

Name of meeting: Overview & Scrutiny Panel for Health & Social Care

Date: Tuesday 7 March 2017

Title of report: Healthy Child Programme

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	n/a
Is it in the Council's Forward Plan?	n/a
Is it eligible for "call in" by Scrutiny?	Yes
Date signed off by <u>Director</u> & name	Richard Parry, Director for Commissioning, Public Health & Adult Social Care
Is it signed off by the Director of Resources?	n/a
Is it signed off by the Assistant Director - Legal & Governance?	n/a
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: n/a

Public or private: Public

1. Purpose of report

1.1. To provide Scrutiny Members with an update on KIHCP procurement process which resulted in a decision to award the contract to a Kirklees based delivery partnership (working title from the submission - '*Thriving Kirklees*'). This is subject to change following consultation with young people).

1.2. The report provides:

- An overview of the evaluation process that was followed including any lessons learned.

- 1.3. Representatives from the delivery partnership will provide further details on:
 - the approach that will be taken by the successful partnership to implementing the programme
 - progress of implementation
 - next steps to include timetable

2. Key Points: Background

- 1.1. The purpose of KIHCP is to implement an approach for integrating and simplifying ways of working together to improve outcomes whilst making better use of diminishing public sector resources, utilising KIHCP as a catalyst for transforming work with children and young people across a range of systems, sectors and services. KIHCP (from 2017) is best described as a 'way of doing things' which promotes a positive, 'can do' attitude.

KIHCP will:

- 1.2. Be a catalyst for the transformation of a range of systems, interventions and services, looking to implement new ways of working over the following 5-10 years.
- 1.3. Continue to support CYP and families currently in receipt of a service under existing HCP and CAMHS until capacity is available within the new model.
- 1.4. Reflect a single, Kirklees-wide approach, with clear outcomes, working to an overarching aim, supported by objectives and underpinned by principles and values.
- 1.5. Build an integrated workforce, both paid or unpaid, to meet the needs of CYP and families in Kirklees. They will show respect, empathise and be genuine in their desire to help them improve the health, wellbeing and lives of CYP and families
- 1.6. Introduce a 24/7 Single Point of Access (SPA) and have Information Management and Technology (IM&T) systems that operate as one system.

The procurement and evaluation process

Procurement / Tender

- 1.7 On the 7th September 2016, following a period of directed engagement between November 2015 and June 2016, KIHCP specification and tender documentation were advertised via the council's e-tendering portal (YORtender) alongside the posting of an associated OJEU Contract Notice.
- 1.8 This opportunity was advertised using the Open Process in accordance with The Public Contracts Regulations 2015.
- 1.9 This opportunity was advertised for 61 days, 21 days longer than the minimum EU requirements. This extended period was due to the size, complexity and risk of the approach.

1.10 During this period the opportunity was viewed by 17 organisations, with seven (7) organisations requesting access to TUPE information and 38 clarification questions raised and answered.

1.11 Following the closure of the opportunity on the 7th November 2016, 1 (one) bid was received from a Kirklees based alliance consisting of a lead provider and four identified organisations to be sub-contracted.

Evaluation

1.12 The Pre-Qualification section of the tender submission was evaluated by members of Public Health Contracting and Kirklees Audit, with the submission deemed to have met the required criteria.

1.13 The substantive evaluation panel comprised 14 people from the council, CCGs and external organisations, who had sufficient relevant expertise to demonstrate the required skill mix ([Appendix 1](#)).

1.14 Prior to the evaluation of bids each member of the panel was briefed on KIHCP specification requirements, the prescribed process and their role within this process. This was supported by the circulation and agreement to a set of ToR.

1.15 The panel was supplied with the individual questions relating to their skill set on Tuesday 8th November 2016, to enable them to undertake individual analysis of the bids for the initial evaluation meeting undertaken on Thursday 17th November 2016.

1.16 Following the initial Evaluation meeting, initial scores were generated by consensus, using the advertised scoring criteria and the strengths and weaknesses of the submitted response, identified by the panel members, were recorded.

1.17 After the initial meeting the panel members submitted required clarifications. These were co-ordinated by the chair (Matthew Bardon – Public Health Contracts Manager), agreed by the panel and sent to the bidder on Tuesday 22nd November, for response by 16:30 Wednesday 23rd November.

1.18 On Thursday 24th November the Evaluation panel met to review the submitted clarifications, the consolidated strengths and weaknesses and to determine if any changes to the initial scores or feedback needed to be made based on the submitted clarifications.

1.19 During this session the consensus scores for the 'Service Outline' and the 'Outcomes' section of the proposal were increased. This was due to the fact that the bidder supplied greater clarity on the Specialist element of the Programme, the proposed Safeguarding Hub and the links within the proposal back to the stated Outcomes, Objectives and Aims of the project.

1.20 Following this clarification process the proposed decision was moderated by Rachel Spencer-Henshall (KMC - Director of Public Health) and Helen Severns (CCG - Head of Transformation and Integration).

