

Report for: Cabinet- 19th January 2016
Item number: 13
Title: Award of contract for the School Nursing Service

Report authorised by: Jeanelle de Gruchy, Director of Public Health

Lead Officer: Sheena Carr
Senior Public Health Commissioner
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Ward(s) affected: All

**Report for Key/
Non Key Decision:** Report for Key Decision

1. Describe the issue under consideration

- 1.1. This report details the outcome of an open tender process for the award of a contract for the provision of a School Nursing Service. The School Nursing Service will promote and protect the health and well being of school age children and young people who attend mainstream schools in Haringey and school age children not in school.
- 1.2. Subject to approval being granted, the contract shall be awarded for a period of one year commencing from 1st April 2016 to 31st March 2017 with an option to extend for a further period of one year.

2. Cabinet Member Introduction

- 2.1. The award of this contract will enable the Council to meet its public health responsibilities: to improve the health and wellbeing of local populations and reduce health inequalities across the life course. The contract will deliver on outcomes specified in Priority 1 of the Corporate Plan, in particular, Objective 4, that children and young people will be healthier, happier and more resilient and those who need extra help will get support at the right time. In line with corporate priorities, the school nursing service will be an integral part of the Council's early help offer.

3. Recommendations

- 3.1. To approve the award in accordance with CSO 9.06.1(d) of the provision of a school nursing service contract to Whittington Health NHS Trust for a period of

one year commencing 1st April 2016 at a value of £867,413 with an option to extend for a further period of up to one year.

- 3.2. To note that £150,000 of the first year's contract price relating to delivery of the school age immunisation element of the service will be funded by NHS England and the rest of that year's cost of £717, 413 for the school nursing service will be funded by the Council from the public health grant.

4. Reasons for decision

- 4.1. As a result of the procurement exercise, which was carried out in accordance with the Procurement Code of Practice, only one application was received, from the current provider of the school nursing service, Whittington Health NHS Trust.
- 4.2. The original contract length specified in the tender documentation was for two years with an option to extend for a period of up to three years. However, in order to re-align future service provision to support integrated services and to meet the medium term financial strategy, it is now proposed to work with Whittington Health to redesign the service over the next one to two years.
- 4.3. Clarification has been sought from Whittington Health as to whether they would be prepared to accept the shorter one year contract term with a one year extension option and they have confirmed that they would.

5. Alternative options considered

- 5.1. The option of extending the existing contract was not available as the contract made no provision for an extension.
- 5.2. To withdraw from the tender process and not award the contract. This was not considered viable as this would cause considerable disruption to schools and interrupt the delivery of mandated services i.e. the school age immunisations programme and the National Child Measurement Programme.

6. Background information

- 6.1. Since 1st April 2013 local authorities have been responsible for commissioning and delivering public health services for children and young people aged 5-19 years. This includes providing prevention and early intervention services, delivering the Healthy Child Programme and addressing key public health issues such as tackling child obesity and supporting the emotional health and wellbeing of local children and young people.
- 6.2. A school nursing service plays a key role in giving every child the best start in life by helping to ensure that school aged children and young people (5-19 years) are supported to live healthy lives and have the appropriate access to healthcare to support them in being healthier, happier and more resilient.
- 6.3. In preparation for the tender a local Haringey mapping exercise of the Healthy Child Programme (HCP) 5-19 years of age was undertaken in 2014. Later a school nursing review was conducted with local schools, children and

parents/carers in 2015, which looked more broadly at the health needs of children and young people in Haringey to ensure that the service specification within the tender documentation:

- was based on the most up to date evidence base and local needs analysis;
- identified synergies between the different service elements and other wider services (delivered by other providers) to deliver more holistic, joined up and cost effective services;
- took account of the needs and priorities of key stakeholders, e.g. local schools;
- was accessible and responsive to the needs and priorities of local communities and families, is child centred and focuses on supporting every child to have the best start in life.

6.4. Key findings from the review included:

- the need for a highly visible school nursing service;
- the importance of promoting emotional health and wellbeing, as well as physical health in a holistic context;
- that school nurses cannot deliver the HCP alone, that it needs to be a joined up multi agency approach for the best possible outcomes, but that the school nursing service had a key role in local implementation.

