



## LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

**DECISIONS** to be made by the Lead Member for Adult Social Care and Health,  
Councillor Carl Maynard

**TUESDAY, 17 SEPTEMBER 2024 AT 10.00 AM**

**REMOTE MEETING VIA MICROSOFT TEAMS**

### **AGENDA**

1. Decisions made by the Lead Member on 23 July 2024 (*Pages 3 - 4*)
2. Disclosure of interests  
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
3. Urgent items  
Notification of any items which the Lead Member considers urgent and proposes to take at the appropriate part of the agenda.
4. Community and Voluntary Community and Social Enterprise Development Programme (*Pages 5 - 8*)  
Report by the Director of Adult Social Care and Health
5. Award of School Health Service Contract (*Pages 9 - 12*)  
Report by the Director of Adult Social Care and Health
6. Any non-exempt items previously notified under agenda item 3
7. Exclusion of the Public and Press  
To consider excluding the public and press from the meeting for the remaining agenda item on the grounds that if the public and press were present there would be disclosure to them of exempt information as specified in paragraph 3 of Part 1 of the Local Government Act 1972 (as amended), namely information relating to the financial or business affairs of any particular person (including the authority holding that information).
8. Award of School Health Service Contract - Exempt Information (*Pages 13 - 26*)  
Report by the Director of Adult Social Care and Health.
9. Any other exempt items previously notified under agenda item 3

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9 September 2024

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## LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS made by the Lead Member for Adult Social Care and Health, Councillor Carl Maynard, on 23 July 2024 at Remote Meeting via Microsoft Teams

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### 6. DECISIONS MADE BY THE LEAD MEMBER ON 23 MAY 2024

6.1 The Lead Member approved as a correct record the minutes of the meeting held on 23 May 2024.

### 7. DISCLOSURE OF INTERESTS

7.1 There were none.

### 8. URGENT ITEMS

8.1 There were none.

### 9. REPORTS

9.1 A copy of the report referred to below is included in the minute book.

### 10. HOMES FOR UKRAINE - EXTENSION OF SUPPORT INTO WORK PROGRAMME

10.1 The Lead Member considered a report by the Director of Adult Social Care and Health regarding the Extension of Support into Work programme under the Homes for Ukraine programme.

## DECISIONS

10.2 The Lead Member RESOLVED to approve the proposal to extend the Support into Work programme for 12 months from October 2024 to October 2025 funded from the Homes for Ukraine grant.

## REASONS

10.3 The Support into Work programme has already delivered significant benefits to the Ukrainian cohort within East Sussex and is meeting a need not met in another way. It is part of a comprehensive programme of wraparound support which achieves good outcomes for Ukrainians and ensures they are supported towards independence and wellbeing and not dependent on other stretched local services.

10.4 The extension of the programme will enable more Ukrainian residents to access employment and associated income which, in turn increases, their ability to live independently including funding their own accommodation and reduce the likelihood of needs and costs presenting elsewhere in the system, which to date the local authority has been able to minimise.

**Report to:** Lead Member for Adult Social Care and Health

**Date of meeting:** 17 September 2024

**By:** Director of Adult Social Care and Health

**Title:** Community and Voluntary Community and Social Enterprise Development Programme

**Purpose:** To provide an update on a Community and Voluntary Community and Social Enterprise Development Programme from 2025 and seek approval to proceed with procurement based on an indicative budget.

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## RECOMMENDATIONS

The Lead Member is recommended to:

- 1) Approve the procurement of a Community and Voluntary Community and Social Enterprise Development Programme from 2025;
  - 2) Approve the allocation of up to £539,000 (per annum) from the Public Health fund, subject to confirmation of the available budget through the Council's budget setting processes; and
  - 3) Delegate to the Director of Adult Social Care and Health authority to take all actions necessary to implement the Community and Voluntary Community and Social Enterprise Development Programme.
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### 1. Background