This process ensured the advertised process was followed and scrutinised the decision made to ensure the proposal met the specified requirements.

Outcome

- 1.21 Following the substantive evaluation of the one submitted bid, the evaluation panel were in consensus agreement that the bidding partnership met, and in some instances exceeded, all the minimum requirements as set out within the advertised evaluation criteria and therefore should be awarded the contract for the delivery of KIHCP.

Risks and Issues

There were a number of risks and issues identified by the panel, outlined below.

These risks were viewed in relation to the high risk environment in which this opportunity was advertised (i.e. financial constraints, changes to the early year offer, etc.) and the advertised requirement for the programme to adopt a 'fail safe' approach:

- 1.22 **Payment Structure:** the submitted proposal requested an amend to the proposed payment structure, from 60 equal payments throughout the 5 years to the maximum allowable for year 1 – 3 with a reduction in year 4 and 5.

Mitigation: Prior to the award the contracting team reiterated the contractual requirements of the payment structure, but due to the requested structure not exceeding the annual maximum allowable value KIHCP Governance Group agreed to the amend.

- 1.23 **Workforce re-design 1:** The proposed organisational structure identified a significant reduction in some areas of clinical and specialist staffing by the end of year 5 without specific reference to how this had been mapped against expected demand.

Mitigation: The model included a significant increase in the use of lower graded positions, including volunteer and peer mentors, which offset the reduction in the overall workforce. The suitability of this approach will be monitored and challenged throughout the contract management process.

- 1.24 **Workforce re-design 2:** the proposed programme didn't identify any contingency for staff redundancies, relying on natural staff attrition to meet proposed reductions. Any failure in the natural attrition to occur will affect the providers' ability to deliver against the proposed budget.

Mitigation: the provider identified the use of a MAR scheme should this attrition not occur. This will also be monitored and challenged via the contract management process.

- 1.25 **Increase in Interest Rates:** the submitted bid made the assumption that interest rates will stay consistent at approx. 1-2% and planned the budget according to this rate. Any variation above this may affect the ability to deliver the model for the proposed value.

Mitigation: the provider and the contracting team will closely monitor the service budget at quarterly contract meetings to monitor against the proposed saving. Any increase in Interest Rates above the planned 2% will be discussed with the provider and variations to the programme will be made in accordance with legislative requirements and population need.

- 1.26 **Historical waiting lists:** the bid identified historical waiting lists, specifically that for ASC, as a significant risk to the providers' ability to deliver the required universal outcomes.

Mitigation: the bid suggested the implementation of a waiting list initiative scheme, which is already being considered and discussed within the CCGs.

- 1.27 **Safeguarding:** the bid identified the unknown, at the point of award, changes in Early Years and the prevailing demand on services from the existing Safeguarding processes as a risk which may inhibit the proposed re-design of the service.

Mitigation: The contracting team will work closely with the provider and partners to understand the impact of the Early Years offer re-design and will champion the role of KIHCP in keeping children safe and as an advocate for effective safeguarding procedures to support this end. The proposed model meets "*statutory obligations as defined by the Kirklees Safeguarding Children's Board and appropriate legislation*"

- 1.28 **Long Term Conditions:** the bid highlighted the lack of definition of Long Term Conditions. As this population group is specifically highlighted as a priority group any significant increase in these numbers against the planning assumptions could impact on the ability for the proposed model to deliver.

Mitigation: Prior to contract award the commissioners will define their expectations and seek to understand the effect that this would have on the proposed model. Due to the requirement for safe transfer by 1st April 2017, this impact may not be fully known and understood until the transformation towards the new model is well under way, so the contracting team will monitor and ensure clarity as it emerges.

Mobilisation

- 1.29 The successful bidder was contacted by the PH Contracting team to inform them of the intention to award them the contract, following a meeting on 13 December 2016 to clarify the outstanding risks as highlighted above.

- 1.30 Due to there being only 1 bid there were no other providers to contact to inform of the outcome. In Accordance with Clause 86(5)b of the Public Contracts Regulations 2015, this process was exempt from a 'Standstill' period due to the fact that "*the only tenderer (was) the one who is to be awarded the contract*".

- 1.31 Following the agreement of the outstanding risks/issues identified and therefore the formal award of the contract, a safe transfer plan was confirmed with the successful provider and appropriate actions in the plan initiated to ensure the service is ready for the anticipated start date (1st April 2017).
- 1.32 An NHS Standard Contract has been entered into with the provider for the term of period agreed. The contract draft is to be completed and signed by the provider prior to the commencement of the service.
- 1.33 Both the CCGs and Council communication teams were involved with the commissioning process throughout and a draft Communications Plan was agreed. This was formalised with the provider and key messages will continue to be shared with key partners prior to the anticipated start date.
- 1.34 The contract was awarded for an initial period of five years, with an option to extend a further five. Cancellation clauses are operable for all parties.

