

9 September 2024

Agenda Item:

REPORT OF THE CABINET MEMBER, COMMUNITIES AND PUBLIC HEALTH

NOTTINGHAMSHIRE HEALTHY FAMILIES PROGRAMME: LONG-TERM DELIVERY

Purpose of the Report

1. To consider the options available to the Council to ensure delivery of the Nottinghamshire Healthy Families Programme beyond 30 September 2025.
2. To seek engagement from Select Committee and invite feedback on the emerging preferred option for the long-term delivery of the Nottinghamshire Healthy Families Programme, to ensure children and young people in Nottinghamshire are supported to have the best start in life.
3. To set out plans to commence soft market testing.

Information

4. The Nottinghamshire Healthy Families Programme (HFP) is a public health nursing service that supports families to provide their children with the best start in life through a range of nursing and health interventions. The service promotes early intervention by identifying and delivering targeted support to families in need. Critical to identifying opportunities to support families is the programme of health and development reviews by public health nurses. As nursing professionals, they provide guidance which is relevant and effective in supporting child development, parenting, and healthy choices. Nottinghamshire Healthcare NHS Foundation Trust is the current provider of the Nottinghamshire HFP.
5. On 8 May 2024, the Cabinet Member for Communities and Public Health took a [key decision](#) to extend the Council's contract with Nottinghamshire Healthcare NHS Foundation Trust (NHFT) for delivery of the Nottinghamshire Healthy Families Programme (HFP) until 30th September 2025. The extension was approved to give the Council time to take into account the Care Quality Commission (and any other regulatory bodies) actions and recommendations relating to NHFT, and to consider the best way of delivering the Nottinghamshire HFP in the future. This was to include undertaking a full and thorough appraisal of all re-commissioning/procurement options that are available to the Council.

6. This report presents the options available to the Council for delivery of the Nottinghamshire HFP beyond 30th September 2025, and invites feedback on these options, ahead of a Cabinet key decision.

Statutory responsibilities

7. Local Authorities have a statutory responsibility, under the Health and Social Care Act of 2012, to provide public health nursing services to their local population of children, young people, and families, including the Healthy Child Programme (HCP) and the National Child Measurement Programme which weighs and measures children in school. More specifically, as part of the HCP, five universal health visitor reviews, from late pregnancy to age 2.5 years, are mandated for delivery. The Nottinghamshire HFP is the local delivery mechanism for these responsibilities.

The current Nottinghamshire Healthy Families Programme

8. A key role of the Nottinghamshire HFP is to identify children with specific health and care needs and risks and ensure these families receive targeted, personalised care at the earliest opportunity to prevent escalation to other services. The Nottinghamshire HFP works in partnership with a wide range of services as part of a joined-up health, social care, and early year's system to build resilience in families. The Nottinghamshire HFP are uniquely placed to intervene early, building therapeutic relationships to prevent issues escalating by identifying and supporting families in need. The Nottinghamshire HFP deliver preventative and early help work to reduce the need for specialist interventions from a range of health and social care services.
9. The Nottinghamshire HFP consistently performs well for delivery of the mandated health visitor reviews when compared to both the England average and statistical comparators.
10. The Nottinghamshire HFP is a core delivery partner in the multi-agency Family Hub Networks. This means that the Nottinghamshire HFP:
 - Supports the development of an enhanced 'front door' and 'Early Help' operating environment,
 - Plays a key role in connecting families to information, support, and services via Family Hub networks,
 - Actively engages in Family Hub development work and governance forums at all levels,
 - Are core members of Family Hub allocation meetings,
 - Shares and receives relevant information about the individual needs of children, young people, and families with Family Hub partners,
 - Integrates engagement and co-production activity within Family Hubs to ensure this is developed and delivered in partnership,
 - Co-ordinates the provision of information and advice including national and local campaigns with Family Hub networks. The Nottinghamshire HFP digital offer will be aligned with the Virtual Family Hub,
 - Participates in the Family Hub network workforce development matrix to best share knowledge and skills including delivering relevant knowledge and skills exchange.

