

<b>10 January 2024</b>		<b>ITEM: 14</b> <b>Decision:110690</b>
<b>Cabinet</b>		
<b>Re-commissioning of Public Health Contract – Healthy Families Service</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key	
<b>Report of:</b> Olajumoke Kehinde, Senior Programme Manager, Public Health		
<b>Accountable Assistant Director:</b> Andrea Clement – Assistant Director, Consultant in Public Health		
<b>Accountable Director:</b> Dr Jo Broadbent – Director of Public Health		
<p><b>This report is</b> Public with an exempt appendix</p> <p>This report contains exempt information which falls within schedule 12A of the Local Government Act 1972 - Information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>		
<b>Date of notice given of exempt or confidential report: 2 January 2024</b>		

## Executive Summary

Local Authorities have mandated responsibilities under the Health and Social Care Act 2012 to ensure the delivery of universal and targeted Health Visiting and School Nursing Services to the whole child population cohort.

At present Thurrock Council Public health team commissions North East London Foundation Trust (NELFT) to provide the Healthy Families 0-19 service, incorporating both mandated and discretionary services for Children and Young People in Thurrock.

Following several extensions in recent years, the contract with NELFT is now due to expire on August 31<sup>st</sup> 2024. As such, it is now necessary to undertake a re-commissioning exercise to ensure a 0-19 service continues to be available to all residents from September 2024 onwards.

In January 2023, Cabinet gave approval to proceed to tender and gave delegated authority to the Director of Public Health, in consultation with the Portfolio Holder, to award the Healthy Families Service Contract up to a maximum amount of £4.3 million per annum for 5+1+1 years to commence from September 2024. However, this financial envelope did not include annual uplifts and therefore it has become necessary to revise this financial envelope to incorporate these. Additionally, since

then, the Strategic Approval Panel have only given approval to re-procure on contract term of 3+2 years.

This report details the revised financial envelope, contract term and projected year on year financial implications which Cabinet are requested to approve.

## **Commissioner Commentary**

### **1. Recommendation(s)**

#### **1.1. Further to the recommendations agreed by Cabinet on 11th January 2023, that Cabinet agrees:**

**1.1.1. to commence the procurement of the Healthy Families Service Contract in line with the revised financial envelope detailed in this paper;**

**1.1.2. that the power to award the Healthy Families Service Contract be delegated to the Director of Public Health in consultation with the Portfolio Holder for Education, Portfolio Holder for Health, Adult Social Care, Community and Public Protection, and the s.151 Officer.**

### **2. Introduction and Background**

2.1. Activities undertaken by the Local Authority's Public Health Team are, on the whole, funded by the Public Health ring-fenced Grant (PHG). This centrally allocated money is provided to Local Authorities by the Department for Health & Social Care (DHSC) to fund local efforts to improve the health and wellbeing of local populations and to reduce health inequalities.

2.2. The PHG allocation comes with conditions around how the money may be spent by a local authority. It is used to provide vital preventative services that help to support health. This includes children's health services as well as broader public health support across local authorities and the NHS.

2.3. It is also a condition of the PHG that monies be spent on ensuring there are public health services aimed at protecting and improving the health of the people (including children) in the authority's area. Failure to do so may result in the Secretary of State reducing, suspending or withholding grant payments.

2.4. In 2016, an extensive re-design and service transformation of services associated with the Healthy Child Programme and the Brighter Futures suite of services was conducted. The purpose was to integrate the 0-5 and 5-19 service; reduce associated management structure costs and duplication; streamline pathways for families; develop a skill mix workforce to support the

integration; and provide an improved prevention offer of health and social care within the community for children, young people and families. This was achieved by creating a platform branded 'Brighter Futures' for associated services to work to a shared vision and set of principles, outcomes framework and location.

