

SHARED SERVICES JOINT COMMITTEE
17th January 2024

| | |
|-------------------------------|---|
| Report Title | Options Appraisal for Recommissioning Public Health Services for Children and Young People and Integrated Sexual Health Services |
| Report Author/s | Jane Bethea, DPH North Northamptonshire Sally Burns, DPH West Northamptonshire |
| Executive Member (NNC) | Cllr Helen Harrison |
| Cabinet Member (WNC) | Cllr Matthew Golby |

| | |
|--|---|
| Key Decision | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the decision eligible for call-in by Scrutiny? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there public sector equality duty implications? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the report contain confidential or exempt information (whether in appendices or not)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Applicable paragraph number for exemption from publication under Schedule 12A Local Government Act 1974 | 3 – Appendix 1 only |

List of Appendices

Appendix 1 – Financial Information (Exempt)

1. Purpose of Report

The purpose of this report is to seek approval from Share Services Joint Committee members to approve the recommissioning approach of:

- The 0-19 Health Visiting and School Nursing Service
- Strong Start Service
- Northamptonshire Integrated Sexual Health and HIV Service (NISHH)
- Youth Counselling Offer (REACH)
- Oral Health Promotion Service
- Dental Epidemiology Survey

This report is seeking an initial decision regarding if the North and West contracts (total estimated annual value of £17.4m, North £8.5m West £8.9m and currently hosted by North), should be contracted separately from 01/04/25 following disaggregation. These contracts are currently funded from Public Health Grant by each local authority as set out in more detail in this report under 4.1.

2. Executive Summary

- 2.1 This report provides a summary on information relating to Six public health grant funded contracts, namely:
- 0-19 Health Visiting and School Nursing Service
 - Strong Start
 - Northamptonshire Integrated Sexual Health Service and HIV service (NISHH)
 - REACH children and young people youth counselling offer
 - Oral Health Promotion Service
 - Dental Epidemiology Survey
- 2.2 The 0-19 Health visiting, Strong Start, Sexual Health, and REACH service contracts have been jointly commissioned between North and West Northamptonshire local authorities (NNC and WNC) since 2019, with an agreement (in 2023) for them to be extended for a further two years ending 31st March 2025. Therefore, any new contracts will commence on 1st April 2025.
- 2.3 The Current Dental Epidemiology Survey contract is currently jointly commissioned (by NNC and WNC) for the period 1st April 2022-31st March 2024, with an option to extend by 1 year. This contract will be extended by one year so that it ends on 31 March 2025, so it can then be commissioned to the same timescale as the other services listed above.
- 2.4 The Oral Health Promotion Service is jointly commissioned and is part of the NHS England Community Dental Services (CDS) contract with the latest contract variation covering the period 1 April 2022-31 March 2024. This can be extended further in line with the planned extension of the CDS contract.
- 2.5 Both NNC and WNC officers are working closely with the providers to regularly review the contracts and assess them against service improvement plans (SIPs) as a mechanism for driving up performance and monitoring progress.

3. Report Background

3.1 Historical Context

- 3.2 In April 2021, all Northamptonshire Councils were abolished, and 2 new unitary councils were created (North Northamptonshire Council (NNC) and West Northamptonshire Council (WNC)). Several Public Health grant funded contracts were agreed to be jointly commissioned as part of this arrangement, and an agreement was reached as to a lead commissioner arrangement, with either NNC or WNC leading on the contract monitoring for an individual contract on behalf of both organisations. The host authority operated under a MoU arrangement, although financial accountability was still the responsibility of each organisation.
- 3.3 The Children and Young People contracts were due to come to an end on 31 March 2023. However, further executive approval was granted to extend the current arrangements for a further two years, so that the contracts will now end on 31 March 2025. This was to allow time for Needs Assessments to be conducted and detailed discussions to take place within NNC and WNC to ensure the best possible recommissioning of the services to start on 1 April 2025.

3.4 **Service Specific Details**

3.5 ***Service one: 0-19 Children and Young People Services.***

3.6 These services are provided by Northamptonshire Healthcare NHS Foundation Trust and include:

- Health Visiting,
- School Nursing,
- Infant Feeding,
- Home Visiting, and
- Young Parents services aged under 19 (up to 25 if special educational needs are present) providing mandated visits, assessments and clinical safeguarding services.

