: none"> <li>• The contract extension significantly expands the amount of time available to deliver a procurement and new service mobilisation from six months ( March to Sept 2022) to 18 months (March to September 2023)</li> <li>• SBC Public Health and the Berkshire East Public Health Hub have experience, expertise, capacity and adequate time to deliver the works for the contract extension and re-procurement exercise</li> <li>• A robust programme plan is being assembled to mitigate risks</li> <li>• Provider engagement communications will stress the need to ensure retention and staff wellbeing are prioritised throughout any transition that may occur.</li> </ul>

<p><b>Lack of Appropriate Provider identified following on from Procurement</b></p>	<p>Severe</p>	<p>Possible</p>	<p>HIGH</p>	<ul style="list-style-type: none"> <li>• Market and System engagement exercises</li> <li>• Socialisation of upcoming approach to market</li> <li>• Office of the Journal of the European Union and HM Government Procurement resources</li> <li>• Direct invitations to sector providers at local and regional level</li> </ul>
<p><b>Lack of appropriate budget and resources to address the mandatory and advisory elements of the Healthy Child Programme 0 to 19</b></p>	<p>Severe</p>	<p>Possible</p>	<p>HIGH</p>	<ul style="list-style-type: none"> <li>• The proposed modelling and resulting Cabinet Paper will highlight the imperative to secure appropriate funding for the 0 to 19 service offer</li> <li>• An East Berkshire Health Needs Assessment is currently being completed by the Public Health Hub with local area teams including SBC PH and will underline the necessity to support the case for investment in the service</li> <li>• The current service model and resources available have elements where modernisation to newer models of provision can deliver enhanced outcomes and the extended timescale for the re-procurement allows for a richer analysis of system delivery efficiencies in Berkshire East and local engagement to drive a nuanced local delivery alongside generic service offers</li> </ul>
<p><b>Lack of preparedness of supplier from 1<sup>st</sup> September 2023</b></p>	<p>Severe</p>	<p>Unlikely</p>	<p>HIGH</p>	<ul style="list-style-type: none"> <li>• Preliminary socialisation and market testing/ engagement followed by robust approach to market when the procurement approach is agreed</li> <li>• Extended current contract duration supports more detailed</li> </ul>

				<p>provider and system preparedness</p> <ul style="list-style-type: none"> <li>• Three month mobilisation period to enable any required migration of caseloads, TUPE processes etc.</li> </ul>
<p><b>Risks arising from system working, local drives to realise efficiencies, different starting points in resourcing delivery, systemic differences across Berkshire East</b></p>	<p><b>Severe</b></p>	<p>Possible</p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>• There is an awareness across the Berkshire East Public Health system of the risks and challenges to collaborative ventures and a commitment to ensure local nuance in commissioning, procurement and delivery reflect local needs with ongoing works to ensure cross border collaboration does not adversely impact on local services</li> <li>• Ongoing works – with additional capacity from the Public Health Hub – will improve the capacity and capability to support the programme of works and assist in the delivery of a more comprehensive engagement and consultation process and address issues arising from the re-procurement</li> <li>• Reports at key junctures – July and September 2022 will provide opportunities to reframe the approach to the collaborative or solo procurement of the new service model. Both options are achievable within the timeframe suggested.</li> </ul>
<p><b>Risks arising from the NHS Bill to health and care services and systems arising during the lifespan of the procurement</b></p>	<p><b>Severe</b></p>	<p>Possible</p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>• The re-procurement will constantly monitor the regulatory and legislative environment and address issues as they arise to ensure the re-procurement evolves in line with the NHS Bill</li> </ul>



				<p>and other system frameworks etc.</p> <ul style="list-style-type: none"> <li>The service model and specification at its heart will require provider(s) to respond and adapt to system changes arising from national, regional and local drivers including legislation, Needs Assessment, Service user insight – including inbuilt service iteration plans - learning from best practice evidence assessment, and ongoing system consultation.</li> </ul>
<p><b>Non Agreement of the proposal around Berkshire collaboration in any or all boroughs</b></p>	<p><b>Severe</b></p>	<p><b>Possible</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>The re-procurement will continue to engage with local system leadership and through socialisation of opportunity and ongoing consultation processes with local democratic and system leadership seek to convince each local system of the merits that arise from a collaborative approach</li> <li>If the collaboration is not supported in one or more local councils the Berkshire East Public Health Hub will work with local commissioners to support a common starting point for the approach to modernising each 0 to 19 service offers in response to the national programme requirements</li> <li>Local public health commissioning capacity would require additional specialist input to make up for the loss of cross border collaboration if this did not proceed</li> <li>A solo procurement – if a contract extension was approved – would be deliverable by April</li> </ul>

				2023 if the Berkshire East collaboration did not proceed and a solo procurement was authorised by Cabinet in September 2022
<b>The re-procurement does not address the specific demographic and population health issues of Slough Borough Council residents and reflect their concerns, priorities and needs</b>	<b>Severe</b>	<b>Unlikely</b>	<b>HIGH</b>	<ul style="list-style-type: none"> <li>Local demographic factors will be a starting point for the collaborative approach and will be the core of the se</li> <li>The Council's Public Health Team is leading on the development of the proposed modernisation and is seeking to ensure that alongside core offers across each local area that individual demography, health needs assessments and population health factors drive a nuanced, modular approach to the development of the service</li> <li>The service will be developed from first principles to ensure that the specific needs of each local area are addressed and that each councils unique needs are amply reflected in local service delivery, alongside elements where a common approach is both proportionate and effective (Recruitment and retention, in service development and skill mix approaches, portability of accreditation and continuing professional development required by HCP delivery being immediate first steps for aligned working)</li> </ul>

Table 4 Risk Assessment and mitigations

### **3.4 Environmental implications**

3.4.1 There are opportunities in the updated specification to place emphasis on environmentally sustainable work practices, including reduction in paper records and minimising travel by allowing professionals to work in an agile way. A key element of service user insight and co-production will focus on identification of possible additional supports within the service that could promote active travel and have a positive impact on emissions.

### **3.5 Equality implications**

3.5.1 The Council has a duty contained in section 149 of the Equality Act to have due regard to the need to: a) eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under this Act; b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

3.5.2 The broad purpose of this duty is to integrate considerations of equality into day-to-day business and to keep them under review in decision making, the design of policies and the delivery of services.

3.5.3 There are significant opportunities to advance equality of opportunity and to reduce health inequalities from a re-procurement of the 0-19 service. The service delivers key outcomes that support children and young people in general, parents and carers with additional needs, and children and young people with SEND and other specific needs. Tailored support is provided to certain communities, including but not limited to Black, Asian, Eastern European, Roma and Traveller communities, as well as looked after children, teenage and young parents and parents who are sole carers.

3.5.2 An initial Equality Impact Assessment (EIA) has been completed - See Appendix B - and will be updated during the lifetime of this project.

### **3.6 Procurement implications**

3.6.1 Subject to the approval of Cabinet a contract extension for one year would be issued as a contract variation to the existing provider with a duration from 1<sup>st</sup> October 2022 to 30<sup>th</sup> September 2023.

3.6.2 The methodology for the longer term commissioning will be set out in the next cabinet report, but given the size and scale of the contract, a full Open Procurement procedure is required to ensure compliance with the [Public Sector Procurement 2015](#) regulations. This will permit a robust scalable Best Value procurement approach in keeping with best practice, responsive to market conditions and enable delivery within the timeline indicated above and ensure the opportunity is aligned to Find a Tender Service requirements with regard to thresholds, processes and timescales.

3.7 Workforce implications

3.7.1 There are no workforce implications arising from the decision to extend the current contract.

3.8 Property implications

3.8.1 None known at this time.

**4. Background Papers**

None.