- 2.5. The 0-19 Healthy Child Programme (HCP) is a universal offer available to all children and young people. The programme aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The programme recognises 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 universal provision and targeted support.
- 2.6. Although the language has now changed and emphasis is now on "personalised" care, HCP was previously delivered through a system described as the "4-5-6 model" to ensure a minimum service reaches everyone through community support at **four** different levels across the 0-19 age range. There are **five** mandated health reviews at the Universal level for health visiting, with additional provision to target families with specific needs as they arise. Within the programme, there are **six** high impact areas each for health visiting and school nursing that are linked to policy and driven by evidence to support delivery of the Healthy Child Programme in an integrated way across the 0-19 age range. These areas are where a significant impact on the health and wellbeing of children and young people can be realised. The service provision is delivered simultaneously by generic health visitors, school nurses and their teams, managing caseloads and covering geographic areas.
- 2.7. In Thurrock, the Healthy Child Programme is currently delivered through the Healthy Families Service (HFS) and comprises of two teams; Health Visiting and School Nursing, and other targeted support and a range of health interventions for children and young people as part of Thurrock's Brighter Futures offer.
- 2.8. The Healthy Families Service comprises of both statutory functions and discretionary services for children and young people.
- 2.9. There are several mandated elements of the Healthy Families service, which are:
  - National Child Measurement Programme - Measurement of children's height and weight in reception year and Year 6, and provision of feedback of results and general advice/information to parents if requested.
  - Health and development reviews
    - Ante-natal health promoting visit
    - Newborn/14 day review
    - 6-8 weeks check
    - 9-12 month review
    - 2-2.5 year review

- All pupils receive a comprehensive age-appropriate programme of PSHE
  - Responsibility for vision screening
  - Safeguarding responsibilities
- 2.10. The health visiting part of the service is currently provided to children aged 0 to 5 years and their families. It supports parents to focus on the needs and priorities of their baby and family during pregnancy, the first years of life and beyond. There is a universal service offer for everyone who lives in Thurrock with further support offered to those in greatest need. As well as the five mandated visits, the service also provides several high impact programmes to improve infant and family outcomes. These include:
- supporting the transition to parenthood
  - supporting maternal and family mental health
  - supporting breastfeeding
  - supporting healthy weight, healthy nutrition
  - improving health literacy; reducing accidents and minor illnesses
  - supporting health, wellbeing and development: Ready to learn, narrowing the 'word gap'
- 2.11. The school nursing part of the service is available for children, young people and their families of school age – usually from age 5-19 years. This component has gone through significant changes over the past few years following a service transformation in 2016 to become more personalised in response to effect health behaviour change when young people are developing independence, self-determination and autonomy. As with the health visiting component of the service, the school nursing service is available to all, and enhanced support is also available based on need.
- 2.12. The high impact areas for school nursing are:
- supporting resilience and wellbeing
  - improving health behaviours and reducing risk taking
  - supporting healthy lifestyles
  - supporting vulnerable young people and improving health inequalities
  - supporting complex and additional health and wellbeing needs
  - promoting self-care and improving health literacy.
- 2.13. The school nursing component includes the National Child Measurement Programme (NCMP) which is a mandated element. This has been further developed since the guidance was originally published in 2014. For more information on NCMP, please see: [National Child Measurement Programme: operational guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/272222/national-child-measurement-programme-operational-guidance-2014.pdf).
- 2.14. Initial and Review Health Assessments for Children Looked After (CLA) are holistic assessments that involve the review of health needs, the analysis and assessment of past medical history, missed health problems and missed screening opportunities. The initial assessments are commissioned by Mid and

South Essex ICB (this includes children placed in or out of the Thurrock area). The review assessments are commissioned as part of the Healthy Families service. The assessments of children and young people placed in Thurrock are completed by the service; out of area assessments are completed by the health provider in that local area with a reciprocal arrangement. The health assessments are especially important as they present an opportunity to influence outcomes and reduce inequalities for CLA.

