

Commissioning Healthy Schools Services

To: Children and Young People Committee

Meeting Date: 11 October 2022

From: Director of Public Health

Electoral division(s): All

Key decision: Yes

Forward Plan ref: KD2022074

Outcome: The Committee is asked to consider and support the proposals in this paper for the future commissioning of the Healthy School Service and the development of school-based services.

Recommendation: The Committee is recommended to agree:

- a) To extend the current contract with Everyone Health, the current Healthy Schools provider until 31 March 2024, to allow for the review and re-procurement as detailed in this paper. This short-term extension is permitted under Public Contract Regulations (2015) Regulation 72.
- b) To review the Healthy Schools Service alongside school nursing and other school related services to identify a school-based service model that will contribute to improvements in health outcomes for children and young people.
- c) That the outcomes of the review are reported back to Committee along with the recommended commissioning approach.

Voting arrangements: Co-opted member of the committee are eligible to vote on this item.

Officer contact:

Name: Val Thomas

Post: Deputy Director of Public Health

Email: val.thomas@cambridgeshire.gov.uk

Tel: 07884 183374

Member contacts:

Names: Councillor Bryony Goodliffe

Post: Chair

Email: bryony.goodliffe@cambridgeshire.gov.uk

Tel: 01223 706398

1. Background

- 1.1 In 2018, Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) jointly commissioned a Healthy Schools Service. The commission reflects the vital role schools have in promoting pupils' physical, emotional, and mental health and wellbeing. They can support children, young people, their families, and carers to become aware of the importance of adopting healthy behaviours. This Service enables schools to embed whole school approaches to embedding health and wellbeing throughout the curriculum, facilitates a network of partners to support schools with all aspects of the health, wellbeing, and safety agenda, and provides specific interventions on nutrition and smoking prevention.
- 1.2 The existing contract was awarded to Everyone Health on an initial 3-year term, from 1st September 2018 to 31st August 2021. However, built into the contract was the option for 2x 12-month extensions, under the same terms and conditions. Extension has been granted for the full 24-months, exhausting the ability for any further extensions. The annual value of the contract was £227,000 per annum that included £148,520 from CCC and £58,280 from PCC. Total contract value for the five years is £1,135,000.
- 1.3 This paper presents the current contextual strategic landscape and related commissioned services as factors that will need consideration prior to re-commissioning the Healthy Schools Services. The recommendations found in this paper reflect these considerations.

2. Main Issues

- 2.1 The Health and Well Being Board (HW&B) and Integrated Care System (ICS) Health and Well Being Strategy has a strong focus on outcomes for Children and Young People (CYP). The Health Schools Service aligns and supports the Health and Well Being Strategy priority: **"We will achieve better outcomes for our children."**
- 2.2 There is clear evidence that schools are key in achieving the health and wellbeing outcomes. There is also an association between children's health and wellbeing and educational attainment, acknowledging that when children are healthy and happy at school, they can also achieve more. There are a number of services and interventions across Cambridgeshire and Peterborough that target schools with support for their health and wellbeing interventions that require review and assessment in relation to the evidence base and their effectiveness in improving outcomes. This will have focus upon Public Health commissioned services but does not exclude services commissioned from other parts of the system to identify synergies and opportunities. It will also consider other information/date sources and will be informed by a population health management approach.
- 2.3 Public Health is responsible for commissioning school nurse services as part of the Healthy Child Programme (HCP) 0-19 years. The current Section 75 agreement for the HCP ends on March 31, 2024, and the intention is to review school nursing provision prior to any new commissioning arrangement.
- 2.4 There are other services that support schools which are commissioned by different organisations such as CYP mental health services e.g. Emotional Health and Wellbeing Service and the Keep Your Head website. These services will be included in the review.

- 2.5 The Local Authority will receive the results of the Health-Related Behaviour Survey in Autumn 2022. This survey is commissioned by the Public Health directorate bi-annually to aid individual schools and the Local Authority in understanding the health-related behaviours of secondary school children in years 8 and 10 across Cambridgeshire and Peterborough. It allows us to track trends, identify, any changes to behaviours and tailor interventions to target any negative health and behaviour trends. Its findings will help shape any new service model(s).
- 2.6 The impacts of Covid-19 on the Education sector are still emerging, but insights indicate that these are far reaching and will persist for a number of years. This is a clear need to continue to support schools to embed whole school approaches to health and wellbeing and promote the development of key skills to adopt healthy behaviours along with instilling resilience in children, young people, and their school communities. However it is important that the best model in terms of proven effectiveness and cost-effectiveness which ensures the best use of our finite resources across the system is adopted.
- 2.7 The review will identify any opportunities to align commissioning opportunities between the Healthy Schools Service and the HCP, also potentially any other services. Consequently it will be necessary to establish a contractual arrangement beyond the current Healthy Schools Service agreement by seven months September 1, 2023, until March 31, 2024. This has been discussed with the Head of Procurement and Commercial who confirmed that in view of the relatively short time frame and value a direct award could be made under legislation as the best way forward. (Regulation 72 of the Public Contract Regulations 2015).
- 2.8 The Healthy Schools Service has a wide set of key performance indicators that measure its impact as a service upon schools, system wide measures, for example county initiatives on gambling or the Junior Travel Ambassador Programme. Its performance has strengthened over the course of the contract and there are not currently any concerns. The Service also provides leadership, facilitation, and acts as a catalyst for work across a wide network of partners. This collaboration leads to collective support for schools to embed whole school initiatives to improve the health and wellbeing of pupils and the wider school community:
- 2.9 There is another consideration relating to the imminent changes in procurement legislation. In a local authority the usual approach to tendering for a commission of this scale would be a competitive procurement. However there will be new regulations for the commissioning of health services that apply to both the NHS and local authority commissioning of health and public health services. These will have implications for both the approach and timing of the re-commission. See Appendix 1 for summary of current information about the new Regulations. The regulations were scheduled to be introduced during 2022/23 but have been delayed. Currently not all the details are available but there are implications and expectations for local authority public health commissioning. The new regulations have been discussed with procurement and legal as there are concerns relating to challenges or detailed criteria that cannot be fully answered until the full Regulatory Guidance is released.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

