

Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 23rd June 2022

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Subject:

Over £2m Contract Report: Public Health 0-19 Children's Services

Summary statement:

This report sets out the intention of the Department of Health and Wellbeing to procure Public Health 0-19 Children's Service (currently Health Visiting, School Nursing and Oral Health services) with the development of a new service specification/s and to procure the service through a competitive tender process. It provides detail on the national and local policy context, the needs of the District's children and young people, the current service, and the pre-procurement consultation used to inform the new service specification.

The report provides compliance with Council Contract Standing Orders (CSOs) through which the Authorised Officer must, before inviting tenders or quotations for contracts with a total estimated contract value in excess of £2m, report details to the relevant Overview and Scrutiny Committee.

Sarah Muckle
Director of Public Health

Portfolio:

Healthy People and Places

Report Contact:
Joanna Howes
E-mail: Joanna.Howes@bradford.gov.uk
Liz Barry
E-mail: liz.barry@bradford.gov.uk

Overview & Scrutiny Area:

Health and Social Care

EQUALITY & DIVERSITY:

The service will have a positive impact as the latest health needs assessment of the district will be used to inform the new specification, as well as the additional information that has been gathered since the pandemic which exposed further inequality that may have been hidden. There will be additional training of staff in health coaching/appropriate approaches to service delivery/health assessment, to ensure all service users have their own individual needs assessed and the tiered level of service delivered as appropriate within the framework to ensure consistency.

The work delivered, and included in the report, contributes to delivery of the Councils' equality objectives through engagement with and feedback from service users regarding services and to ensure these are inclusive and designed to consider and remove barriers to access at the outset.

1. SUMMARY

- 1.1** This report sets out the intention of the Department of Health and Wellbeing to procure Public Health 0-19 Children's Service (currently Health Visiting, School Nursing and Oral Health services) with the development of a new service specification and to procure the service through a competitive tender process. It provides detail on the national and local policy context, the needs of the District's children and young people, the current service, and the pre-procurement consultation used to inform the new service specification.
- 1.2** The Public Health 0-19 Children's Service was last procured in 2019 and, since that time, a number of service reviews have taken place, specifically school nursing, safeguarding (provider led) and 0-5 review. The reviews have further identified and clarified need and gaps and requirements for enhanced future service delivery.
- 1.3** Public Health has invested additional funding recurrently into the Public Health 0-19 Children's Services, giving a significant increase to the available envelope supporting positive impact and change in what can be delivered locally.
- 1.4** This report provides members with an update on the timeline for procurement of services and key steps in preparation for the tender process; this also supports compliance with Contract Standing Orders (CSO's) pre-procurement requirements to report to Overview and Scrutiny Committee contracts valued at £2m or above.

2. BACKGROUND

- 2.1** Local Authorities are responsible for delivering the Healthy Child Programme (HCP), a national framework to support collaborative work and more integrated delivery (see 2.2). While they are able to make decisions about provision based on local need, they also have specific statutory duties relating to delivery of the Public Health 0-19 Children's Services and its specific mandated functions; five health checks for young children; the National Child Measurement Programme (NCMP); district wide Oral Health surveys. Continued delivery of such services must therefore be secured and always in place.
- 2.2** The Healthy Child Programme aims to:
- help parents, carers or guardians develop and sustain a strong bond with children
 - support parents, carers or guardians 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
 - promote oral health
 - support resilience and positive maternal and family mental health
 - support the development of healthy relationships and good sexual and reproductive health
 - identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner

- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be ‘ready to learn at 2 and ready for school by 5.
- 2.3** The Public Health 0-19 Children’s Services (currently Health Visiting, School Nursing and Oral Health services) are provided by Bradford District Care NHS Foundation Trust (BDCFT). This contract commenced in 2019 with a three-year contract awarded with an option of extension for a further 2 years (2 x 1 year periods).
- 2.4** During the course of the current contract and based on need, additional services have been added (with additional funding from the Public Health Ring-Fenced Grant):
- Integrated Health and Social Care (IHSC) model; enhancing the Early Help offer supporting families to avoid requiring specialist safeguarding support.
 - Investment in the 0-19 offer; additional investment in the service to acknowledge increasing need and workforce pressures
 - Bradford Babies Brushing; Oral health enhancement offering supervised brushing practice in Early Years Settings in priority areas
- 2.5** In addition, separate funding was provided by Government to pay provider staff (both NHS and non-NHS) who were on live NHS Agenda for Change (A4C) terms and conditions and entitled to the national uplift to pay.
- 2.6** Funding for the 0-19 service has therefore increased from a planned position at 2020/21 from £9,181,733 to £11,784,281 (see Table 1) which is a recurrent budget allocation coming from the PH Ring-Fenced Grant.

0-19 Public Health 0-19 Children’s Services budget

	2020/21 (planned)	2020/21 (actual)	2021/22
Health Visiting	£9,181,733	£9,181,733	£9,181,733
School Nursing			
Oral Health			
IHSC		£800,000	£750,000
Investment			£1,000,000
AfC		£852,548	£852,548
TOTAL		£10,834,281	£11,784,281

Table 1

3. REPORT ISSUES

3.1 Service Reviews

3.1.1 During 2020 and 2021 Public Health, with partners, undertook a demand and needs appraisal of children 0-4 years and services (which included the health visiting teams within the Public Health 0-19 Children’s Service). The research provided the % of children and young people who would require early help and support through children’s social care and within a more integrated model of early identification and assessment from early years’ services, including health visitors and early help teams. In relation to the 0 to 5 years’ population the figures for Bradford District were:

- Level 1 (universal needs), 21,500 children

- Level 2 (additional needs), 7,500 children
- Level 3 (multiple/complex needs), 6,000 children
- Level 4 (safeguarding and protection), 1,595 (numbers of 0 to 5's known to social care)

The figures estimate the numbers of children by need at any time across the 5 years, but not all at the same time. Some children (of the total population) may never need help at this level across the District, whereas others may come in and out more frequently across the 5 years.

3.1.2 In 2021, Public Health carried out a review of School Nursing to:

- Review the role of current school nursing
- Identify other services/roles available in schools to support wellbeing
- Consult with the school nursing team
- Draw on alternative models across the region

The key recommendations from the school nursing review were given to:

- Develop a robust workforce development and training plan to look at supporting the service delivery, using skill mix and 'growing their own'.
- Develop assemblies on agreed priority areas, as a universal service, with drop ins dependant on the school need. Clarify this enhanced offer.
- Clarification of mental health support roles and responsibilities and referral pathways.
- 0-19 service to be involved in the development of the mental health one-trusted referral pathway (and to communicate this across school settings when pathway redesign is complete).
- Safeguarding: Strengthening a system-level approach, with multi-agency agreement on the way forward (explore strengthening the integrated front door to triage and support safeguarding meetings).
- Further develop communications materials for parents, CYP, schools and health professionals.
- Use intelligence more effectively to understand school-level needs and plan service delivery.
- Ensure indicators of process and outcomes are appropriate for the service priorities & align to universal outcomes framework for Bradford.