- 2.15. Furthermore, two posts are commissioned through the Healthy Families Service to supply specialist support to the Multi-Agency Safeguarding Hub (MASH). This is working well to support the safeguarding of children and young people.
- 2.16. A 6.5% cost reduction was negotiated for this contract for 23/24. Associated service reductions came largely from the school nursing and school health improvement aspects of the service. Whilst mitigations were put in place, it is planned that this reduction in service scope is largely reversed as part of the re-procurement exercise.
- 2.17. The HFS is currently provided by the North East London NHS Foundation Trust (NELFT). The contract commenced in 2017 and was initially agreed on a three-year contract with the option to extend for a further two years (3+1+1). This was subsequently extended beyond the initial term in 2022.
- 2.18. On 11th January 2023, Cabinet agreed to another 12-month extension of the Healthy Families Contract at a 6.5% reduction to the contract value (£4.306m) for September 2023-August 2024. Therefore, a service reduction was negotiated with the provider, which included the removal of some aspects of the school health improvement offer, but with mitigation in place with an emphasis on information and advice provision, partnership working, signposting and referral to other services such as, SET CAMHS, PROVIDE, Brook, Thurrock Healthy Lifestyle Service etc. This extension commenced on 1st September 2023.
- 2.19. The Healthy Families Service was funded at a total cost of over £30m during the initial 5-year contract and 2-year extension period. Alongside the contract value, there has been expectation under national guidance to pay NHS Agenda for Change uplift on the staffing establishment associated with this contract. This amounted to £0.375m uplift in the contract value in year three which then set the base contract for future years to incorporate the additional staffing costs. In year six, there was an additional AfC uplift of £0.230m, bringing the entire AfC uplift paid till March 2023 to a total of £1.355m.

<b>Healthy Families Service - Cost</b>	<b>Year</b>	<b>Contract Value £m</b>
<b>One off start up monies</b>	<b>Sept 2017-Aug 2018</b>	0.360
Year 1	Sept 2017-Aug 2018	4.000
Year 2	Sept 2018-Aug 2019	4.000
Year 3	Sept 2019-Aug 2020	4.375

Year 4	Sept 2020-Aug 2021	4.375
Year 5	Sept 2021-Aug 2022	4.375
Year 6 - Extension beyond contract period	Sept 2022-Aug 2023	4.605
Year 7 - Extension beyond contract period with 6.5% contract reduction	Sept 2023-Aug 2024	4.379
<b>Total</b>		<b>30.469</b>

2.20. At the time of writing this report, discussions are ongoing with The Provider (NELFT) on the AfC uplift for 2023/24 following the National Guidance on pay award that was published by NHS England in May 2023 (updated in August 2023<sup>1</sup>). This equates to £0.072m for year seven of the final year of the contract. We are currently not aware if the expectation for local authorities to pay AfC uplifts will continue in future years. However, the tender documents and contract will state that the Local Authority will not be paying any uplifts, other than the proposed 1% uplift recommended in this paper, unless legally required to do so.

2.21. The following sets out how the proposed financial envelope has been determined:

- a. £4.379m is the current contract value and the maximum agreed for the contract from September 2024 onwards.
- b. a benchmarking exercise was completed by the Public Health Team in 2022, which showed that Thurrock are currently paying a higher cost per head than other similar local authorities, suggesting that Thurrock could achieve greater value for money. However, it needs to be acknowledged that the services are not directly comparable, and costs will have increased with inflation (see 3.2 below).
- c. we will also be looking to reintroduce the elements that were removed as part of the 6.5% service reduction and incorporate additional elements within the proposed financial envelope, such as a Tier 2 Child Weight Management service and Family Hubs elements (Specialist Perinatal Mental Health Support and Infant Feeding) which are currently funded through additional funding streams. However, this will be determined following the completion and outcome of the ongoing Joint Strategic Needs Assessment (JSNA).

2.22. By applying a year-on-year uplift in the £4.3m contract value of either 0%, 1% or 2%, the maximum value of the contract for a 5-year duration with an annual 2% uplift is forecast to be £31.967m. The minimum cost of the contract for a 5-year contract with a 0% uplift is forecast to be £21.5m.