11. Ensuring that the Nottinghamshire HFP is fully integrated with the delivery of Family Hubs Networks is (and will continue to be) a priority area of focus in the delivery of the Nottinghamshire HFP.
12. The service model also includes two-way referral pathways between the Nottinghamshire HFP and NHS organisations at a place level, including, but not limited to:
 - General Practices
 - Hospital paediatric, urgent care and emergency departments
 - Maternity and neonatal services
 - School aged immunisation and child health information system services commissioned by NHS England
 - Public health services commissioned from NHS, independent and voluntary sector services, such as for domestic abuse, integrated health and wellbeing, sexual health, oral health, and substance use services.
13. A culture of partnership and multi-agency working is now embedded across the service model, meaning that the Nottinghamshire HFP works in close partnership with a wide range of children's and family services at a place-based level. That will remain the case in the future, and these requirements are considered in detail within the options appraisal for the long-term delivery of the Nottinghamshire HFP.

Service design and development activity, and enhanced scrutiny

14. A programme of service design and development activity was undertaken over 2023-24, in partnership with colleagues from NHFT and the wider system, to refresh the service model for the Nottinghamshire HFP, including:
 - A programme of engagement/co-production with children, young people and families, policy leads across public health and children's services, and with system partner organisations,
 - Joint work with the Council's Children and Families' services to further explore opportunities to strengthen or integrate early support for families,
 - A review of the evidence base and policy guidance and development of a new service specification, along with revised key performance indicators, outcome measures and quality monitoring requirements,
 - Work to ensure the current contract was sufficiently robust, while reflecting the intention that the service would be subject to ongoing transformation and change in light of best available evidence at the time,
 - Work to ensure the Nottinghamshire HFP addresses the need for close integration with the Council's early help offer,
 - Work to assess the potential equalities impact of the Nottinghamshire HFP and the revised service model on people with protected characteristics,
 - Consultation with stakeholders.
15. In response to the 'rapid review' of mental healthcare provision at NHFT by the Care Quality Commission (CQC), the current contract with NHFT has been changed to establish greater quality assurance during the contract extension period. These arrangements include further performance management and quality assurance mechanisms, delivery of financial scrutiny through the continuation of open book accounting arrangements, and appropriate changes to the contractual arrangements to facilitate the management of any contractual issues that could

arise from the outcome of the 'rapid review' Section 48 inspection. These enhanced contractual levers and arrangements will carry forward into the new contract for delivery of the Nottinghamshire HFP, to enable continued performance and quality assurance.

16. The ambition for the future of the Nottinghamshire HFP is to improve outcomes for children, young people, and families by maintaining positive performance, working as part of an integrated early help system, and continually improving and transforming the service in line with evidence and best practice.

Member scrutiny of the Nottinghamshire HFP

17. A joint scrutiny working group was established by Overview Committee on 7th September 2023 to examine the design of the refreshed Nottinghamshire HFP and inform a series of recommendations. All recommendations made by Overview Committee were accepted, and proposed actions against each recommendation were agreed by Cabinet on 28th March 2024. Adult Social Care and Health Select Committee are now invited to feedback on the proposed options for the procurement approach to the Nottinghamshire HFP after 30th September 2025, rather than the service model/ specification.
18. On 17th April 2024, Members of Overview Committee and the joint scrutiny working group were briefed on the current position and the planned next steps in relation to the delivery of the Nottinghamshire HFP.

Options Appraisal

19. An extensive assessment of the available options for the long-term delivery of the Nottinghamshire HFP has been carried out. This supersedes the previous appraisal that reported to Cabinet in June 2023. It reflects the current landscape including the new Health Care Service (Provider Selection Regime) regulations that were introduced in late 2023 which the Council must adhere to. This removed the procurement of health care services from the scope of the Public Contracts Regulations 2015, and has replaced the National Health Service (Procurement, Patient Choice, and Competition) No 2 Regulations 2013, both of which were in place when the options were previously considered.
20. The appraisal reviews the options of service delivery (i.e. how the service is delivered) and procurement, rather than options for the model of the service (i.e. what is delivered). It is assumed that the service model for the Nottinghamshire HFP will reflect the model that underwent consultation with members of the public and Elected Members via Overview Committee.
21. To inform the options appraisal, evidence was obtained about methods of delivery of the Healthy Child Programme across the country. Ten other local authorities, who are using a variety of delivery methods for their Healthy Child Programme, were then consulted during May and June 2024. HR, finance, legal, and procurement departments across the Council were also consulted regarding the practicality and feasibility of each option. From an initial longlist of options, a finalised shortlist was developed in conjunction with legal and procurement colleagues.
22. A summary of the options is provided below, and further detail can be found in the full options appraisal contained in Appendix 1.

