


<b>Health and Wellbeing Board</b> Wednesday 26 <sup>th</sup> July 2017	 Tower Hamlets <b>Health and Wellbeing Board</b>
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Briefing on re-commissioning of the School Health service and Child and Family Weight Management service</b>	

<b>Lead Officer</b>	<b>Abigail Knight, Associate Director of Public Health, Children and Families</b>
<b>Contact Officers</b>	As above
<b>Executive Key Decision?</b>	No

## Summary

The School Health service and the Children and Family Weight Management service are funded from the local authority public health grant and are both moving into the final year of three year contracts and so will need to be re-commissioned. The contract for the School Health service ends on 30<sup>th</sup> April 2018 and the contract for the Child and Family Weight Management service ends on 31<sup>st</sup> January 2018.

A business case was agreed at Adults DLT and Cabinet, November – December 2016, that proposed that in the region of £265,000 savings should be made from these two contracts and that, by developing a specification for a new integrated service, efficiencies could be made to mitigate some of the impact of making this level of savings. This would build on partnership working that has already been developed across these two services.

It is proposed that funding for the core School Health service should not be reduced as this is an essential Universal service that carries high levels of risk and is experiencing increasing demand as the number of schools increase.

It is therefore proposed that these savings should be found by changing the approach to child and family weight management where, despite good performance from the current provider in terms of partnership development and service delivery, outcomes in term of maintenance or reduction of body mass index (BMI) remains poor. This would appear to reflect the intrinsic difficulty in achieving weight loss once a child has become overweight and reinforces the need for a preventive and system-wide approach, strengthening the capability of frontline staff across services (including health, schools, local authority and community organisations) to provide consistent messages and support on child nutrition, physical activity and healthy weight.

This approach is consistent with our strategy of taking a ‘whole systems’ approach to tackling childhood obesity. The school health service would then become a

coordinating function to upskill staff across the system and provide a point of contact for children and parents.

**Recommendations:**

The Health & Wellbeing Board is recommended to:

1. Review the briefing and comment on the proposed new model.

## **1. REASONS FOR THE DECISIONS**

- 1.1 There is no specific decision for the Board. The purpose of the paper is to consult on the proposed new model for school health and child weight management services.

## **2. ALTERNATIVE OPTIONS**

- 2.1 The alternative option would be to not bring this to the Board. Given the importance of the school health and child weight management services, this would miss a significant opportunity to consult with key stakeholders on a new service model.

## **3. DETAILS OF REPORT**

- 3.1 The current annual contract values are School Health service £1,580,919 and Child and Family Weight Management service £386,615. It is proposed that the contract value for the new integrated School Health and Wellbeing service should be approximately £1,640,000.
- 3.2 The current Child and Family Weight Management service also includes a service for post natal mothers and children aged under-5 years. It is proposed that a new specification for this aspect of the service should be developed, with an approximate annual value of £60,000, and added to the Health Visiting service as a contract variation in 2018/19. This will then be included in a new integrated specification that will include the Health Visiting service and Family Nurse Partnership that will be developed during 2018/19.
- 3.3 There is a three month gap between the end of the Child and Family Weight Management service contract and the end of the School Health service contract. A decision will have to be made on whether to have a short break in service for child and weight management or to extend the contract. If the decision is made for a short contract extension, this could be for the aspects of the service that will be incorporated into the new specifications, rather than for the whole service.
- 3.4 Proposed additions to the School Health and Wellbeing contract include:
- Reviewing the current School Health service to ensure good practice is incorporated in the new service;
  - Child weight management coordination and nutrition input;
  - Training delivered to school nurses on healthy weight and nutrition;
  - Building on the existing “care pathway” from the national child measurement programme that weighs children ages 5 and 10-11 with a greater focus on family involvement;
  - Working closely with Head Teachers and staff and improving communication about children’s health to parents and within school;
  - Closer working with the Council’s Healthy Lives (Schools) team on the adoption of an approach to healthy weight in children that engages all a school’s departments and staff.

- 3.5 Proposed additions to the Health Visiting contract include:
- Additional resource for coordination, and nutritional advice;
  - Training for staff on nutritional and weight management support.
- 3.6 A number of other London Boroughs have taken or are considering a similar approach, i.e. integrating school health and child weight management, and it will be important to learn from their experience. There is a London Children and Young People Public Health network that provides a useful forum for sharing this type of learning. We are also contacting a number of Boroughs directly to request examples of new integrated service specifications and any available evaluation or data on service outcomes.
- 3.7 There will be a public consultation on the new service model to specifically include children, parents, postnatal women, head teachers and children and families partnership services. Recommendations from the previous engagement process (The Healthy Child Review) are still be relevant and will be revisited as part of this re-procurement.

