



DECISION OF: CLLR MIKE BELL – DEPUTY LEADER OF THE COUNCIL
(PUBLIC HEALTH AND REGULATORY SERVICES)

WITH ADVICE FROM: MATT LENNY – DIRECTOR OF PUBLIC HEALTH AND
MARK RODDAN – HEAD OF STRATEGIC PROCUREMENT
DIRECTORATE: PUBLIC HEALTH

DECISION NO: PH002

SUBJECT: 0-19 Public Health Nursing & Healthy Child Programme

KEY DECISION: NO

REASON: Procurement Plans are not considered Key Decisions

BACKGROUND:

NATIONAL POLICY CONTEXT

The national Healthy Child Programme (HCP) 0-19 was set out in 2009 and is an evidence-based universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.

The 0-5 element of the HCP is led by health visiting services and the 5-19 element is led by school nursing services, with input from other partners as appropriate. The universal reach of the HCP provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.

The [Health and Social Care Act 2012](#) sets out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years. This also includes the requirement to provide for the weighing and measuring of certain children through the National Child Measurement Programme (NCMP).

Responsibility for children's public health commissioning for 0-5 year olds, specifically health visiting, transferred from NHS England to local authorities in October 2015. Regulation requires that all families with babies receive five health visitor checks before their child reaches 2 and a half years old.

The following policy and guidance documents are relevant to the commissioning and provision of the HCP and 0-19 public health services:

- [Healthy Child Programme 0 to 19: health visitor and school nurse commissioning \(PHE, 2016\)](#)
- [Healthy Child Programme: Pregnancy and the first five years of life \(DH/DCSF, 2009\)](#)
- [Healthy Child Programme: From 5-19 years old \(DH/DCSF, 2009\)](#)
- [Healthy Child Programme Rapid review to update evidence \(PHE, 2015\)](#)

- [Healthy Child Programme: Rapid review on safeguarding to inform the Healthy Child Programme 5 to 19 \(DH/DCSF, 2018\)](#)
- [Supporting public health: children, young people and families \(PHE, 2018\)](#)

Note, an update to the HCP is expected to be published by Public Health England (PHE) by the end of March 2021. Any changes to the programme as a result of this anticipated update will need to be reflected in the subsequent commissioning documents for this service.

LOCAL POLICY CONTEXT

One of the three key areas of the [North Somerset Council Corporate Plan 2020-24](#) is to reduce inequalities and promote fairness and opportunity for everyone. One of the priorities sitting under this vision is specifically to adopt 'a collaborative way of working with partners and families to support children to achieve their full potential'. Commissioning high quality 0-19 public health nursing services will contribute to the improved health and wellbeing for local children and families and reduction in health inequalities through universal provision and targeted support.

The Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP) 'Healthier Together' is due to publish its [Local Long Term Plan](#) in response to the national NHS Long Term Plan which was published in January 2019. One of the key areas of focus for the Local Plan should be around 'making sure everyone gets the best start in life', and this should be reflected in the development of the 0-19 public health nursing service specification.

We will take into account the emerging Health and Wellbeing Strategy for North Somerset, which will be completed by the start of the new service.

DECISION:

It is requested that this procurement plan be approved to proceed to tender the Public Health Nursing and Health Child Programme Contract.

REASONS:

Introduction

North Somerset Council currently has a contract with Sirona Care and Health C.I.C (Sirona) to provide 0-19 public health nursing services to North Somerset children and their families. This contract is for two years; running from 1st Apr 2020 – 31st Mar 2022. This two-year contract was directly awarded to Sirona in December 2019 under exceptional circumstances as a result of the previous provider, North Somerset Community Partnership (NSCP), terminating the contract for these services early.

This proposal is to recommission 0-19 public health nursing services for service delivery from 1st April 2022 through a competitive procurement process.