6.5. The key issues for the school nursing service identified by local children, young people, parents and carers echoed the messages from the national consultation¹ that: health is important to them, the school nursing service needs to be more visible, access to the service should be confidential and they advocated the use of new / mobile technologies for communication.

6.6. School nurses provide services for all resident school-aged children attending school and those not in school, e.g. those who are excluded; those who are homeless or in contact with the Youth Justice System, and those children and young people who are Educated Other Than At School (EOTAS).

6.7. School nurses in special schools are commissioned separately by Haringey Clinical Commissioning Group and were outside the remit of this tender. The local authority has a co-commissioning arrangement with NHS England for immunisations including the flu vaccination programme.

6.8. The Procurement Process

6.8.1. A 'Meet the Buyer' event was held on 30th June 2015. This event was intended to communicate and share information with potential providers to help them understand the commissioning intentions and offer opportunities to network and forge partnerships.

¹ British Youth Council (2011) *Our school nurse. Young people's views on the role of the school nurse*. London: British Youth Council

- 6.8.2. The 'Meet the Buyer' event indicated that this is a specialist service and the nature of the market for this type of service is limited. Therefore, the 'Open' tendering process was selected as the most efficient route to market.
- 6.8.3. The procurement process started with the placing a contract notice in Official Journal of the European Union (OJEU) and Contract Finder. The tender advert was also published on Haringey's website, CompeteFor and, Delta E-sourcing portals.
- 6.8.4. The Invitation to Tender (ITT) and supporting documents were uploaded on Delta (e-tendering portal) where following a registration process, the potential tenderers can access the tender documents and submit their tenders electronically.
- 6.8.5. By the closing date of the tender, 8 organisations registered their interest on Delta E-sourcing portal for School Nursing Service.
- 6.8.6. By the deadline of the 28th September 2015, one organisation indicated it was withdrawing from the process and one organisation submitted a bid.
- 6.8.7. The tender was submitted by Whittington Health.
- 6.8.8. Although only a single company tendered for this contract, the tender was evaluated against the Council's criteria using a scoring weighting of 55% quality and 45% price. The tender evaluation criteria and weighting were set out in the tender documents and clarified during the tendering process.
- 6.8.9. The Quality and Price scores are both considered by the evaluation team to demonstrate that they are of sufficient competence to deliver the service specification appropriately for at least one year.

6.9. **Transition and Contract Management**

- 6.9.1. Contract management will be incorporated into the contract. Key Performance Indicators and methods of measurement are integrated within the service specification and will be monitored through contract monitoring meetings and reports.
- 6.9.2. Monitoring meetings will be held monthly. The purpose of monthly monitoring meetings will be to examine the implementation of the service, monitor delivery of the service at an operational level and to foster partnership working to facilitate early resolution of problems and/or issues.

7. **Contribution to strategic outcomes**

- 7.1. The tendering of this service is part of Public Health's wider commissioning plan and part of the Corporate Plan Priorities 1 and 2. Failure to provide this service would impact on the Corporate Plan delivery.

8. **Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

8.1. **Finance**

- 8.1.1. This report seeks approval to award a single contract, for both school nursing and the school age immunisation programme, to Whittington Health NHS Trust for a period of one year commencing 1st April 2016, with the option to extend for a further one year.
- 8.1.2. The cost of the contract in 2016/17 will be £867,413. Public Health Grant will be used to fund £717,413 of this cost and has been included in the Service budget for 2016/17. The remaining £150,000 will be funded by an additional £150,000 grant from NHS England to cover the cost of the school age immunisation aspect of the service.
- 8.1.3. The option to extend the contract for a second year would be at the discretion of the Service and will be exercised in accordance with the resources available and Service priorities at that time.

8.2. Procurement Comments

- 8.2.1. The procurement process has been carried out in line with the Procurement Code of practice. Central procurement has been involved in this process and supports the recommendation.
- 8.2.2. Contract management will be put in place to ensure contract compliance and ensure quality outcomes.
- 8.2.3. To identify reasons for the low response, Central Procurement Unit have reviewed the procurement process. The outcome of the review is as follows:
 - 8.2.3.1 Feedback Questionnaires were sent to 7 organisations, who had expressed an interest but have not submitted a bid.
 - 8.2.3.2 One organisation which withdrew from the process and two organisations have not returned feedback questionnaires.
 - 8.2.3.3 Four organisations responded and their reasons for not submitting bids were as follows:

