

	Cabinet 8 April 2024
	Report from the Corporate Director, Care, Health and Wellbeing
	Lead Member - Cabinet for Public Health and Social Care (Councillor Nerva)
Authority to Award the Contract for Children’s Public Health Services 0 - 19 Years (Health Visiting and School Nursing)	

Wards Affected:	All
Key or Non-Key Decision:	Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Marie Mcloughlin Consultant in Public Health 020 8937 6214 marie.mcloughlin@brent.gov.uk

1.0 Executive Summary

1.1. This reports requests Cabinet approval to award a contract in respect of Children’s Public Health 0-19 years (Health Visiting and School Nursing) with Central London Community Health Care NHS Trust pursuant to the Provider Selection Regime. The report summarises the reasons for the request to direct award for 2 years.

2.0 Recommendation(s)

That Cabinet:

2.1 Approves the pre-tender considerations set out in paragraph 3.5.

2.2 Approves the direct award a contract in respect of Children’s Public Health Services 0-19 Years (Health Visiting and School Nursing) to the provider Central London Community Health Care NHS Trust for 2 years.

3.0 Detail

3.1 Cabinet Member Foreword

3.1.1 The Children's Public Health Service 0-19 years (Health Visiting and School Nursing) is provided by Central London Community Healthcare NHS Trust ("CLCH"). It delivers health visiting and school nursing services, the nationally mandated Healthy Child Programme and additional services specified locally by public health including an intensive health visiting service to address health inequalities and healthy weight services. The current contract will expire 30th April 2024.

3.1.2 The Provider Selection Regime ("PSR") came into effect 1st January 2024. The PSR introduced new regulations governing the procurement of health care which support the move from commissioning to the new collaborative arrangements, including the creation of Integrated Health Systems, under the Health and Care Act 2022.

3.1.3 This report recommends that a new Children's Public Health Service 0-19 years (Health Visiting and School Nursing) (the "Contract") is directly awarded to CLCH for 2 years using the new PSR.

3.1.4 Officers consider that the recommendation to direct award this Contract will contribute to Borough Plan Priorities as follows:

- The Best Start in Life
- A Healthier Brent

3.1.5 The delivery of the Healthy Child Programme promotes nurturing and bonding and underpins healthy development of babies and young children. Health visitors and school nurses play a critical role in safeguarding babies, children and young people. The 0-19 service forms part of the integrated offer of early intervention and prevention for all families from conception to adulthood, delivered through our Family Wellbeing Centres.

3.1.6 As a universal and preventive health service, the children's public health service is central to ensuring that "children's physical health, mental health and wellbeing is prioritised" as per the Healthier Brent priority in the Borough Plan. Furthermore, the service delivers targeted interventions, such as the MESCH programme, which specifically address health inequalities. Children's priorities run through the work of the Brent Integrated Care Partnership of which CLCH are a member (with London North West University Healthcare NHS Trust, Central and North West London NHS Foundation Trust, the VCS and the Council).

3.1.7 Officers also consider that the recommendation will contribute to the delivery of the Health and Wellbeing Strategy, specifically the commitments to

- Increase the uptake of healthy start vouchers and vitamins.
- increase the number of children with a healthy weight.
- Develop the MESCH programme (Maternal Early Childhood Sustained Home-visiting for families at risk of poorer health outcomes).

- Expand the use of our Family Wellbeing Centres.

3.2 Background

- 3.2.1 The Council entered into a contract for 0-19 public health (health visiting and school nursing) with Central London Community Healthcare NHS Trust (CLCH) in June 2017.
- 3.2.2 In the last 2 years, the health and social care landscape has fundamentally changed because of the introduction of the Health and Care Act 2022. The previous commissioning / provider relationships and competitive procurement have been replaced by new duties of collaboration and the creation of Integrated Care Boards (ICBs) which bring together NHS commissioners and providers in sub-regional groupings.
- 3.2.3 The initial 0-19 public health contract with CLCH was due to expire on the 31 March 2022. Officers considered that the contract was one that would be dealt with under the Provider Selection Regime (PSR) which was to be introduced under the Health and Care Act 2022.
- 3.2.4 The PSR governs the procurement of health care services in England by bodies including NHS England, ICBs, NHS Trusts and local authorities. The children's public health service is therefore in scope. The PSR removes the requirement to competitively tender and provides an alternative framework to allow collaboration.
- 3.2.5 There have been significant delays in the introduction of the PSR, as a result of which, continuity of provision of children's public health services has been secured through a number of further extensions of the contract with CLCH to 30th April 2024.
- 3.2.6 The PSR was introduced on 1st January 2024 and the necessary changes made to the Council Constitution to allow for the procurement of contracts using the PSR provided that advice is sought from the Corporate Director, Law and Governance and the Head of Procurement. Advice has been sought and both the Corporate Director, Governance and the Head of Procurement have confirmed that procurement of the Contract under the PSR is appropriate.

3.3 Options

- 3.3.1 Over the last year officers have scoped options for the continued provision of the children's 0-19 service through exploration of other Councils' and providers' experiences. Three options were considered:
- 3.3.2 Option 1: Open Procurement. Competitive procurement remains an option for health care under the PSR. However, within the new collaborative arrangements many NHS providers have chosen not to compete against each other in competitive procurements. At the same time there has been increasing interest from the private sector. Private providers have secured a number of competitively tendered contracts for children's public health services in London.

While TUPE would apply, experience is that many NHS staff wish to remain in the NHS. Given the national shortage of both health visitors and school nurses, the ability of the private sector to retain and recruit this workforce is concern.