The following bullet point sets out details of implications identified by officers:

- The contracting decisions involved in the commissioning of any new school based/related services will consider net zero to reduce carbon emissions, and include environmental criteria

3.2 Health and Care

The following bullet points set out details of implications identified by officers:

- The services described in this paper support the delivery the Health and Wellbeing Board Strategy priority to improve the health and wellbeing of children and young people.
- The aim of services considered are to improve outcomes and combat health inequalities based on population health management across the county.

3.3 Places and Communities

The following bullet point sets out details of implications identified by officers:

- The review of services and proposals developed ensure that the schools and their communities are included.

3.4 Children and Young People

- The report above sets out details of significant implications in 1.1, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.9

3.5 Transport

The following bullet point sets out details of implications identified by officers:

- Current commissioned school related services and any future proposed commissions will be assessed for their inclusion of active travel and physical activity interventions.

4. Significant Implications

4.1 Resource Implications

- The report above sets out details of significant implications in 1.2

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet point sets out details of significant implications identified by officers:

The proposed short contract extension falls under Regulation 72 of the Public Contract Regulations (2015).

4.3 Statutory, Legal and Risk Implications

The following bullet point sets out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and where necessary presented to the Children and Young People Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet point sets out details of significant implications identified by officers:

- The Healthy Schools Service and the HCP are commissioned as universal services. Staff in the services are especially aware of diversity and they are trained to understand the barriers that some diverse groups face.

4.5 Engagement and Communications Implications

The following bullet points set out details of significant implications identified by officers:

- The review of services and subsequent service developments will include consultation with stakeholders and the CYP Committee.
- The CYP Committee has the authority to approve any service commissioning related to children

4.6 Localism and Local Member Involvement

The following bullet point sets out details of significant implications identified by officers:

- We will work with local members to champion and promote the service at a local level and to identify any barriers to access and uptake.

4.7 Public Health Implications

- The report above sets out details of significant implications in 1.1, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6.

4.8 Environment and Climate Change Implications on Priority Areas

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Status: neutral

Explanation: Not influenced by the Service

4.8.2 Implication 2: Low carbon transport.

Positive Status: Positive

Explanation: Contracts will include a requirement to use energy efficient forms of transport and active travel

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.

Status: Neutral

Explanation: Not influenced by the Service

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Status: Neutral

Explanation: Not influenced by the Service

4.8.5 Implication 5: Water use, availability, and management:

Status: Neutral

Explanation: Not influenced by the Service

4.8.6 Implication 6: Air Pollution.

Status: Positive

Explanation: Contracts will include a requirement to use energy efficient forms of transport and active travel

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Status: Positive

Explanation: Commissioned school-based services are required to promote healthy behaviours which includes active travel and teaching about its impact upon the environment.

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley 22/09/2022

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? Yes

Name of Officer: Clare Ellis 21/09/2022

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? Yes

Name of Legal Officer: Fiona McMillan 21/09/2022

Have the equality and diversity implications been cleared by your EqIA Super User?

Yes

Name of Officer: Jyoti Atri 30/09/2022

Have any engagement and communication implications been cleared by Communications?

Yes

Name of Officer: Karen Newton 22/09/2022

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Jyoti Atri 30/09/2022

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Jyoti Atri 30/09/2022

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer? Yes

Name of Officer: Emily Bolton 28/07/2022

5. Source documents guidance

5.1 None

Appendix 1: Changes to the Regulations Governing the Commissioning and Procurement of Health Services

1. Introduction.

These regulations were scheduled to be introduced during 2022/23 but have been delayed. Currently not all of the details are available but there are implications and expectations governing local authority public health commissioning. This new Provider Selection Regime information is based on Department of Health and Social Care webinars and consultation documents to date along with advice and information from CCC Procurement (Sarah Fuller) and PCC legal (Natalie Mout). There are concerns relating to challenges or detailed criteria etc. that cannot be fully answered until the full Regulatory Guidance is released.