- 1.1 East Sussex has a thriving and diverse Voluntary, Community and Social Enterprise (VCSE) sector. The benefit and value of the sector has never been more apparent than in recent years due to the pivotal role it has played in supporting local communities through the pandemic, the cost-of-living crisis, through ongoing pressures in the health and care system, and in welcoming people seeking sanctuary in the UK.
- 1.2 East Sussex County Council (ESCC) has a strong track record of co-development, collaboration and partnership working with the VCSE, alongside ESCC investments in the sector that enable ESCC to meet corporate priorities and the needs of communities.
- 1.3 This work contributes to all ESCC's corporate priorities and specifically to the following Key Delivery Outcomes for 'Helping People Help Themselves':
  - 'Commissioners and providers from all sectors put people first when providing services and information to help them meet their needs.'
  - 'The most vulnerable get the support they need to maintain their independence, and this is provided at or as close to home as possible.'
  - 'Through working well with the VCSE sector, individuals, families and communities are supported to thrive.'
- 1.4 The VCSE will continue to have a key role in helping ESCC meet ongoing challenges, such as:
  - demand-led pressures from a growing older population and growing numbers of adults and children with increasing and complex needs;
  - uncertainty of future Government funding, and funding not keeping pace with increased costs; and
  - significant financial challenges from the current year (2024/25) and into future financial years, with current projections suggesting there will be significantly less resources to invest in services from 2025/26.

- 1.5 ESCC's programmes of work with the VCSE have been commissioned or initiated at different times with different objectives and have levels of interconnectedness that may not have been fully realised to date.
- 1.6 The challenges ahead require a focus on the bigger picture, on interconnectedness, and on how ESCC can enable a thriving VCSE sector that can engage in whole system approaches with sustainable support to communities.
- 1.7 3 current programmes have particular synergies and could benefit most from being drawn together in the future. These are:
  - Generic Infrastructure Services Contracts (GIS);
  - Asset Based Community Wellbeing Contract (known as Making it Happen - MiH); and
  - the Community Networks Support Programme (CNSP) - which aims to identify and support the Community Networks that have become a vital part of the ecosystem supporting people, communities, and community organisations.
- 1.8 These programmes also:
  - have a District and Borough footprint, recognising that there is variance in delivery, needs, and solutions, but that collectively reach right across the diverse County.
  - either take a strength based or asset-based development approach or would benefit from adopting such an approach,
  - provide infrastructure support services that nurture and develop hyper-local, independent, not-for-profit groups and organisations, and
  - benefit people of all ages and communities who are marginalised, at risk and most vulnerable.
- 1.9 2 of these programmes (GIS and MiH) have contracts which are ending at the end of this financial year.
- 1.10 There are other programmes which have strong connections to this work but are not delivered through existing or upcoming ESCC contracts. This includes the developing work on Integrated Community Teams (ICTs) which aim to bring together all sectors to provide an integrated health and care offer within local areas.
- 1.11 A Literature Review was completed which sets out the framework for a future Community and VCSE Development programme, based on the existing programmes and current strategic priorities.
- 1.12 ESCC is currently engaging on the new framework and will be building the feedback into the new programme.
- 1.13 Together these programmes support the strengthening of a shift to more person and community-centred approaches to health and wellbeing. The key components of the new Community and VCSE Development Programme will help to embed these ways of working, improve the health of the population through mobilising assets within communities, encourage equity and social connectedness, and increase people's control over their health and lives.
- 1.14 ESCC is now able to draft a Service Specification and proceed with the necessary next steps to procure a new programme. To do this, confirmation of an indicative budget and delegated authority to proceed will be needed.

## **2. Supporting information**

- 2.1 The Literature Review identified the core components of existing projects and contracts which should form the basis of the future Community and VCSE Development Programme and proposes a framework for the development programme.
- 2.2 The Literature Review presents a framework that benefits people, communities and hyper-local groups and organisations. The intention is for this framework to be the basis for the Service Specification for a newly commissioned Community and VCSE Development Programme. However, this framework could also be adopted by the public and VCSE sectors as the basis for the development and delivery of other programmes and contracts.

