



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Public Health Nursing Commissioning Strategy

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the 22nd November 2016.
- 1.3. Author of the Paper and contact details Kerry Clarke, Children, Young People and Public Health Schools Programme Commissioner, Brighton & Hove City Council, Hove Town Hall, Hove BN3 3BQ. Kerry.Clarke@brighton-hove.gov.uk

2. Summary

- 2.1. The purpose of this paper is to update the Health and Wellbeing Board concerning the progress of the procurement of a Public Health Community Nursing Service, Children and Young People aged 0-19 and to recommend to the Board that Sussex Community NHS Foundation Trust is appointed as provider of that service
- 2.2. This paper follows a previous paper presented to the Health and Wellbeing Board on 15th March 2016 that outlined the purpose for the re-commissioning process. The board gave approval for:

2.2.1. The Director of Public Health to be granted delegated authority to place a Prior Information Notice pursuant to the requirements of the Public Contracts Regulations 2015 and to carry



out a competitive procurement process if alternative providers come forward;

2.2.2. That if no alternative providers come forward, the Director of Public Health be granted delegated authority to lead a collaborative re-design process and contract negotiation with the current provider, Sussex Community NHS Foundation Trust (SCFT).

- 2.3. An open, fair and transparent commissioning process was implemented following expressions of interests being submitted from alternative providers as well as the existing provider. As a result of the process, Sussex Community NHS Foundation Trust has been identified as the preferred bidder.

3. Decisions, recommendations and any options

- 3.1 That the Health and Wellbeing Board accepts the recommendation that the Public Health Community Nursing Services, Children and Young People aged 0-19 contract is awarded to Sussex Community NHS Foundation Trust (SCFT) at a value not exceeding £14.1m over a three year period, subject to the Director of Public Health being satisfied that the clarifications requested have been received and are satisfactory and have been incorporated into the mobilisation plan.

- 3.2 That the Health and Wellbeing Board delegates powers to the Director of Public Health to extend the contract at the end for three year term with the potential to extend the contract a further two years if he deems it appropriate and subject to the budget being available.

4. Relevant information

- 4.1. Following the approval of the Health & Wellbeing Board in March 2016, a Prior Information Notice was published in the Official Journal of the European Union resulting in four providers submitting expressions of interest. This triggered the procurement process which was overseen by a working group comprising officers from the Council's legal, procurement and Public Health commissioning teams. The process was also informed by Public Health England leads for children's commissioning.



- 4.2. The service specification developed for the new service was adapted from the specification included in the Public Health England guidance for local authorities published in January 2016 on commissioning health visitors and school nurses, for public health services for children aged 0 to 19. This was completed in partnership with Families, Children and Learning and the CCG, as well as being informed by a consultation process with young parents, 16 – 19 year olds and an equalities impact assessment. The specification included provision for pooling commissioning resources with the CCG for the continence service.
- 4.3. The aim of the Public Health Community Nursing Service for Children and Young People aged 0-19 is to help empower parents and young people to make decisions that affect their own or their family's health and wellbeing. The role of the service is central to improving the health outcomes of populations and reducing inequalities.
- 4.4. The service is to work at four levels: Community; Universal; Universal Plus and Universal Partnership Plus (universal services being essential for primary prevention, early identification of need and early intervention) and across six high impact areas. See appendix.
- 4.5. The Universal Plus and Universal Partnership Plus delivery will also include:
- 4.5.1. Additional support that any family or young person may need for some periods of time, for example, care packages for maternal mental health, parenting support and baby/toddler sleep problems, continence problems, sexual health support, support for emotional health and wellbeing – where the 0 - 19 team may provide, delegate or refer support and which by reason of early intervention will prevent problems developing or worsening;
- 4.5.2. Additional services for vulnerable families and young people requiring on-going support for a range of additional needs, for example families at social disadvantage, families with a child with a disability, teenage parents, adult mental health or substance misuse problems.
- 4.5.3. Additional services for children with long term conditions or complex needs, working in partnership with primary and secondary care colleagues to facilitate appropriate management of health

conditions to maintain their health and wellbeing and ensure hospital admissions are kept to a minimum.

4.6. From April 2016 to September 2016 a fair, transparent and open competitive commissioning process was put in place which included:

4.6.1. Setting up an evaluation panel with representatives from Families, Children and Learning and the CCG.

4.6.2. The completion of a consultation process with young parents and 16 – 19 year olds which informed the final specification.

4.6.3. A bidders briefing event which described the specification and what the commissioners were looking for.

4.6.4. Completion of an equalities impact assessment. This will be released to the successful bidder during the mobilisation period.

4.6.5. A single staged tendering process.

4.7. The invitation to tender document was published on 18th July 2016 with a deadline for receipt of proposals by 2nd September 2016.

