

	<h2>CHIEF OFFICER IN CONSULATION WITH COMMITTEE CHAIRMAN DELEGATED POWERS REPORT</h2>
<b>Title</b>	Healthy Child Programme procurement – Health Visiting and School Nursing, (Including Healthy Weight Nurses, Oral health and Infant Feeding)
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Enclosures</b>	none
<b>Officer Contact Details</b>	<p>Clare Slater-Robins, Senior Children and Young People Commissioner</p> <p><a href="mailto:Clare.slater-robins@barnet.gov.uk">Clare.slater-robins@barnet.gov.uk</a></p>

### Summary

1. The Healthy Child programme/ Public Health Nursing 0 -19 services proposal for next steps were presented at Policy and Resources committee on 13 February 2018 and a decision recorded *“Note the options available for future 0 to 19 public health nursing provision and agree that, subject to further exploratory work confirming the feasibility and desirability of the proposals, that 0 – 19 Public Health nursing be brought ‘in house’ in April 2020”*
2. Further exploratory work was undertaken on feasibility and desirability by the commissioner for the services and presented to the Director of Public Health and the Executive Director of Family Services. After all options were considered in great details, a preferred option was agreed: to re-procure Healthy Child Programme with a possibility of Section 75 partnership agreement, starting from 1 April 2020 with a 3 year + 1year + 1year contract extension.
3. The decision not to bring the services in-house at present included the risks of

recruitment and retainment of NHS staff within the council; the extensive clinical governance procedures that would need to be put in place (including a preparation for Care Quality Commission inspection and social care readiness to embark on a substantive transformation).

4. It was agreed that the priorities for the services were to achieve
  - More Health Visiting (HV) capacity to deliver a high quality service;
  - Locally tailored service and;
  - Integration with Early Help
5. These priorities would be best achieved via re-procurement and a S75 partnership agreement with a newly procured provider.
6. The re- procurement of the service will be delivered within planned 2020 budget (£4,961,618).
7. A Chief Officers decision was recorded in May 2019 for the above.

## Decisions

- 1. The Healthy Child Programme services should be re-procured with a Section 75 partnership agreement or similar service contract with a start date of April 1 2020 with a 3 year + 1 year + 1 year contract extension. This would be a total contract value of c£25 million.**

### 1. WHY THIS REPORT IS NEEDED

- 1.1 The Public Health forward plan entry, that was approved by P&R Committee in December 2018, for the Healthy Child Programme services, was for 3 years, £16 million contract value in total. It is however recommended to add two years contract extension possibility to allow providers sufficient time to embed changes and implement fully Healthy Child Programme.
- 1.2 The Chief Officers decision recorded was now for 3 years plus 1 plus 1 year contract extension and further Chairman's decision is required because the extra 2 years of contract extension will amount to an extra £9 million in spend. Funding is available in Public Health Grant for the whole duration of contract (5 years).

### 2. REASONS FOR RECOMMENDATIONS

In order for a provider to achieve a continuity of provision and to allow the implementation of the transformations required in the service specification, an optional 2 years for the contract extension is sought to give the contract total of 5 years in length.

### 3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 To issue a 3 year contract has been considered but would not give opportunity for the transformation to be fully embedded.

#### **4. POST DECISION IMPLEMENTATION**

- 4.1 The Healthy Child Programme services – will be advertised for procurement with either a section 75 partnership agreement or a similar service contract that enables the level of integration desirable for Barnet children and families.

#### **5. IMPLICATIONS OF DECISION**

##### **5.1 Corporate Priorities and Performance**

- 5.1.1 One of Barnet's 2024 Corporate Plan outcome is to improve services for children and young people and ensure the needs of children are considered in everything we do. The Healthy Child Programme re-procurement will achieve population prevention aims and better integration of services at the point of delivery. This service will also help Barnet meet its priorities for reducing obesity, improving oral health, support children to have healthy start, improve school readiness and promote greater integration of services with social care, early help and children's centres. The Barnet children and young people's plan 2019 – 2023 has a vision focused on making Barnet an even better place to live for all families. The young people at the youth convention wanted improved health education and access to health support which a fully integrated model. Reprocured Healthy Child Programme will contribute to this vision.
- 5.1.2 Best Start in Life is one of the Health and Wellbeing Strategy's priority and commissioning of mandatory Healthy Child Programme contributes to this priority.

##### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 Healthy Child Programme is mandatory service funded with Public Health Grant.
- 5.2.2 Recurrent budget savings on current spending have been included within the financing of the proposed procurement as indicated below. The proposed model in the service specification makes effective use of resources.
- 5.2.3 The available ongoing yearly budget is £4.962m. The new contract should not cost more than the budget as otherwise Public Health budget will face a pressure.
- 5.2.4 There are Transfer of undertaking (TUPE) implications which must be covered within the proposed contract price.

