

**Report for:** Haringey Cabinet 14 March 2017

**Item number:** 16

**Title:** Extension of 0-5 year old public health services contract: health visiting service and family nurse partnership programme

**Report**

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**Ward(s) affected:** All

**Report for Key/**

**Non Key Decision:** Key decision

**Describe the issue under consideration**

- 1.1. Following the transfer of commissioning responsibility from NHS England to the local authority on 1<sup>st</sup> October 2015 a contract was awarded to Whittington Health NHS Trust for a period of 18 months<sup>1</sup> which ends 31<sup>st</sup> March 2017.
- 1.2. The report seeks agreement by Cabinet for extension of the existing 0-5 year old public health services contract along with a variation to the services deliverable under the contract. The contract includes the provision of the health visiting service and the family nurse partnership programme and it is proposed to add to this coordination and delivery of the HENRY Programme.

**2. Cabinet Member introduction**

- 2.1 The public health team has worked with Whittington Health NHS Trust on an ambitious transformation programme. The 0-5 year old transformation programme has changed the delivery of the health visiting service from a targeted model in operation since 2009 to a universal service model. In less than 18 months the council has secured universal provision of the five statutory mandated health checks for children under 5 years old. This has increased the number of contacts the health visiting service has with families and therefore increased the opportunities for health promotion and safeguarding.
- 2.2 It is important for the Council to continue this contract to complete the full implementation of the national service model (see section 6.2) and continue to deliver improved performance, efficiencies and outcomes for children and families in line with the Council's Corporate Plan alongside integrated working with the council's children's services and the commissioning team.
- 2.3 I support the request to extend the contract for a further 1 year with the variation to allow time for the successful health visiting service transformation to fully

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<sup>1</sup> Sunset clause — 18 month timeframe advised by NHS England during the transition planning for the transfer of commissioning responsibility to support stability within the NHS provider landscape

embed for the benefit of Haringey's children and families.

### **3 Recommendations**

- 3.1. To approve, in accordance with Contract Standing Order CSO 10.02.1(b), the following variation to the council's health visiting and family nurse partnership services contract with the Whittington Health NHS Trust.
  - 3.1.1 Subject to the variation to the contract specification referred to in paragraph 3.1.2 below, the extension of the contract by 1 year at a cost of £4,832,029.
  - 3.1.2 A variation to the contract specification to include a requirement to coordinate and deliver the HENRY Programme and to reduce the required capacity of the family nurse partnership programme.

### **4. Reasons for decision**

- 4.1 Extending the contract will allow time to fully implement the national evidence based '4, 5, 6 model' (see section 6.2). The service has already implemented the 4 levels and the 5 mandated contacts and plans are already underway for the implementation of the 6 high impact areas<sup>2</sup>.
- 4.2 The variation within the contract will be a revision to the specified services in two respects. Firstly, a requirement for co-ordination and implementation of the HENRY Programme will be added. This is a successful behaviour change programme for families focussing on healthy eating. The public health team has co-ordinated this programme for the last 3 years. It is now part of the health visiting team's mandatory training and will support implementation of one part of the 6 high impact areas – healthy weight.
- 4.3 The other variation to the specification will be to reduce the required capacity of the family nurse partnership programme. This is necessary as demand has reduced due to the fall in teenage pregnancies.
- 4.4 The contract extension will align the duration of the health visiting service and the family nurse partnership programme contract with that of the school nursing service contract. This will provide the opportunity to procure an integrated 0 – 19 year old service in the future.  
Operationally, the 0-5 public health service is integrated within the wider offer for children and families and is embedded within the wider health pathways for children, young people and their families.

In Haringey, the CCG's commissioned children's community health services (except children's community nursing) are provided by Whittington Health NHS Trust. These are part of a block arrangement through the NHS standard contract.