Scope:

- Health Visiting Services – delivering the Healthy Child Programme 0-5 and 5 universal mandated health visiting reviews.
- School Nursing (5-19) Services – delivering the Healthy Child programme 5-19 and National Child Measurement Programme.
- Specialist Breastfeeding and Parental Adult Mental Health Nursing Services (integrated within the Health Visiting Service).
- Children’s Looked After Nursing Services.

TUPE will apply to this contract and has been built into the timescales (6 months implementation period).

Commissioning Plan

The commissioning plan was approved at Full Council on 22 September 2020.

Lessons Learned from previous projects

This service last went out for procurement in 2015 as part of an integrated adults and children’s community health contract with the CCG as the lead commissioner. The main lesson learnt from the last procurement was the need to develop a more defined service specification and outcomes framework for the service. Ahead of this procurement a detailed service specification has been developed by utilising national PHE commissioning guidance and including localised amendments/additions to reflect stakeholder views following our consultation activities. A comprehensive outcomes framework which focuses on measurable outcomes, in addition to service activity, was developed with the service in 2020, and has been reviewed and refreshed ahead of this procurement.

Requirement

Priorities to be achieved:

- Ensuring every child has the ‘best start in life’ identified by Public Health England’s as one of ten areas which can deliver the biggest impact on public health over next 5 yrs.
- Support in the early years, sustained for school-aged children and young people, is recognised as critical for improving health outcomes and reducing inequalities.²
- Shared recognition across North Somerset Council and among our partners that achieving positive health and wellbeing outcomes for all children and young people, and reducing inequalities, is a priority.

The specification is being developed by the Public Health Department and is largely based on the National Outcomes Framework and Public Health England Commissioning Guidance. A wide range of stakeholders have been consulted with including:

- Service users

- People with additional needs and/or protected characteristics
- Professionals and stakeholders
- Staff within the current provider
- North Somerset Council (Corporate Leadership Team, Executive, Scrutiny Panels, Children’s Services)
- SW local authorities

It is proposed that the standard NHS Contract will be used for this procurement.

- Proposed yearly spend: circa £3.5M per year
- New contract start date is 1st April 2022. It is recommended the contract will run for five years (60 months) until March 2027, with option of an additional two-year (24 month) extension until March 2029.
- Collaboration opportunities: proposed timeline is to fit in with possible future collaboration with neighbouring local authorities in Bristol and South Gloucestershire, BNSSG CCG, and/or NHS England. The contracts for the respective children’s health services that these organisations commission currently run until the end of March 2027.

Route to market

We intend to use the OJEU Competitive with Negotiation route under the light touch regime. A three-stage process will be used set out as follows:

- Stage 1: selection questionnaire
- Stage 2: initial tender & negotiation stage
- Stage 3: final bids

Timescales

The following table provides a high-level timeline for the proposed tender process:

Notice issued & SQ Period:	March 2021
Initial Tender Period:	April 2021
Negotiation Sessions:	May 2021
Final Tender Submissions:	June 2021
Evaluation:	June/July 2021
Notification/Award Process:	July/August 2021
Mobilisation	September 2021 – March 2022

Governance

- Strategic Procurement Service: Mark Roddan (Head of Strategic Procurement); Michelle Dickson (Procurement Officer); Rachel Braund (Procurement Support Officer)
- Contract Manager: Hayley Burton (Health Improvement Advanced Specialist)
- Public Health Reps: Georgie MacArthur (PH Consultant); Charlotte Cadwallader (PH Registrar)

- Finance Lead: Mel Watts & Trevor Isaac
- Legal Lead: Clare Macourt
- Approvals: Contract Award Report to be agreed at Executive

Market / Suppliers

3 major suppliers of Public Health Nursing & Healthy Child services were identified:

- Sirona Care & Health
- Virgin Care
- Solutions 4 Health

Pre-tender discussions were held with 2 of these suppliers (who expressed an interest) in January 2021 in order to explore current market views on areas such as:

- Specification/Scope;
- Financial Model;
- National Outcomes Framework;
- KPIs and Evaluation Criteria;

Both suppliers provided useful insights and views that have informed the main areas of this plan and indicated that they were keen to bid for this contract.