23. Option 1A: Procure via competitive tender - tender a single, integrated service for 0-19's

This option describes a competitive tender process that invites bidders to tender for the delivery of the full Nottinghamshire HFP, with bids evaluated against a set of fixed criteria. All services would be delivered under a single contract. Soft market testing would be conducted to engage with potential providers as per best practice. The soft market testing would begin ahead of Cabinet's key decision in November in order to maintain momentum given the challenging timescales. Cabinet would still fully consider all options. The provider that is successful in the process would be awarded a contract for a defined period.

24. Option 1B: Procure via competitive tender - tender the service as separate lots

This option describes dividing the currently integrated Nottinghamshire HFP into component parts or 'lots'. Each lot would have a competitive tender process that invites bidders to tender for the delivery of that lot. The appraisal considers two ways that the service could be split into separate lots aligned to the Healthy Child Programme: (i) services for 0-5 years are delivered in one lot, whilst services for 5-19's could be delivered in another lot, or (ii) services for 0-11's are delivered in one lot, whilst services for 11-19's are delivered in another lot. This may result in multiple providers delivering the Nottinghamshire HFP. The provider(s) that are successful in the process would be awarded a contract for a defined period.

25. Option 2: Award the contract via the Provider Selection Regime most suitable provider process

The most suitable provider selection process provides a robust and transparent process through which the Council, when commissioning healthcare services, can assess which provider is most suitable to deliver the proposed contracting arrangements. This is based on consideration of key criteria defined under the Provider Selection Regime. This approach can only be used if the Council is confident that it can, acting reasonably, clearly identify all likely providers capable of providing the service. Following robust assessment of all likely providers, the successful provider would be awarded a contract for a defined period. This includes the potential for a short contract term.

26. Option 3: Provide the 0-19 Healthy Families Programme from within the Council (whole service)

This option describes transferring the full Nottinghamshire HFP 'in house', to be provided directly by Nottinghamshire County Council (NCC). This option would not require a procurement exercise. Instead, in addition to the thorough process carried out for this options appraisal, there would need to be more work carried out into the detail of feasibility and deliverability to enable a robustly informed decision to be made. The process would include setting up a multidisciplinary project management team including HR, Legal, Governance, Asset Management, and IT, and would require external consultancy support with experience in in-sourcing. This team would oversee the further detailed feasibility work and, if a decision was taken to in-source, would oversee the transition of the service from the incumbent provider into direct local authority control.

27. Option 4A: Split the service, providing elements in-house with others provided externally (0-5 provided externally, 5-19 provided in-house)

This option explores the division of the Nottinghamshire HFP into two services, to be delivered by two mechanisms. The 0-5 element would be delivered by an external provider. This consists of the health visiting service, provision of 5 mandated reviews, an early intervention

offer, and the Family Nurse Partnership. For the 0-5 element, this would require a decision to be made between competitive procurement (Option 1A) or the Provider Selection Regime most suitable provider process (Option 1B). The 5-19 element of the Nottinghamshire HFP would be transferred 'in house', including the delivery of school nursing services and the national child measurement programme. These elements would be provided directly by NCC. Dissolution of the current approach, which integrates provision across the 0-19 age range, and has been in place since 2017 will require additional work to separate and align the new service. The process of moving the 5-19 element in-house would require project management and external consultancy support with experience in in-sourcing, though to a lesser extent than Option 3.

28. Option 4B: Split the service, providing elements in-house with others externally (0-11 provided externally, 11-19 provided in-house)

This option also explores the division of the Nottinghamshire HFP into two services, to be delivered by two mechanisms. The 0-11 element would be delivered by an external provider. For the 0-11 element, this would also require a decision to be made between competitive procurement (Option 1A) or the Provider Selection Regime most suitable provider process (Option 1B). The 11-19 element, which is primarily the delivery of secondary school nursing services, would be delivered in-house. These elements would be provided directly by NCC. Dissolution of the current approach, which integrates provision across the 0-19 age range, and has been in place since 2017 will require additional work to separate and align the new service. The process of moving the 5-19 element in-house would require external consultancy support with experience in in-sourcing, though to a lesser extent than both Option 3 and Option 4A.