### **5. Alternative options considered**

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<sup>2</sup> 6 high impact areas - transition to parenthood, maternal mental health, breast feeding, healthy weight, managing minor ailments and accident prevention, healthy two year olds and school readiness

- 5.1. Currently across the country NHS organisations are the main providers of health visiting services and the family nurse partnership programme. A number of councils have gone out to market following the transfer of commissioning responsibility to local authorities in October 2015. This has led to mixed results as the market is under developed. As a result many councils have either extended service provision with their current provider beyond the recommended 'sunset clause'<sup>3</sup>. One council in London has brought the service 'in-house', and others have placed them within their section 75 partnership arrangements with their Clinical Commissioning Groups (CCG).
- 5.2. Historically the provision of 0-5 public health services has been through the standard NHS local community providers. Since the transfer of responsibility for commissioning the 0-5 public health services to local councils in October 2015, this position remains largely unchanged across the 32 London boroughs as 98% of all 0-5 public health services are delivered by the standard NHS community providers.
- 5.3. The children and young people services commissioned by Haringey Council and Haringey CCG provided by the Whittington Health NHS Trust are part of an integrated service offer therefore for the Council to procure one part of the overall children, young people and their family service provision from a different provider could destabilise the pathways in place for our families, leading to fragmentation and compromise the stability of the provider to deliver services and achieve the required outcomes for children, young people and their families. Moreover, there is a very limited market for these types of children's community services, which is already evidenced in Haringey. For example, in 2015 Haringey public health team tendered the school nursing service. Despite there being good market engagement initially with 8 expressions of interest from providers, only 1 bid was submitted which was from the incumbent provider Whittington Health NHS Trust.
- 5.4. Haringey's experience is not dissimilar to that of other councils. A recent scoping exercise by the London Association of Directors of Public Health found that for 0 – 5 year old public health services:
- 90% have extended their existing contracts since the commissioning transfer providing time to consider new commissioning models e.g. 0-19 year old services,
  - some councils entered into section 75 arrangements with their local CCGs as a vehicle to facilitate an integrated service model (3 boroughs) and
  - 10% went out to tender in 2016, 1 borough received no bid submission at the end of the tender process and plans to bring the 0-5 service "in-house".

## **6. Background information**

- 6.1 Following the transfer of commissioning responsibility for 0-5 public health services to local authorities in October 2015 the council's public health team

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<sup>3</sup> 'Sunset clause' – 18 month timeframe advised by NHS England during the transition planning for the transfer of commissioning responsibility to support stability within the NHS provider landscape

has worked closely with Whittington Health NHS Trust to implement the 'national 4,5,6 service model' in Haringey to improve access to services, health outcomes and to reduce health inequalities.

## 6.2 Figure 1: National health visiting 4,5,6 service model



- 6.3 Extending the contract will allow time to fully implement the national evidence based '4, 5, 6 model'. The service has already implemented the 4 levels of service and the 5 mandated universal health reviews and plans are already underway for the implementation of the 6 high impact areas.

## 7. Contribution to strategic outcomes

- 7.1. The 0-5 year old public health services are part of the wider public health commissioning plans for an integrated 0-19 year's progressive universal service to reduce fragmentation across the system and promote children's and young people's physical and emotional wellbeing.
- 7.2. The health visiting service and the family nurse partnership programme are key services contributing to Priority 1 in the Corporate Plan and the outcomes in the Health and Wellbeing Strategy. In addition the two services contribute to the cross-cutting themes in the Corporate Plan: fair and equal borough; prevention and early help; and working with communities.

## 8. Comments of the Chief Finance Officer and financial implications

- 8.1. This report details the proposal to extend and vary the 0-5 year old public health services contract for a further 1 year.

- 8.2 The contract value for the current (2016-17) contract year is £4,832,188 million, (health visiting service £4,334,188 million and the family nurse partnership programme £498,000).
- 8.3 The costs for the three services for the further year is £4,832,029 million (health visiting service £4,334.188, family nurse partnership programme £443,441 and the HENRY Programme £54,400).
- 8.4 The contract will continue to be funded through the Public Health Grant. These contract values are consistent with delivering MTFS savings targets agreed in February 2015.

