

<b>Meeting Name:</b>	Cabinet
<b>Date:</b>	22 July 2024
<b>Report title:</b>	GW1 Procurement strategy for delivery of 0-19 Community Public Health Services
<b>Cabinet Member:</b>	Councillor Evelyn Akoto, Cabinet Member for Health and Wellbeing
<b>Ward(s) or groups affected:</b>	All
<b>Classification:</b>	Open
<b>Reason for lateness (if applicable):</b>	Not applicable

## **FOREWORD – COUNCILLOR EVELYN AKOTO, CABINET MEMBER FOR HEALTH AND WELLBEING**

Southwark Council is committed to providing welcoming, inclusive, and integrated services that support families and children in the borough.

Our children’s community public health services (0 – 19) help families and schools to ensure that children and young people have the best start in life. These services support us in our ambition to close the gap in health outcomes and to achieve optimal health within our borough.

We have worked closely in partnership with our local provider, Guy’s and St Thomas’ NHS Foundation Trust to provide children’s community public health services which support our children and families to achieve good levels of development. We also ensure that high-quality, inclusive support is in place to support our families, children and young people with diverse needs.

This report sets out the proposal to conduct a direct negotiation with Guy’s and St Thomas’ NHS Foundation Trust to secure future children’s community public health services following the end of their current contract.

## **RECOMMENDATIONS**

1. That the Cabinet approve the procurement strategy for delivery of 0-19 Children’s Community Public Health services of single supplier negotiation with Guy’s and St Thomas’ NHS Foundation Trust to agree to a contract for an initial period of two years and six months from 1 October 2024 with an option to extend for two years.
2. That the Cabinet delegate the approval of the award of the contract, following the completion of the negotiation, to the Strategic Director for Children and

Adult Services, in consultation with the Cabinet Member for Health and Wellbeing.

3. That the Cabinet note that the total estimated maximum figure for the contract is £6.8M per annum, or £30.5M over the term of the contract if the option for extension is exercised.

## **REASONS FOR RECOMMENDATIONS**

4. The reasons for the recommendations are set out within this report in paragraphs 12-18 and the approach being taken to procure these requirements is set out in paragraphs 24 - 26 of this report.

## **ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

5. This report considers alternative options for delivery and the reasons for these options not being taken forward as the recommended procurement strategy are further set out in paragraph 24 of this report.

## **POST DECISION IMPLEMENTATION**

6. Once approval for the recommendations have been received, the procurement of the 0-19 Community Public Health services contract will be set out in the gateway 2 report. The timescales for the procurement processes are set out in the table at paragraph 32 of this report. The plans for the management and monitoring of the resultant contract are in paragraphs 52 – 56.

## **BACKGROUND INFORMATION**

7. Community public health services for children and young people aged 0-19, or 25 for young people with special educational needs and disabilities, (SEND) cover provision of health visiting (from birth to under 5s) and school nursing (from age 5 to 19 or 25 for SEND) services across Southwark. These services satisfy the Council's responsibilities to deliver mandatory children's public health services. Mandated services include the provision of the health visits included in the Healthy Child Programme, and the National Child Measurement Programme (NCMP) under the Health and Social Care Act 2012.
8. The council has worked with the current provider, Guy's and St Thomas' NHS Foundation Trust (GSTT) from 2019 to 2023 to implement efficiency and improvement savings. These decisions were underpinned by the 0-19 Equality and Health analysis that demonstrated changes to the population of children and young people, as shown in paragraph 12. Please see appendix one for the full report.
9. The proposed annual contract value is based on the 2023-24 value of £6,769,053. £5,628,904 of this is allocated to the Health Visiting service and £1,140,149 is allocated to the School Nursing service. The Public Health Grant funding is not automatically uplifted, so no automatic, guaranteed uplift in

contract price will be included in the terms and conditions. It is proposed that a mechanism will be included within the contract to discuss price changes with the provider over the four and a half year contract term based on inflation and uplift guidance from national sources, where this is funded, and where an assessment of appropriateness has been made. In 2024/25 there will be a budget forecast at the start of the contract which will then be monitored quarterly.

10. Ensuring every child has the best start in life is one of the Office for Health Improvement and Disparities (OHID) key priorities. Best Start in Life is a priority within Public Health England's 5-year strategy, which runs from 2020 to 2025.
11. These services form part of the national Family Hub programme, inextricably linked to the successful delivery of the programme in acknowledgement of the significance of the first 1001 days of life and impact on longer term life outcomes.