Organisation Responded	Reason for non-submission	Overall Quality of the documents
Company A	Not our core business offering	Good
Company B	After carefully reviewing your outline requirements and considering our corresponding capabilities, we were unable to provide a solution that meets all of your mandatory requirements	Excellent
Company C	Bidding for our existing service.	Above Average
Company D	Conflict with too many other tenders released at the same time	Above Average

8.3. Comments of the Assistant Director of Corporate Governance

- 8.3.1. The report relates to services which are subject to the new Light Touch Regime under the Public Contract Regulations 2015. As such they are required to be advertised in the Official Journal of the European Union (OJEU) although there is greater flexibility in the tender procedure followed than under the standard EU tender regime.
- 8.3.2. The Council followed an open tender process in accordance with CSO 9.01 (a).
- 8.3.3. The Council now wishes to award the contract to the provider identified in paragraph 3.1 of this report.
- 8.3.4. Cabinet has power to approve the award under CSO 9.06.1 (d) (contracts of £500,000 or more).
- 8.3.5. The award is a Key Decision and has therefore been included in the Forward Plan in accordance with CSO 3.01 (d).
- 8.3.6. There are further considerations relating to the award of this contract in the Exempt Information.
- 8.3.7. Subject to the further considerations referred to in paragraph 8.3.6 above, the Assistant Director of Corporate Governance confirms that there are no legal reasons preventing Members from approving the recommendations in paragraph 3.1 of the report.

8.4. Equality

- 8.4.1. 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.
- 8.4.2. An Equalities Impact Assessment has been carried out (see appendix 1). It identifies the inherent risk that the reduced contract value for the school nursing service will lead to a reduced service and therefore adversely affect protected groups that use the service (pregnant teens, children with long term conditions, BME groups where there is evidence of an increased risk of obesity).
- 8.4.3. The EqIA identifies the mitigations that will reduce this risk. The Council will continue to work closely with the school nursing service provider to maintain and improve service delivery targeting those at highest risk of poor health outcomes. There will be opportunities to explore different models of service

delivery based on best practice across London and nationally. The school nursing service has specialist SAFE TALK sexual health nurses that will continue to address the sexual health needs of young people both in school and other settings in the community. Needs of children with disabilities in mainstream schools will need to be considered in the new model

8.4.4. As noted above, we consulted with service users, including families, children and young people which informed the service specification. These views will inform our work with Whittington Health to redesign the school nursing service. For example, service users, families and young people identified the need for confidential services and for sexual health this will be provided by the SAFE TALK sexual health nurses.

8.4.5. For further information please refer to the mitigating actions in the EqIA.

9. Use of Appendices

9.1. Appendix 1: Equalities Impact Assessment

10. Local Government (Access to Information) Act 1985

10.1 This report contains exempt and non exempt information. Exempt information is contained in the exempt report and is not for publication. The exempt information is under the following category: (identified in the amended schedule 12 A of the Local Government Act 1972):

(5) Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

Appendix 1 Equalities Impact Assessment

Equality Impact Assessment

Name of Project	School Nursing Service	Cabinet meeting date If applicable	19 th January 2016
Service area responsible	Public Health		
Name of completing officer	Sheena Carr	Date EqIA created	24 th November 2015
Approved by Director / Assistant Director	Jeanelle de Gruchy	Date of approval	

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to:

- **Eliminating discrimination, harassment and victimisation**
- **Advancing equality of opportunity**
- **Fostering good relations**

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Haringey Council also has a 'Specific Duty' to publish information about people affected by our policies and practices.

All assessments must be published on the Haringey equalities web pages. All Cabinet papers MUST include a link to the web page where this assessment will be published.

This Equality Impact Assessment provides evidence for meeting the Council's commitment to equality and the responsibilities outlined above, for more information about the Council's commitment to equality; please visit the Council's website.

Stage 1 – Names of those involved in preparing the EqIA	
1. Project Lead – Sheena Carr	5.
2. Equalities / HR	6.
3. Legal Advisor (where necessary)	7.
4. Trade union	8.

Stage 2 - Description of proposal including the relevance of the proposal to the general equality duties and protected groups
<p>Haringey’s school nursing service is focused on reducing health inequalities and ensuring that children and young people achieve the best start in life. Whilst the school nursing service is universal, programmes and interventions are targeted where there are higher levels of need. In particular, we know there is a link between childhood obesity and deprivation and also that obesity is highest among certain BME groups. Teenage pregnancy also disproportionately affects those with multiple risk factors including those living in deprived areas and those with low educational achievement. The school nursing service in Haringey works with, and provides services to, mainstream primary schools, mainstream secondary schools and academies. They provide a primary health promotion and disease prevention universal service, by working with schools and parents.</p> <p>The school nursing service was tendered with a reduced budget as part of the Medium Term Financial Strategy. This will require the school nursing service to have an operating model that has a clear set of priorities based on identified need.</p>

Stage 3 – Scoping Exercise - Employee data used in this Equality Impact Assessment	
<p>Identify the main sources of the evidence, both quantitative and qualitative, that supports your analysis. This could include for example, data on the Council’s workforce, equalities profile of service users, recent surveys, research, results of recent relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national.</p>	
Data Source (include link where published)	What does this data include?
EqIA Profile on Harinet	Age, gender, ethnicity, disability information – for the Council and the borough

Stage 4 – Scoping Exercise - Service data used in this Equality Impact Assessment	
<p>This section to be completed where there is a change to the service provided</p>	
Data Source (include link where published)	What does this data include?
JSNA	Obesity data by age and ethnicity Teenage pregnancy

Stage 5a – Considering the above information, what impact will this proposal

have on the following groups in terms of impact on residents and service delivery:
Positive and negative impacts identified will need to form part of your action plan.

	Positive	Negative	Details	None – why?
Sex		X	Women adversely affected by teenage pregnancy. Obesity adversely affects boys between the ages of 6-10 and girls between the ages of 11-15.	
Gender Reassignment				X
Age		X	Impact of obesity in childhood affects obesity in adult life. Babies born to teenage parents experience poorer outcomes	
Disability		X	The reduced contract value may affect children with long term conditions	
Race & Ethnicity		X	Obesity more concentrated among certain ethnic groups*	
Sexual Orientation		X	Potential impact on reduction of sex and relationships education in schools – young people not	

			<p>feeling confident to express their sexuality</p> <p>Mitigation: The healthy schools programme supports pupils and schools, for instance the recently funded Sex Education Forums LGBT training that we offered to all schools.</p> <p>The drop in clinics and Safetalk service will also provide a forum for CYP.</p>	
Religion or Belief (or No Belief)				X
Pregnancy & Maternity			<p>Lack of appropriate sex and relationship education in schools will potentially impact on teenage pregnancy</p> <p>Mitigation: The healthy schools programme supports pupils and schools, The drop in clinics and Safetalk service will also provide a forum for CYP.</p>	
Marriage and Civil Partnership				X

*We know that levels of obesity are not evenly distributed across the borough. Information from the JSNA shows that there are higher levels of obesity among particular ethnic groups:

Obesity: key findings from the National Child Measurement Programme (2014/15) are:

Year

- An average of 23.03% of reception children in Haringey schools are overweight or obese.
- An average of 36.67% of year 6 children in Haringey schools are overweight or obese.

Ethnicity

- 31.53% of African children and 21.18% of Caribbean children in reception are classified as overweight or obese. This compares to just 16.30% of White British children in reception.
- 46.97% of year 6 children classified as *any other ethnic group* are overweight or obese. 43.99% of Caribbean children, 43.29% of African children and 37.93% of Bangladeshi children in year 6 are also classed as overweight or obese. 18.15% of White British children in year 6 as classed as overweight or obese.

Gender

- 24.61% of reception males are classed as overweight and obese, compared to 21.25% of reception females.
- 39.66% of year 6 males are classed as overweight and obese. This is slightly higher than the percentage of female year 6's at 33.54%

Wards

- Northumberland Park has the highest proportion of overweight or obese reception children at 31.94%, followed closely by Tottenham Green at 31.21%. Highgate and Crouch End have the lowest proportions of overweight and obese children in reception at 9.26% and 10.89% respectively.
- Seven Sisters has the highest proportion of overweight and obese year 6 children at 50.51%, followed by Noel Park at 49.12%. Crouch End has the lowest proportion of overweight and obese year 6 children at 18.46%.