3. Consultees and their opinions

Not applicable

4. Next steps

- 4.1 To progress with contract sign off and implementation of Transfer Plan to ensure smooth transfer of services on 1 April 2017.
- 4.2 To implement Communication Plan to ensure effective communications are maintained with all parties.

5. Officer recommendations and reasons

That the update be noted.

6. Cabinet portfolio holder recommendation

Not applicable

7. Contact Officer

Keith Henshall
Head of Health Improvement

8. Assistant Director responsible

Sue Richards
Assistant Director for Early Intervention & Prevention

Appendix 1 – Panel Make-up

JOB	EXPERIENCE / SKILLS	PRACTISING AREA	QUALIFICATIONS	EVALUATION AREAS
Head of Children's and Maternity Commissioning	Extensive acute and community nursing experience in adult and children's nursing. School Nurse Specialist Practitioner in clinical practice and strategically as the Professional Lead.	Children and Young Peoples Commissioning and Transformation.	BSc Hons Public Health (School Nursing) Registered Sick Children's Nurse, Registered Nurse	Public Health Nursing, Early Intervention and Prevention, Safeguarding
Joint Commissioning Manager	Lead Future in Mind Commissioner, Tier 2 CAMHS commissioner, Tier 3 CAMHS commissioner including ASC, Detailed knowledge of commissioning guidance and NICE guidance in relation to CAMHS and ASD	Children and Young Peoples Mental Health Commissioning and Transformation	BSc Hons Social Psychology BPS recognised, PgDip Applied Behavioural Sciences, MSc Social Evaluation and Research	CAMHS/ASC/LD service provision, Early Intervention and Prevention
Head of Health Improvement	Children, Young People and Families Public Health overall Strategic lead - includes the commissioning of 0-19 PH Nursing	Children, Young People and Families Public Health	MSC Public Health/ Health Improvement	Public Health, Early Intervention and Prevention
Finance Manager	Experience in Local Government finance	Kirklees Council - Financial Management, Risk, IT and Performance	CPFA (CIPFA Qualified Accountant)	Finance
Head of Communications and Engagement (NK & GH CCG)	Communications, engagement and marketing professional with NHS experience.		First degree, masters' degree	Communication and marketing, Involvement & Engagement

JOB	EXPERIENCE / SKILLS	PRACTISING AREA	QUALIFICATIONS	EVALUATION AREAS
Head of Programme - Schools as Community Hubs	Early years teaching, Change Management, Quality Improvement, Commissioning, Early years child development, Early intervention	Schools as Community Hubs Programme	National Nursery Nursing Examination Board BA Degree Postgraduate Certificate in Education	Education (Inc. early years)
GP	Named GP children's Safeguarding Doncaster CCG. GP Advisor to Yorkshire and Humber Children's Strategic Clinical Network.		MBChB (Hons) MRCP (paediatrics) MRCPGP	General Practice
Consultant Clinical Psychologist - CAMHS	Management responsibility for all Psychological services staff, responsible for the quality assurance of NE CYP-IAPT project.	Clinical Advisor – Yorkshire and Humber, NE Collaborative Clinical Lead – CYP-IAPT	Post Graduate Diploma in Clinical Supervision, Doctorate of Clinical Psychology	CAMHS/ASC/LD clinical provision
Deputy Assistant Director - Learning and Skills	Teacher of the Deaf, Teacher of Children with Communication and Interaction Difficulties, SENCO, School Improvement Officer – SEND, Senior Manager for Inclusion – SEND, EAL.	Specialist services relating to vulnerable groups in education	BA Hons, MA – research into SEND, Diploma in Specific Language Impairment, Qualified Teacher of the Deaf SENCO qualification	Special Educational Needs and Disability, Education
Senior Manager Public Health Intelligence	Research/ intelligence specialist. Outcomes based approaches and key performance indicators/ measures/ metrics. Designated Information Governance lead for Kirklees Public Health.	Public Health Intelligence	BSc (Hons) Behavioural Sciences, Master of Public Health (pending 2016)	Intelligence and Information Governance

JOB	EXPERIENCE / SKILLS	PRACTISING AREA	QUALIFICATIONS	EVALUATION AREAS
Designated Nurse Safeguarding Children	Specialist in safeguarding children. Designated Nurse in Health Commissioning	Kirklees Designated Nurse Safeguarding Children for two CCGs.	SRN (RGN), Health Visitor (HVC), Master's Degree (MA) IN Child Welfare & Protection	Safeguarding
GHCCG Quality Manager	Writing service specifications and developing KPIs for CCG commissioned services.	Developing quality elements in service specifications.	MSc in Strategic Project Management,	CCG
Audit Manager	Audit, including evaluating financial submissions for commissioned services	Audit and risk	CIPFA	Risk
Information Governance and Registration Authority Manager	Expert knowledge of UK privacy laws including DPA 1998, FOI 2000, and EIR 2004. Working in Information Governance in the public sector.	Information Governance	BCS Practitioner Data Protection Act	Intelligence and Information Governance