## **9 Head of Procurement Comments**

- 9.1 Under the Public Contract Regulations 2015 (the Regulations) the procurement of care services is under the Light Touch Regime (LTR). The main requirement of the LTR is to advertise contract opportunities at the requisite level of spend in the Official Journal of the European Union (OJEU).
- 9.2 The Contract with the current supplier expires in March, with no provision for extension. This request is for the existing contract with Whittington Health NHS Trust to be extended via negotiation with the incumbent provider without undertaking an advertised procurement process on the basis that the current state of the market is such that there is effectively no competition in this area of services.
- 9.3 As outlined in 5 above, the relevant service was traditionally carried out by the National Health Service and typically continues to be provided by an NHS service provider. Moreover, health visiting and the family nurse partnership programme are part of an integrated service offer therefore for the Council to procure one part of the overall children, young people and families service provision from a different provider would destabilise the pathways in place for our families, leading to fragmentation, service instability and undermine service outcomes, Further compromising the stability of the provider to deliver services and achieve the required outcomes for children, young people and their families.
- 9.3 The immaturity of the market for meeting this type of service provision is evidenced by the outcome of the Council's recent tender for a similar closely aligned provision for school nursing which did not return any additional bidders other than the current NHS supplier. This is further supported by similar results in 98% of other London boroughs who continue to employ their NHS providers for this service. This also underpins the notion that technical expertise for this type of provision currently rests within the NHS.
- 9.4 Given the reasons outlined above, it is therefore considered by the Head of Procurement that the requirement for proceeding by way of a Negotiation without Notice under PCR 2015 has been met and this request for contract extension and variation may be supported

## **10. Comments of the Assistant Director of Corporate Governance and legal implications**

- 10.1 The report is seeking a variation of the existing 0-5 years public health services contract to provide for a one-year extension and to adjust the specified services to reduce capacity under part of the services (family nurse partnership programme) and include a small new area of service (the HENRY Programme) with consequential revision to the contract price.
- 10.2 The 0-5 year old public health services are subject to the Light Touch Regime under Regulations 74 to 77 of the Public Contracts Regulations 2015 (the PCR 2015). The procurement of LTR services valued over £625,050.00 ought normally to be done by way of a tender advertised in the Official Journal of the European Union (OJEU). As the additional services now proposed to be included in the Council's current contract are valued over this threshold and were not previously advertised in OJEU for tender, they would normally have been tendered at this point. However, the PCR 2015 (under regulation 32(2)(a)(ii)) permit direct negotiation with a provider to contract for services without advertising the opportunity where only that provider can supply the services because competition for the services is absent for technical reasons. The Public Health team and Corporate Procurement Services have, based on their experience of the market in this sector, provided support for the view that currently competition for the services to be covered in the recommended contract extension is effectively absent – see paragraphs 5.2 – 5.8 and 9.2 – 9.5 of the report. On this basis, a direct negotiation for the further services was undertaken with Whittington Health NHS Trust without advertisement under the above PCR 2015 regulation.
- 10.3 The value of the proposed contract variation includes an additional spend (£4,832,029) for the further contract year which is in excess of £500,000. Under Contract Standing Order 10.2.1(b), Cabinet may approve contract variations including extensions valued over £500,000. Given the value, the decision to approve the variation is a key decision which must be included in the Forward Plan, which has been done.
- 10.4 The Assistant Director of Corporate Governance confirms that there are no legal reasons preventing Cabinet from approving the recommendations in paragraph 3 of the report.

## **11. Equalities and Community Cohesion Comments**

- 11.1. The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
  - advance equality of opportunity between people who share those protected characteristics and people who do not;
  - foster good relations between people who share those characteristics and people who do not.
- 11.2 The commissioned services within the contract will continue to address health



inequalities for children, young people and their families. The successful implementation of the 0 - 5 year old HCP provides a universal offer across Haringey to improve health outcomes across the life course.

- 11.3 A local equalities impact assessment, based on the national health visiting equalities assessment was undertaken (<http://www.minutes.haringey.gov.uk/ielistDocuments.aspx?CIId=118&MId=7303&Ver=4>). The transformation programme has had a positive impact on service users with relevant protected characteristics, such as pregnant women, mothers and disabled children.

## **12. Policy Implication**

- 12.1. This commissioned service contributes to the Corporate Plan, Building a Stronger Haringey Together 2015- 18, in particular Priority 1. Extending this contract will enable the Council to meet its public health responsibilities to give every child the best start in life and contribute to the cross-cutting themes: prevention and early intervention, a fair and equal borough, working in partnership and working together with communities.

## **13. Use of Appendices**

## **14. Local Government (Access to Information) Act 1985**

Department of Health – Healthy Child Programme: Pregnancy and the First 5 Years of Life

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)

Department of Health – The 4-5-6 Model

<https://vivbennett.blog.gov.uk/2015/03/05/the-4-5-6-model/>