#### **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 The integration of the Schools Health contract with the Child and Family Weights Management service contract as part of the re-commissioning of both contracts in 2018 will help build on partnership working that has already been developed across these two services whilst also allowing for the realisation of a financial savings of £265,000.
- 4.2 Due to the end dates of the Schools Health contract and the Child and Family Weights Management service contract not being conterminous, a decision needs to be made early to give notice to the Child and Family Weights Management service provider on whether the contract will be extended for a short period or if there will be a short break in service till the proposed integrated contract is procured.
- 4.3 Although there may be a service delivery risk by integrating both services into one contract, learning from other boroughs that have adopted similar models may help mitigate such risks by ensuring the service specification is robust.
- 4.4 There is also a risk that the proposed contract value (£1,640,000) for the integrated contract will not be sufficient to attract the right number of providers to tender for it considering the number of proposed additions to the contract terms. This is a risk that will be managed during the procurement process and should there be a significant difference between the proposed contract price and the current budget, this will need to be reviewed as part of the budget management process.

#### **5. LEGAL COMMENTS**

- 5.1 The Council has an obligation as a best value authority under section 3 of the Local Government Act 1999 to “make arrangements to secure continuous

improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness". This obligation extends to the purchase of all goods works and services. The Council meets this obligation by subjecting the purchase to the appropriate level of competition.

- 5.2 Local authorities became legally responsible for the commissioning and delivery of certain public health functions in accordance with the Health and Social Care Act 2012. This implemented a change to the National Health Service Act 2006 and in particular the insertion of section 2B which provides both the power and the obligation on the Council to "take such steps as it considers appropriate for improving the health of the people in its area". Also entering into a contract for the provision of these services is either in pursuit of that function or is to "facilitate, or is conducive or incidental to, the discharge of" that function in accordance with section 111 of the Local Government Act 1972.
- 5.3 The Council is obliged by the Public Contracts Regulations 2015 to submit certain procurements to advertising and methods of procurement in accordance with these regulations. However, these services are of a type which falls into Schedule 3 of the regulations which means that whilst the regulations still apply the formalities of the procurements are less stringent.
- 5.4 In respect of Schedule 3 services the regulations apply to a procurement that has a value greater than £589,148. Therefore, the regulations apply to this procurement and so the opportunity must be advertised at a European level
- 5.5 However, in these circumstances Schedule 3 services' procurements are only subject to a "light touch regime". It is still poorly defined in the law as to what counts as a "light touch regime", but broadly speaking this means a procurement process whose parameters in all respects (time for response, evaluation criteria, evaluation methodology as examples) were simply those that were fair open and transparent.
- 5.6 In order to satisfy the Best Value duty in accordance with Section 3 Local Government Act 1999 as detailed above, the Council must ensure that it awards the contract on the Most Economically Advantageous Tender basis. This means awarding to the provider that has attained the best score on a blend of quality and price and in accordance with the advertised evaluation criteria. Also, the Council should ensure that appropriate clauses are present in the contract and appropriate resources have been allocated to provide for the monitoring of the contract to ensure that the outcomes detailed in the specification are achieved.
- 5.7 Consideration must be given to a short term one off contract for a period of three months that would be required in order to ensure both contracts co-terminate prior to the commencement of this integrated service. An unprocured short term contract would be a technical breach of the Council's Procurement Law duties. However, it is notable that the intention behind the short term contract is to allow for a practical approach to the subsequent

procurement rather than to specifically avoid competition. Also, bearing in mind that the new Procurement itself is underway, in the event that any challenge is mounted based upon the loss of business opportunity such a challenge would only be transitory in nature and represent little financial risk to the Council.

- 5.8 When carrying out the procurement exercise, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't (the public sector equality duty).
- 5.9 The nature of the public sector equality duty is that the Council must carry out all reasonable activities to ensure that it has a proper understanding of how the effects of any changes in contracting affect any person who have a protected characteristic and to have regard for such effects when making the decisions.
- 5.10 Such activities may include desktop assessments and consultation with affected persons, and their families in order for the Council to gain the proper understanding required to absolve this duty.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1.1 While there are differences in the prevalence of overweight and obesity between ethnic groups, by gender and by socio-economic group, with the highest prevalence in Tower Hamlets seen in Bangladeshi boys, Black boys and girls and children from low income families, this is an issue that affects all population groups and so needs to be addressed through universal services. It will also be important to monitor the impact of these proposed service changes on inequalities and to consider how to target training and support to services and organisations that have closest links with high risk groups.

## **7. BEST VALUE (BV) IMPLICATIONS**

- 7.1.1 These proposed savings are required to meet the savings targets in the Medium Term Financial Strategy (MTFS).

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 8.1 There are no direct implications

## **9. RISK MANAGEMENT IMPLICATIONS**

- 9.1 This proposal will result in a loss of services as there will no longer be the capacity to run child weight management groups. There is a risk that this could reduce our ability to halt or slow down the increase in child overweight and obesity.

This will be mitigated by expertise on child nutrition, physical activity and healthy weight being integrated into a wider range of frontline services supported by specialist posts that will focus on system leadership and training.

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

10.1 No specific actions

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

NONE

#### **Officer contact details for documents:**

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