### **Summary of the business case/justification for the procurement**

12. The service is a statutory responsibility under the Health and Social Care Act 2012 to deliver and commission public health services for children and young people aged 0-19 years. The service will need to be provided to a population aged 0-4 of c.17,000 and a 5-19 population of c.47,000.
13. Until March 2023, the contract was part of a section 75 joint commissioning agreement with Southwark CCG (Integrated Care System) and was novated to the council from 1 April 2023. The current contract is due to end on 30 September 2024.
14. It is noted that GSTT is a partner within Partnership Southwark and the wider South East London Integrated Care System, providing a wide range of community, secondary and tertiary health services to Southwark residents.
15. The council is working closely with GSTT to adapt the services to meet the needs of the population within the context of transformational cross-partnership work that is underway and to do so within the existing financial envelope. Since 2015, there has been a reduction in the children and young people population in Southwark:
  - The under-5 population has decreased by 25%; this equates to 5,510 fewer children and currently stands at 16,362 under-5 children.
  - The 5-19 population has increased by 3.3%; this equates to 46,323 children and young aged 5-19 overall.
16. Children and young people are central to the Southwark's Health and Wellbeing Strategy. This has a focus on giving every child and young person the best start in life, alongside tackling neglect and vulnerabilities by supporting vulnerable children and young people and ensuring positive

transition. The strategy sets out these ambitions, to be considered when commissioning health and wellbeing services.

17. Improved partnership working between GSTT and the council have progressed by working towards improved data reporting and a strengthened service specification. It is key that Southwark continues to work in this way with GSTT to help address health inequalities, as GSTT are also a key stakeholder in the Family Hub and Start Well work streams.
18. GSTT has made some recent service developments to enhance the 0-19 programme and seek to address inequalities. One example is The Bright Beginnings pathway which is a specialist service for both the child (up to the age of five) and the mother focusing on areas such as significant mental health conditions, domestic abuse and alcohol and substance abuse.
19. Those older than five will have their mental health and well-being addressed through The Lancaster Model. This is an online Health Needs Assessment Tool (questionnaire) that enables children and young people the opportunity to have their health and well-being assessed and reviewed. It is a proactive tool to identify any potential problems before they progress further and allows qualified practitioners to act quickly to provide the appropriate help and support. This has been rolled out across year six and in the new school term, it will be implemented for year nine.
20. GSTT have locality-based teams structured in line with the Southwark family hubs to develop collaborative working. This will ensure that families have the best opportunities and access to services such as the Nest.

### **Market considerations**

21. The market for provision of health visiting and school nursing (children's community public health services) in London is limited. It is dominated by NHS Foundation Trusts and NHS Hospital Trust providers. There are a very limited number of voluntary sector organisations that deliver these services.
22. Lambeth Council also commissions GSTT for the delivery of these services. Southwark Council commissioners will have regular discussions with Lambeth on areas such as service delivery specifications, monitoring and performance approaches with the provider.
23. The Provider Selection Regime (PSR) legislation that this service falls within, was introduced with an aim to make it easier for decision-makers to integrate services and enhance collaboration and includes removing the requirement for mandatory competition. This may include recommissioning established delivery partners such as an NHS Trust that are already providing high-quality services without running a competitive procurement process.

## KEY ISSUES FOR CONSIDERATION

### Options for procurement route including procurement approach

24. Five options have been considered for the future delivery of the 0-19 children's community public health services and are described below.

Options	Key factors for consideration
Option 1: Single supplier negotiations and direct award.	<ul style="list-style-type: none"> <li>• Negotiation of a direct contract award for the procurement of these contracts with GSTT would enable commissioners and the provider to continue with collaboration and deliver embedded and sustainable service improvements by the start of the new contract.</li> <li>• The existing provider (GSTT) are deemed to be performing effectively.</li> <li>• Continuing to commission the current provider would support the development of well-established services. It will optimise pathways within the partnership and also support continuity of the service.</li> <li>• GSTT are introducing a new case record system, this is large scale cross-trust data implementation project. There are some delays to extraction of reports, however GSTT are working with the council and are providing localised reports (collated manually via excel) which are to some extent providing an insight into service delivery impact on an interim basis. Comprehensive data returns to are expected commence by July 2024.</li> </ul>
Option 2: external procurement via competitive tender	<ul style="list-style-type: none"> <li>• The service is currently provided by an external, NHS provider. External service provision, principally through an NHS provider, is common nationally and in London.</li> <li>• Market capacity - due to the nature of the tendering process and inherent difficulties with these types of services this process would require resource from both the council and the market, and is likely to result in the same outcome of award to GSTT.</li> <li>• Lengthy process – this would require substantial Southwark resources, which will take a year (minimum) and may require an additional extension beyond the existing contract term (September 2024).</li> </ul>

