

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.

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.

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.

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LOCAL MEMBERS

All