

REPORT TO:	Cabinet 21st October 2019
SUBJECT:	Section 75 Partnership Agreement for Public Health Nursing
LEAD OFFICERS:	Robert Henderson Executive Director Children Families and Education Rachel Flowers Director of Public Health
CABINET MEMBER:	Councillor Alisa Flemming Cabinet Member for Children, Young People and Learning Councillor Simon Hall Cabinet Member for Finance and Resources
WARDS:	All
<p>CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON</p> <p>The proposed approach seeks to support the successful achievement of the following outcomes of the Councils Corporate Plan 2018-2022;</p> <p>People live long, healthy, happy and independent lives</p> <ul style="list-style-type: none"> • Croydon becomes a more equal place. • Happy, healthy and independent lives are lived by as many as possible, for as long as possible. • Access to effective health services and care services when needed. <p>Our children and young people thrive and reach their full potential</p> <ul style="list-style-type: none"> • Children and young people in Croydon are safe, healthy and happy, and aspire to be the best they can be. • Every child and young person can access high quality education and youth facilities. <p><i>“We know that it is not enough simply to help children and young people when they need us; we must work differently with our families and communities in order that our young people feel safe and lead happy, healthy independent lives wherever possible. By bringing services closer to children and families who need them, building alliances across partners and providers in localities, we will intervene at an earlier stage and address issues before they become problems. The first step will be to deliver a joint approach to early help and family support alongside schools, health services, the police and voluntary organisations, to build resilience, and ensure more children and young people are safe”.</i></p> <p>Everyone feels safer in their street, neighbourhood and home</p> <ul style="list-style-type: none"> • Further develop services that support survivors of domestic and sexual violence, and disrupt the most prolific offenders. 	

FINANCIAL IMPACT

To enter into a new Section 75 Agreement for Public Health Nursing (comprising Health Visiting, School Nursing, and the Family Nurse Partnership) with Croydon Health Services NHS Trust (CHS) for the period 1 April 2020 to 31 March 2027, at a cost of £5,857,000 per year, equating to a life time value of £40,999,000.

The length of the agreement will align with the remaining period for the One Croydon Alliance contract, of which CHS is one of the partners and who will deliver the service.

The contract will be let for a maximum period of 7 years, with an initial term of 3 years with options to extend for a further periods of 2 years plus 2 years at the discretion of the Council

If the Public Health Grant to Croydon is reduced, all commissioning related to this grant would need to be reviewed. This would include the overall financial envelope with CHS. Decisions would need to be taken at this time as to the most appropriate areas for funding reduction and changes to levels of service activity as required. The contract will need to have the ability to be flexed, should funding levels change.

FORWARD PLAN KEY DECISION REFERENCE NO: 1819CAB

This is a Key Decision as defined in the council's constitution. The decision may not be implemented until after 13.00 hours on the 6th working day following the day on which the decision was taken unless referred to the Scrutiny and Overview Committee by the requisite number of councillors.

The Leader of the Council has delegated to the *Cabinet* the power to make the decisions set out in the recommendations below

1. RECOMMENDATIONS

- 1.1 The Cabinet is recommended by the Contracts and Commissioning Board to approve the award of a Section 75 Agreement in accordance with Regulation 28.4(c) of the Council's Contracts and Tenders Regulations for Public Health Nursing to Croydon Health Services NHS Trust (CHS) for a contract term of 3 years commencing 1 April 2020 plus 2 + 2 years extension periods for a maximum contract value of £40,999,000 (includes the extension periods).
- 1.2 The Cabinet is to note that the Director of Commissioning and Procurement has approved the waiver under Regulation 19 of the Councils Tenders and Contracts Regulations to allow the direct award without prior submission of a procurement strategy of these services to CHS for reasons set out in this report.

2 EXECUTIVE SUMMARY

- 2.1 The purpose of this report is to seek permission to award a contract via a Section 75 Agreement under the NHS Act 2006 to CHS to deliver the Public

Health Nursing service which delivers the Healthy Child Programme 0-19 years for the period 1 April 2020 to 31 March 2027.