Options	Key factors for consideration
Option 3: In-source	<ul style="list-style-type: none"> <li>• The key factors have been drawn from reviews and discussions with a number of local authorities who have considered or made the move to in-source their health visiting and/or school nursing services.</li> <li>• This option would provide Southwark Council with better control over shaping what the service delivers and how the service is meeting the local need.</li> <li>• A London Borough Council in-sourced their service two years ago and due to the following reasons below are now going out to tender their service: <ul style="list-style-type: none"> <li>a. large IT costs to purchase the local NHS IT system; and,</li> <li>b. additional pay uplifts on salaries, not covered by central NHS payments that were provided directly to NHS trust providers had a cost impact of c. £800k.</li> </ul> </li> <li>• Another borough did a detailed analysis on whether to in-source their service. They concluded that they would not proceed due to the high risks with insurance indemnity required and TUPE of staff with pension arrangements.</li> <li>• IT and information governance complications; other LAs who have moved their 0-19 service in-house have had significant IT difficulties wherein the previous provider used a different system, and transference of records and access to the previous system has been complicated.</li> <li>• There is a national shortage of health and school nurses, there will be further difficulties with recruitment and retention, with NHS staff reluctant to transfer from NHS terms and conditions. Negotiations around TUPE agreements with trade unions would be necessary and may lead to additional complications around certain employment schemes e.g. NHS car lease.</li> <li>• The council would need to make arrangements to provide clinical governance to deliver services in-house, in larger providers these functions are often delivered across more than one service and would likely be less efficient in an in-house model.</li> <li>• This option would require substantial Southwark resources and would likely take a year to establish (minimum). This option would require a further six-month extension of the current contract (September 2024 to March 2025). In addition, it will take some time to develop the internal commissioner/ provider relationship.</li> </ul>

Options	Key factors for consideration
Option 4: joint procurement approach	<ul style="list-style-type: none"> <li>• The council could work with other boroughs to procure these services.</li> <li>• Working with geographical neighbouring boroughs may be able to deliver greater economies of scale working and may give greater flexibility to any provider in service planning.</li> <li>• Lambeth Council also commissions GSTT for the delivery of these services. Different funding levels and outcomes focus create some challenges for aligning service commissioning.</li> <li>• Needs of each partner may change over time requiring a different service delivery from the provider.</li> <li>• Timeline for internal governance processes and developing cross-partnership increases with each additional partner involved. Discussions at South East London ICB level had an aligned service specification for these services as a desirable goal, but this has not progressed significantly due to differences in borough approaches.</li> </ul>
Option 5: decommission services	<ul style="list-style-type: none"> <li>• Statutory duty: Local authorities have a statutory duty to provide these services. This is not a viable option.</li> </ul>

### Proposed procurement route

25. Based upon the information and details outlined in this report, the proposed procurement route is option one: single supplier negotiations and direct award.

### Identified risks for the procurement

26. Commissioners will develop and monitor a risk register as part of the procurement approach. High-level risks that may impede successful delivery of this procurement and contract are below, with mitigations identified:

Risks	Risk level	Mitigations
Unable to control costs of services, or secure services at a price within the local authority budget for the services.	Medium	<ul style="list-style-type: none"> <li>• Work with GSTT to review current spend within the financial envelope, potential to identify areas of savings. Transformational work to move to a more proactive preventative model.</li> <li>• Explore co-location within Family Hubs and multi-agency working opportunities.</li> <li>• Since 2015 there has been a reduction in the children and young people population in Southwark as mentioned in paragraph 12. Also, as mentioned in paragraph 9 there will be budget monitoring completed on a quarterly basis to improve budget transparency.</li> </ul>

