



## EXECUTIVE 15<sup>th</sup> February 2024

<b>Report Title</b>	<b>Options Appraisal for Recommissioning Public Health Services</b>
<b>Lead Member</b>	Cllr Gill Mercer, Executive Member Adults, Health, and Wellbeing
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<b>Key Decision</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the decision eligible for call-in by Scrutiny?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there public sector equality duty implications?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Does the report contain confidential or exempt information (whether in appendices or not)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972</b>	Appendix A - 3) Information relating to the financial or business affairs of any particular person (including the authority holding that information).
<b>Which Corporate Plan priority does the report most closely align with?</b>	Green, sustainable environment

### List of Appendices

**Appendix A** – Public Health Grant contract funding details (EXEMPT)

**Appendix B** – A copy of the Climate Change Impact Assessment (CCIA)

## **1. Purpose of Report**

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1.1 The purpose of this paper is to seek authority to go out to procurement. The model of delivery will be determined on a contract-by-contract basis and with delegated authority to the Executive Member for Adults, Health, and Wellbeing. The relevant services are:

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

1.2 The new arrangements need to be in place by 1<sup>st</sup> April 2025.

## **2. Executive Summary**

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2.1 This report provides a brief summary on information relating to the 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
- Dental Epidemiology Survey

2.2 This report also articulates the risks and benefits of providing these services inhouse or commissioned externally.

2.3 The 0-19 Health Visiting, Strong Start, Sexual Health, and REACH service contracts have been jointly commissioned between North and West Northamptonshire Councils since 2019, with an agreement (in 2023) for them to be extended for a further two years ending 31<sup>st</sup> March 2025. Therefore, any new contracts will commence on 1<sup>st</sup> April 2025.

2.4 The Current Dental Epidemiology Survey contract is currently jointly commissioned by North and West Northamptonshire Councils for the period 1<sup>st</sup> April 2022 - 31<sup>st</sup> March 2024, with an option to extend by one-year. This contract will be extended by one-year so that it ends on 31<sup>st</sup> March 2025. It can then be commissioned to the same timescale as the other services listed above.

2.5 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<sup>st</sup> April 2022 – 31<sup>st</sup> March 2024. This can be extended further in line with the planned extension of the CDS contract.

- 2.6 Both NNC and WNC officers are currently 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 Recommendations**

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3.1 It is recommended that the Executive:

i) Approves a procurement process for the following services as set out in the report:

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

ii) That delegated authority be granted to the Executive Member for Adults, Health, and Wellbeing to determine the model of delivery on a contract-by-contract basis.

3.2 Reasons for Recommendations: Approval will ensure an open and robust process as to whether each contract should be provided internally or externally commissioned, and new services are in place by 1<sup>st</sup> April 2025.

3.3 Alternative Options Considered: A report was taken to shared services joint committee on 17<sup>th</sup> January 2024, exploring to either continuing jointly or independently recommission the CYP and sexual health services, it was approved by both NNC and WNC executive members that these services should be disaggregated now from the joint arrangement and separately recommissioning these in order to fit the needs of local population. However, commissioners have now drafted a further option paper to engage with elected members around the option for internal vs external recommissioning.

### **4 Report Background**

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#### **4.1 Historical Context**

4.2 In April 2021, all Northamptonshire Councils were abolished, and 2 new unitary councils were created (North Northamptonshire Council and West Northamptonshire Council). 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 North Northamptonshire Council or West Northamptonshire Council leading on the contract monitoring for an individual contract on behalf of both organisations. The host authority operated under a Memorandum of

Understanding arrangement, although financial accountability was still the responsibility of each organisation.

4.3 The Children and Young People contracts were due to come to an end on 31<sup>st</sup> 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<sup>st</sup> March 2025. This was to allow time for Needs Assessments to be conducted and detailed discussions to take place within both authorities to ensure the best possible recommissioning of the services to commence on 1<sup>st</sup> April 2025.

4.4 In January 2024 a report was taken to Shared Services Joint Committee (SSJC) that agreed that for the services described in this report which are currently jointly commissioned across North and West Northamptonshire, these should be independently commissioned by each individual council from 1<sup>st</sup> April 2025. For North Northamptonshire Council, an options appraisal has been carried out exploring the benefits and risks associated with an in-house option compared to an option where the services continue to be commissioned from an external provider.

#### 4.5 **Service Specific Details**

#### 4.6 **Service One - 0-19 Children and Young People Services**

4.7 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.