- 2.3 The co-development team is now undertaking engagement activity that presents the framework and seeks the views of various cohorts from the VCSE and public sectors. Feedback from this engagement will inform the final Service Specification. This hyper-link will take you to the [Engagement Document](#).
- 2.4 Whilst this is taking place, ESCC officers are preparing an Equality Impact Assessment (EQIA) and Data Protection Impact Assessment (DPIA) for the programme which will be subject to standard approval processes.
- 2.5 As this new programme is proposed to be replacing or superseding two existing contracts, with a new resource envelope tailored to meet financial challenges, the options for structuring the programme have been considered.
- 2.6 The preferred option is to tender for 5 lots, with a standard set of contract terms, which mirror District and Borough (D&B) boundaries, as this approach:
- recognises that Asset Based Principles and VCSE Infrastructure are on the same continuum and present a connected model of support and development across all geographies of East Sussex.
  - ensures that the available resource envelope can be deployed in a cost-effective manner enabling better resourcing of the framework.
  - Aligns to Integrated Community Teams (ICTs) boundaries, creating relationships that benefit the development of integrated health and care offer within local areas.
  - Increases the potential for District and Borough Councils to work closely with providers and public sector partners on addressing local needs and building assets.
  - Creates opportunities for collaborative working between and within sectors to address specific or unique local challenges facing people, communities and groups.
- 2.7 With the existing contracts ending at the end of this financial year, there is a need to begin the procurement process in October 2024 and good progress is being made to achieve this.
- 2.8 ESCC is now at a point where next steps depend on the agreement to procure a Community and Voluntary Community and Social Enterprise Development Programme and agreement of the indicative budget available, to begin the procurement process in the second week of October 2024. There is a recognition that a final confirmed budget is subject to the completion of the Reconciling Policy, Performance and Resources (RPPR) and Council budget-setting process.
- 2.9 An indicative budget would enable tender submissions to be operationally realistic and allow for assessments to follow a bid integrity process.
- 2.10 The budget proposed to use for procurement is £539,000 per annum, funded through the Public Health budget. In previous years there has been an investment from NHS Sussex in GIS contracts. The investment from NHS Sussex in 2025/26 for the new programme is to be confirmed by NHS Sussex. It is proposed that the contract is let as a 3-year contract, with options to extend
- 2.11 In arriving at this proposed budget, significant reductions have been made to current funding of the 3 existing programmes (GIS contracts, Making it Happen and Community Networks), to support the RPPR process.
- 2.12 If ESCC does not go out to tender according to the planned procurement timeline, other options will need to be considered, which are less favourable and would include:
- Reaching the end dates of existing contracts. This will result in a loss of staff in the VCSE and considerable uncertainty for those providers, as well as a loss of service to local communities and community groups. It will be much more challenging to reinstate this support at a later date, and therefore this option is not recommended.
  - Extending existing contracts, by 3-6 months. This may also result in some loss of staff and some ongoing uncertainty with incumbent providers. It will also delay savings and therefore increase budget pressures, and therefore this option is not recommended.

### **3. Conclusion and reasons for recommendations**

- 3.1 The co-development of the Community and VCSE Development Programme is progressing well, with a framework that partners agree could form the basis for the new programme and could have wider uses and benefits.
- 3.2 The blending of existing programmes into the new programme would be best suited to the letting of 1 contract and be spilt into 5 lots based on D&B boundaries.
- 3.3 The indicative budget will be funded from the Public Health fund and represents a significant reduction in funding, contributing to the RPPR process.
- 3.4 The Lead Member is therefore recommended to:
  - 1) Approve the procurement of a Community and Voluntary Community and Social Enterprise Development Programme from 2025;
  - 2) Approve the allocation of up to £539,000 (per annum) from the Public Health fund, subject to confirmation of the available budget through the Council's budget setting processes; and
  - 3) Delegate to the Director of Adult Social Care and Health authority to take all actions necessary to procure and implement the Community and Voluntary Community and Social Enterprise Development Programme.

#### **MARK STANTON**

##### **Director of Adult Social Care and Health**

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#### LOCAL MEMBERS

All Members.

#### BACKGROUND DOCUMENTS

None



**Report to:** Lead Member for Adult Social Care and Health

**Date of meeting:** 17 September 2024

**By:** Director of Public Health

**Title:** Award of School Health Service Contract

**Purpose:** This report seeks agreement to award the School Health Service contract to the agreed provider, based on the detailed information provided in the report.

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## **RECOMMENDATIONS:**

The Lead Member is recommended to agree that the Provider Selection Regime Direct Award Process C procurement route is taken to award the School Health Service contract for 3 years from 1 January 2025 until 31 December 2027, with an option to extend for up to 24 months.

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### **1 Background**

- 1.1 The Health and Social Care Act 2012 sets out the statutory responsibility of local authorities to deliver and commission Public Health Services for children and young people aged 0-19 years. Commissioning responsibility for the Healthy Child Programme (HCP) 0-5 transferred to the local authority (ESCC) in October 2015.
- 1.2 The HCP offers every family an evidence-based programme of interventions, including screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices.
- 1.3 [The health visiting and school nursing service delivery model](#) and commissioning guidance was updated in May 2021. The HCP remains universal in reach, continuing to set out a range of public health interventions to build healthy communities for families and children, reducing inequalities and vulnerabilities.
- 1.4 The updated model emphasises the health visiting and school nursing role as leaders of the HCP, whilst acknowledging the important contribution of a range of delivery partners.
- 1.5 Key changes to the model for school health include:
  - A modernised delivery model that is universal in reach – personalised in response.
  - The modernised HCP no longer uses the terminology of Universal, Universal Plus and Universal Partnership Plus, the language of the “4,5,6 model” has also been removed.
  - In the new service model, the HCP is based on 4 levels of service – community, universal, targeted and specialist – depending on individual and family need.
  - The commissioning guidance places further emphasis on the role of skills mixed teams in delivering the HCP, with a shift in language referring to health visiting, rather than “health visitor”.
- 1.6 The service specification reflects the health visiting and school nursing service delivery model and commissioning guidance, and focuses on promoting good outcomes across the 6 high impact areas of the HCP:
  - 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