Risks	Risk level	Mitigations
Failed and or delayed negotiation	Medium	<ul style="list-style-type: none"> <li>• Agree a decision making timeline with GSTT as soon as possible to ensure deadlines are achieved.</li> <li>• Review options on possible extension for the current contract.</li> </ul>
The proposed procurement approach is met with legal challenge.	Low	<ul style="list-style-type: none"> <li>• The council would ensure that the procurement route is compliant with the Provider Selection Regime (PSR).</li> <li>• Current market intelligence suggests that other London Trusts have little appetite to take over other NHS Trusts and are moving forward with working within the emerging ICS partnerships instead.</li> </ul>
Current service quality may reduce while going through procurement/negotiation process.	Medium	<ul style="list-style-type: none"> <li>• Ensure dedicated resource is allocated.</li> <li>• Work with GSTT to mitigate staff risk and feed into resource modelling.</li> <li>• Continue regular (monthly) contract monitoring with providers throughout to monitor key performance indicators.</li> </ul>
Cyber Attack and data breaches	Medium	<ul style="list-style-type: none"> <li>• EPIC (Electronic patient record system), is the main health care patients system. <a href="https://www.guysandstthomas.nhs.uk/epic/data-and-security">https://www.guysandstthomas.nhs.uk/epic/data-and-security</a></li> <li>• The recent cyber-attacks occurred on a separate system known as Synnovis system who are the pathology providers. GSTT as a precaution shut down their servers including EPIC when it became clear it was a cyber-attack.</li> <li>• EPIC meets all UK General Data Protection Regulations (GDPR) 2021 and Data Protection Act 2018 and conducts a number of audits on their systems.</li> </ul>

## KEY / NON KEY DECISIONS

27. This report deals with a key decision.



## Policy Framework Implications

28. The Health and Social Care Act 2012 sets out local authorities' responsibility for improving the health of their local population, and the Council's statutory responsibility for delivering and commissioning public health services for children and young people aged 0-19 years. These are principally delivered through the school nursing and health visiting services.
29. An equality and health analysis was conducted for the services and is included within the background documents. The analysis found no evidence to consider any group protected by the Equality Act 2010 to be disadvantaged through the current service provision proposals.
30. The Borough Plan sets out our commitment to reduce health inequalities, in particular 'closing the gap in health inequalities that affect our Black, Asian and ethnic minority communities.' There will be quarterly monitoring and performance meetings scheduled with the provider. GSTT will report against the agreed KPIs that will demonstrate how the delivery is supporting those Black, Asian and ethnic minority families. This will allow Public Health Commissioners to analyse the data, highlight any gaps in access and provision and for GSTT to develop their service and address any inequalities raised.
31. Children and young people are central to Southwark Health and Wellbeing Board's Health and Wellbeing Strategy. This has a focus on giving every child and young person the best start in life, alongside tackling neglect and vulnerabilities by supporting vulnerable children and young people and ensuring a positive transition into adulthood. The strategy sets out these ambitions, to be considered when commissioning health and wellbeing services.

## Procurement Project Plan (Key Decisions)

32.

Activity	Complete by:
Enter Gateway 1 decision on the Forward Plan	01/03/2024
DCRB Review Gateway 1	24/04/2024
CCRB Review Gateway 1	09/05/2024
CMT Review Gateway 1	04/06/2024
Brief relevant cabinet member (over £100k)	07/06/2024
Notification of forthcoming decision - Cabinet	12/07/2024
Approval of Gateway 1: Procurement strategy report	22/07/2024
Scrutiny Call-in period and notification of implementation of Gateway 1 decision	31/07/2024
Forward Plan (if Strategic Procurement)	01/08/2024

Gateway 2	
DCRB Review Gateway 2:	31/07/2024
CCRB Review Gateway 2	15/08/2024
Brief relevant cabinet member	27/08/2024
Notification of forthcoming decision	04/09/2024
Approval of Gateway 2: Contract Award Report	12/09/2024
Publish transparency notice – intent to award contract for NHS Provider Selection Regime regulations	13/09/2024
Transparency notice standstill closes for NHS Provider Selection Regime regulations	22/09/2024
End of scrutiny Call-in period and notification of implementation of Gateway 2 decision	30/09/2024
Contract award	30/09/2024
Publish amended transparency notice – confirmation of award of contract for NHS Provider Selection Regime regulations	30/09/2024
Add to Contract Register	30/09/2024
Contract start	01/10/2024
Initial contract completion date	31/03/2027
Contract completion date – (if extension exercised)	31/03/2029

### **TUPE/Pensions implications**

33. It is anticipated that TUPE would apply if 0-19 children’s community public health services were to be delivered by a new provider. The recommended procurement strategy in this paper is for negotiation with the current provider and direct award, so it is not likely that TUPE would be required. No council staff will be affected by TUPE.