- 2.2 Local Authorities inherited responsibility for commissioning the Healthy Child Programme 5-19 (School Nursing) in April 2013, and subsequently 0-5 years (Health Visiting and Family Nursing Partnership) in October 2015, the funding associated with these services are contained within the Public Health Grant. The maximum cost of the service over 7 years is £40,999,000, with the proposal being that the contract is let as 3 years + 2 years + 2 years. Funding for the service will be met from the Public Health budget
- 2.3 To date the Healthy Child Programme has been delivered by CHS, via three separate Section 75 agreements. The current contract periods ran from April 2016 to March 2018, and were subsequently extended on an annual basis, for a further two years (2018/19 and 2019/20). The contract will finish on 31 March 2020.
- 2.4 Commissioners in conjunction with the service have developed a new model of delivery which will offer synergy with the Council's Better Start in Life, Early Help and the Children's Improvement Journey programmes. The ambition is a sustainable and comprehensive early help and prevention offer focusing on addressing needs at the earliest point.
- 2.5 The Healthy Child Programme has a statutory duty to deliver the following services to all families in Croydon;
 - National Child Measurement Programme
 - Vision Screening
 - Antenatal health promotion
 - New baby health visit
 - 6-8 week health assessment
 - 1 year health review
 - 2-2½ year health review
- 2.6 Funding for Public Health Nursing has remained unchanged since 2016, at which time Croydon's spend was approximately £150 per head (preschool children) compared to the average across London boroughs of £217 per head. An additional £2.4 million per annum investment would be required for Croydon to achieve parity with the 2016 London average.
- 2.7 Alignment of services with the Council's Best Start in Life and Early Help programmes has commenced and is being driven by the Head of Public Health Nursing since appointment in March 2019. This has already delivered change to frontline service delivery, with greater numbers of families accessing services during Quarter 1 2019/20. The Head of Public Health Nursing has become an active member of the Best Start in Life and Early Help steering groups, working closely with the Head of Early Help to proactively deliver a more nuanced approach across the six localities taking account of the information available through the locality profiles developed by the council.

- 2.8 The content of this report has been endorsed by the Contracts and Commissioning Board.

CCB ref. number	CCB Approval Date
CCB1514/19-20	23/09/2019

3. DETAIL

Background Information

- 3.1 There are three elements to the Public Health Nursing Contract – Health Visiting, Family Nurse Partnership and School Nursing.

Health Visiting

- 3.2 Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through robust children and young people’s public health¹.
- 3.3 The programme of work delivered by Health Visiting offers every family screening tests, immunisations, developmental reviews and information and guidance relevant to young families. These services support effective parenting and healthy choices that enhance health and wellbeing.²
- 3.4 Pregnancy and the first years of life are the most important stages in the life cycle for child development. This is when the foundations of future health and wellbeing are laid down and this is a time when parents are particularly receptive to learning and making changes. There is strong evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life. Neurological development and the impact of stress during pregnancy, and further recognition of the importance of attachment, all make early intervention and prevention an imperative (Centre on the Developing Child, 2007)³.
- 3.5 A large proportion of the funding for public health nursing is focused on delivery of health visiting activity, with approximately 60 full-time staff

¹ Best start in life and beyond: Improving public health outcomes for children, young people and families Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services Commissioning Guide 1 Background Information on commissioning and service model revised March2018

² Health Child Programme Pregnancy and the first five years of life, Dr Sheila, Shribman, Kate Billingham, Published 27 October 2009.

³ Health Child Programme Pregnancy and the first five years of life, Dr Sheila, Shribman, Kate Billingham, Published 27 October 2009.

supporting around 30,000 children aged under 5 years. For 2019/20 this is approximately £4,203,933.

3.6 The Health Visiting Service is based on the 4-5-6 model (see figure 1) which is

4 Levels of service:

- i. Community
- ii. Universal
- iii. Universal Plus
- iv. Universal Partnership Plus

5 Universal health reviews

- i. Antenatal
- ii. New baby
- iii. 6-8 weeks
- iv. 1 year
- v. 2-2½ years

6 High impact areas:

- i. Transition to parenthood
- ii. Maternal mental health
- iii. Breastfeeding
- iv. Healthy weight
- v. Managing minor illness & accident prevention
- vi. Healthy 2 year olds & School readiness

Family Nurse Partnership

3.7 As part of the framework for prevention and early intervention Croydon invests in the evidence-based Family Nurse Partnership programme, as an enhancement of the Health Visiting service. Families are partnered with a specially trained family nurse, who visits them regularly, from early pregnancy until their child is two⁴. The focus is on the most vulnerable first time parents including teenagers and care leavers providing intensive and structured home visits. Helps to identify and manage safeguarding issues quickly and effectively

3.8 FNP is a preventive programme and has the potential to transform the life chances of the most disadvantaged children and families in Croydon, helping to improve social mobility and break the cycle of intergenerational disadvantage. Health in pregnancy, and the quality of the care babies receive during the first years of life have a long lasting impact on a child's future health, happiness, relationships and achievement.