29. In the options appraisal, each option describes key features of the model with respect to service delivery, financial impact, implementation timescales, workforce and HR, clinical governance arrangements, safeguarding procedures and additional considerations including risk to the Council, estates, and information technology. A 'SWOT' analysis of each options' respective strengths, weakness, opportunities, and threats has been carried out.

30. A robust scoring framework was developed comprising of a set of 12 criterion grouped into three themes: desirability, viability, and feasibility. Each option was independently scored against the 12 criteria on a scale of 0 to 3 (0 = unsatisfactory, 1 = some concerns, 2 = acceptable, and 3 = good) by the options appraisals' authors, a separate and impartial colleague within Public Health, and a colleague from the Children and Families directorate. The scoring criteria was developed and agreed with input from public health, legal and procurement departments.

31. As set out above, the options have been scored against the three themes of desirability, viability, and feasibility:

- **Desirability:** the extent to which the option aligns with NCC preferences for the HFP, which includes improved outcomes for service users, integration with NCC services, integration with local NHS services, and flexibility to respond to change.
- **Viability:** the ability of the option to work successfully which includes, short- and medium-term financial impact, workforce recruitment and retention and reputational risk.
- **Feasibility:** the extent to which the option can be accomplished successfully which includes implementation timescales, safeguarding procedures, clinical governance and CQC arrangements, and considerations around estates and IT.

32. Based on the overall score from the agreed criteria, options 1A: Competitive tender of a single, integrated service and option 2: Most Suitable Provider, emerge as the preferred approaches.
33. It is acknowledged that all options come with strengths, weaknesses, opportunities, and threats. Undertaking a competitive tender process for a single, integrated service (option 1A) would provide assurance that the market has been fully assessed via a well-recognised and transparent process. It would enable an objective assessment of potential providers' ability to deliver a service that is integrated with both the wider Council's early help system and the relevant NHS services.
34. A competitive tender process for a single, integrated service would fulfil the Council's requirements in that it enables flexibility for the service to adapt or respond to changing need, new opportunities and/or emerging evidence, in agreement with the Council as commissioners. A competitive process allows authorities to engage in dialogue or negotiate with providers who have bid for the contract prior to awarding the contract, with a view to improving on an initial offer. This process could also include the development of consortia arrangements (where two or more suppliers come together to bid for the contract). Additionally, a dialogue process could be used to consider exploration of new models of shared service ownership, governance or partnership.
35. There is a risk that, under the Most Suitable Provider process (option 2), the Council may be unable to identify a 'most suitable provider', and in that case a competitive tender process would be required. The timescales do not allow for this. Options which would involve bringing the service (or elements of it) in-house (options 3, 4A and 4B) would be very challenging to achieve in the timescales required and are likely to present increased risks to workforce recruitment and retention. Finally, options which involve splitting the service (options 1B, 4A and 4B) would present additional challenges for integration and safeguarding. Therefore, a competitive tender process for a single, integrated service (option 1A) is likely to emerge as the preferred approach.
36. Further detail on the development of the options appraisal, its' methodology, the relative strengths, weakness, opportunities and threats of each option, and the final scores can be found in the full appraisal contained in Appendix 1.

Other Options Considered

37. All viable options are laid out in paragraphs 23 to 28. Further detail on the options considered, including detail of the longlist of options not taken forward for detailed analysis, and the rationale for this, can be found in Appendix 1.

Reasons for Recommendations

38. To enable scrutiny regarding the available options for the procurement approach of the Nottinghamshire HFP before the development of a recommendation to the Cabinet.

Statutory and Policy Implications

39. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment 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

40. The contract value is £15,473,968 per annum. It is likely to be proposed that a contract of 3 + 2 years would be awarded, bringing the total maximum contract length to five years. The annual financial envelope is based on the funding that is needed to ensure that the Council can fulfil its statutory responsibility to provide public health nursing services, including the Healthy Child Programme and the National Child Measurement Programme.
41. The options appraisal includes an assessment of the financial impact of each potential option across the short term (0 to 2 years): the ability of the service to remain within the agreed financial envelope, and the medium to long-term (2 plus years): the ability of the service to remain within the agreed financial envelope with the possibility of increasing efficiencies, in line with the Council's medium term financial strategy, whilst maximising outcomes. Further detail can be found in Appendix 1.

Public Sector Equality Duty implications

42. The equality implications of the Nottinghamshire HFP's service model have been considered and no adverse impacts identified. The protected characteristics most impacted by the Nottinghamshire HFP as a whole are pregnancy and maternity, gender, and disability (mental and learning disabilities). The Nottinghamshire HFP will include dedicated support for families during pregnancy, support for the non-birthing parent, regardless of gender as well as additional support for families experiencing parental mental ill-health and/or learning disability. This element of the service will have a positive impact on these protected characteristics.
43. In summary, delivery of the Nottinghamshire HFP is not considered likely to have either disproportionate or negative impacts on individuals with protected characteristics. The equality implications of the likely procurement approach are also being reviewed in order to inform any decision that Cabinet may take.

Safeguarding of Children and Adults at Risk Implications

44. Safeguarding children is a core statutory responsibility of all Local Authorities, and the Nottinghamshire HFP supports the Council to fulfil this statutory duty. The Nottinghamshire HFP plays an important role in the identification of families in need of additional support, and in identifying children who are at risk of harm.
45. The options appraisal includes an assessment of the safeguarding impact of each potential option, that is the ability of the service to deliver effective safeguarding activity and work as part of a wider, multidisciplinary, multi-agency network to help promote the welfare and safety of children and young people.
46. The Nottinghamshire HFP will continue to work as part of a wider, multidisciplinary, multi-agency network to help promote the welfare and safety of children and young people,

supported by pathways between the Nottinghamshire HFP, children’s social care and the Multi-Agency Safeguarding Hub that will support the delivery of effective safeguarding activity.

Implications for Residents

47. The overall aim of the options appraisal is that the Council delivers the Nottinghamshire HFP in a way that best supports parents and carers to give children the best start in life, keeping children healthy and safe, and enabling them to reach their full potential. The aim is that the service is provided in a way that achieves the best outcomes for children and families. The thorough assessment of desirability, viability, and feasibility undertaken aims to ensure that children, young people, and families continue to receive a high-quality service from the Nottinghamshire HFP after 30th September 2025.

RECOMMENDATION/S

It is recommended that:

1. The report detailing the options appraisal undertaken for the delivery of the Nottinghamshire HFP be received.
2. Members comment and consider if there is any feedback they would like to give, in advance of a Cabinet key decision, on the options appraisal that has been undertaken and the plan to commence soft market testing.

COUNCILLOR SCOTT CARLTON CABINET MEMBER – COMMUNITIES AND PUBLIC HEALTH

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Constitutional Comments (SF 30/07/2024)

The Adult Social Care and Public Health Select Committee is the appropriate body to consider the content of the report.

Financial Comments (PAA29 09/08/2024)

The financial implications are set out in paragraphs 40 and 41. The contract value for the Healthy Families Programme from 1 October 2024 to 30 September 2025 is £15,473,968 and will be met from the Public Health Grant which for 2024/25 is £45,465,627.

The cost of the Healthy Families Programme once the preferred option has been agreed (including any inflationary increases) will be met by Public Health Grant and Public Health Grant Reserves.

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.

- Report to Cabinet – Nottinghamshire Healthy Families Programme 2024 and beyond dated 9 March 2023 ([published](#)), which had as background papers the following:
 - Healthy Child Programme 0 to 19: health visitor and school nurse commissioning (commissioner guidance), Public Health England, 2016 (updated March 2021), available [here](#).
 - Nottinghamshire’s Best Start Strategy, 2015-25, available [here](#).
 - The Best Start for Life, a vision for the critical 1,001 days, HM Government, 2021, available [here](#).
- Report to Cabinet - Outcome of Call-in decision – Nottinghamshire Healthy families Programme – 2024 and beyond dated 20 April 2024 ([published](#))
- Report to Cabinet - Nottinghamshire Healthy Families Programme 2024 and beyond – consideration of call-in outcome dated 20 April 2023 ([published](#)).
- Report to Cabinet – Nottinghamshire Healthy families Programme – 2024 and beyond dated 22 June 2023 ([published](#))
- Report to Overview Committee – Outcomes of the Joint Scrutiny Review of the Re commissioned Healthy Families Programme dated 25 January 2024 ([published](#))
- Report to Cabinet – Nottinghamshire Healthy Families Programme dated 28th March 2024([published](#))
- Report to Cabinet Member for Communities and Public Health – Nottinghamshire Healthy Families Programme dated 8th May 2024([published](#))

Electoral Division(s) and Member(s) Affected

- All