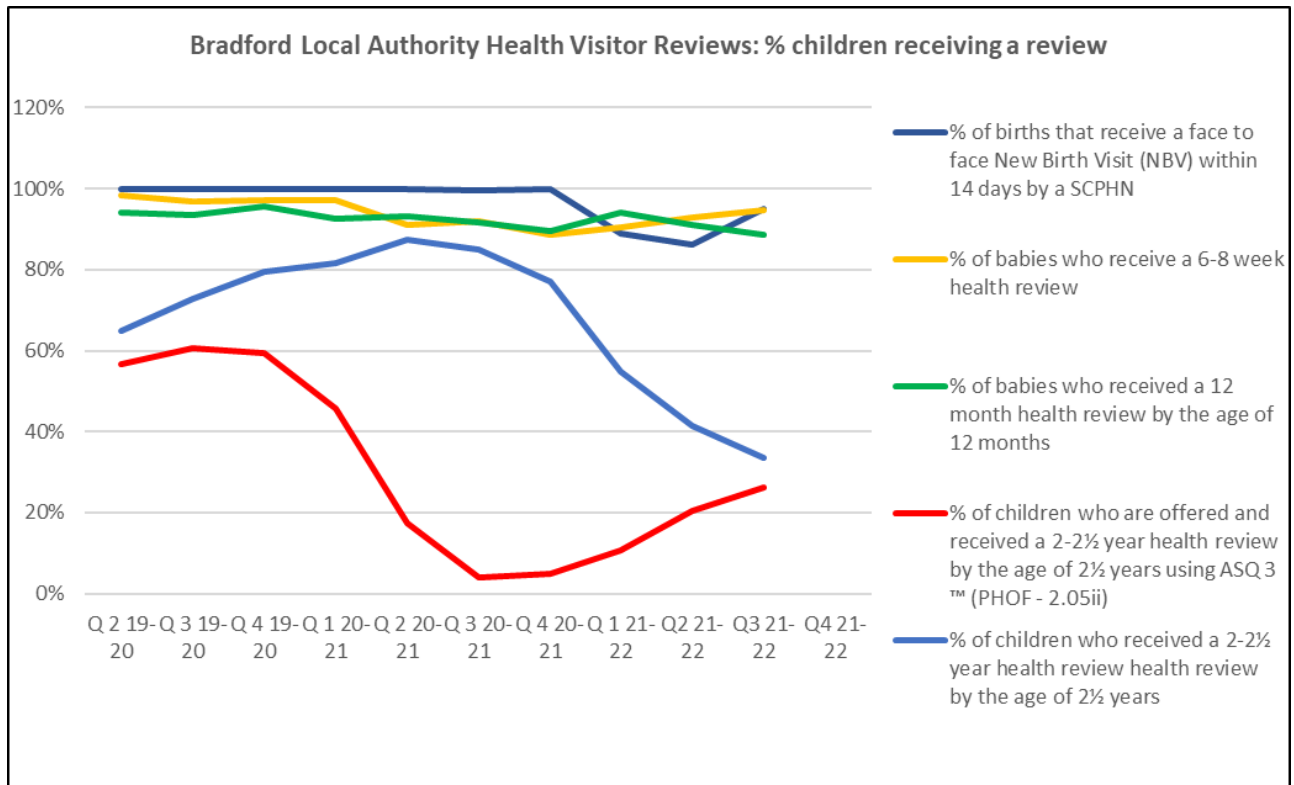
3.1.3 Recommendations and learning from the noted reviews will be used to inform the new service specification.

3.2 Current Services

3.2.1 The Healthy Child Programme's five mandated contacts have been delivered as part of the contract with an additional contact at 3 months for maternal mood assessment in line with NICE guidance and the recent Best start in life guidance.

3.2.2 Data from the last 24 months reflects the impact of Covid-19 on Health Visiting services and ability to complete the recommended Healthy Child Programme contacts. The greatest impact has been seen on the delivery of the 2-year review (the ASQ3). During the pandemic an alternative screening measure was introduced that was more feasibly completed in a virtual contact and therefore the use of ASQ3 greatly decreased (following agreement with commissioners); positively this is now returning to target. The lengthy recovery has been affected by a new workforce and a need to tackle the backlog created by the pandemic.

3.2.3 The graph below shows 0-2yr reviews completed in the last 24-30-month window. Detail gathered about operational delivery and through contract monitoring identify that that both during the pandemic and in the recovery period many reviews are outside of the 30-month window. It is anticipated this will now significantly improve with the 2-21/2-year review moving back to being done in the allocated time and using ASQ3.



3.2.4 Prior to Covid-19, the service regularly achieved targets set for 3 of the 5 mandated contacts (Birth, 6 weeks and 12 months visits). The exceptions are the antenatal contact and 24-30-month review. The antenatal target had been difficult to reach however where recent improvements, data sharing with maternity services, resulted in reaching the target prior to March 2020, There have also been broader challenges in the use of ASQ3 at the 2 ½ year review as a result of the challenges faced in the population relating to the self-complete

nature of the measure.

3.2.5 The Healthy Child Programme 5-19 contributes to the identification of Special educational needs and disabilities (SEND). In 2019-20, the service reported:

- 66% of children in Reception year were screened for hearing
- Over 99% of children not in education had a completed health needs assessment

3.2.6 The School Nursing service has for recent months been experiencing significant and increasing challenge. This is a result of a national shortage of Specialist Community Public Health Nurses (SCPHN) as well as recruitment and retention challenges, all against a backdrop of increasing pressure in relation to child protection, strategy discussion and social care enquiries. In response to this a review of the service has been completed, and a transformation plan instigated.

3.2.7 To mitigate the immediate risks around capacity, the School Nursing service has transformed from the previous locality-based model to working using a central skilled mixed team, comprising of school nurses, staff nurses and nursery nurses working specifically with the 5-19 age group. This will allow the service to pool its resources and prioritise its response more effectively whilst capacity is an issue.

3.2.8 Additional change has been implemented through the use of the Bradford district Early Childhood Service project (a Children's Services innovation and improvement programme to consider integration of health and social care supporting early learning and development for children under 5 years) that took place in 2020-21 including proposals to support the national expectations of Better Births; the Healthy Child Programme and the Early Years Foundation Stage (EYFS) - and strengthen prevention and early help. A case for change and detailed offer to families covers a more integrated and practice model for the district (including proposed offer of early childhood services, universal team and hub of family services, and workforce competencies) of which the health visiting service will be a key delivery arm.

3.3 Review and next steps

3.3.1 Alongside service reviews and current service detail, a stakeholder event has been held to gather the views of partners including Safeguarding leads, CCG, SEND, Better Start Bradford, Education and Primary care. Feedback indicates that key priorities for partners are:

- relationship based models of care with a focus on face to face contact;
- clearly articulated roles to ensure good partnership working;
- placement within wider services as part of a family hub model with partnership being more than co-location
- Close working relationships with primary care to be assured
- Continued use of system 1 as the electronic patient record to ensure shared records are part of the future

3.3.2 A service user consultation went live on 12.5.22 and will run to 10.6.22. This is seeking views from parents and carers on specific aspects of the health visiting

and school nursing model such as the way services are communicated to parents and young people, where they wish to access service and the elements of the service they most value.

- 3.3.3 Based on all information gathered, a business case will be prepared from which, new specification/s will be developed and procurement process commenced. Indicative timeline for this is given below.

Task	Dates
OSC and Committee	By 12 th August 2022
ITT document preparation	By 12 th August 2022
Publish on Yortender	24 th August 2022
Submission deadline	19 th September 2022
Evaluation, negotiation and due diligence period	26 th September – 25 th November
Notification of contract award	28 th November 2022
Contract Award & Mobilisation	7 th December 2022
Contract start date	1 st April 2023

3.4 Establishment of Bradford Children’s Company

- 3.4.1 The Council has voluntarily agreed with Department for Education (DfE) that children’s social care services will be moved into a Council-owned company (the Bradford Children’s Company), also known as a trust, which will be overseen by a board and an independent chair; this process is now underway.
- 3.4.2 The external support and move to a trust is being put in place to escalate the pace of improvement required in children’s social care services arising from issues such as changes in workforce, difficulty in recruiting social workers; high numbers of children going into care and the impacts of the pandemic with rising numbers of children needing help and protection.
- 3.4.3 Public Health officers, including the Director of Public Health, will continue to work with the services as the trust is established and will continue to consider and support joint working practice including co-location.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1** There are no current plans to alter the total Public Health financial envelope for Public Health 0-19 Children’s Services in Bradford. Any planned procurement must therefore operate within this value, £11,784,281 per annum, which will be fully funded by the Public Health Ring-Fenced Grant. Any additional Agenda for Change (AfC) payments from Government will be passed to the provider organisation where relevant.
- 4.2** Full assessment of cost will be part of business case development and will include consideration of priority status/need, required improvements and delivery model changes.
- 4.3** Contract length is to be determined following consultation with commercial colleagues and feedback from the market; the contract will however be in excess of

£2m at £11.7m per annum.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 5.1** A Public Health 0-19 Children's Services review commissioning Oversight Group including partners from across the Authority and Clinical Commissioning Group (CCG) is in place to oversee the service review and development of service specification/s with a view to having the new service/s in place by April 2023.
- 5.2** A risk log has been developed and actioned as part of the procurement process. This will be monitored and reviewed. All procurement activity will be undertaken in accordance with the Council's Constitution and all relevant legislation.
- 5.3** The necessary governance procedures will be followed in procuring the services and managing timescales, with progress reported to Public Health Leadership Team and the Director of Public Health.
- 5.4** A further Equality impact assessment will be completed on the new service specification for 0-19 Public Health Children's Service/s.

6. LEGAL APPRAISAL

- 6.1** The commissioning of Public Health 0-19 Children's Services will be conducted in accordance with the Council's Contract Standing Orders, and UK procurement legislation. Public Health is working with the Council's Procurement Team to agree an appropriate sourcing option and will consult and take advice from relevant teams throughout the process.
- 6.2** Local Authorities have duties outlined in the Health and Social Care Act (2012), which came into force in April 2013 when Public Health transferred to the Council, and this includes delivering public health children's services for 0-19 year olds and specific mandated and statutory functions including the five health checks for young children, the National Child Measurement Programme and district wide Oral Health surveys.
- 6.3** Local Authorities Statutory Public Health responsibilities also include a duty to improve Public Health, Section 31 of the 2012 Act requires local authorities to have regard to guidance from the Secretary of State when exercising their public health functions; in particular, this power requires local authorities to have regard to the Department of Health's Public Health Outcomes Framework (PHOF).
- 6.4** Section 237 of the 2012 Act also requires local authorities to comply with National Institute for Health and Care Excellence (NICE) recommendations to fund treatments under their public health functions.
- 6.5** The Council has voluntarily agreed with Department for Education (DfE) that children's social care services will be moved into a Council-owned company (the Bradford Children's Company), also known as a trust, which will be overseen by a board and an independent chair; this process is now underway. Whilst it is not envisaged that the company will assume any responsibility for the commissioning of the services that are the subject of this contract, the services will need to work closely together. If it is determined there will be any requirement for the Bradford Children's Company to commission services under the contract this must be provided for in the contract from the outset.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

There are no direct sustainability implications arising from this report at present

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

The proposal will not impact on gas emissions.

7.3 COMMUNITY SAFETY IMPLICATIONS

Through working differently across services, including Police and Neighbourhood Services, the proposal would aim to reduce crime and anti-social behaviour and its impact on individual families and communities.

7.4 HUMAN RIGHTS ACT

There are no direct Human Rights implications arising from this report at present.

7.5 TRADE UNION

There are no direct Trade Union implications arising from this report at present

7.6 WARD IMPLICATIONS

The provision will be accessible across the district.

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

Not applicable for this report

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

Public Health 0-19 Children's Service (currently Health Visiting, School Nursing and Oral Health services) have a role in ensuring young people are safeguarded and in particular ensure their needs are met.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable for this report.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None applicable

10. RECOMMENDATIONS

Health and Social Care Overview and Scrutiny Committee is asked to consider detail presented and raise any queries or provide feedback regarding the work outlined.

11. APPENDICES

N/A

12. BACKGROUND DOCUMENTS

None