3.1 ***The Health Visiting Element***

3.2 This service supports families from the antenatal period up to school entry (0-5 years). It delivers 5 nationally mandated universal visits to the child and their family, but also further support/visits based on need. Mandated visits provided by health visiting services are:

- Antenatal health promoting contact and new birth visits
- New-born check (10-14 days)
- 6-8 weeks check
- 1-year check
- 2-2.5-year check

3.3 Each visit includes an assessment of critical development milestones. Trusted and expert advice is provided. If a family is assessed as vulnerable due to physical, mental, or social reasons, more support is available. The service includes specialist outreach teams that proactively engage with families in temporary housing, refuges, and also includes support for perinatal mental health, and breastfeeding. The mandated visits made by health visitors are critical for early identification of developmental delays which may indicate a child has an additional need or disability. These visits deliver interventions that can improve outcomes for those children and can also result in referrals to more specialist assessment and care. Children with additional health and social needs are transferred from the health visiting service to the school nursing service as they enter school. Health visitors and school nurses also contribute to Educational, Health and Care Plans (EHCPs).

3.4 **School Nursing Service Element**

3.5 This service supports children aged 5-19 (and up to 25 if there are any special educational needs) to improve their health and wellbeing. School nurses deliver the National Child Measurement Programme (NCMP) which is a nationally mandated assessment of the Body Mass Index (BMI) of children. This generates intelligence about children who are underweight or overweight/obese and offers further support as necessary. The assessments also identify children and families who would benefit from advice, information, or referral, including the involvement of safeguarding services if appropriate.

3.6 ***Infant feeding Service***

3.7 This service supports mothers to develop positive attitudes toward infant feeding and assists and supports mothers who wish to breastfeed.

3.8 ***Family Nurse Partnership service***

3.9 This service provides an intensive home visiting service for vulnerable young mums aged under 19 (or 25 in the case of children with SEND or disabilities). This will also include working with their families from pregnancy until the child is 2 years old. The Family Nurse Partnership service is a nationally licensed programme and is delivered as part of the 0-19 offer.

3.10 **Service Two: *Strong Start***

This is a 0-5 universal non-clinical early years childhood service that works across North and West Northamptonshire. The service is provided by WNC in-house services which are based in West Northamptonshire Council libraries but operate across North and West. It provides health information, training and employment services to assist children, parents and prospective parents and includes:

- safe sleep
- introducing children to solid food
- toilet training
- child behaviour
- child oral health
- child safety

3.11 **Service Three: *Northamptonshire Integrated Sexual Health Service and HIV Service (NISHH)***

3.12 Both NNC and WNC currently jointly have a contract in place with NHS England through a Section 75 arrangement for the delivery of the Integrated Sexual Health and Human Immunodeficiency Virus (HIV) Service. (Section 75 of the Health and Social Care Act 2012, allows local authorities and NHS bodies to pool resources or delegate certain NHS or local authority health related functions to the other partner.)

3.13 The current services are provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT). This is an open-access service and includes:

- **Genitourinary Medicine (GUM) Services** which provide a comprehensive range of services relating to Sexually Transmitted Infections (STIs), their identification and management.
- **Long-Acting Reversible Contraception (LARC)** including the provision of coils and hormonal implants. This service is subcontracted to primary care. NHFT oversees the finance, clinical staff registration, and competencies to provide this service in a safe and effective way.
- **Emergency Hormonal Contraception (EHC)** is a service which is subcontracted via pharmacies to prevent unwanted pregnancies (also known as the morning-after pill).

- **HIV self-sampling.** Provides a service that sends out home testing kits and returns to identify HIV and onward advice and treatment.
- **HIV treatment and drug services** is currently paid for by NHS England and NHFT invoice NHS England directly for the drugs. The Block contract provides the screening for HIV.
- **Pre-Exposure Prophylaxis (PrEP)** forms part of a combination of HIV prevention alongside health promotion, behavioural support, and regular testing for high-risk groups. The service helps reduce the risk of getting HIV. PrEP works by stopping HIV from getting into your body, to prevent the acquisition and further transmission of the virus.

3.14 **Service Four: REACH**

3.21 This is a Young People's Counselling Service in Northamptonshire provided by a collaboration between different providers. This 'Collaborative' of Providers delivers services that build on people's existing capabilities empowering young people to become active in taking charge of, and improving, their own and others' wellbeing. The aim of the collaborative is to offer a single contact number, a single online booking system, and a referral management process offering all young people a choice of service delivery points. The service is offered to young people aged 11-19 (up to 25 if the young person has special educational needs and/or disabilities) if they are accessing education in mainstream state-funded schools or colleges. The support on offer includes the following:

- Digital offer – relevant help online
- Community offer- Providing young people with the opportunity to get support outside of the school environment but face-to-face.
- School-based offer – This could include counselling in schools, assessments, and referrals to Child and Adolescent Mental Health Services (CAMHS), where appropriate, and literacy programmes for young people, teachers, and parents.

3.22 **Oral Health Services**

3.23 Two commissioned services sit under the umbrella of oral health. These are the Oral Health Promotion Service and the Dental Epidemiology Survey. These contracts were for 24 months from 1 April 2022 – 31 March 2024. They will be extended by one year so that they end on 31 March 2025 and can then be commissioned to the same timescale as the other services.