#### 4.8 **The Health Visiting Element**

4.9 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

4.10 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 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 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).

#### **4.11 School Nursing Service Element**

4.12 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.

#### **4.13 Infant feeding Service**

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

#### **4.15 Family Nurse Partnership service**

4.16 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.

#### **4.17 Service Two: Strong Start**

4.18 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

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

4.20 Both North and West Northamptonshire Councils 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.)

4.21 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. 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.

#### 4.22 **Service Four: REACH**

4.23 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.

#### **4.24 Service Five and Six: Oral Health Services**

4.25 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<sup>st</sup> April 2022 – 31<sup>st</sup> March 2024. They will be extended by one year so that they end on 31<sup>st</sup> March 2025 and can then be commissioned to the same timescale as the other services.

#### **4.26 The Northamptonshire Oral Health promotion service**

4.27 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.

4.28 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.

## 5 Issues and Choices

- 5.1 The table below presents the advantages and disadvantages of providing the services in house within North Northamptonshire and it is recommended that the Executive to approve to seek authority to go out to procurement, but the model of delivery will be determined on a contract-by-contract basis and with delegated authority to the Executive Member for Adults, Health and Wellbeing.
- 5.2 The advantages and disadvantages for all services are presented collectively in the table below without being service specific.
- 5.3 Options Appraisal for providing service inhouse or externally recommissioning (Fig. 1)**

Figure 1

Commissioning Arrangements	Advantages	Disadvantages
<p><b>In-house provision within NNC</b></p>	<p><b>Increased control and coordination</b> - delivering the service in-house gives greater control over the management, delivery, and coordination of the services. This allows for better integrated planning and management with other internal services such as education and social services. When risks are identified they can be responded to at the earliest opportunity. More coordinated approach to child and adolescent safety, wellbeing and health. Enabling closer collaboration between different professionals involved in supporting children and families, leading to streamlined family approach and improved outcomes.</p> <p><b>Tailored services:</b> In-house provision has the potential to create greater flexibility in designing and tailoring the services to meet the specific needs of the local population. It</p>	<p><b>Increased administrative burden:</b> In-house provision may require the organisation to take on additional administrative responsibilities. This includes tasks such as recruitment and training. As such we would need to have the necessary expertise and capacity to handle these administrative functions effectively.</p> <p><b>Limited expertise:</b> The organisation may not have the specialised expertise and knowledge for safe and effective in-house provision. For example, registered health professionals are needed to deliver against the mandated areas of the 0-19 contract (health visiting, school nursing, sexual and reproductive health). In-house provision would require an investment in training and development programs to maintain staff competencies. Otherwise, there is a risk of compromised service quality. This would also require organisational</p>



Commissioning Arrangements	Advantages	Disadvantages
	<p>also provides the opportunity to respond in a timelier fashion to any findings that become evident through needs assessment etc.</p> <p><b>Cost-efficiencies:</b> In some cases, an in-house providing model can be more cost-effective as by directly managing the service, it can give rise to the potential opportunities to reduce administrative costs associated with contracting out services and negotiating contracts with multiple providers. It may also offer more control over resource allocation, enabling NNC to allocate resources based on local priorities and optimize their use.</p> <p><b>Enhanced accountability:</b> In-house provision can enhance accountability and transparency. Clear performance indicators, quality standards, and outcome measurements for the service can be developed, which can more easily respond to the needs of the population. This accountability can build public trust and confidence in the services provided and demonstrate our commitment to the health and well-being of children and families.</p>	<p>registration with the Care Quality Commission (CQC) and be subjected to annual checks, all of which would require a qualified registered named manager to be in place.</p> <p><b>Risk of service gaps:</b> a lack of capacity or resources to deliver the services effectively, may pose a risk of service gaps and reduced safety and quality of care. Maintaining a high standard of service provision requires adequate staffing levels, ongoing professional development, and effective management systems.</p> <p><b>Reduced flexibility:</b> In-house provision may limit the flexibility to adapt to changing needs and circumstances. External providers often have a broader range of resources and can quickly scale up or down based on demand. They may also have established networks and partnerships that facilitate service delivery. In-house provision may require us to invest in additional resources or face challenges in responding to fluctuations in service utilization or unforeseen events.</p> <p><b>Staffing:</b> Cost implications for the Council re: TUPE of staff with NHS terms and conditions (Agenda for Change). Potential risks in recruiting. De-stablishing existing clinical staffing – clinical staff could leave the field. Added cost pressures in relation to NHS Agenda for Change will increase and will need to be covered by NNC.</p>
<p><b>Commissioning from an</b></p>	<p><b>Flexibility and scalability:</b> External providers often have the capacity to scale their services</p>	<p><b>Potential for fragmented services:</b> When multiple external providers are involved, there is a</p>