PIN notices were issued in August 2020 & January 2021 in order to alert the market and identify any additional potential providers.

A virtual supplier day was held on 25 January 2021 with the purpose of:

- Providing background information;
- Discussing the procurement process;
- Holding a Q&A/feedback session.

10 suppliers attended the event and the feedback expressed was positive.

Social Value, Sustainability & VCSE

It is proposed to include the following question within the methods statements:

Considering the Public Services (Social Value) Act 2012, what Social Value will you provide in the delivery of this contract? (See Appendix X for guidance and link below for the Social Value outcomes we are looking to achieve):

<http://www.n-somerset.gov.uk/business/tenders-procurement/procurement-strategy/our-social-value-policy>

Please ensure that your response contains clear, specific, measurable commitments to which you are prepared to contractually agree.

Please note:

1. The Social Value outcomes referenced above are from the North Somerset Council Social Value Policy. Your Social Value commitments should not be restricted to North Somerset and should also benefit South Glos and Bristol.
2. You are not expected to deliver Social Value in all of the outcome areas set out in the policy. It is for you to determine where you are prepared to make Social Value commitments, although as a guide the commissioners view is that you should consider as a minimum the following:
 - Reducing negative and promoting positive environmental impacts;
 - Apprenticeships and Internships;
 - Supporting local suppliers and SMEs;
 - Providing training, workplace experience and/or employment opportunities for those most removed from the labour market.

Commissioners are NOT looking for you to tell us the initiatives you currently have within your organisation as 'business as usual', or are doing at present with other customers (although you may look to replicate what you have done with other customers). We are interested in exactly what you will offer for this contract and how you intend to deliver such initiative(s) so that they can be tracked throughout the resulting contract.

Evaluation

Selection Questionnaire:

The standard selection questionnaire (Govt.) will be used to assess supplier suitability including: Health & Safety, Equalities & Diversity, Insurances, Financial Appraisal.

Tender Evaluation Criteria:

The tender will be based on 100% Quality. The budget for this contract is fixed (A % of the quality criteria will be allocated to the feasibility of each suppliers proposed financial model).

- (40) Delivery Model:
 - How it will deliver the outcomes required
 - How it addresses inequalities issues
 - Engagement with YP and families in development
- (10%) Workforce Management (Recruitment, HR, TUPE, staff training & development etc)
- (10%) Continuous Improvement (including how the Delivery Model will develop and improve over time)
- (10%) Integration and collaboration with key partners
- (10%) Financial Model (clarity, feasibility and risk management)
- (10%) Mobilisation
- (5%) Social Value

- (5%) Environmental impact

The NSC standard scoring methodology will be used to assess method statement responses:

Score	Classification	Award Criteria
5	Excellent	A response that inspires confidence; specification is fully met and is robustly and clearly demonstrated and evidenced. Full evidence as to how the contract will be fulfilled either by demonstrating past experience or through a clear process of implementation.
4	Good	A response supported by good evidence/examples of the Bidders' relevant ability and/or gives the council a good level of confidence in the Bidders' ability. All requirements are met, and evidence is provided to support the answers demonstrating sufficiency, compliance and either actual experience or a process of implementation.
3	Satisfactory	A response that is acceptable and meets the minimum requirement but remains limited and could have been expanded upon.
2	Weak	A response only partially satisfying the requirement with deficiencies apparent. Not supported by sufficient breadth or sufficient quality of evidence/examples and provides the council a limited level of confidence in the Bidders' ability to deliver the specification.
1	Inadequate	A response that has material omissions not supported by sufficient breadth and sufficient quality of evidence/examples. Overall the response provides the council with a very low level of confidence in the Bidders' ability to deliver the specification.
0	Unsatisfactory	No response or response does not provide any relevant information and does not answer the question.

