

REPORT TO: Executive Board
DATE: 15 September 2016
REPORTING OFFICER: Director of Public Health
PORTFOLIO: Public Health
SUBJECT: Halton 0-5 Public Health Service Contract 2017
WARDS: Borough-wide

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek Executive Board approval for the granting of a direct contract for the delivery of Health Visiting and Family Nurse Partnership services between April 2017 and August 2017.

2.0 RECOMMENDATION: That the Executive Board

- 1) Notes the content of the paper; and**
- 2) Support the recommendation to grant a Direct Award to Bridgewater Community Health NHS Foundation Trust for the delivery of Health Visiting and Family Nurse Partnership services from 1st April 2017 to 31st August 2017.**

3.0 BACKGROUND

3.1 In October 2015, responsibility for commissioning the Health Visiting and Family Nurse Partnership services transferred to the Local Authority from NHS England. The contract was with Bridgewater Community Health NHS Foundation Trust and was novated for a period of eighteen months to March 2017.

3.2 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. Universal and specialist public health services for children are important in promoting the health and wellbeing of all children and reducing inequalities including:

- Delivery of the Healthy Child Programme (HCP);
- Assessment and intervention when a need is identified; and
- On-going work with children and families with multiple, complex or safeguarding needs in partnership with other key services including early years, children's social care and primary care.

3.3 The Health Visiting Service and the Family Nurse Partnership work across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP), a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. This includes safeguarding children and working to promote health and development in the '6 high impact areas' for early years – which can be found at <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

- Transition to parenthood and the early weeks
- Maternal mental health (perinatal depression)
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition and physical activity
- Managing minor illness and reducing hospital attendance and admission
- Health, wellbeing and development of the child age 2 – 2.5 year old review (integrated review) and support to be 'ready for school'.

3.4 The School Nurse Team promotes the holistic health of the school aged population (5 – 19), thereby enabling them to realise their potential. They encourage children and young people to think about their health and support them to become responsible for their own health and wellbeing as they progress through childhood and adolescence.

The role is varied and includes:

- Keeping children and young people safe from harm and protecting them from injury and abuse in accordance with LSCB policies.
- Offering health advice and universal health surveillance, incorporating early intervention and support to children and young people and their families. The school nurse works in partnership with colleagues in education, allied health professionals and children and young people's services to promote early intervention to support children, young people and families to reach their full potential.
- Working with all settings (schools, colleges etc.) to develop health policies, e.g. sexual health.
- Contribute to the Personal Social Health Economic (PHSE) education curriculum and support the delivery of this programme as appropriate.
- Reviewing the health status of children and young people and facilitating care plans (e.g. for long term conditions) as required.
- Offering a choice of services that are accessible and confidential to children, young people and families (e.g. 'drop in' or appointments)
- Health protection of school age population, i.e. provide a trained and proficient immunisation workforce as required by Public Health England and aim to achieve full immunisation uptake

- Training educational staff in health issues and to support children's health care plans as appropriate.

3.5 In order to maximise the impact of the two teams (the 0-5 service and the 5-19 service as described above), Halton is seeking to create an integrated 0-19 service (or up to 24 for young people with a disability or complex health care need) that will deliver the Healthy Child Programme and provide both universal and targeted support services to help improve the health and wellbeing of children, young people and families in Halton.

4.0 CURRENT POSITION

4.1 Bridgewater Community Health NHS Foundation Trust has held a contract with Halton Borough Council since it was novated over from NHS England in October 2015. The current annual contract value is c. £2,600,000 per year for the delivery of the Health Visiting Service and the Family Nurse Partnership Programme. The contract for the delivery of the Health Visiting and Family Nurse Partnership service is due to expire in March 2017 with no allowance for any extension.

4.2 Halton Council has started a process of redesign in how it will deliver public health services to children, young people and families. With mandated elements of the Healthy Child Programme at the heart of a service, the Council is seeking to incorporate the current Health Visiting, Family Nurse Partnership and School Nursing Contracts into one integrated function that provides the best possible support to help local people to be as healthy as they can be.

4.3 It is anticipated that such an arrangement will be in place by September 2017. In order to minimise disruption to local people, services and to local schools, it is proposed that the two contracts be brought into alignment (to coincide with the end of the academic year) before being put out to procurement as an integrated 0-19 service that will commence operation in September 2017. As well as seeking innovation in supporting local people, it is anticipated that such a development will also lead to the realisation of financial savings.