3.9 In the financial year 2019/20 funding for the Family Nurse Partnership is £529,847 and will support approximately 120 vulnerable young parents and their children.

⁴ <http://www.fnp.nhs.uk/about-us/the-programm> accessed on 3 July 2019

School Nursing

- 3.10 School nurses support children and young people aged 5-19 attending school in the local authority area. The service is responsible for child health surveillance, health promotion, health protection, health improvement and support.
- 3.11 Health visitors and school nurses use strength-based approaches to build non-dependent relationships with children, young people and families. This approach supports behaviour change, promotes health protection and helps to keep children safe. Health Visiting and Family Nurse Partnership is the only workforce that has the opportunity to engage with all families in their own homes. This is essential for early identification of need and interventions which mitigate against problems worsening over time.
- 3.12 School Nursing is also based on the 4-5-6 model (figure 1)
- 4 Levels of service
 - i. Community
 - ii. Universal
 - iii. Universal Plus
 - iv. Universal Partnership Plus
 - 5 Universal reviews
 - i. 4-5 year old health needs assessment
 - ii. 10-11 year old health needs assessment
 - iii. 12-13 year old health needs assessment
 - iv. School leavers – post 16
 - v. Transition to adult services
 - 6 High impact areas
 - i. Resilience and wellbeing
 - ii. Keeping safe
 - iii. Healthy lifestyles
 - iv. Maximising learning and achievement
 - v. Supporting complex and additional health and wellbeing needs
 - vi. Transition
- 3.13 School Nursing services are provided by approximately 11.51 whole time equivalent staff delivering to over 100 local schools. For the financial year 2019/20 funding is £1,123,220.
- 3.14 In the new contract school nursing will play an active role in providing a service to those children who are home schooled.

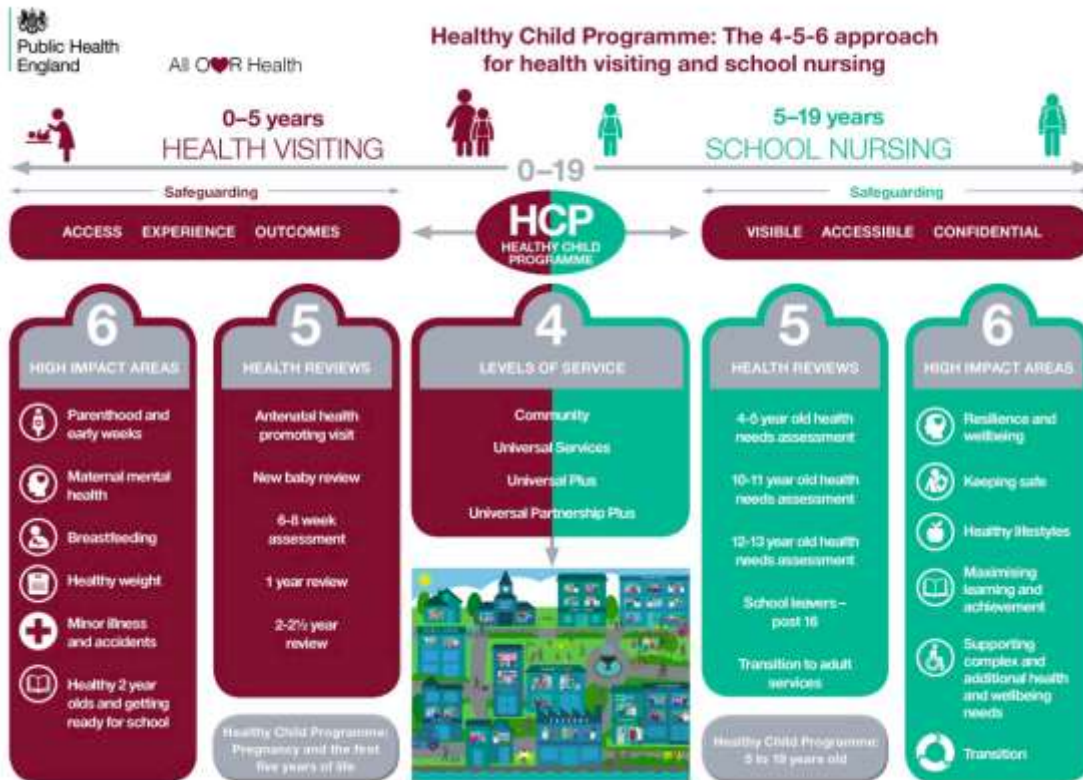


Figure 1: Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing

Contract Award and Value

3.15 The Contract will be awarded to CHS through a Section 75 Agreement for the following reasons:

(a) Award of Contract to Croydon Health Service NHS Trust (CHS)