Commissioning Arrangements	Advantages	Disadvantages
<p><b>external provider</b></p>	<p>up or down based on demand. This flexibility can be particularly useful in responding to fluctuations in service utilisation or changes in local needs. When the demand for services increases, external providers can often mobilize additional resources more efficiently than an in-house service, ensuring that the needs of the community are met in a timely manner. This is often because they are part of a larger organisation.</p> <p><b>Reduced administrative burden:</b> Commissioning externally can alleviate the administrative burden on the local authority. The responsibility for tasks such as recruitment, training, performance monitoring, and contract management is transferred to the external provider.</p> <p><b>Potential cost savings:</b> Outsourcing can potentially lead to cost savings for the local authority. External providers may have economies of scale, cost efficiencies, and established networks that can result in lower costs compared to running the service in-house. Additionally, outsourcing eliminates the need for the us to invest in infrastructure, equipment, and training programs, which can further reduce costs.</p> <p><b>Access to specialized expertise:</b> External providers often have specialized expertise and experience in delivering these services. They typically employ professionals who are specifically trained and qualified in these areas and therefore</p>	<p>risk of fragmented services and a lack of seamless integration. Different providers may have varying approaches, standards, and levels of service quality. This can make it more challenging to ensure consistency and continuity of care for children and families, as well as coordination with other local authority services. Mitigation could be to deliver integrated service via a single contract with a lead provider.</p> <p><b>Dependency on external providers:</b> If the relationship with the provider deteriorates or the provider is unable to fulfil their contractual obligations, it can result in disruptions to the service and negative impacts on the community. As a LA we often have limited control over the provider's staffing decisions, staff training, and service delivery priorities.</p> <p><b>Potential for higher costs:</b> While outsourcing can bring cost savings more than inhouse services, in some cases, it is not always guaranteed. There may be additional costs associated with contract management, monitoring, and quality assurance. Contractual terms will need to be well negotiated in order to respond to fluctuation in need.</p> <p>An unstable economy makes it difficult to forecast for fluctuation in inflation rates. A robust budget would need to be put in place to manage financial risk.</p> <p>Added cost pressures in relation to NHS Agenda for Change this will increase and will need to be covered by LA.</p>

Commissioning Arrangements	Advantages	Disadvantages
	<p>carry out support and supervision of staff. By commissioning externally, we have the opportunity to tap into this expertise and benefit from the knowledge and skills of experienced professionals. External providers also have their own registered manager and registration already with the Care Quality Commission (CQC).</p> <p><b>Competitive tendering process:</b> commissioners will have sufficient time to increase market interest, create new opportunities for new providers to enter the marketplace through market engagement, and undertake soft market testing to understand their various models and explore value for money and best practice.</p>	

## 6 Next Steps

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- 6.1 Commissioners to work with procurement to establish procurement timelines and establish a governance process.
- 6.2 Commissioners to pull together working groups/task and finish with other service departments e.g., Children Trust and Social Services, Early Help, Family Hubs etc
- 6.3 Commissioners to develop a full coproduction/engagement plan with service users, families, and practitioners and current service providers to improve services and pathways.
- 6.4 Commissioners to lead on the development and agree the service models that are fit for purpose on a local level.
- 6.5 Commissioners to hold a soft market testing event.
- 6.6 Commission all contracts to commence on 1<sup>st</sup> April 2025 through an open and competitive tendering process and where possible, reduce the number of contracts, and ensure all needs are met.

- 6.7 In order to ensure a fully informed decision, a fully costed model of an inhouse service will be developed, to ensure comparative costs are fully understood. This will be brought to a future Executive Committee later in 2024.

## **7 Implications (including financial implications)**

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### **7.1 Resources, Financial and Transformation**

7.1.1 This report is seeking an initial decision to go out to procurement so that the new contracts can commence from 1<sup>st</sup> April 2025. The funding for the above is currently all funded from the Public Health Grant as set out under **Appendix A**.

7.1.2 Four of the six contracts are fully funded by the Council's ringfenced Public Health Grant, and the current contract value reflects the budget allocated to each service. 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.

### **7.2 Legal and Governance**

7.2.1 Having reviewed the contents of this report, legal opinion is that the Services can be provided by an external provider subject to the Services being procured in accordance with the Public Regulations 2015 (as amended).