Deprivation

- Reception children in the most deprived areas (1st quintile) have the highest obesity rate at 29.02%, compared to just 13.27% in the least deprived areas (5th quintile).
- Year 6 children in the most deprived areas (1st and 2nd quintile) have the highest obesity rates at 42.42% and 42.50%, compared to just 18.26% in the least deprived areas (5th quintile).
- There is a clear relationship between the prevalence of obesity and the level of deprivation for both reception and year 6 children.

National data suggests that:

- Among children aged 6-10 years, boys will be more obese than girls, with an estimate of 35% of boys being obese by 2050, compared with 20% of girls.
- Among children aged 11-15 years, more girls than boys will be obese by 2050 – 23% of boys and 35% of girls

Teenage pregnancy

Teenage pregnancy is a complex issue, affected by a wide range of personal, social, economic and environmental factors. However, research evidence has identified the key risk factors which are known to increase the likelihood of teenage pregnancy:

Risky behaviours include early onset of sexual activity, poor contraceptive use, mental health/conduct disorder/involvement in crime, repeat abortions, teenage motherhood, alcohol and substance misuse

- Girls having sex under 16 years of age are three times more likely to become pregnant than those who first have sex over 16 years of age.
- Around 60% of boys and 47% of girls leaving school at 16 with no qualifications had sex before 16, compared with around 20% for both males and leaving school at 17 or over with qualifications.
- Early onset of sexual activity is also associated with some ethnic groups. Among 16-18 year olds surveyed in London, non-use of contraception at first intercourse was most frequently reported among Black African males (32%), Asian females (25%), Black African females (24%) and Black Caribbean males (23%)
- Around a quarter of boys and a third of girls who left school at 16 with no qualifications did not use contraception at first sex, compared to only 6% of boys and 8% girls who left school at 17 or over, with qualifications
- A number of studies have suggested a link between mental health problems and teenage pregnancy. A study of young women with conduct disorders showed that a third became pregnant before the age of 17
- Teenage boys and girls who had been in trouble with the police were twice as likely to become a teenage parent, compared to those who had no contact with the police

Stage 5b – For your employees and considering the above information, what impact will this proposal have on the following groups: Positive and negative impacts identified will need to form part of your action plan.

	Positive	Negative	Details	None – why?
Sex				N/A
Gender Reassignment				N/A
Age				N/A
Disability				N/A
Race & Ethnicity				N/A
Sexual Orientation				N/A
Religion or Belief (or No Belief)				N/A
Pregnancy & Maternity				N/A
Marriage and Civil Partnership				N/A

Stage 6 - Initial Impact analysis

Actions to mitigate, advance equality or fill gaps in information

<p>There could be negative impacts on the following groups as set out in section 5a:</p> <p>The reduced contract value may potentially adversely affect;</p> <ul style="list-style-type: none"> women, particularly young women in terms of teenage pregnancy. Babies born to teenage mothers tend to have poorer health outcomes and maternal obesity impacts on the health of both mothers and babies. <p>We know that particular ethnic groups are more likely to be obese than the White British population and obesity is more prevalent in boys and girls at different ages.</p> <ul style="list-style-type: none"> the school nursing service supports pupils with medical conditions in mainstream schools, the reduction may impact on those children and young people with long term conditions and disabilities. 	<p>We will continue to work closely with the school nursing service provider to maintain and improve service delivery targeting those at highest risk of poor health outcomes. We will have monthly meetings with the provider to ensure strong performance management. There will be opportunities to explore different models of service delivery based on best practice across London and nationally. The school nursing service has specialist SAFE TALK sexual health nurses that will continue to address the sexual health needs of young people both in school and other settings in the community. Needs of children with disabilities in mainstream schools will need to be considered in the new model.</p>
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Stage 7 - Consultation and follow up data from actions set above	
Data Source (include link where published)	What does this data include?
<p>As part of the tender process for the school nursing service, a consultation exercise with schools and parents was undertaken in May/June 2015 to inform the service specification. This was shared with potential bidders to support their service model design.</p> <p>The new school nursing contract will start in April 2016.</p>	<p>Respondents stated that they wanted the school nursing service to be more visible. They stated that access to the service should be confidential and they advocated the use of new / mobile technologies for communication.</p>

Stage 8 - Final impact analysis

Stage 9 - Equality Impact Assessment Review Log

Review approved by
Director

Jeanelle de
Gruchy

Date of
review

Review approved by
Assistant Director

Susan Otiti

Date of
review

24.11.15

Stage 10 – Publication

Council Cabinet – January 2016

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