CHS is a member of One Croydon Alliance and a trusted partner of Croydon Council. The service is working closely with children's social care to deliver a more coordinated approach to early help services, with a focus on locality working and targeting resources in ways that reach those with the greatest need.

The drive towards more integrated health and social care for children and young people will require an ongoing commitment from all partners, and the public health nursing service is a critical component of the future design. Continuing to work with a trusted partner is an important element of our long-term success in achieving truly integrated, high quality service.

(b) Section 75 Agreement

Powers provided to local authorities and NHS bodies (such as CHS) under s75 NHS Act 2006 and associated Regulations provide that a local authority and an NHS body can each delegate certain prescribed functions

to the other to exercise on their behalf, provided that the resultant partnership arrangements "are likely to lead to an improvement in the way in which those functions are exercised". Section 75 partnership agreements allow budgets to be pooled between local health and social care organisations and authorities. Resources and management structures can be integrated and functions can be reallocated between partners, and this has been the case between the Council and CHS.

The pooling of budgets is especially important during the life time of this Contract, with the expectation that estate costs will continue to be met directly by CHS. This is an important way that the contract value has been maintained at 2016 levels, and will ensure that the service is operational across all six localities from the contract start date. An open tender process would include the expectation of all bidders to identify, refurbish, and fund suitable locations until such time as integrated early help hubs are operational across the borough's six localities, reducing funding available to deliver the required outcomes to residents.

All pensions and associated pay up lifts for staff will be met from the service's budget which will be detailed in the Section 75 agreement.

(c) Continuity of Care from pre-conception services

Public Health Nursing is part of the local primary health care arrangements delivered by our One Croydon Alliance partner, CHS. Through shared ICT and management systems there are strong links to maternity, midwifery and perinatal mental health services that would be difficult to achieve with an external organisation. This is important to improving the wellbeing of our most vulnerable families.

A project to redesign the Public Health Nursing offer to better align with the council's Early Help 0-19 programme is well underway, with CHS as a key partner. A new Section 75 Agreement will allow this close working to continue throughout the second half of 2019/20, allowing a collaborative approach to alignment and redesign instead of a focus on complete tender preparation.

(d) Funding limitations of Public Health Grant

The Healthy Child Programme is funded from the Public Health Grant. Local authorities throughout the country have experienced a cut in their grant allocation for the past several years. The Health Foundation's analysis shows there has been a £900m real terms reduction in funding between 2014/15 and 2019/20. There has been no inflationary uplift to the contract since 2016.

By working in partnership the service will achieve ongoing real-term savings while delivering services to the growing population of Croydon.

In this environment, an open tender process adds another cost to the provider which cannot be recouped from the contract value without impacting frontline services.

(e) Addressing workforce challenges

Health Visiting, Family Nurse Partnership and School Nursing are a specialist workforce with recruitment challenges noted nationally. During 2019, CHS has redesigned the workforce in recognition of this ongoing challenge and to better align with the council's Early Help 0-19 programme. A change of provider at this time would introduce additional risk into the system as the Early Help programme continues to develop.

Benchmarking across London, suggests that recruitment and retention becomes more challenging when a non-NHS provider is appointed, as staff prefer to maintain NHS terms and conditions, including salary, pension, professional development and clinical supervision. Where non-NHS providers have been appointed, staff retention and recruitment has become more challenging as existing staff have in some cases chosen to take up positions with neighbouring NHS Trusts rather than accept TUPE opportunities.

