



CABINET
15 August 2016

**Report from the Strategic Director of
Community and Wellbeing**

For Action

Wards Affected:
[ALL]

**Authority to tender a contract for Health Visiting and School Nursing
Services**

1.0 Summary

- 1.1 The responsibility for commissioning of 0-5 children's public health services transferred from NHS England (NHSE) to local authorities on 1st October 2015. In December 2015 a paper went to Cabinet which agreed for the contract to be extended for another year until March 2017 using the current service specification. The contract for Health Visiting and Family Nurse Partnership (FNP) services for Brent is held with London North West Healthcare Trust (LNWHT).
- 1.2 In April 2013 the responsibility of 5 -19 children's public health services transferred from NHSE to local authority responsibility including
1. The Healthy Child Programme for children and young people aged 5-19 years
 2. The National Child Measurement Programme,
 3. Vision Screening
- 1.3 The contract for School Nursing for Brent is held with Central London North West Healthcare Trust (LNWHT).
- 1.4 This report is seeking approval to commence the procurement of Health Visiting and School Nursing services. The report also sets out benefits associated with combining the individual contracts including financial benefits.

2.0 Recommendations

For Cabinet:

- 2.1 To approve the preferred commissioning option as set out in section 5.1 of this report.
- 2.2 To approve inviting tenders for the combined 0-19 Health Visiting and School Nursing services on the basis of the pre - tender considerations set out in paragraph 5.5 of this report.
- 2.3 To give approval to officers to evaluate the tenders referred to in 2.2 above on the basis of the evaluation criteria set out in paragraph 5.5 (vi) of this report.
- 2.3 To delegate to the Strategic Director of Community and Wellbeing the authority to award the 0-19 combined Health Visiting and School Nursing Contract in consultation with the Cabinet Member for Community Wellbeing, following a compliant procurement process.

3.0 Detail

- 3.1 The combined budget available for this procurement is £6.6m. The Health Visiting and Family Nurse Partnership (FNP) service is currently provided by London North West Healthcare Trust at an annual value of £5.1m (£0.35m for FNP included in this amount). School nursing (£1.5m) is provided by CLCH. The resource for the commissioning of these services is part of the Public Health Grant.
- 3.2 The service to be procured as outlined in this report will lead the delivery of the Healthy Child Programme - the early intervention and prevention public health programme issued by the Department of Health which lies at the heart of universal services for children and their families. The early years are a crucial stage of life, and this service will provide an invaluable opportunity to identify families who are in need of additional support and children who are at risk of poor outcomes.
- 3.3 There are five mandated areas which the commissioned service will be required to deliver from 31/03/2017. These include:
 - Antenatal health promotion review
 - New baby review
 - 6-8 week assessment
 - 1 year assessment
 - 2 and 1/2 half year review
- 3.4 Brent has high levels of tooth decay and obesity. Even though it is a priority for the public health 0-5 service, this is not the only one service working on these areas. It is important the links are in place to have the contribution of maternity services, primary care, children's centres as well as families and communities. The six 'high impact areas' that have been identified on a national level which the specification will make particular reference to, should be delivered in conjunction with the services mentioned above. These are:

- 1) Transition to parenthood and the early weeks (preparing people for parenthood and supporting families in the early weeks after birth).
- 2) Maternal mental health – perinatal depression, (supporting maternal mental wellbeing).
- 3) Breastfeeding – initiation and duration, (promoting and supporting breastfeeding which has a positive impact on the development of young children).
- 4) Healthy weight, healthy nutrition and physical activity, (maintaining a healthy weight among families including through improving diet, increasing physical activity, oral health).
- 5) Managing minor illness and reducing hospital attendance and admission, (reducing unnecessary hospital admissions).
- 6) Health, wellbeing and development of the child age 2 – 2.5 year old review and support to be ‘ready for school’ (improving school readiness).

3.5 Engagement with the health visiting service is not statutory, and local families can decline any of the mandated services referenced in 3.4 above. Thus the successful Provider will be required to demonstrate how their services and the staff teams employed will be pro-active and engage with families and their under 5s to support health needs and link into wider issues including housing, education, childcare, welfare and poverty.

3.6 Working alongside the Health Visiting service in Brent is the Family Nurse Partnership (FNP), which has worked with 51 clients over the last year. FNP is a preventive licensed programme originating from the United States of America (USA). The programme offers intensive and structured home visiting for vulnerable first time young mothers aged U19. It is delivered by specially trained nurses, from early pregnancy until the child is two.

3.7 While there is an evidence base from the USA to show improved outcomes, a recent randomised control trial (RCT) of the programme in England showed the programme failed to impact on any of the primary outcomes.

3.8 Public Health also commission the 5-19s public health service encompassing the school nursing service provided by Central London Community Health at an annual value of £1,504 million until 31st March 2017 with the possibility of extending for another year.

3.9 The school nursing service delivers the Healthy Child Programme for children and young people aged 5-19 years. They also deliver the National Child Measurement Programme and Vision Screening.

3.10 To improve continuity across the services and age ranges, the Council is planning to combine health visiting and school nursing service so that professionals will be able to continue to work with the same children for a longer period of time rather than passing them to another service as they get

older. This will improve the continuity for children and young people and their families.

- 3.11 By commissioning these services together professionals will no longer be bound by the traditional age ranges of services, and both children and families can benefit by receiving support from the same professional for longer. It will also be expected to realise efficiencies through economies of scale and overhead and management costs.

4.0 Context

- 4.1 Brent public health team organised an event “Opportunities for children 0-5 years” inviting Brent stakeholders, including GPs, Clinical Commissioning Groups (CCGs), Local Medical Committee, school nursing and health visiting provider, Institute of Health Visiting Association, Early Years, Children Centres, Parent Champions, Public Health England, maternity services from Northwick Park, Imperial NHS Trust and the Royal Free Hospital so they could be fully informed of the different models that are available. Four speakers from across the UK were invited to present their model of health visiting. Everyone who attended the event had to comment on what they liked or disliked about the particular model and write down any questions they had for the speakers. The evaluation of the event showed the stakeholders supported the evidence based model Maternal Early Childhood Sustained Home-visiting (MESCH).
- 4.2 The MECSH model is a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage and, unlike FNP, has no restrictions to whom can be accepted on to the programme. The MECSH is delivered as part of a comprehensive, integrated approach with a licence. It has shown positive outcomes for those children who have been part of this programme. This model is more flexible than FNP as it focuses on any vulnerable family and recognises that families can move in and out of high risk. Unlike FNP it is integrated into the health visiting service rather than being a stand alone programme.
- 4.3 A Public Health Consultant also attended all the GP locality meetings in Brent and the Senior Leadership meeting at NHS Brent to ensure they were fully aware of what was happening.
- 4.4 A soft marketing questionnaire was posted with the PIN to establish if there was a market, whether competition was justified and what was the market appetite; e.g. for an integrated service, a lead provider model and a minimum period of contract.

- 4.5 The responses highlighted all providers wanted a minimum contract of 4 years, to be a lead provider and would prefer an integrated service with either the school nursing service or children centres.
- 4.6 The market engagement day was a successful event with 5 providers engaged in the event.
- 4.7 Since 2015 in line with national requirements the health visiting service has changed from serving the GP registered population to serving Brent residents, this resulted in an increase of more than 1,754 children. There are an estimated 24,600 resident children under 5 years living in Brent (comprising around 8% of the population). This number has increased by 2,500 since 2010 but the rate of increase is predicted to slow over coming years. There has been a gradual steady upward trend in the number of live births over the previous nine years, in 2013 and 2014 the number of births in Brent fell to 5,078.
- 4.8 The school nursing service covers children who attend maintained and academy schools in Brent. The resident population of 5-19 in Brent is predicted to increase by 9.9% over the next 5 years. Over the last year there has been an increase of 32 placements in one of the special school, which has had an impact on the school nursing service.
- 4.9 The new model will include a weight management component delivered by the health visiting and school nursing service in order to address the high prevalence rates of overweight and obesity. School nursing service does not replace first aider/safeguarding lead/school counsellor, but works alongside them. The service also does not include immunisation and enuresis at level 2.

5.0 Options

- 5.1 Option 1: This is the preferred option which is 0-19s Health Visiting and School Nursing Service incorporating a weight management programme. The Healthy Child Programme will be delivered by one provider from 0 -19 offering a seamless service for the clients. The service will not include the FNP but the MESCH Model will be adopted as this will reach more vulnerable clients in Brent. This option has also been agreed by the Children's Trust.