2.23. Breakdown of forecasted total costs based on three scenarios:

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<sup>1</sup> [https://www.england.nhs.uk/wp-content/uploads/2023/01/PRN00650\\_2023-24-pay-award-revenue-finance-and-contracting-guidance-updated-version\\_v2.0\\_150823.pdf](https://www.england.nhs.uk/wp-content/uploads/2023/01/PRN00650_2023-24-pay-award-revenue-finance-and-contracting-guidance-updated-version_v2.0_150823.pdf)

Contract Term	Annual contract price - 0% Uplift	Annual contract price - 1% Uplift	Annual contract price - 2% Uplift
3 years	£12.9m	£13.03m	£13.16m
5 Years	£21.5m	£21.934m	£22.377m

2.24. Full modelling for 0%, 1% and 2% etc uplift based on the agreed £4.3m baseline value:

HFS 0%, 1% and 2% budget increase modelling over 3+2 years. Base = £4,300,300.00

% Increase	Budget Year 1 (2024/25)	Future Budget year 2 (2025/26)	Future Budget Year 3 (2026/27)	Future Budget year 4 (2027/28)	Future Budget year 5 (2028/29)	Grand Total
0%	£ 4,300,000.00	£ 4,300,000.00	£ 4,300,000.00	£ 4,300,000.00	£ 4,300,000.00	£ 21,500,000.00
1%	£ 4,300,000.00	£ 4,343,000.00	£ 4,386,430.00	£ 4,430,294.30	£ 4,474,597.24	£ 21,934,321.54
2%	£ 4,300,000.00	£ 4,386,000.00	£ 4,473,720.00	£ 4,563,194.40	£ 4,654,458.29	£ 22,377,372.69

2.25. Since DHSC's indicative Public Health budget for 2024/25 is a 1.3% uplift on the 23/24 level, an annual uplift of more than this may become unaffordable. To have enough funding in the financial envelope, Public Health would recommend an uplift of 1% annually, to cover cost increases that the service will experience during the lifetime of the contract. The risk of offering 1% and not 2% may reduce provider interest and therefore reduction of quality in service provision, however it is recognised that the Council is in a financial situation that may require the costs to be capped at 1%.

2.26. In January 2023, Cabinet also delegated authority to the Director of Public Health, subject to the outcome of the consultation exercise and in consultation with the Portfolio Holders, to proceed to tender and award for the Healthy Families Service up to a maximum amount of £4.3m per annum for 5+1+1 years to commence from September 2024. However, this financial envelope did not include any annual uplifts and failure to make provisions for at least a 1% uplift may warrant a future reduction to the HFS service offer.

2.27. Furthermore, as of November 2023, the Strategic Approval Panel does not agree with a contract term of 5+1+1 years. They are instead giving approval for the contract term to be 3+2 years commencing September 2024.

2.28. The agreed approach is to re-commission the 0-19 Healthy Child Programme following its current contract term coming to an end in August 2024. This presents an opportunity for a fresh look at the service ensuring coherent, effective; life course services for children and young people aged 0-19 across Thurrock which is value for money. The CYP JSNA is currently underway and is the first step in this process.

2.29. The previous commissioning in 2016 aimed to achieve some efficiencies and savings via transforming and re-designing the offer and working to a more integrated approach. This can be better achieved using the more recent updates to the Healthy Child Programme and changes to the delivery model for

health visiting and school nursing service, which has been specified as 'Universal in reach – Personalised in response' (Public Health England, 2021<sup>2</sup>).