1.7 In East Sussex, the 5-19 HCP is delivered by the School Health Service, which offers universal and targeted support for children and young people of school age. The HCP offers every family an evidence-based programme of interventions, including:

- screening and surveillance
- assessment of need
- health promotion advice
- engagement in health education programmes.

1.8 The Service contributes to improving local outcomes and reducing health inequalities for children and young people by focussing resources on those with the greatest need. It contributes to safeguarding processes and supports vulnerable children and those not in school, for example: children in care, young carers, young offenders and electively home educated children. It is led by trained Specialist Community Public Health Nurses (SCPHN), supported by skilled, mixed teams, which may include nursery nurses, community staff nurses, health promotion specialists and others, as appropriate to local need.

1.9 The aims of the service are met through the following 5 core strands of delivery:

1. Whole-school health improvement for all state schools across East Sussex. Each school and college should have a health improvement plan in place which identifies and responds to the specific health needs of young people in the establishment.
2. Individual health improvements, including health assessments at Year R, Year 6, Year 9 and Year 12 for young people in educational establishments, delivery of the National Child Measurement Programme (NCMP), school entry vision screening and individual hearing testing.
3. Healthy Weight -Tier 2 Weight Management for Primary School Children.
4. An emotional wellbeing offer for 5-19 including a range of universal Tier 1 interventions and targeted universal plus (Tier 2) interventions for school years 7-13.
5. Provision of appropriate safeguarding support and interventions

## 2 Supporting information

2.1 Commissioning Responsibility/History:

### Timeline

**2013** - The responsibility for commissioning the HCP was transferred to Public Health as part of the Health and Social Care Act 2012.

**January 2015** - The School Health Service was commissioned to provide the 5-19 Healthy Child Programme - universal and targeted support for children and young people of school age.

**October 2015** - Commissioning responsibility for the Healthy Child Programme 0-5 (HCP) transferred to ESCC.

**2018** - 3-year contract was extended for 2 years.

**2019** - Due to the small number of providers in the market an 'Open' procurement procedure was agreed to be the most appropriate. A formal tender was advertised, and 3 submissions were received.

**2020** - New contract started.

**2022** - After review, contract extended for a further 2 years until 31 December 2024.

**2024** - It was agreed that when the contract ends on 31 December 2024, the contract will need to be renewed under the new Provider Selection Regime (PSR) ([NHS commissioning » NHS Provider Selection Regime](#)).

2.2 The PSR came into force on 1 January 2024 and replaced the Public Contracts Regulations 2015 for some health-related contracts. The PSR was introduced by regulations made under the Health and Care Act 2022. In keeping with the intent of the Act, the PSR has been designed to:

- introduce a flexible and proportionate process for deciding who should provide health care services
- provide a framework that allows collaboration to flourish across systems
- ensure that all decisions are made in the best interest of patients and service users.

2.3 A detailed procurement report and key criteria evidence are appended to an exempt report later in the agenda.

### **3. Conclusion and reasons for recommendations**

3.1 Children and young people's health needs have increased since the pandemic, including safeguarding, mental health, developmental issues, school readiness, pupil absence and attainment levels. There are also common unmet needs across the system in relation to continence, sleep, mental health, healthy weight, and in post-16 settings. The need for the healthy child programme that aims to bring together health, education and other main partners to deliver an effective programme for prevention and support is now of even greater importance.

3.2 The care delivered by school health teams continues to be an essential part of the response to and recovery from the pandemic, supporting families and communities through indirect impacts and 'hidden harms', especially in deprived communities and among the most vulnerable. The updated HCP is timely as the public health nursing system endeavours to work with the most vulnerable families. It is considered that the School Health Service under the current refreshed specification can respond effectively to emerging needs.

3.3 Following completion of the procurement process under the Provider Selection Regime, the Lead Member is recommended to agree that the Provider Selection Regime Direct Award Process C procurement route is taken to award the School Health Service contract for 3 years from 1 January 2025 until 31 December 2027, with an option to extend for up to 24 months.

## **DARRELL GALE**

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## **LOCAL MEMBERS**

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