- The evaluation team will be made up of members from: Public Health & Children's Services, with other NSC staff members acting as experts for specific evaluation questions e.g. finance and environment

Contract Management

The contract will be managed by the Public Health Team through monthly Performance Management Meetings with the provider. This will include the provider reporting on performance data relating to the previous month's activity, outcomes and KPIs in line with the requirements detailed in the service outcomes framework. These meetings will also be used as an opportunity to review service quality (including service issues, clinical governance, compliments/complaints) and agree any service developments and improvements. Any improvements required will be initially managed by collaboration and via a performance improvement plan and subsequent escalation if required.

OPTIONS CONSIDERED:

The main options for the future provision of 0-19 public health nursing services are:

A. Complete a competitive procurement exercise.

This is the recommended option, so the council adheres to procurement law. This plan specifies the planned activities to create the right conditions for a good outcome. This included engaging with a wide range of stakeholders in the preparation phase and to carry out market testing to develop an effective future model for services.

B. Directly award a contract to a new provider

This option is not recommended as the council would not be adhering to procurement law.

C. Transfer the service in-house with direct delivery of the service

This would mean 0-19 public health nursing services would sit within the council's management structure, for example, within Children's Services and/or Public Health. This is a model that has been adopted by a number of other local authorities in the South West, for example, Devon, Cornwall and Somerset. Learning from other local authorities suggests this type of transformation requires a lot of resource and a long period of mobilisation to ensure new arrangements are safely enacted. During the engagement activities with managers in Children's Services we looked at the service model, however transferring services in-house is not the preferred option at this time.

FINANCIAL IMPLICATIONS:

5A. COSTS

The current annual contract value of the 0-19 public health nursing service is £3,577,359 - therefore the estimated maximum total value of the contract is £25,042,000 over the maximum of seven years.

5B. FUNDING

Funding for this service comes through the public health ring-fenced grant issued to the Council by Public Health England each year on behalf of the Department of Health and Social Care.

The public health ring-fenced grant is currently only confirmed until the end of 2020/21, therefore the future funding allocations for 2021/22 onwards are not known. However, it is a reasonable assumption that the duty to provide the service will remain with the Council with appropriate funding to support that service responsibility.

LEGAL POWERS AND IMPLICATIONS

The Health and Social Care Act, 2012, sets out several duties for local authorities around improving public health. Children's public health services are one of the mandated services that must be funded from the public health grant.

The Council are required to comply with Public Contracts Regulations 2015.

Specific contract terms and conditions will be developed with the support of Legal Services (using the standard NHS Contract).

CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The service is based on community provision of specialist public health nursing which often requires travel between client's homes and other community venues e.g. schools and Children's Centres. Consideration of the climate impact of the service, and the potential to reduce carbon emissions, has been considered as part of the development of the service specification and scoring criteria for the procurement. There will be some learning that can be taken from the virtual delivery of services during the current COVID19 pandemic which will be explored during the future service design.

CONSULTATION

The following stakeholder engagement activities took place during the preparation phase to help inform the development of the future model of service delivery that can best serve the needs of children and families in North Somerset:

1. **Service users and the community (this includes children, young people, their families, schools and early years providers)** – Consultation with service users and the local community took place through an online surveys with around 150 responses. A virtual online workshop was planned to take place in February 2021 however was cancelled due to poor uptake.
2. **Council Members and Scrutiny** – A joint workshop took place in November 2020 for the members of the health and children's scrutiny panels. This provided an opportunity to brief both scrutiny panels and allow the members to contribute to the development of the service specification.
3. **Council Directors and Managers** – A briefing has been provided for both the councils Corporate Leadership Team and the People and Communities Directorate Leadership Team during February 2021
4. **Council Officers** - Engagement from officers has been achieved through individual meetings and discussions with managers and staff from partner services and teams, including Children's Social Care, Education Team, Early Years Team, Children's Centres, Public Health and the Children's Transformation Programme. The final draft service specification has been shared back with these colleagues for final comments.
5. **Partner organisations** – Conversations were held with children's health service commissioners from BNSSG CCG and Bristol and South Gloucestershire Council's Public Health Teams to ensure our commissioning plans align as much as is reasonably possible across BNSSG.
6. **Staff from the service** - During 2019 there was good engagement with staff from the previous service provider around the potential future model of service delivery. This learning was revisited during two staff engagement sessions in November 2020, and

feedback has been incorporated into the development of the new specification for the service.