### **Development of the tender documentation**

34. The procurement documentation for the 0-19 Children’s Community Public Health Services contract will be led by the Southwark integrated commissioning team, working closely with Southwark Public Health team.
35. All procurement documentation including the service specifications, briefs, pricing/evaluation criteria and contractual terms and conditions will be developed with consideration of previous developments in health visiting and school nursing, the Family Hubs model, feedback from stakeholders and from local residents.

36. Documentation will include a technical service specification outlining the scope and requirements of the provision to be delivered. The service specification will be developed on the premise that there will be a balance between providing enough information to enable assurance that providers will offer what is needed whilst being flexible enough to allow for negotiation and submission of responses that are compliant, innovative and demonstrate best value for money and will fully meet service needs.

### **Advertising the contract**

37. This is not applicable as the procurement strategy is approved to enter into direct negotiations with the incumbent provider.

### **Evaluation**

38. The requirement for robust monitoring and evaluation frameworks and price and quality considerations will be built into all procurement documents. The evaluation framework arrangements and requirements applies to the intended procurement option of single supplier negotiation.

### **Community, equalities (including socio-economic) and health impacts**

#### **Community impact statement**

39. The recommendation made will avoid a gap in service provision, which would cause significant negative impact on the health and wellbeing of the borough's children young people and their families.
40. GSTT are a key stakeholder in Southwark, committed to supporting the council's Fairer Futures promises, evidencing alignment through a trust-wide commitment to a London Living Wage, net zero climate change policy and being a key employer of Southwark residents.
41. An Equality and health analysis report for the 0-19 children's Community Public Health Services Contract Variation was written and approved on 26 January 2023 and has recently been updated with the latest data sources. This document is included in the appendices. The model proposed in this contract is not significantly different to the model used for that report. If significant changes are proposed to the delivery model or outcomes sought compared to the model used for that analysis, a further equality impact assessment will be conducted in order to assess the effect and impact of the services on individuals having a protected characteristic under the Equality Act 2010.

#### **Equalities (including socio-economic) impact statement**

42. The adoption of the new specification and contract is more likely to have a net benefit especially concerning inequalities through a continuous learning and

improvement approach to identify and address any gaps or inequalities in service provision. This would be facilitated by better data collection, frequent analysis and improved oversight and assurance processes.

### **Health impact statement**

43. The adoption of the new specification and contract is more likely to have a net benefit especially with regards to health of children (and their families), facilitated through a more tailored approach, and supported by more robust assurance and governance processes.

### **Climate change implications**

44. The availability of high-quality 0-19 children's community public health services within the borough, promotes the use of active transport such as walking, cycling, and public transportation to attend appointments.

### **Social Value considerations**

45. The Public Services (Social Value) Act 2012 requires that the council considers, before commencing a procurement process, how wider social, economic and environmental benefits that may improve the well-being of the local area can be secured. The details of how social value will be incorporated within the contract are set out in the following paragraphs.

### **Economic considerations**

46. NHS organisations, by virtue of their size and industry, set their own policies and practices with respect to employment, procurement and sustainability.
47. GSTT is ranked as one of the top NHS trusts in the country to work for by the NHS staff survey and are holders of the Investors in People Gold Standard award.

### **Social considerations**

48. GSTT is one of the largest employers in London employing over 23,500 staff and due to its location; it is likely a major employer of Southwark residents.
49. GSTT will continue to adhere to the London Living Wage commitments.

### **Environmental/Sustainability considerations**

50. NHS organisations, by virtue of their size and industry, set their own policies and practices with respect to employment, procurement and sustainability.
51. GSTT are committed to delivering sustainable healthcare, being one of the first trusts in the country to implement combined heat and power systems and promote green transport through their community links.

## Plans for the monitoring and management of the contract

52. The council's contract register publishes the details of all contracts over £5,000 in value to meet the obligations of the Local Government Transparency Code. The Report Author must ensure that all appropriate details of this procurement are added to the contract register via the eProcurement System.
53. The service will be managed by the Public Health and Integrated Commissioning teams.
54. The service will report to the 0-19 Oversight Board which is a council board chaired by the Director of Public Health. The 0-19 Oversight Board holds the strategic oversight for the service and is responsible for the service risks, mitigating against these and escalating them where necessary.
55. Southwark Council commissioners are in discussion with Lambeth on how best to maximise the opportunities for collaborating to achieve the best outcomes for Southwark residents.
56. An annual performance review will be provided to DCRB and the council's Corporate Contract Review Board (CCRB) in alignment with council Contract Standing Orders.

## Staffing/procurement implications

57. The procurement process will utilise current staffing resources.

## Financial implications

58. The contracts can be funded from existing 0-19 children's community public health budgets within the Public Health Grant.
59. It is noted that we will need to factor in the impact of potential decisions made relating to inflationary uplifts in the future, as set out at paragraph 9, and how these are applied.
60. The contract value excluding VAT is:

	Cost excluding VAT
Annual cost – Health visiting	£5,628,904
Annual cost – School nursing	£1,140,150
<b>Total annual cost – both services</b>	<b>£6,769,054</b>
Total cost 1 October – 31 March 2027 (2.5 years)	£16,922,635

	<b>Cost excluding VAT</b>
<b>Total cost 1 October – 31 March 2029 (4.5 years)</b>	<b>£30,460,743</b>

### **Investment implications**

61. There are no investment implications to consider at this stage.

### **Legal implications**

62. Please see concurrent from the Assistant Chief Executive – Governance and Assurance.

### **Consultation**

63. The council works with the currently commissioned services to consult and engage with the community and across the partnership on the aims and outcomes of these services through a period of 'Service specification engagement and feedback' that will be completed by the end of June 2024.

### **Other implications or issues**

64. There are none noted.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Strategic Director of Finance REF: [1PHAM2024-25]**

65. The finance section notes the approval of the procurement strategy for delivery of Public Health 0-19 children's Community services for Southwark Council for an initial period of two years and six months from 1 October 2024 including an option to extend for two years, involving single supplier negotiation with the existing provider, Guy's and St Thomas' Trust – Evelina Children's Community Services.

66. The finance section confirms the annual contract value of £6.8m.

67. There is sufficient budget within the existing 0-19 Community Services allocation within the Public Health Grant to fund the overall contract.

### **Head of Procurement**

68. This report seeks approval of the procurement strategy for delivery of Public Health 0-19 children's Community services for Southwark Council for an initial period of two years and six months from 1 October 2024, including an option to extend for a further period of two years, involving single supplier negotiation with the existing provider, Guy's and St Thomas' Trust, (GSTT) at an estimated annual value of £6.8m and a maximum total estimated value of £30.5m, if potential extension options are utilised.

69. The nature of the services to be procured dictates alignment with the Provider Selection Regime 2023 (the PSR) as relevant to “health care services”. In accordance with the PSR, the commissioning authority may follow a direct award process, (Direct Award Process C “where the existing provider is satisfying the existing contract and will likely satisfy the proposed new contract, and the contract is not changing considerably”) provided associated record-keeping and transparency requirements are also observed. Notwithstanding, the report is also consistent with the council’s Contract Standing Orders, (CSO) which reserve decision to approve the procurement strategy recommendation to Cabinet, and delegation of the subsequent contract award recommendation to the Strategic Director of Children and Adult Services, in consultation with the cabinet member for Health and Wellbeing, following review at DCRB and CCRB.
70. Headline risks associated with the recommended procurement strategy are contained within the table at the end of paragraph 26.
71. Intended alignment with the Fairer Future Procurement Framework (FFPF) is evidenced within the content of paragraphs 34 - 51. Paragraphs 40 - 51 specifically evidence commitment to payment of a London Living Wage, internal climate change/environmental policy, and status as a key employer of Southwark residents.
72. The proposed methodology for performance/contract monitoring is detailed within paragraphs 52 - 56. The report also confirms that an annual performance review will be provided to the relevant DCRB and CCRB in alignment with council Contract Standing Orders.
73. The Community, Equalities and Health Impact Statements are set out in paragraphs 39 - 43.
74. The Climate Change, Social Value, Economic and Environmental / Sustainability statements are set out in paragraphs 44 - 51.

**Assistant Chief Executive – Governance and Assurance REF: [SB040424]**

75. This report seeks approval of the procurement strategy involving single supplier negotiation with Guy’s and St Thomas’ Trust for the delivery of Public Health 0-19 Children’s Community services for an initial period of two years and six months from 1 October 2024 including an option to extend for two years.
76. The procurement of these community services is subject to the application of the Health Care Services (Provider Selection Regime) Regulations 2023 (“PSR”) which came into effect from 1 January 2024 and apply to health care services which are provided to individuals. The PSR makes it possible (using the prescribed Direct Award Process C) to continue with existing arrangements for service provision where all of the following are satisfied:

- The council is not required to follow the other prescribed direct award processes (A or B);
- The term of an existing contract is due to expire, and the council proposes a new contract to replace the existing contract at the end of its term;
- The proposed contracting arrangements are not changing considerably;
- Officers are of the view that the existing provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard.