3.24 **Service Five: The Northamptonshire Oral Health promotion service**

3.25 The Northamptonshire Oral Health Promotion Service is provided by NHFT, and focuses on the following services:

- A supervised tooth brushing (STB) programme across early years settings - targeting areas where children under 5 years are at greatest risk of poor dental health
- An Oral Health education, training, and support programme to the vulnerable children's workforce and vulnerable adult workforce

- Work in partnership with local organisations and professional groups, including pharmacies, to promote national and local awareness-raising campaigns and target high-risk communities.

3.26 **Service Six: Dental Epidemiology Survey** is a National Dental Epidemiology Programme oral health survey that takes place annually. OHID has responsibility for coordinating these surveys in England as part of the National Dental Epidemiology Programme of annual surveys and works to BASCD standards, which helps to ensure the generalisability of the findings. Responsibility for commissioning the surveys lies with upper-tier local authorities, as set out in Statutory Instrument 3094 (2012). Local authorities that participate in this survey commission dental providers to undertake the fieldwork according to a national protocol.

4. **Financial Information**

This information is contained within Appendix 1 and in accordance with Paragraph 3 of Schedule 12A of the Local Government Act 1972, this information is exempt and the press and public may be excluded from the meeting if it is to be discussed.

5. **Issues and Choices**

5.1 Option appraisal is a crucial process in decision-making, especially in the commissioning of services. It enhances decision quality, reduces risks, optimises resource allocation, and ensures that the chosen option aligns with each authority's objectives and key decision-maker interests.

5.2 Options Appraisal for Recommissioning (Fig. 2)

Fig 2.

| Commissioning Arrangements | Advantages | Disadvantages | Mitigations |
|----------------------------|--|---|---|
| Jointly | <ul style="list-style-type: none"> • Pooling of budget to share resources, funding, and expertise leading to more comprehensive and effective service. • Diverse perspectives and skills that lead to innovative solutions and a more holistic approach to addressing complex issues • Better co-ordination amongst various services, preventing gaps and overlaps and ensuring a seamless service and experience for service users. • Bring in efficiencies and effectiveness around the needs of CYP services on a county-wide level | <ul style="list-style-type: none"> • Coverage will be on a wider Footprint (Northamptonshire) rather than specific local targeted areas. • Complex decision-making with key stakeholders potentially slowing down the process and increasing bureaucracy. • Compromising autonomy in decision-making can be difficult for entities operating collaboratively. | <ul style="list-style-type: none"> • Whilst a wider footprint gives rise to better economies of scale and greater negotiating power of larger commissioning footprint. • Collaboration between stakeholders building trust and strong relationships supports effective and swift decision making. |
| Separately | <ul style="list-style-type: none"> • Each LA has the autonomy to make decisions independently, allowing flexibility in service design, delivery, and adaptation to meet needs. • Quicker response to emerging and changing needs. | <ul style="list-style-type: none"> • Potential lack of efficiency, with reduced economies of scale • Increased financial budget, staffing cost • Increase duplication or gaps in services. | <ul style="list-style-type: none"> • A competitive tender process should give rise to competitive pricing • Collaborative working with commissioners in NNC and WNC should minimize duplication |

| Commissioning Arrangements | Advantages | Disadvantages | Mitigations |
|----------------------------|---|---|--|
| | <ul style="list-style-type: none"> • Innovation and modernization lead the development of diverse service models and approaches to address various needs. • Localised and tailored service with local footprints to better meet localised population needs and target resources where it's needed the most. Service that's flexible to need and demand and uses local community assets/resources. • Better alignment of other services e.g., Family Hubs and youth offers being developed separately in North and West – these contracts are integral parts of the system that need to be joined up • More control over quality, costs, and deliverables | <ul style="list-style-type: none"> • Lack of clarity – Services users may have become accustomed to the idea that services are identical across NNC and WNC | <p>and eliminate the risk of gaps in services</p> <ul style="list-style-type: none"> • Clear communication around the service offer to residents. • Recharge model adding to specification to ensure that service users can freely use services between NNC and WNC. • Service specification to be built around the needs of the population – close working with WNC and NNC commissioners to ensure services are as similar as possible but meeting the needs of the population. |

6.0 Recommendations

The Shared Services Joint Committee is recommended that:

- (i) For services described in this paper that are currently commissioned jointly by NNC and WNC, to continue to be commissioned in this way until 31 March 2025
- (ii) For joint commissioning arrangements to cease on 31 March 2025, with both NNC and WNC commissioning and procuring services independently from this point onwards.

6.1 Reasons for Recommendations:

- 6.2 The separate recommissioning of these services will ensure that the process meets the statutory duties of both NNC and WNC and provides an opportunity to improve and transform the current services and target more resources locally where they are needed, especially in those areas most in need.
- 6.3 Both NNC and WNC both have sufficient commissioning staff and time to increase market interest, by carrying out soft market testing creating competition, and opening up dialogue with current, new, and emerging providers through market engagement events. These may be different in NNC compared to WNC.
- 6.4 Commissioners will ensure that engagement and involvement of current service users, families, practitioners and providers are considered to develop the service model and pathway for Children and Young People services.
- 6.5 Commissioners will ensure that the Children and Young People services are better aligned with current services in different parts of Northamptonshire (e.g. integrated Family Hub ambitions (hub and spoke) and the youth offer).

7 Next Steps

- 7.1 This report will be presented to SSJC on 17th January 2024 to agree the disaggregation on the joint arrangement currently in place.
- 7.2 Commissioners will work with procurement to establish a procurement and commissioning timeline.
- 7.3 Commissioners will develop a wide range engagement and consultation plan.
- 7.4 Commissioners will develop task and finish groups/working group to develop and agree the service models that are fit for purpose on a local level.
- 7.5 Commissioners will recommission all six contracts to commence on 1st April 2025 through an open and competitive tendering process.
- 7.6 As part of the recommissioning process, commissioners may reduce the number of contracts contained within these separate contracts, for these services, offering a more robust, needs-led holistic, and responsive service model, that meets underserved (hard-to-reach) communities/neighbourhoods including the rural and disadvantaged communities that exist in NNC and WNC.

8 Implications (including financial/legal implications)

8.1 Resources, Financial, and Transformation

This report is seeking an initial decision regarding if the North and West contracts above Grand Total estimated annual value of £17.4m, North £8.5m West £8.9m (currently hosted by North) should now be contracted separately from 01/04/25. The funding for the above is currently all funded from the Public Health Grant funded by each local authority as set out under 4.1.

8.2 Four of the 6 contracts are fully funded by each Council's ringfenced Public Health Grant, and the current contract value reflects the budget allocated to each service in both Councils' public health budgets. The two Oral Health contracts are partly funded by ring-fenced grants received from Northamptonshire ICB, with the remainder funded by the respective Council's Public Health Grant.

8.3 Legal implications

8.4 The joint commissioning arrangement between NNC and WNC can continue until 31 March 2025. This complies with the Inter Authority Agreement between NNC and WNC dated 30 March 2021 which allows the joint commissioning arrangements.

8.5 Since the joint commissioning arrangement ends on 31 March 2025, NNC and WNC should engage the procurement team's as soon as reasonably possible to start working on the re-procurement of the services, to ensure that the services are procured in compliance with the Public Contract Regulations 2015 (as amended).

Risks

Fig.3

| Risks | Mitigations | Residual Risk |
|---|--|---------------|
| Performance issues in current contracts | Service improvement is looking at key areas of performance to increase delivery this will take place to ensure service delivery and quality is maintained | Medium |
| Commissioning and procurement | The commissioners will pull together a working group to ensure the progress is on track and that the model is designed to take into account the findings from various needs analysis and outcomes of engagement with key stakeholders. To ensure the project is tabled at relevant governance boards to get approval to ensure the procurement processes start by February 2024 with a procurement timeline drafted. | Medium |
| The market is not vibrant enough | The intention is to engage with a wider market to stimulate interest and bring in new entrants. | Medium |

9. Consultation

- 9.1 A children's needs analysis has been carried out to understand where the gaps in services are, which will support the recommissioning of the service model/pathways for children and young people services.
- 9.2 A sexual health needs assessment has also been carried out to inform sexual health service recommissioning.
- 9.3 This report will also be shared with the Children's Trust to gain their views.
- 9.4 Further consultation and engagement with users of services, practitioners' offices, and providers will form part of the recommissioning and remodelling process and working groups will be set up to take forward the service specification and model work.
- 9.5 As part of the re-modelling as well as commissioner-led work, there will be robust engagement with key stakeholders including residents/service users. Each service will undertake a service review to inform models and service provision. The CYP services review will support modelling and procurement.

10. Consideration by Executive Advisory Panel

- 10.1 Both NNC and WNC commissioners have engaged in prior discussion and engagement with elected members and have included their views and feedback within the report.
- 10.2 A Joint Executive Board meeting was also held on 20th December which also provided a further opportunity for review and feedback, and agreement to progress to Shared Services Joint Committee in early January 2024.

11. Equality Implications

- 11.1 These contracts will maintain service delivery consistent with the Equality Act 2010.

12. Climate and Environmental Impact

- 12.1 The Council will work with providers to ensure that support is offered in locations local to residents to minimise travel and reduce carbon footprint.

13. Community Impact

- 13.1 These services will maximise community impacts through local employment, apprenticeship, training, and development opportunities within primary care and community-based services to bring social value impact/economic growth where possible.

13.2 Background Papers

- None