7. **Potential Suppliers** – A Prior Information Notice (PIN) for the service procurement was published on the Official Journal of the European Union (OJEU) and in Contracts Finder. Market consultation activities included having individual discussions with interested suppliers and organising a Supplier Day in January 2021

A comprehensive 0-19 Health Needs Assessment was completed for North Somerset in 2019 - this will be included in the procurement pack, to ensure potential suppliers develop options for future ways of working based on population needs and evidence of how to achieve the best possible outcomes.

RISK MANAGEMENT

- The ongoing impact of the COVID19 pandemic – This service procurement has been a key priority however the impact of COVID19 infections locally has had a direct impact on the time availability of the Public Health Team and other stakeholders to focus on the required procurement activities. The pandemic may continue to affect the delivery model of the 0-19 public health nursing services whilst national guidance to keep staff, children and families safe need to stay in place. Any new service models that are developed may need to consider the new ways of working that have been developed as a response to the pandemic and any lessons learnt.
Longer-term we may see increasing need in the population as a result of the negative health and economic impacts of the pandemic. For example, it is expected there may be an increase in mental health needs across the population. These emerging needs will need to be considered as part of future service delivery.
- The uncertainty of the public health ring-fenced grant – As mentioned in section 5, the local authority public health ring-fenced grant has only been confirmed until the end of March 2021. Therefore, this procurement plan will need to be based on the assumption that there will not be any significant reductions in the grant over the time of the new service contract. The contract spend will not exceed the grant allocation.
- Brexit – Brexit may have impacts on the economy which in turn may affect the level of need in the population and the viability and appetite to bid of potential service providers.
- Climate – The service could make a positive contribution to the North Somerset ambition of becoming carbon neutral by 2030. There is an opportunity for the new service provider to help contribute to this target, however this may require changes to the current model of service delivery. The acceptability of this has been explored with stakeholders during the preparation phase and a future mixed model of delivery through different contact methods based on client needs appears to be favourable across stakeholders which could support this ambition.
- Change in Supplier – this will be mitigated using an in-depth mobilisation plan as well a long implementation period.
- No response to call for tenders - Mitigated by PIN and running supplier day.

EQUALITY IMPLICATIONS

Have you undertaken an Equality Impact Assessment? YES

A Stage 1 Equalities Impact Assessment (EIA) has been completed and has been sent to the Council Equalities Lead for review - attached in appendix 1. Due to the nature of the service the EIA shows the needs of both children and women going through pregnancy are particular areas of focus.

CORPORATE IMPLICATIONS

Proposals to develop a new model for children's public health services will be developed with input from a range of teams working with children, young people and families from within the council as described in the consultation section.

There may also be implications on Council Facilities as one of the health visiting teams is currently co-located in a Children's Centre, as well as the wider service having a small number of desks in Castlewood.

APPENDICES

Appendix 1 – Stage 1 Equalities Impact Assessment (EIA)

BACKGROUND PAPERS

Commissioning Plan - Ref

SIGNATORIES:

DECISION MAKER(S):



Signed:

Title: Deputy Leader of Council

Date: 16 March 2021

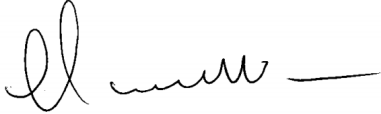
Signed:



Title: Director of Public Health

Date: 16 March 2021

WITH ADVICE FROM:

A handwritten signature in black ink, consisting of a large initial 'H' followed by several loops and a long horizontal stroke at the end.

Signed:

Title: Head of Procurement

Date: 16 March 2021

Footnote: Details of changes made and agreed by the decision taker since publication of the proposed (pre-signed) decision notice, if applicable: