



Executive Decision Report

Decision maker(s) at each authority and date of Cabinet meeting, Cabinet Member meeting or (in the case of individual Cabinet Member decisions) the earliest date the decision will be taken		
	Cllr Mary Weale Cabinet Member for Adult Social Care, Public Health and Environmental Health Date of decision: Forward Plan reference: <i>04880/16/A/AB</i>	 THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA
	Cllr Rachael Robathan, Cabinet Member for Adults & Public Health Date of formal issue: 18 October 2016	 City of Westminster
Report title (decision subject)	Request for approval to award Contract for School Health Services	
Reporting officer	Elizabeth Dunsford - Public Health Commissioner Healthy Weight & Schools Public Health London Borough of Hammersmith and Fulham Royal Borough of Kensington and Chelsea Westminster City Council Tel and Mob: 020 7641 4655. Email: edunsford@westminster.gov.uk	
Category Manager	Toni Peters	
Key decision	Yes	
Access to information classification	Public – with confidential Appendix A, which provides exempt information relating to the financial or business affairs of any particular person (including the authority holding that information)	

1. EXECUTIVE SUMMARY

- 1.1. This report provides a summary of the outcome of the procurement for the Provision of School Health Services contract. The procurement followed an OJEU open procedure in compliance with the EU procurement directives.
- 1.2. The new service model was developed after a comprehensive service review, consultation and engagement with key stakeholders including schools, young people, CCGs and Children services.
- 1.3. The new services will provide a more equitable efficient, evidence based and consistent service and improve outcomes for school aged children as part of a joint agenda between Public Health (PH) and Children's Services.
- 1.4. Westminster City Council (WCC) as a lead Authority undertook a competitive tendering procurement on behalf of itself, the London Borough of Hammersmith and Fulham (H&F) and the Royal Borough of Kensington and Chelsea (RBKC) for the provision of School Health Services.
- 1.5. The outcome of the ITT evaluation has shown the recommended provider to be the most suitable supplier based on the best technical and commercial scores.
- 1.6. Westminster City Council has awarded a Framework Agreement ("Framework") to the recommended provider for the period of three years, with the option to extend for a possible two years (1+1).
- 1.7. The Westminster City Council and the Royal Borough of Kensington and Chelsea are recommended to call off the Framework and enter into a contract with the recommended provider to deliver these services.

2. RECOMMENDATIONS

Westminster City Council:

That the Cabinet Member for Adults & Public Health agrees:

- 2.1 That Appendix A be exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
- 2.2 To award a call-off from the Framework to the recommended provider for a period of 3 years at a total value of £4,509,391.97 with the option to extend for two years on an annual basis at an additional value of £3,109,860.00.

Kensington and Chelsea:

- 2.3 That Cabinet Member for Adult Social Care and Public Health awards a call-off contract from the Framework to the recommended provider for a period of 3 years at a value of £2,636,992.14 with the option to extend for further two years on annual basis at an additional value of £1,818,398.00.

3. REASONS FOR DECISION

- 3.1. The current contracts for the provision of School Nursing Services expire on 31 March 2017. The new Framework and call off contracts will operate under a new specification model and with refined KPIs at a lower cost to the current contract.
- 3.2. The recommended award of contract will ensure that the associated savings derived from this procurement will be redirected as appropriate to Public Health (PH) priorities within the wider council.
- 3.3. The outcome of the ITT evaluation has shown the recommend provider to be the most suitable supplier based on the best technical and commercial scores.

4. BACKGROUND

- 4.1. The award of the framework agreement provides the three boroughs with the opportunity to award call-off contracts; one for each borough. The services commissioned will improve the health and wellbeing and reduce the health inequalities of children and young people who attend state schools in the three boroughs by:
- Leading and providing a range of services including mandated services such as the National Child Measurement Programme (NCMP), Relationships and Sex Education and contributing to Education and Healthcare Plans (EHC) for children with Special Educational Needs (SEN).
 - Contributing, coordinating and facilitating access to services such as parent/carers and school staff health information and advice; Family Healthy Weight services; Sexual Health Services and
 - Enabling, connecting and improving access to services by building relationships and partnerships with GPs, Health Visitors, social care workers and other relevant local players.
- 4.2. The current contract was let in 2014 and a direct award contract granted to the incumbent provider until 31 March 2017.
- 4.3. The School Nursing Service provided by the current provider is highly valued by schools. School Nurses work in teams to supervise and lead the delivery of universal and mandated elements of the Healthy Child Programme 5-19 which includes health screening; health needs assessment and the National Child

Measurement Programme. In addition they input into the school health care plans of children with long term conditions and play a key role in safeguarding.

- 4.4. At present these core requirements are being delivered for the 50,000 (approx.) pupils attending publicly funded schools across the three boroughs. 2014-15 School Nursing performance data shows that around 6,000 (12% of the total) are vulnerable school aged children with additional needs or with child protection concerns who comprise the main School Nursing caseload. Significant School Nurse time is spent attending child protection case conferences, and supporting access to other services e.g. mental health or sexual health services.
- 4.5. The market for school health services is emergent. This is the first time this service has been put out to competitive tender.

5. PROCUREMENT STRATEGY

- 5.1. A PIN notice was placed in the OJEU and on the capitalesourcing portal to advertise a supplier engagement event which was held on the 20th July 2015.
- 5.2. The event was held in order to inform suppliers of the proposed service model and to gain feedback and comments on the model, proposed contract length and proposed price: quality split. The event was attended by 8 organisations.
- 5.3. The approach to market was via an OJEU Open Tender approved by CAB on 13th October 2015.
- 5.4. A price/quality ratio of 40%/60% was applied to the scoring of returned tenders.
- 5.5. The over ranking of responses from each organisation was determined by combining the marks out of 60 for capability and 40 for cost to give a total score out of 100.

6. PROPOSALS

- 6.1. The outcome of the ITT evaluation has shown the recommended provider to be the most suitable supplier based on the best technical and commercial scores.

Non-Financial Savings

- 6.3. The framework includes services to deliver the Healthy Child Programme (HCP): 5-19 years (2009), an evidence based programme for health promotion and prevention and early intervention for children in publicly funded education, including free schools, academies and PRUs (pupil referral units).
- 6.4. The framework includes health screening, support to schools to manage medication and care plans for children with medical needs and disabilities and

contributes to improving priority child health outcomes such as childhood obesity, oral health and emotional well-being.

- 6.5 The framework includes provision of health related advice for children and young people of school age who are undergoing child protection procedures and delivers the National Child Measurement Programme, one of the 6 local authority mandated public health functions as set out in the Public Health Grant Conditions.
- 6.6 Continuous service improvement will be driven by health data analysis and service user feedback from schools' Senior Management Teams and School Councils. The detailed Key Performance Indicators in the new service specification will improve the capability to monitor the service performance against minimum service standards.
- 6.7 The framework excludes:
- Paediatric nursing services for pupils with severe and complex needs
 - School aged immunisation services - NHSE is responsible for the commissioning of this service for London. The new service commenced in August 2015.

7. OPTIONS AND ANALYSIS

- 7.1 See Confidential Appendix A.

8. IMPLEMENTATION

- 8.1 See Confidential Appendix A.

9. EQUALITY IMPLICATIONS

- 9.1. The Council is committed to ensuring that all sections of the community have access to and benefit from the services it provides and to compliance with the Equality Act 2010.
- 9.2. The importance of giving every child the best start in life and reducing health inequalities throughout life has been highlighted by Marmot 'Fair Society Healthy Lives' and the Chief Medical Officer (CMO).
- 9.3. Marmot and the Chief Medical Officer have both recognised the importance of building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through targeted support. Universal and targeted public health services provided by the school health service are crucial to improving health and wellbeing of school-aged children.

10. LEGAL IMPLICATIONS

10.1 See Confidential Appendix A

11. FINANCIAL AND RESOURCES IMPLICATIONS

11.1 See Confidential Appendix A

Mike Robinson
Director of Public Health

Local Government Act 1972 (as amended) – Background papers used in the preparation of this report:

Contact officer(s):

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For completion by the **Cabinet Member for Adults & Public Health**

I have no interest to declare / to declare an interest in respect of this report

Signed: _____ Date: _____.

NAME: Councillor Rachael Robathan

State nature of interest if any

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(N.B: If you have an interest you should seek advice as to whether it is appropriate to make a decision in relation to this matter)

For the reasons set out above, I agree the recommendation(s) in the report entitled **Request for approval to award Contract for School Health Services** and reject any alternative options which are referred to but not recommended.

Signed

Cabinet Member for Adults & Public Health

Date

If you have any additional comment which you would want actioned in connection with your decision you should discuss this with the report author and then set out your comment below before the report and this pro-forma is returned to the Secretariat for processing.

Additional comment:

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If you do not wish to approve the recommendations, or wish to make an alternative decision, it is important that you consult the report author, the Head of Legal & Democratic Services, Chief Operating Officer and, if there are resources implications, the Director of Human Resources (or their representatives) so that (1) you can be made aware of any further relevant considerations that you should take into account before making the decision and (2) your reasons for the decision can be properly identified and recorded, as required by law.

Note to Cabinet Member: Your decision will now be published and copied to the Members of the relevant Policy & Scrutiny Committee. If the decision falls within the criteria for call-in, it will not be implemented until five working days have elapsed from publication to allow the Policy & Scrutiny Committee to decide whether it wishes to call the matter in.