5.0 PROPOSAL

5.1 It is proposed that the current provider of the Health Visitor and Family Nurse Partnership Service be given a direct award of a contract for the period of 5 months from 1st April 2017 to the 31st August 2017.

Such an award will:

- minimise the impact on local families, staff and the wider health and social care economy;
- enable operational efficiencies commenced in October 2016 to be fully realised;
- bring the contract in line with the School Nursing contract to enable a full, open and transparent procurement of a 0 -19 service to take place.

The direct award of a contract for the provision of Health Visiting and the Family Nurse Partnership is requested to support effective and meaningful consultation on the development of a new service specification that brings together the three elements of the service and also ensure continuity of service for local people between the end of the current contract date and the commencement of a new service contract in September.

5.2 The extended timescale will ensure that financial efficiencies can be investigated and realised and the impact on service delivery of any change within the middle of an academic year will be minimalised. The direct award will also support staff and other stakeholders to effectively manage operational change so that, when the service is opened up to wider procurement, it is already fit for purpose.

5.3 As the value of the proposed contract will exceed the EU threshold for services of this type, we are seeking Executive Board approval to publish the Direct Award of a contract to 31st August 2017 to be given to the current provider, using a '*Voluntary Ex-Ante Transparency Notice*' (VEAT) notice through which the contracting authorities must give sufficient information as to the justification for direct award of a contract without OJEU advertising and observe a minimum 10 day standstill period before the contract is awarded.

5.4 If the proposal to provide a direct award is not agreed, or if there is a significant challenge as part of the VEAT process, Executive Board approval is sought to commence a full, open and transparent procurement exercise for a six month contract for the delivery of the Health Visiting and Family Nurse Partnership Service.

6.0 POLICY IMPLICATIONS

6.1 The method of procurement complies with the Council's procurement policy and Procurement Standing Orders, and will utilise a VEAT Direct Awards as described in section 5.1.

7.0 FINANCIAL/RESOURCES IMPLICATIONS

7.1 As outlined in the report the provision of 0-5 Health Visiting and Family Nurse Partnership services in Halton currently costs £2.6million and therefore represents a significant proportion of the total Public Health grant income. An efficiency target of £200,000 is currently being negotiated with the provider for the current financial year, meaning a five month contract would have a value of c. £1,000,000.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 Children and Young People in Halton

Local Authorities are well placed to identify health needs and commission

services for local people to improve health. The Government's aim is to enable local services to meet local needs. The Healthy Child programme is a critical component in giving every child in Halton 'the best start in life', and improving child development, which is a Halton priority. Improving the Health and Wellbeing of Children and Young People is a key priority in Halton and will continue to be addressed through the delivery of an effective and efficient Health Visitor Service that supports the delivery of both national and local strategies and action plans whilst at the same time meeting the needs of children and their families.

8.2 Employment, Learning and Skills in Halton

Employment, Learning and Skills is a key determinant of health and wellbeing and is therefore a key consideration when developing strategies to address health inequalities. An effective service will support children and their families in reducing the impact of ill health on their life chances and also encourage and support "school readiness".

8.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

8.4 A Safer Halton

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health. There are also close links between the service and on areas such as mental health, alcohol and domestic violence.

8.5 Halton's Urban Renewal

None identified.

9.0 RISK ANALYSIS

9.1 A full risk analysis will be completed as part of the procurement exercise.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 An Equality Impact Assessment (EIA) is not required for this report.

11.0 REASON(S) FOR DECISION

11.1 As the value of the proposed contract will exceed the EU threshold for services of this type, we are seeking Executive Board approval to publish the Direct Award of a contract to 31st August 2017 to be given to the current provider, using a 'Voluntary Ex-Ante Transparency Notice' (VEAT) notice through which the contracting authorities must give sufficient information as to the justification for direct award of a contract without OJEU advertising and observe a minimum 10 day standstill period before

the contract is awarded.

12.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

12.1 The procurement of a Health Visiting / Family Nurse Partnership in isolation has been rejected as it will not enable the development of an innovative, integrated and efficient service to meet the needs of children, young people and their families.

13.0 IMPLEMENTATION DATE

13.1 It is intended that the process to provide a direct award would be undertaken following Executive approval with the new contract to commence in April 2017 for a period of five months.

14.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

14.1 None.