2. Organisations and services subject to the new regulations

It will apply to any provider delivering healthcare services and will apply to healthcare services commissioned by local authorities as well as those commissioned by the NHS.

The new Provider Selection Regime will govern:

- integrated care boards (ICBs) when commissioning healthcare services for the purposes of the health service (whether NHS or public health)
- NHS England when commissioning healthcare for the purposes of the health service (whether NHS or public health)
- local authorities and combined authorities when arranging healthcare services as part of their public health functions
- local authorities and combined authorities when arranging NHS healthcare services as part of section 75 partnership arrangements with the NHS
- NHS trusts and foundation trusts when arranging the provision of healthcare services by other providers

The Provider Selection Regime is not intended to apply to:

- social care services when not procured alongside healthcare services in a single contract
- essential and advanced pharmaceutical services arranged under the terms of the community pharmacy contract framework (CPCF)
- procurement of goods or medicines
- non-healthcare services (for example, business consultancy, catering, hospital bedding services, public health marketing campaigns)

3. Proposed procurement options

A number of procurement options have been proposed . These will require criteria to enable any decisions to be made.

Department of Health and Social Care (DHSC) have provided some high-level criteria.

- Quality (safety, effectiveness, and experience) and innovation
- Integration, collaboration, and service sustainability
- Access, inequalities, and choice
- Value

- Social Value

More guidance is required, however it seems that decision making bodies must decide if and how they prioritise and balance the above criteria, to best reflect their intentions, and apply the regime proportionately to reflect the scale, cost and significance of the services being arranged.

4. Procurement Option 1

Continuation of existing arrangements:

This can be used in the following circumstances.

1A – the type of service means there is no realistic alternative to the current provider or group of providers

1B – alternative providers are already available to patients (for example, where patient choice arrangements allow patients to choose providers) including for core primary care services commissioned on the basis of continuous contracts (for example, where patients have the right to exercise choice at the point of registration with a GP surgery)

1C – the incumbent provider or group of providers is judged by the decision-making body to be doing a good job (in relation to the key decision-making criteria for this regime), is likely to continue to do so, and the service is not changing considerably. If decision-makers want to use circumstance 1C, they will need to establish that the service is not changing 'considerably', and that the incumbent provider is doing a good job.

However this route should not be used where services are new; are changing considerably; or where the incumbent is performing poorly, and other providers are available.

More guidance is needed about what this means in terms of how certain services will be classified and how to apply it in practice is required.

5. Procurement Option 2

A provider may be identified without a competitive procurement:

The commissioner would identify the most suitable provider when the decision-maker wants to use a new provider or for new or substantially changed arrangement. This is in circumstances where existing arrangements need to change considerably; where the incumbent is no longer able/wants to provide the service; or where the decision-making body wants to use a different provider and the decision-making body considers it can identify a suitable provider without running a competitive procurement process.

This will be challenge to LA procurement practice. The documentation defines the 'health service' as in section 1(1) of the National Health Service Act 2006 (NHS Act 2006):

“comprehensive health service designed to secure improvement in the physical and mental health of the people of England, and in the prevention, diagnosis and treatment of physical and mental illness.”

This definition refers to the NHS, and to the comprehensive health service that is provided in pursuance of the public health functions of local authorities under the 2006 Act.

In general terms, this means the rules will apply when:

- a decision-making body is commissioning or sub-contracting a healthcare service (whether NHS or public health) provided to an individual, to improve their physical or mental health
- the service is part of the NHS arrangements established under the NHS Act 2006

The intention is that this approach should be followed where the decision-making body is changing a service or existing contract, or where one of the following applies:

- a brand-new service is being arranged
- the incumbent no longer wants to or is no longer able to provide the services
- the decision-making body wants to use a different provider for any reason
- the decision-making body wants to reassess available providers (even where the services are not changing) without undertaking a competitive procurement

To use this route, decision-making bodies will need to:

- prioritise and weight the key criteria for the service in question
- use their established knowledge of available providers to give due consideration to how each performs with regard to each of the criteria
- be satisfied that they can justify that the provider they are proposing to select is the most suitable provider by reference to the key criteria
- If after doing this, the decision-making body has reasonable grounds to believe that one provider or group of providers is the most suitable (which may or may not be the incumbent), they will be able to proceed with the process to award the contract directly, in line with the transparency and scrutiny requirements

The statutory guidance will set out what constitutes a ‘considerable’ change to a service.

6. Procurement Option 3

Competitive procurement:

This is for situations where the decision-making body cannot identify a single provider or group of providers that is most suitable without running a competitive process; or to test the market.

When using this route, decision-making bodies must:

- establish what the key criteria are for the service in question, including any prioritisation and weighting

- develop these into a tender specification and formally advertise the opportunity to bid
- have regard to relevant best practice and guidance to ensure the tender process open and fair, conducted with integrity, aimed at delivering maximum benefit and value for money
- evaluate tender bids against key criteria and compare tender bids. Decision-making bodies will need to keep records of these considerations
- if after doing this, the decision-making body identifies a provider or group of providers they want to award a contract to, they may proceed with the process to award the contract in line with the transparency and scrutiny requirements