##### **5.3 Social Value**

- 5.3.1 The Public Services (Social Value) Act 2012 requires people who commission certain public services to think about how they can also secure wider social, economic and environmental benefits.

5.3.2 The Healthy Child Programme ensures an efficient health and wellbeing service for children and families whilst delivering benefits to individuals in a coordinated fashion. The programme also includes supporting parents and young people when they need it and providing the right amount of advice to individuals to develop the skills they need to make choices for their own well-being in the future. Services working together derive social capital from each other and this in turn supports a collaborative approach towards sustainability within an ever-changing economy.

#### 5.4 **Legal and Constitutional References**

Under the Council's Constitution, Contract Procedure Rules (the CPR), Table A, Acceptance Process and Documentation in relation to a Procurement with a value of more than £500,000 which has been agreed by the Policy and Resources Committee via the Annual Procurement Forward Plan is through Full Officer Delegated Powers Report of Chief Officer in Consultation with the Chairman.

5.4.1 The Section 75 partnership agreement is excluded from the scope of the Public Contract Regulations (PCRs). Regulation 12 of the PCRs outlines situations where Public contracts between entities within the public sector are excluded. The establishment of a section 75, whereby delegation of duties are assigned to the Health Authority are not required to be procured.

5.4.2 Furthermore, parties to a Section 75 Agreement must be a public authority and NHS Body as defined by the NHS Act 2006. Any advertising of the Section 75 Agreement on Official Journal of European Rule (OJEU) would have to specify that only NHS Bodies could bid, this may be considered discriminatory to other providers who are not NHS Bodies but are still able to provide the service. It would therefore not be advisable to procure the section 75 Agreement under the PCRs. A comprehensive service contract might be explored as the other option to a section 75 Agreement. A service contract would be subject to the PCRs.

#### 5.5 **Risk Management**

5.5.1 The re- procurement of the Healthy Child Programme would be completed within Barnet council procurement and legal procedures.

#### 5.6 **Equalities and Diversity**

5.6.1. Healthy Child Programme Board has been established to oversee procurement and implementation of this service. Risk register is regularly presented at the Board and mitigation actions discussed.

5.6.2. The Public Sector Equality Duty at s149 of the Equality Act 2010 applies to local authorities who as public authorities must, in the exercise of their functions, have due regard to the need to eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the 2010 Act and advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics are - age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6.3. The Healthy Child Programme is universal service offered to all children and young people across the borough, with a specific focus on those who are from vulnerable families. Section 149 of the Act imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

## 5.7. Consultation and Engagement

5.7.1. Reviews of the services have involved wide consultation with multi agency stakeholders including the consultant for public health; the clinical lead in the clinical commissioning group. A stakeholder reference group has met three times to discuss the new delivery model and recommend how it could be improved and embedded into Barnet. This reference group has included a community paediatrician; voluntary sector representatives; early help and children centre managers as well as members of the early years and public health nursing teams.

5.7.2. A service user and stakeholder feedback exercise was completed in March 2018 with a total of 449 respondents to the online and paper questionnaires. Responses were compiled into a report and were used to direct the remodelling of the services delivery offer. This new model, reflecting the healthy child programme offer, places the services in a good position to transfer in house.

## 5.8 Insight

5.8.1 This report is written within the context of the Joint Strategic Needs Assessment 2015 – 2020 and the requirements of the people of Barnet for a seamless service that takes into account their changing needs. The healthy child programme is a national model for health visiting and school nursing and places them with a lead role in the delivery and coordination of care for children and families

### 5.9 Corporate Parenting

5.9.1 There are no implications for the London Borough of Barnet's corporate parenting responsibilities with this contract.

## 6. BACKGROUND PAPERS

P&R Committee February 2018 –

<https://barnet.moderngov.co.uk/documents/g8742/Printed%20minutes%2013th-Feb-2018%2019.00%20Policy%20and%20Resources%20Committee.pdf?T=1>

Line 303 of the Annual Procurement Forward Plan agreed by the Policy and Resources Committee <https://employeeportal.lbbarnet.local/home/departments-and-services/internal-support-services/procurement/Procurement-Toolkit---Useful-Documents.html>

Chairman:  
Has been consulted

Signed

Cllr Caroline Stock

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Date 11 July 2019

Chief Officer:  
Decision maker having taken into account the views of the Chairman

Signed Dr Tamara Djuretic

Date 11 July 2019