



## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **INTEGRATED HEALTHY CHILD AND PUBLIC HEALTH NURSING PROGRAMME 0-19 YEARS – TENDER OUTCOME**

#### **Purpose of the Report**

1. To update the Committee on the procurement process for the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds.
2. To seek approval for award of the contract for the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds to the winning tenderer, as set out in the exempt appendix.

#### **Information and Advice**

3. In May 2015, in anticipation of the transfer of commissioning responsibility for children's public health nursing for under 5's, the Public Health Committee approved plans to re-commission Health Visiting, Public Health School Nursing, the Family Nurse Partnership and the National Child Measurement Programme as an integrated Healthy Child and Public Health Nursing Programme for 0-19 year olds.
4. In March 2016, the Public Health Committee were presented with a proposed service model for an integrated Healthy Child and Public Health Nursing Programme informed by a programme of stakeholder engagement. The proposal included a number of preferred options; Public Health Committee agreed a preferred option and approved plans for formal consultation on the model.
5. In May 2016, the Public Health Committee reviewed a refined service model informed by the engagement and consultation outcomes, an equality impact assessment, and review of the evidence base, national guidance and local intelligence. The Committee gave approval for the tender to be advertised.
6. This paper describes the procurement process undertaken, provides detail of the responses received and the preferred provider.

#### **Confidentiality**

7. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because the information comprises commercially sensitive and confidential

information about the bids the Council received. This information relates to the receipt and evaluation of bids and the detail of the preferred provider and will be presented in an exempt appendix.

## **Procurement process**

### *Market engagement*

8. A programme of market engagement took place between December 2015 and February 2016 to gauge the level of interest in the market, shape the development of the proposed service model and evaluate the feasibility of delivery. The aim was to ensure a transparent and collaborative approach to the procurement. The market engagement included a series of events and one-to-one meetings between commissioners and potential bidders which were widely advertised.
9. A total of 29 organisations registered an interest in the tender, 12 organisations were represented at one of the market engagement events and three organisations took up the offer of a one-to-one meeting as part of the market engagement phase.

### *Tender*

10. A steering group was established to oversee the procurement process. The steering group worked closely to define the criteria against which bids would be evaluated and to develop the materials published.

### *Tenders invited*

11. Tenders were invited between 27 May 2016 and 11 July 2016.
12. A suite of documents were developed and published as part of the tender:
  - i. Invitation to tender document describing the tender requirements, process, timescale and the award criteria used to evaluate bids
  - ii. Service specification which sets out in detail what the service will be required to deliver
  - iii. Finance schedule that confirms the financial envelope and payment schedule
  - iv. Quality, performance and information requirements establish how the service will be performance managed against identified outcomes and how the quality and safety of the service will be assured
  - v. Information relating to the employees of the incumbent provider
  - vi. Information in relation to the current utilisation of estates
  - vii. Form of contract which the successful bidder will enter into with the Council

### *Tender evaluation methodology*

13. The first stage of evaluation was the checking of bids for appropriate levels of experience and financial standing, and bidders were required to meet established minimum criteria to pass this stage.
14. The award criteria were designed to identify the bid that represented the most economically advantageous tender, rather than the lowest price alone. The evaluation was therefore based on a combination of quality and finance, with the scoring weighted as 70% and 30% respectively.
15. A key part of the finance evaluation measured the bidder's ability to meet the challenges of a reducing financial envelope, the remainder evaluated the number of direct service hours that would be delivered.
16. The quality evaluation consisted of a number of questions divided under the following sections:
  - Service delivery model
  - Health promotion and public health life course
  - Mobilisation
  - Capacity and workforce
  - Partnership working
  - Performance, information management and technology

Each question and section was attributed a weighting which translates into a percentage of the final score awarded to each bidder.

### *Tender evaluation*

17. A panel of fourteen colleagues with backgrounds including clinical, commissioning, contract management, quality and safeguarding, finance, public health and procurement were involved in the evaluation of the tender. CCG and children's services representatives were included.
18. Colleagues scored the tender individually and then attended moderation panels where any outlying scores were discussed and consensus reached. A number of detailed clarification questions on aspects of bidder responses were raised by commissioners during this stage.

### ***Tender outcome***

19. The outcome of the tender is included in the Exempt Appendix.

### **Next steps and contractual arrangements**

20. A period of mobilisation will take place from October 2016 to 31<sup>st</sup> March 2017 during which commissioners and the preferred provider will work in partnership to ensure the new model is implemented as seamlessly as possible.
21. Commissioners will contract with the preferred provider for a period of three years, and there are options to extend the contract for a further four annual extensions if required.

## **Statutory and Policy Implications**

22. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

23. The contract value of the Health Visiting, Public Health School Nursing, National Child Measurement Programme and the Family Nurse Partnership Programme in 2016/17 is £15,300,157. The financial envelope for the integrated Healthy Child and Public Health Nursing Programme will be £14,208,321 in 2017/18, £13,652,775 in 2018/19, and £13,035,954 in 2019/20 due to a reduction in the national public health allocation, announced in the Comprehensive Spending Review in November 2015. The proposed integrated service model aims to streamline service delivery and release capacity, whilst maintaining quality and improving child and family outcomes.

## **RECOMMENDATION/S**

That the Committee:

- 1) Approves the award of the contract for the Integrated Healthy Child and Public Health Nursing Programme for 0 – 19 year olds to the winning tenderer, as set out in the exempt appendix.

**Barbara Brady**  
**Director of Public Health**

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## **Constitutional Comments (CEH 07/09/2016)**

24. The recommendation falls within the remit of the Public Health Committee under its terms of reference.

## **Financial Comments (DG 06/09/2016)**

25. The financial implications are contained within paragraph 23 above.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 19 May 2016

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3698/Committee/507/Default.aspx>

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 17 March 2016

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx>

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 12 May 2015

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx>

Family Nurse Partnership Progress Report – report to Children Trust Board – 19 November 2015

<http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/childrens-trust-board-meeting-archive>

Nottinghamshire School Nursing Review and proposed new model, September 2014 – implications for commissioners (including Appendices 1-3) available at [www.nottinghamshire.gov.uk/schoolnursing](http://www.nottinghamshire.gov.uk/schoolnursing)

## **Electoral Division(s) and Member(s) Affected**

All.