7.2.2 The implication of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) as amended should be considered before the procurement of the Services.

7.2.3 If TUPE applies, relevant TUPE provisions (as it affects both the NNC and the potential provider) should be set out in the tender documents and the service contract to be executed between the parties.

7.2.4 Any contract award should also be compliant with grant funding conditions

### **7.3 Relevant Policies and Plans**

7.3.1 Active fulfilling lives. By supporting people to live independent and fulfilling lives with targeted health support.

7.3.2 Building brighter futures as we continuously strive to ensure every child has equal access to a high standard of education and we will support disadvantaged and vulnerable children to help them grow their skills, confidence and abilities.

7.3.3 Connecting communities. North Northamptonshire are always looking to find effective ways of connecting with our communities.

7.3.4 Modern public services Continuing to level up our services to meet minimum expected standards.

7.3.5 Meeting these objectives will assist the council in meeting its commitments as stated in the [Corporate Plan 2021/25](#).

## 7.4 Risks

**Fig.2**

Risks	Mitigations	Residual Risk
Commissioning and procurement	The commissioner will pull together a working group to ensure the progress is on track. To ensure the project is tabled at relevant governance boards to get approval to ensure the procurement processes start as soon as possible. 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

## 7.5 Consultation

7.5.1 Both North and West Northamptonshire Council commissioners have engaged in prior discussion and engagement with elected members and have included their views and feedback within the report during October 2023 onwards. A Joint Executive Board meeting was also held on 20<sup>th</sup> December which also provided a further opportunity for elected members across both NNC and WNC to review and feedback and agree to progress to Shared Services Joint Committee in early January 2024 on recommissioning the services jointly or independently.

7.5.2 A children's needs analysis has been carried out to understand where the gaps in services which will support the commissioning of the service model/pathways for children and young people services.

7.5.3 Sexual health needs analysis has been carried out so the identified gaps will be incorporated within the new service

7.5.4 This report will also be shared with the Children's Trust to gain their views.

7.5.5 Further consultation and engagement with users of services, practitioners' offices, and providers will form part of the commissioning and remodelling process. Working groups will be set up to take forward the service specification and model work.

7.5.6 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.

## 7.6 Consideration by Executive Advisory Panel

7.6.1 This report has not been considered by an Executive Advisory Panel.

## 7.7 Consideration by Scrutiny

7.7.1 This report has not been considered by the Council's scrutiny function.

## 7.8 Equality Implications

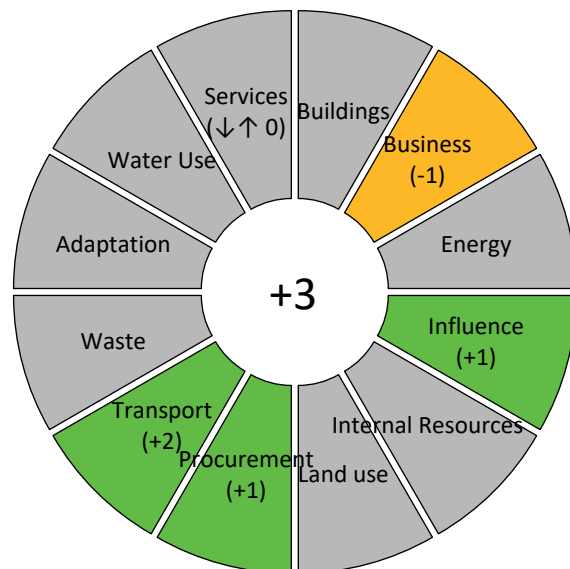
7.8.1 These contracts will maintain service delivery against the Equality Act 2010.

## 7.9 Climate Impact

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

7.9.2 With the Council's declaration of a climate emergency in July 2021 and the approval of the Carbon Management Plan in December 2022, we have committed to working towards becoming a carbon neutral council by 2030.

### 7.9.3 Figure 3 Carbon Climate Management Tool



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North Northamptonshire Council has committed to being a carbon neutral organisation by 2030, 5 yrs & 11 mos away.

## 7.10 **Community Impact**

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

## 7.10 **Crime and Disorder Impact**

- 7.10.1 Allowing North Northamptonshire Council to work independently will allow us to build better local partnerships with agencies such as the police, youth offending service, social workers, and education authorities. Under Section 17 of the Crime and Disorder Act 1998 any criminal behaviour will be reported directly to the police either by a provider or North Northamptonshire Council.

## **8 Background Papers**

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- 8.1 None