- 2.30. This current commissioning will focus on transformation and improved outcomes through:
- i. Work towards the Human Learning Systems principles, which is informed by an embedded engagement mechanism and new approach to commissioning and market development.
  - ii. More collaboration and integrated working with Early Years settings especially Family Hubs.
- 2.31. The commissioning of this service will be guided by the Brighter Futures Strategy. This strategy is led by the Brighter Futures Children's Partnership Board which oversees and coordinates all work programmes relating to children, young people and their families in Thurrock. It works to a set of principles to drive better outcomes for children, young people and families and reduce health inequalities. These are as follows:
- i. A shared vision, with a view to driving strategic decision making and planning.
  - ii. Create a new future, which strives to achieve the best outcomes for our children and young people.
  - iii. Be driven by evidence.
  - iv. Embracing meaningful co productive methods that puts the voice of the child and young person at the centre of service design and delivery.

The Brighter Futures Strategy set out four key strategic priorities for children and young people living or affiliated. These include:

- i. **Strategic Priority 1** - All children are able to achieve their potential – focusing on education and skills.
- ii. **Strategic Priority 2** - Children are able to access the services they need to stay healthy, focusing on prevention and early intervention focusing on maternity, 0-5 and 5-19.
- iii. **Strategic Priority 3** - All children can live safely in their communities, focusing on preventing serious youth violence and gang membership.
- iv. **Strategic Priority 4** - Children and their families experience good emotional health and wellbeing focusing on strengthening protective factors and reducing risk factors that impact on children and young people's mental health and commissioning of services that support/treat children and young people and their families with mental ill health.

2.32. It is expected that the new service will work to these principles and priorities.

2.33. The go live date for the new service delivery and contract will be 1st September 2024. As such, the timeline for re-commissioning the HFS dictates that the contract should go out to tender in March 2024. The commissioner is therefore

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<sup>2</sup> [Health visiting and school nursing service delivery model - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



seeking agreement from Cabinet to increase the maximum value approved in January 2023 to re-procure the HFS.

2.34. Indicative timescales:

Publish tender documents	15th March 2024
Tender Application Closes	26th April 2024
Evaluate Tenders (incl. interviews if required)	29th April - 17th May 2024
Notify Bidders Outcome	21st May 2024
Standstill Period	22nd May – 31st May 2024
Final Award	3rd June 2024
Contract Handover	June - August 2024
Contract Start	1st September 2024

2.35. The contract itself will consist of an initial 3-year period, followed by the option to extend for a further 2 years (5+1). Thus, the contract length will be a minimum of 5 years and a maximum of 7 years.

### 3. Issues, Options and Analysis of Options

3.1. Re-commissioning is likely to have additional cost implications. However, it will allow the service to adapt to the newly updated Healthy Child Programme which describes changes to the delivery model for health visiting and school nursing service to provide greater emphasis on the assessment of children, young people and family’s needs and the skill mix to respond to these needs (PHE Healthy Child Programme guidance update, 2021<sup>2</sup>). The following represent the changes:

- a. The language of the “4,5,6 model” has been removed and replaced with an increased emphasis on “personalised” care or tailored interventions as well as professional and clinical judgement, which underpins the professional autonomy of the health visitor and in response to individual or family need.
- b. The inclusion of two additional universal contacts at 3-4 months and 6 months. These will provide important opportunities to address key public health priorities including, perinatal mental health, child development, breastfeeding, childhood obesity prevention, immunisation uptake and accident prevention.
- c. Increased scope for “Emotional Health and Wellbeing Assessments” – alongside maternal mental health, these will now include fathers and babies. This includes a clear statement that, “Health visitors assess maternal mental health at all health visiting mandated reviews.
- d. Health reviews for 5-19 or 24 if appropriate remains.