Contract and Performance Management

- 3.16 The day to day management of the Public Health Nursing contract will be the responsibility of the Senior Commissioning Manager, Children's Public Health, within the Commissioning & Procurement department. Contract Management will be a monthly activity, held in conjunction with Public Health colleagues. The overall performance of the contract will be reported to the Section 75 Board, with representation of senior management from both CHS and the Council.
- 3.17 A specification has been developed for the service and includes Key Performance Indicators (KPIs), milestones and a yearly delivery plan setting out, how the service will meet the requirements for each new financial year. KPIs will be related to the mandated requirements of the various services with an emphasis on outcomes and alignment to the Children's Improvement Journey, Best Start in Life, and Early Help programmes. The delivery plan will be reviewed and approved by commissioners by the end of Q4 of each Contract year.
- 3.18 Transfer of Undertaken Protection of Employment (TUPE) will not apply as the proposal is a direct award to the incumbent provider. Any staffing changes as a result of the specification and contract will be the responsibility of CHS.
- 3.19 KPIs for each service area already exist and will be further refined in line with Public Health, Children Services and Early Help and national guidance. A dashboard will be in place for each service's KPIs, and through rigorous monthly contract monitoring the service will be held accountable for delivery with relevant performance clauses within the contract.

- 3.20 The contract will be let for a period of 3 years +2 years + 2 years, the Section 75 Agreement, will have a form of wording which will allow flexibility to make changes to the specification during the length of the contract.
- 3.21 The Contract is based on the form of S75 agreement previously used for the provision of these services. Further legal advice will be sought to ensure that the documented arrangements reflect proposed revisions referred to in this report and relevant legal requirements. The following will be included in the Section 75 agreement to reflect the values and ethos of the Council:
- **Social Value** – The provider will adhere to Croydon Council’s Social Value principles and through the contract the provider will report quarterly on the following:
 - Staff are being paid to the London Living Wage
 - No. of apprenticeships that the provider has/will create
 - No. of meaningful work placements that pay Minimum of National Living wage according to eligibility
 - Local school and college visits for example delivering career talks, curriculum support, literacy, safety talks
 - Initiatives taken or support to engage people in health interventions (for example stop smoking, obesity, alcoholism and drugs etc.)
 - Number of contracts that include commitments to ethical and sustainable procurement and signing up to the Good Employer Charter

These requirements are included within the specification and will have agreed minimum requirements.

- **Safeguarding** – The contract will include specific clauses that address safeguarding, aligned to the needs of children’s social care, Care Quality Commission (CQC) and Ofsted requirements.
- **Data Protection** – there will be little change to the data processing under the new agreement as compared with the existing arrangements and appropriate data processing provisions will be included
- **Employment/TUPE** – appropriate terms and conditions will be included in the contract.
- **Decommissioning** – the process will be included in the contract to outline the circumstances where this option will apply.

This is not an exhaustive list, and as the terms and conditions are development additional requirements will be included to enhance alignment to Early Help, Education, Social Care and the One Croydon Alliance partnership.

Commissioning and Procurement Options

- 3.22 The procurement options are as follows:-

1. **Do nothing** – the existing contracts will end 31 March 2020; no further extension options exist and services would cease. The council would fail to meet the ongoing statutory duties undertaken through these public health nursing contracts.
 2. **Directly award to Croydon Health Service through Section 75 Agreement (NHS Act 2006)** – the services would continue to be delivered by one of the Council’s trusted partners as part of the Early Help 0-19 programme, through a collaborative partnership model. The last half of the financial year 2019/20 will focus on embedding the new locally based team and support integrated working through membership of Best Start and Early Help Steering groups.
 3. **Open Tender Process** – A competitive tender process is held, for a provider able to deliver health services for the stated budget. TUPE of staff would apply, and a formal procurement and contract the last half of 2019/20 will focus on procurement and contract implementation activities.
 4. **Bring the Service in-house** –TUPE of staff from NHS to the Council would occur. Benchmarking suggests that staff would view this as moving to a non-NHS provider and retention would be negatively affected. Working with a trusted partner provides many of the advantages of in-house service delivery whilst maintaining access to the specialist clinical skills and knowledge of a NHS Trust, important for management of clinical safeguarding and risk.
- 3.23 Option 2 as detailed in section 3.22 of this report is the **recommended** option as it will allow the council to continue working with a trusted partner already committed to the roll-out of the Early Help programme across Croydon’s six localities. Further detail of the options are provided in section 12 of this report.
- 3.24 The recommendation is to directly award a contract to Croydon Health Service NHS Trust (CHS) through a Section 75 Agreement (NHS Act 2006). The reasons for requesting a waiver under Regulation 19 of the Councils Tenders and Contracts Regulations are as follows:
- 3.24.1 The contractor is a member of One Croydon Alliance and, as such, is a trusted partner of the council committed to delivering more integrated health and social services. Commissioners have worked with the current service to develop a new model of delivery that aligns with the Early Help 0-19 programme, focusing on prevention and early intervention priorities for some of our most vulnerable families.
 - 3.24.2 There is synergy across CHS delivered services from pre-conception to children’s services that support the long-term delivery of the Early Help programme that will be harder to establish and maintain if a separate provider is appointed to deliver the public health nursing service independently. Areas impacted would include management of clinical risks across pathways and addressing safeguarding concerns.

Overall Strategy

- 3.25 Giving every child the best start in life is well documented throughout the literature and detailed in Professor Marmot report “Fair Society, Healthy Lives. A strategic Review of Health Inequalities in England Post 2010”. Croydon identifies itself as a borough with high ambitions for its babies, children, young people and families. The Councils Community Strategy 2016 – 2021 provides a framework for local agencies to work together on shared priorities which include: making Croydon a great place to live, work and visit, joining up services, better prevention and early intervention; and developing community assets and partnership with communities and voluntary sector.
- 3.26 These themes are aligned with Croydon’s Health and Wellbeing Strategy that focuses on giving our children a good start in life with targets to reduce low birth weight; increase breast – feeding; improve immunisations, reduce obesity; improve children’s emotional and mental wellbeing, reduce child poverty; improve educational attainment⁵.
- 3.27 Croydon is fully committed to giving every child in the borough the best possible start in life. The Healthy Child Programme delivered by Public Health Nursing in partnership with other agencies and public sector professionals aims to deliver this:-
- Help parents develop and sustain a strong bond with children
 - Support parents in keeping children healthy and safe and reaching their full potential
 - Protect children from serious disease, through screening and immunisation
 - Reduce childhood obesity by promoting healthy eating and physical activity
 - Identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
 - Focus on the health needs of children and young people ensuring they are school ready (SEND)
 - Make sure children are prepared for and supported in all child care, early years and educational settings and especially are supported to be ‘ready for to learn at two and ready for school by five⁶.
- 3.28 This service will deliver the outcomes of the Healthy Child Programme ensuring that every family receives a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and health choices – all services that children and families need if they are to achieve their optimum health and wellbeing.
- 3.29 This service links directly with the following strategy documents:

⁵ Croydon Best Start, For your new and growing family. Evaluation Report Year 2 (April 2017-June 2018) September 2018

^{6,9} Best start in life and beyond: Improving public health outcomes for children, young people and families. Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services

- Effective Support for Children, Young People and Families in Croydon, Right Help, Right Time.

“All children and young people will receive or be able to access Universal Services, such as maternity services at birth, health visiting and children centres support in their early years, school and youth services for older children. Universal services seek, together with parents and families to meet the needs of children and young people so that they are happy, healthy, and able to learn and develop securely.”⁷

However, some children, either because of their own additional needs or because of difficult circumstances at home, will need extra help to be healthy and safe and to achieve their potential. In Croydon, we want to offer help and support to these children and their families at an early point and with the consent of their parents”⁸.

- 3.30 This framework offers a way for Croydon to work together with one of its trusted One Croydon Alliance partners so that resources can be used more effectively to bring about sustainable changes for children, young people and their families. When a model of integrated health and social care service delivery.

4. CONSULTATION

- 4.1 The existing services receive positive feedback from parents and teachers. A health visiting survey was undertaken between December 2017 and January 2018, with 980 people completing all questions. 60% of respondents rated the overall service as good – excellent, though 48% would like to have more contact. The survey identified support around breastfeeding, immunisations and weaning as the most valued.
- 4.2 A schools survey was undertaken in March 2019, with 83 schools responding. For school nursing, headteachers identified an increasing need to support students in areas such as, emotional wellbeing, substance misuse, and self-harming behaviours.
- 4.3 Family Nurse Partnership - supports some of Croydon’s most vulnerable families. Client feedback reported in the 2018/19 annual review achieved 87% extremely likely to recommend the services (Friends and Family Test).
- 4.4 The service is currently undertaking further consultation in conjunction with other Early Years and Early Help Services.

^{7,11} Effective Support for Children, Young People and Families in Croydon, Right Help, Right Time

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 The following table identifies the static funding arrangement for public health nursing services.

Revenue and Capital consequences of report recommendations

	Current year	Medium Term Financial Strategy – 3 year forecast		
	2019/20	2020/21	2021/22	2022/23
	£'000	£'000	£'000	£'000
Revenue Budget available				
Expenditure		5,857	5,857	5,857
Income				
Effect of decision from report				
Expenditure		5,857	5,857	5,857
Income				
Remaining budget	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

- 5.2 The annual budget for the 3 services remains unchanged from 2016 value. The new Section 75 agreement will create one service with a combined budget (that is currently the three separate services), giving the provider greater scope to make efficiencies while delivering the outcomes attached to each service specification.
- 5.3 This alignment will support the development of greater integration between children's health and social care services, across the Early Help programme.

Risks

- 5.4 The key risks include;
- (a) **Workforce:** The national shortage of Health Visiting, Family Nurse Partnership, and School Nursing staff creates ongoing risk to recruitment and retention especially across London. Developing a new service model with new support roles will contribute to a more stable workforce and career progression opportunities.
 - (b) **Budget Pressures:** In keeping with the other public sector areas, budget pressures will continue to be felt. The collaborative partnership approach, will ensure maximum efficiency in delivery of the Public Health Nursing activities.
 - (c) **Procurement challenge:** S75 NHS Act 2006 enables partnering arrangements between local authorities and NHS bodies. Regulation 12 of the Public Contracts Regulations 2015 enables public bodies to co-operate in the provision of public services in public interest. The services are currently

provided via s75 agreements drawn up with support from external legal advisers. Legal support will also be sought for the purposes of the new combined Section 75 Agreement. This risk is deemed as low as the Public Contract Regulations allows these types of agreements and that the report has clear recommendations.

Preferred Options

- 5.5 Four options were considered and are detailed Section 12. The recommended option is option 2 to directly award to Croydon Health Service through Section 75 flexibilities (NHS Act 2006). In practice this means the service would continue to be delivered by one of the council's trusted One Croydon Alliance partners as part of the Early Help 0-19 programme. This option best meets the strategic direction of children's social care, to increase integration between health and social care services, and to enhance the early help offer across all localities of Croydon.

Future savings/efficiencies

- 5.6 Commissioners will continue to work with the service to identify future efficiencies to ensure that the service can meet its statutory duties within ongoing challenging circumstances.

Approved by: Mirella Peters, Head of Finance, HWA Finance, Investment & Risk

6. LEGAL CONSIDERATIONS

- 6.1 The legal considerations relevant to the recommendation are contained in the body of this report.

Approved by: Sean Murphy, Director of Law and Deputy Monitoring Officer

7. HUMAN RESOURCES IMPACT

- 7.1 There is no change of provider recommended in this report and no HR implications for the Council.

Approved by: Nadine Maloney, Head of HR; Children, Education and Families

8. EQUALITIES IMPACT

- 8.1 A full Equality Analysis has been completed and approved. This found that there will be no negative impact on groups that share a protected characteristic.

- 8.2 The programme will help the Council meet its equality objective to reduce differences in life expectancy between communities as it will to ensure every

child gets the good start they need to lay the foundations of a healthy life. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need to additional support and children who are at risk of poor outcomes. A healthy start in life gives each child an equal chance to thrive and grow into an adult who makes a positive contribution to the community. To facilitate this change Croydon will have to work with its partners and the first link in the process is to procure the services of a provider to deliver its Healthy Child Programme from April 2020.

- 8.3 All equalities priorities (Age, Disability, Gender, Gender Reassignment, Marriage or Civil Partnership, Religion or belief, Race, Sexual Orientation, Pregnancy or Maternity) have been addressed in this process.

Approved by: Yvonne Okiyo, Equalities Manager

9. ENVIRONMENTAL IMPACT

- 9.1 There are no direct environmental impacts.

10. CRIME AND DISORDER REDUCTION IMPACT

- 10.1 Public Health Nursing plays an important part in detecting and offering support to its clients who may be experiencing domestic violence or sexual exploitation. In terms of the Family Nurse Partnership programme the nurses help some of the most vulnerable clients who may be in gangs, offering the support needed to the young person ensuring that they receive the right help at the right time.

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

- 11.1 To approve the award the section 75 agreement to Croydon Health Services in order to deliver the Healthy Child Programme.

12. OPTIONS CONSIDERED AND REJECTED

- 12.1 The alternate options considered for delivering the service are summarised below.