4.8. The evaluation process was designed to assess the overall value of the service being proposed. This involved consideration of both the price and quality of tenders. 30 % of the marks were allocated to price considerations and 70% to quality issues. There was one submission by SCFT. The SCFT tender was evaluated and assessed as being capable of delivering the service in accordance with the Council's requirements subject to clarification in the areas listed below. SCFT were informed of their preferred bidder status by letter on 29th September 2016 subject to receipt of satisfactory clarification of the following:

4.8.1. Clarification and assurances sought around the total staffing numbers and skill mix and proposals to locate school nurses and youth staff in children's centres.

4.8.2. Clarification of the service model described for:

Children 0-5. Specifically the balance in priority when delivering the integrated development check for two year olds to achieve the targets, which at present is a national challenge, and introduce a new questionnaire for 3 and 4 year olds, which will build on school



readiness but is not a requirement but a new innovation.

Young people aged 16 – 19, including the proposed offer to work in partnership with the Youth Collective, in light of the commissioning intentions for youth services.

4.8.3. Clarification and assurances in relation to the services for Home Educated Children;

4.8.4. Clarifications and assurances on the specific interventions at UPP level for both 0-5 and 5-19;

4.8.5. Clarification about the specialist Teenage and Vulnerable Parent Team including capacity and relationship with Early Parenting Assessment Programme (EPAP) and the Multi-Agency Safeguarding Hub (MASH);

4.8.6. Confirmation that data sharing agreements and protocols will be in place prior to contract start;

4.8.7. Clarifications and assurances that services will be operational by 1st April 2017;

4.9. On 14th October, SCFT was provided with detailed feedback which included the reasons for the decision including scores, alongside feedback on the areas for improvement. The positive aspects of the submission include:

4.9.1. Clear description of the three /four service levels with an explanation of how they will link to other services and examples of interventions at each level for 0 – 19 year olds.

4.9.2. Clear description of each of the high impact areas and how these will be promoted at each level for 0 -1 9 year olds.

4.9.3. New Health Visitor with a specialist role for Perinatal and Infant Mental Health.

4.9.4. Promotional Guides, new pathway for school readiness.

4.9.5. A Teenage and Vulnerable Parents team which will engage and provide support for disadvantaged families.

4.9.6. Innovative use of social media including plans to extend 'ChatHealth', a texting health information and signposting service,



to parents and 16 -19 year olds.

4.9.7. Co-location of the Public Health Community Nursing workforce in Children Centres.

4.9.8. Clear plans to improve links with primary care clusters with allocated leads and to continue work with the Children's Centres, Stronger Families Stronger Communities, Early Help hub and social work teams.

4.9.9. New School Nurse clinics in youth centres.

4.9.10. Delivery of a strength based approach with peer support, volunteering in breast-feeding, support for fathers, and work with voluntary organisations. (Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family and the community, drawing on their strengths and building connections).

4.9.11. Collaborative forum to engage with service users and work with service users to plan changes.

4.9.12. The new skills mix of the workforce and the workforce development vision for a community nursing team.

4.10 The contract will be managed for the council by the Public Health Team and performance will be closely managed through regular measurement of key performance indicators and quality assurance meetings, site visits and reviewing of the providers annual accounts.

4.11 The mobilisation period will be managed by the Public Health Community Nursing 0 – 19, Mobilisation Review Meeting (MRM). This has been meeting monthly since October 2016 and will continue until at least two months after the new contract is live. Commissioners will ensure that as part of the mobilisation period SCFT will engage in conversation with local communities and ward councillors about any changes to service being delivered in their communities.

5. Important considerations and implications

Legal:

5.1.1 The Health & Wellbeing Board is responsible for the oversight, monitoring and decisions concerning Public Health. Further, the



Council's contract standing orders require that authority to enter into a contract valued at £500,000 or more be obtained from the relevant committee.

- 5.1.2 The procurement exercise was undertaken in accordance with all relevant European and UK public procurement legislation and the Council's contract standing orders.

Judith Fisher 2.11.2016

Finance:

- 5.2 The commissioning of these services is taking place in the face of severe financial challenges, resulting from reductions in the ring-fenced Public Health grant and the requirement to meet the Council's savings targets over the next four years. The savings made from the recommissioning of these services is £1,000,000 per year, the total savings over three years being £3,000,000, with the total spend being no more than £14,100,000 for the initial contract period.

Mike Bentley 31.10.2016

Equalities:

- 5.3 Consideration for equalities and the reduction of health inequality is evident in the bidders submission and they have recently been shared the equalities impact assessment that was completed as part of the commissioning process. This is now being integrated into the performance framework. The Public Health universal services are delivered with a scale of intensity proportionate to the level of needs experienced by certain population groups including those arising from their protected characteristics.

Sustainability:

- 5.4 There are no direct implications for sustainability. The Public Health Community Nursing Services aims to promote good health and wellbeing for children, young people and their families and so can contribute to achieving the priorities for children and young people's health and wellbeing as set out in the City Councils Corporate Plan, 2015 – 2019.

Health, social care, children's services and public health:



5.5 These considerations are integral to the Public Health services outlined in this paper.

6 **Supporting documents and information**

6.1 Infographic of the Public Health Community Nurse 4-5-6 approach to the levels of service and high impact areas.