- 3.2. Given the above, the Healthy Families Service (HFS) contract, which utilises a model developed nearly 7 years ago, now requires a refresh particularly considering the Family Hubs Transformation programme and understanding gained through implementation and contract management of the service. Additionally, a benchmarking exercise was also completed which showed that best value savings could be made. Therefore, we aim for a better value for money by using the current contract value as a base, with a view to re-introducing aspects of the school health improvement offer that had to be removed for this year (see 2.16 & 2.18).
- 3.3. The current contract extension for the provision of Healthy Families Service is due to end in August 2024. There is consequently a need for the local authority to ensure a contracted service is in place from September 2024 onwards.
- 3.4. The value of any contract(s) from September 2024 onwards will likely exceed the threshold for which Cabinet approved and delegated authority to the Director of Public Health in January 2023, meaning Cabinet agreement to proceed with a higher amount is required.
- 3.5. There are currently two options for Cabinet to consider in this matter:
- 3.6. **Option 1: Do Nothing – no change to the £4.3m originally approved in January 2023.**
- 3.7. The Council could make no change to the £4.3m per annum agreement for which authority to award was delegated to the Director of Public Health. By not providing agreement to increase the maximum contract value and subsequently refusing to agree funding for projected uplifts the Council could in effect still provide a service. This would generate a significant saving in terms of spend on contract. However, there would be a significant risk that the service would need to be reduced during the life-course of the contract in order to be affordable for any provider. There is also a risk of failing to attract interest from prospective providers during the tender process, which would make it less competitive. This would potentially mean a reduction of quality in service provision especially for the school nursing element, which has already gone through significant changes in the past years. Additionally, it may make it more challenging to fully integrate HFS within the Family Hubs Transformation Model and put in place a sustainable family hubs offer.
- 3.8. **Option 2: Agree to increase the maximum financial envelope to include potential uplifts by the recommended 1% year on year and continue with the re-procurement process for the service with a revised contract spend and service specification from September 2024 for a period of 3+2 years.**
- 3.9. The re-procurement process will continue as planned with the re-design of the service specification of the Healthy Families Service ready for September 2024. If the contract value was reduced there is the likelihood that the service specification would also be reduced from what is offered presently. However, with the incentive of a 1% uplift year on year, there is an improved potential for

a provider from the open market to demonstrate cost effective ways of delivering a service with an equivalent or increased specification from that seen now.

- 3.10. Of particular note is the 5-19 element that has gone through significant changes in the past years following a service transformation in 2016. Additionally, the need to meet the 6.5% service reduction in the current contract has left only a basic age 5-19 offer in place. Without the uplift, it will be challenging for a provider to deliver over and above what is in place currently. There is also the added risk that inequalities will not be adequately tackled for the benefit of the population of Thurrock that experience poorer than average health outcomes.

#### **4. Reasons for Recommendation**

- 4.1. **Option 2** is recommended for the HFS Contract as this ensures continuity in the delivery of a service with good outcomes for children, young people and families whilst giving the Public Health, Children's Services and procurement teams the resources required to complete the necessary steps and planning for a renewed offer from 2024/25. The alternative options would lead to a breach of the Council's statutory requirements for children 0 – 19 and families.
- 4.2. The HFS is a Start for Life element and forms the foundation of the Family Hub Transformation programme. As such establishing an effective Family Hub programme will require some changes to the way in which some existing elements of the HFS interact with other services. Whilst some additional funding is available to undertake this transformation work and specifically to expand services which will form part of the family hub, it is time limited; therefore, consideration needs to be given to longevity of the Start for Life offer. Moreover, as the transformation work proceeds, the service provider will likely be required to make further changes within their contract envelope (such as the location of some service delivery) which will likely incur additional cost. The recommended increase in the maximum contract value will provide an opportunity to re-design the model in line with this transformation work and available budget moving forwards. Agreeing to the uplift will make this more likely and attract competitive interests from prospective providers.
- 4.3. It is also recommended that the power to award the contract be delegated to the Director of Public Health, in consultation with the Portfolio Holders. This will allow a sufficient window of time between contract award and contract commencement, during which the necessary contract handover actions can take place to ensure a smooth and effective transition to the new service.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 Consultation with the public and stakeholders was conducted in summer 2021 before the current agreement was reached by Cabinet in January 2023. A further consultation is being conducted as part of the children and young people Joint Strategic Needs Assessment, which includes a survey questionnaire that is available on the Council's consultation portal. There is a second survey

aimed at professionals and interviews have been conducted participants of which include the portfolio holders for Health and Children's Services. Additionally, over the next few months, the relevant governance boards are being consulted on the proposed service design and service specification to ensure that the best service model is commissioned for Thurrock residents.

## **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1. The Thurrock Health and Wellbeing Strategy 2022-26 contains a goal to ensure all children and young people are able to achieve their potential through raising aspirations and reducing the disadvantage gap.
- 6.2. The Brighter Futures Strategy Strategic priority 2 states that children are able to access the services they need and be healthy, focussing on prevention and early intervention and the Healthy Families Contract is key to the delivery of this.
- 6.3. By ensuring the provision of the HFS from September 2024, is based on the comprehensive JSNA, the local authority is demonstrating its commitment to the Health and Wellbeing Strategy.
- 6.4. The recommendations of this report align with Thurrock's Improvement and Recovery Plan (IRP) 2022 to be a more streamlined and financially sustainable organisation.
- 6.5. The recommendations within this report will align with the strategic aim of the IRP to be a focused, cost-effective, sustainable and co-designed approach to service provision which is delivered in partnership with residents and other key partners, with collaboration across multi-disciplinary teams.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Bradley Herbert**  
**Senior Management Accountant**

All the financial implications as detailed in the report will be contained within the public health grant and no implications to the council's general fund.

Based on the information contained within the report, option two represents the most financially viable option.

This option will likely increase prospective providers' interest and encourage a competitive tender process. This will likely contribute to a better and proper service re-design, leading to greater value for money longer term.

As detailed in paragraph 2.23 the inflationary uplift are across a potential range and will be contained within the public health grant and will form part of the annual budget setting process.

## 7.2 Legal

Implications verified by: **Kevin Molloy**  
**Team Leader Contracts Team**

Following issue by the Council of a s114 notice, the Council must ensure that its resources are not used for non-essential spending. The contract at issue here is essential and the provision of it a statutory duty under legislation. In procuring the services outlined, the Council must observe the obligations upon it outlined in national legislation and in its internal procurement rules. Officers should ensure Legal Services are kept informed as they progress through the procurement

## 7.3 Diversity and Equality

Implications verified by: **Rebecca Lee**  
**Team Manager - Community Development and Equalities**

Both services are universal and as such their existence or otherwise could be argued to impact upon all socio-demographic groups equally. However, the nature of the services is that in many cases those individuals at greatest risk of harm and who could be considered society's most vulnerable would be impacted mostly through any potential withdrawal or reduction in scope of the services.

## 7.4 Other implications (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder and Impact on Looked After Children.

Delivery of this service will support the aims of Brighter Futures Children Partnership Strategy 2021-26.

## 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Thurrock Brighter Futures Strategy 2021 – 2026 – [Brighter Futures Children's Partnership Strategy 2021-26 | Children and young people's strategies | Thurrock Council](#)
- Cabinet - Wednesday, 11th January, 2023 7.00 pm – item 95 [Agenda for Cabinet on Wednesday, 11th January, 2023, 7.00 pm | Thurrock Council](#)
- NHS England 2023/24 pay award: revenue finance and contracting guidance (updated version) <https://www.england.nhs.uk/wp->

[content/uploads/2023/01/PRN00650\\_2023-24-pay-award-revenue-finance-and-contracting-guidance-updated-version\\_v2.0\\_150823.pdf](content/uploads/2023/01/PRN00650_2023-24-pay-award-revenue-finance-and-contracting-guidance-updated-version_v2.0_150823.pdf)

- Health visiting and school nursing service delivery model (2021) [Health visiting and school nursing service delivery model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97424/Health-visiting-and-school-nursing-service-delivery-model-2021.pdf)

## **9. Appendices to the report**

### **Appendix 1**

Stage 1 Form – Approval to Proceed to Tender, Exempt from Publication.

### **Report Author:**

Olajumoke Kehinde

Senior Programme Manager – Children and Young People

Public Health