Option	Pros	Cons
1. Do nothing	1. The Council would save approximately £40 million over the next 7 years.	2. The Council would not meet its statutory obligations and would undermine its commitment to the best start in life for all children.
2. Recommended Option		

Award contract to CHS through a Section 75 agreement	<ol style="list-style-type: none"> 1. CHS is currently delivering a similar service. 2. A new service delivery model designed with commissioners, public health, early help, and the service becomes operational in late 2019, which will be further, enhanced by continuity of provider and relationships. 3. The latter part of 2019 can focus on embedding the new service delivery model, and collaborative service specification development instead of a focus on a formal procurement process. 4. Working with a trusted partner already committed to working towards integrated health and social care ensures the Council can influence pace and scale of change, using established channels. 5. The new Head of Public Health Nursing appointed in March 2019 has been instrumental in driving forward the changes to date and has become a core member of the relevant steering groups driving forward the children's improvement journey. 	<ol style="list-style-type: none"> 1. The lack of a formal tender exercise prevents market testing of the incumbent provider and the sufficiency of the 2016 static budget is untested.
3 Open Tender	<ol style="list-style-type: none"> 1. Fair and transparent process is undertaken. 2. Opportunity to test the market for other NHS and non-NHS organisations. 	<ol style="list-style-type: none"> 1. With no change to the budget since 2016 there is risk that no bidders will submit. 2. The Early Help estate will not be available for the start of the contract across the six localities. Providers will need to acquire and rent suitable premises, increasing the cost of the service. 3. Workforce National shortage of specialist nurses is acknowledged. Benchmarking suggests that significant numbers of current staff would not agree to TUPE to a non-NHS provider due to impact on pensions and other terms and condition.
4 Bring the service in-house	<ol style="list-style-type: none"> 1. Governance and management would be 	<ol style="list-style-type: none"> 1. The Council does not have expertise in running a specialist clinical health service or senior

	<p>under a democratically elected organisation.</p> <ol style="list-style-type: none"> 2. Potential alignment with other services for children already provided by the Council can happen more easily. 3. Council can better influence pace and scale of change. 	<p>management expertise to manage safeguarding risks across health services.</p> <ol style="list-style-type: none"> 2. Expertise in clinical governance, clinical supervision and continuing professional development would need to be rapidly acquired. 3. The Council would need to register with the Care Quality Commission (CQC) as a health provider. 4. Corporate Insurance would need to be enhanced to cover clinical health service delivery and associated risks. 5. TUPE of staff from NHS to Local Authority terms and conditions would be required. Benchmarking suggests that retention would be impacted as staff chose to move to neighbouring NHS Trusts, rather than become local government employees. 6. Mobilisation – this will be a challenging period as the service will not know staffing levels as resignations will be contingent upon securing new roles in other NHS Trusts. Planning for contract mobilisation will be affected, and the quality of service offered in the first year.
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Table 1 Options Analysis for procurement

13. DATA PROTECTION IMPLICATIONS

13.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF ‘PERSONAL DATA’?

YES

The name, age, address and NHS Number will be used by the provider to deliver the service on a day to day basis. This and personal and sensitive health information will be passed to the Council as part of referral to safeguarding team. All other referrals will require prior consent of the parent/guardian.

13.2 HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?

YES

The DPIA is currently being developed and will be available for review prior to sign off the contract.

CONTACT OFFICER: Paul Williamson, Category Manager

APPENDICES TO THIS REPORT: None

BACKGROUND PAPERS:

The following papers were used for the report:

Best start in life and beyond: Improving public health outcomes for children, young people and families

Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services Commissioning Guide 1 Background Information on commissioning and service model revised March 2018

Healthy Child Programme Pregnancy and the first five years of life, Dr Sheila, Shribman, Kate Billingham, Published 27 October 2009.

The Family Nurse Partnership accessed on 3 July 2019

<http://www.fnp.nhs.uk/our-impact.what-fnp-delivers> accessed on 3 July 2019

New reductions to the Public Health grant will heap more pressure on local authorities. Health Foundation response to Public Health Grant funding announcement. By Susannah McIntyre accessed on 12 July 2019, <https://www.health.org.uk/publications/taking-our-health-for-granted>

Tenders and Contracts Regulations 2019 Croydon Council
Council Commissioning Framework 2019 – 2023

Director of Public Health Annual Report 2018

Our Corporate Plan for Croydon 2018 – 2022

Croydon Partnership Early Help Strategy 2018-2020