5.2 Alternative options

Option 2: Decommission: The delivery of Health Visiting and School Nursing Service are a new duty for the Council. This would mean that children in the borough would be missing out on the Healthy Child Programme and their needs would not be addressed early on, and would lead to an adverse impact and demand on local partner services such as Hospital Accident and Emergency departments and Social Care.

- 5.3 Option 3: In house service: This is not viable. It would require TUPE of NHS staff. The Council lacks the organisational capacity and expertise to support the delivery of a clinical service for example to provide clinical supervision, medicines management and infection prevention.
- 5.4 Option 4: Do nothing and leave the services as they are, extending current contracts. This would not allow the desired service redesign and is unlikely to yield the required savings.
- 5.5 In accordance with Contract Standing Orders 88 and 89, pre-tender considerations have been set out below for the approval of the Cabinet.

Ref.	Requirement	Response	
(i)	The nature of the service.	Delivering the Healthy Child programme for children aged 0-19	
(ii)	The estimated value.	£ 6,650,000 annually	
(iii)	The contract term.	3 year contract with the option to extend annually for a further two years	
(iv)	The tender procedure to be adopted.	The Procurement route to be followed will be Competitive Procedure with Negotiation and will require an OJEU Publication in line with the Public Contract Regulations 2015 – this will allow the Council the opportunity to negotiate on the service delivery, financial model and contractual terms should they require	
v)	The procurement timetable.	Indicative dates are:	
		OJEU Notice and Pre-qualification questionnaire advertised	22/08/2016
		Deadline for Pre-qualification questionnaire	05/09/2016
		Evaluation and shortlisting to 5 providers	06/09/2016 – 09/09/2016
		Issue Invitation to tender	12/09/2016
		Deadline for tender submissions	12/10/2016

Ref.	Requirement	Response	
		Panel evaluation and shortlist to 3 bidders	13/10/2016
		Negotiation phase (the council reserves the right to negotiate if required)	31/10/2016
		Call for Final Tenders	09/11/2016
		Evaluation of final tenders	14/11/2016 – 17/11/2016
		Report recommending Contract award circulated internally for comment	21/11/2016
		10 day Standstill Period (Alcatel)	02/12/2016 -12/12/2016
		Award Contract	13/12/2016
		Contract Mobilisation	14/12/2016 – 31/03/2017
		Contract start date	01/04/2017
(vi)	The evaluation criteria and process.	<p>1. At selection (pre-qualification stage) shortlists are to be drawn up in accordance with the Council's Contract Procurement and Management Guidelines by the use of a pre qualification questionnaire to identify organisations meeting the Council's financial standing requirements, technical capacity and technical expertise.</p> <p>2. At tender evaluation stage, the panel will evaluate the tenders against the following criteria:</p> <p>Quality: 40% delivery of service 10% Social Value</p> <p>Price: 50%</p>	
(vii)	Any business risks associated with entering the contract.	Financial Services and Legal Services have been consulted concerning this contract and have identified the risks associated with entering into this contract set out sections 6 and 7 of the report.]	

Ref.	Requirement	Response
(viii)	The Council's Best Value duties.	The adoption of a competitive Procedure with Negotiations follows the OPEN Procedure but will give the Council the ability to negotiate on technical, financial and legal matters should they need.
(ix)	Consideration of Public Services (Social Value) Act 2012	In accordance with the social value policy 10% of the overall marks will be awarded for social value benefits
(x)	Any staffing implications, including TUPE and pensions.	See section 9 below.
(xi)	The relevant financial, legal and other considerations.	See sections 6 and 7 below.

6.0 Financial Implications

6.1 The estimated value of this contract is £6.6m annually, (3 year contract with the option to extend for a further two years) with a start date of 01/04/2017.

6.2 The combined budget available for this procurement is £6.6m. The Health Visiting and Family Nurse Partnership (FNP) service is currently provided by London North West Healthcare Trust at an annual value of £5.1m (£0.35m for FNP included in this amount). School nursing is currently provided at an annual cost of £1.5m.

It is anticipated that the cost of this contract will be funded from the Public Health budget. It is also anticipated that efficiencies can be found as a result of going for a single 0-19 contract. This would be delivered by having a lower ceiling price, which would need to be confirmed during this procurement.