- 3.3.3 Option 2: To bring the service in house. This would require the Council to develop the organisational capacity and expertise to support the safe delivery of a clinical service, for example we would need medicines management, clinical supervision and infection prevention services as well as CQC registration of the service. As the Council does not currently provide any clinical services, developing the necessary infrastructure is likely to entail significant increased cost and risk. The staff are currently on NHS terms and conditions and so transferring to local authority employment would not be attractive.
- 3.3.4 Option 3: To award the contract to the current provider under the PSR. The current provider, CLCH, is an integral part of the Brent ICP, fully committed to delivering the locally health and care system priorities, and embedded in local governance. It is acknowledged that there are issues with the current performance. However, the underlying cause is the challenges recruiting and retaining specialist clinical staff. The current provider is actively addressing this issue and both option 1 and 2 are likely to make it harder to recruit and retain staff.
- 3.3.5 Option 3 is the preferred option. Officers therefore recommend a direct award of the Contract for a term of 2 years to CLCH under the new PSR.

3.4 Start for Life

- 3.4.1 In April 2022, the Government announced the Family Hubs and Start for Life programme, a collaboration between the Department for Education, the Department for Health and Social Care and the Department for Housing, Levelling up and Communities. Through this programme, the Government committed £301.75m for local authorities to deliver start for life and family help services over the next three financial years. Brent Council was one of the 75 local authorities eligible to take part in this programme.
- 3.4.2 Following DHSC approval of the delivery plan submitted by public health, the Council was awarded an additional £1.7 million over 3 years to fund action on infant feeding and perinatal mental health. (Additional funds for the Family Hubs were secured by CYP). The clinical elements of the infant feeding service are currently being delivered by CLCH through a contract variation. These include specialist health visitors and midwives and breast feeding peer support workers. The programme has two more years of funding.
- 3.4.3 A direct award for two years will allow the remaining Start for Life funding and programme to synchronise with the main 0-19 funding and service.

3.5 Pre-procurement Considerations

- 3.5.1 The pre-tender considerations relevant to the Contract are as follows:

Ref.	Requirement	Response	
(i)	The nature of the services / supplies / works.	As detailed above	
(ii)	The value.	£11,980,760	
(iii)	The contract term.	Two years	
(iv)	The tender procedure to be adopted.	Direct Award under the PSR	
(v)	The procurement timetable.	Stage in Procurement	Indicative dates
		Contract start date	1 May 2024
(vi)	The evaluation criteria and process.	Direct Award using the PSR	
(vii)	Any business risks associated with entering the contract.	No specific business risks are considered to be associated with entering into the Contract.	
(viii)	The Council's Best Value duties.	For the reasons set out in Section 3, it is considered that Direct Award will result in the Council achieving best value.	
(ix)	Consideration of Public Services (Social Value) Act 2012	Officers have had regard to the Public Services (Social Value) Act 2012.	
(x)	Any staffing implications, including TUPE and pensions.	There are no implications for Council staff arising from the procurement.	
(xi)	The relevant financial, legal and other considerations.	Financial – See Financial Implications at Section 5.	
		Legal – See Legal Implications at Section 6.	
		Other – N/A	
(xii)	Sustainability	Given the nature and value of the Contract, it is not possible to include specific sustainability requirements.	
(xiii)	Key Performance Indicators / Outcomes	Appropriate Key Performance Indicators / Outcomes will be included in the Contract.	

Ref.	Requirement	Response
(xiv)	London Living Wage	The Contract will require the payment of the London Living Wage.
(xv)	Contract Management	A contract manager will be appointed and appropriate contract management provisions will be included in the Contract.

4.0 Stakeholder and ward member consultation and engagement

4.1 Given the intention to directly award to the incumbent provider under the PSR, it has not been considered appropriate to consult with stakeholders or ward members.

5.0 Financial Considerations

5.1 The total value of the contract is £11,980,760. Split across the two years of the contract, this is an annual cost of £5,990,389. This will be funded by a combination of the Public Health Grant and Start for Life funding (split £5,793,587 and £196,793 respectively).

6.0 Legal Considerations

6.1 As indicated in the body report, the Health and Care Act 2022 introduced a new procurement regime for health contracts from 1 January 2024, namely the PSR. Officers are therefore bound to procure health service under the PSR rather than under the Public Contracts Regulations 2015. Whilst the PSR allows for competitive procurement, for the reasons detailed in Section 3.3, Officers recommend direct award as is permitted under the PSR.

6.2 The Council's Contract Standing Order 86(f)(iv) states that subject to complying with the relevant parts of Procurement Legislation, tenders need not be invited for contracts for healthcare services procured in compliance with the PSR provided that advice is sought from the Corporate Director Governance and the Head of Procurement. Both the Corporate Director Governance and the Head of Procurement have confirmed that a direct award under the PSR to CLCH is permissible.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 The public sector equality duty set out in Section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a protected characteristic and those who do not share that protected characteristic. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

7.2 The proposals in this report have been subject to a screening equality impact assessment and officers believe that there are no adverse equality implications, as the contract covers a number of initiatives and programmes to improve the health and well being for 0-19 year olds.

8.0 Climate Change and Environmental Considerations

8.1 The proposals in this report have been subject to screening and officers believe that there are no adverse impacts on the Council's environmental objectives and climate emergency strategy.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 This service is currently provided by an external contractor and there are no implications for Council staff arising from the direct award to the incumbent provider.

10.0 Communication Considerations

10.1 Given that the recommended award of the Contract is to the incumbent provider, it is not considered that the award of the contract has any direct communication considerations.

Report sign off:

Rachel Crossley

Corporate Director, Community Health and Wellbeing