7.0 Legal Implications

7.1 Public Health services are classed under the Public Contract Regulations 2015 ("the EU Regulations") as a Schedule 3 service and as such are not subject to the full application of the EU Regulations, rather the services will be subject to the 'light touch regime' thereunder. The current EU threshold for Schedule 3 services is £589,148. As the estimated value of the proposed contract is likely to be in excess of the threshold and therefore deemed a High Value Contract under Brent Contract Standing Orders ("CSOs"), Officers are required to advertise the service requirement in the Official Journal of the European Union ("OJEU") and follow the applicable rules for tendering and

selection under the EU Regulations. Accordingly, regulation 76 (7) of the EU Regulations permits contracting authorities to apply any one of the set procedures for tendering (with or without variations), on this basis officers have elected to utilise the Competitive Procedure with Negotiation.

- 7.2 It is proposed to use one of the new processes (introduced by the EU Regulations) Competitive Procedure with Negotiation throughout the tendering exercise which, Officers assure will ensure good quality services are procured at a competitive price. However, officers must ensure that in using this procedure they draw up a specification stating the council's service requirements which, sets out which parts of those requirements are minimum requirements that all prospective tenderers are obliged to meet to enable participation in any negotiation process subsequent to officers receiving initial tender bids. In addition, by using this process, the council must specify the contract award criteria (including any weightings) and provide sufficiently precise information to enable prospective tenderers to identify the nature and scope of the procurement so as to enable them to decide on whether or not to request to participate in the tender exercise.
- 7.3 For High Value Contracts, the Cabinet must approve the pre-tender considerations set out in the table at paragraph 5.5 above (CSO 89) and the inviting of tender (CSOs 88).
- 7.4 Moreover, officers are seeking Member approval to grant delegated authority to the Strategic Director, Community & Wellbeing (in consultation with the Lead Cabinet Portfolio member, the chief legal officer and chief finance officer) to enter into the proposed combined 0-19 Health Visiting and School Nursing service. Members are empowered under the Constitution to grant such delegations and Officers have set out the reasons behind requesting such delegations within the body of this report.
- 7.5 As this procurement is subject to competition in the OJEU, the Council must observe the requirements of the mandatory minimum 10 calendar standstill period imposed by the EU Regulations before the proposed contract can be awarded. The requirements include notifying all tenderers in writing of the Council's decision to award and providing additional debrief information to unsuccessful tenderers on receipt of a written request. The standstill period provides unsuccessful tenderers with an opportunity to challenge the Council's award decision if such challenge is justifiable. However if no challenge or successful challenge is brought during the period, at the end of the standstill period the Council can issue a letter of acceptance to the successful tenderer and the contract mobilisation may commence.

8.0 Diversity Implications

- 8.1 The proposals in this report have been subject to a screening EIA and officers believe that a full EIA is not required.

9.0 Staffing/Accommodation Implications (if appropriate)

- 9.1 This service is currently provided by an external contractor and there are no implications for Council staff arising from retendering the contract. The Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended) (“TUPE”) may be applicable where there is a service provision change in the service contractor. Should TUPE be applicable the council will act as a conduit of information between the outgoing and incoming providers so as to ensure a smooth and seamless transition of the services.

10.0 Public Services (Social Value) Act 2012]

- 10.1 Since 31st January 2013 the council, (in common with all public authorities subject to the EU Regulations), has been under a duty pursuant to the Public Services (Social Value) Act 2012 to consider how the services being procured might improve the economic, social and environmental well-being of its area; and how, in conducting the procurement process, the Council might act with a view to securing that improvement, and whether the council should undertake consultation. This duty applies to the procurement of the proposed contract as the light touch regime over the threshold for application of the EU Regulations are subject to the requirements of the Public Services (Social Value) Act 2012. In accordance with the council’s Social Value Policy, 10% of the award criteria will be reserved for social value considerations to be contained in the tender documentation.

11.0 Background Papers

- 11.1 None

Contact Officer(s)

Dr. Melanie Smith Director of Public Health
Tel: 0208937 6227
E-mail: melanie.smith@brent.gov.uk

PHIL PORTER
Strategic Director of Community and Wellbeing