77. The provision of such services is required in order to enable the council to fulfil its statutory duty to commission and deliver public health services for children and young people aged 0-19 years.

78. The procurement strategy recommended in this report is consistent with the council's Contract Standing Orders, and the report notes that the decision to approve the recommendation has been expressly delegated to the Strategic Director of Children and Adult Services, following consideration of the report by the Departmental and Corporate Contract Review Boards.

79. When making procurement decisions the decision maker will be aware of the Public Sector Equality Duty (PSED) in section 149 of the Equality Act 2010. At each stage, in exercising its function (and in its decision-making processes) the council must have due regard to the need to:

(a) eliminate discrimination, harassment, victimisation or other prohibited conduct;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;

(c) foster good relations between person who share a relevant protected characteristic and those who do not share it.

The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Marriage and civil partnership are protected in relation to (a) only.

80. Paragraph 41 note that an equalities and health analysis / equalities impact assessment has previously been undertaken and recently updated. If required a further equalities impact assessment will be completed for the purpose of informing the procurement process and the development of a future service. The decision maker must be satisfied that the PSED has been complied with when considering the report's recommendations.



## REASONS FOR URGENCY

81. There are none.

## REASONS FOR LATENESS

82. There are none.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Gateway 0 - Public Health 0-19 Children's Community services, 18 March 2024	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, SE1 2QH	Liz Brutus 07849 311 984
<b>Link (please copy and paste into browser):</b> <a href="https://moderngov.southwark.gov.uk/mglIssueHistoryHome.aspx?Id=50034152&amp;PlanId=804&amp;RPID=50622314">https://moderngov.southwark.gov.uk/mglIssueHistoryHome.aspx?Id=50034152&amp;PlanId=804&amp;RPID=50622314</a>		
Gateway 3 – Contract extension request for delivery of 0-19 (25 for SEND) Children's Community Public Health Services, 27 November 2023	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, SE1 2QH	Liz Brutus 07849 311 984
<b>Link (please copy and paste into browser):</b> <a href="https://moderngov.southwark.gov.uk/documents/s117496/Report%20Gateway%2003%20Contract%20extension%20request%20for%20delivery%20of%200-19%2025%20for%20SEND%20Childrens%20Commun.pdf">https://moderngov.southwark.gov.uk/documents/s117496/Report%20Gateway%2003%20Contract%20extension%20request%20for%20delivery%20of%200-19%2025%20for%20SEND%20Childrens%20Commun.pdf</a>		
Gateway 3 – Variation Decision 0-19 Children's Community Public Health Services Contract Variation, 7 March 2023	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, SE1 2QH	Liz Brutus, 07849 311 984
<b>Link (please copy and paste into browser):</b> <a href="https://moderngov.southwark.gov.uk/documents/s112434/Report%20GW3%200-19%20Childrens%20Community%20Public%20Health%20Services%20Contract%20Variation.pdf">https://moderngov.southwark.gov.uk/documents/s112434/Report%20GW3%200-19%20Childrens%20Community%20Public%20Health%20Services%20Contract%20Variation.pdf</a>		
Gateway 0 - Strategic Options Assessment for service provision of Children and Young People's (0 –19) Public Health Services, 12 July 2019	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, SE1 2QH	Liz Brutus 07849 311 984

Background Papers	Held At	Contact
<b>Link (please copy and paste into browser):</b> <a href="https://modern.gov.southwark.gov.uk/documents/s83981/Report%20and%20Appendices%201%20and%202%20Gateway%200%20-%20Strategic%20Options%20Assessment%20for%20service%20provision%20of%20Chi.pdf">https://modern.gov.southwark.gov.uk/documents/s83981/Report%20and%20Appendices%201%20and%202%20Gateway%200%20-%20Strategic%20Options%20Assessment%20for%20service%20provision%20of%20Chi.pdf</a>		

## APPENDICES

No	Title
Appendix 1	Equality and health analysis – 0-19 Children’s Community Public Health Services Contract Variation, 7 March 2023

## AUDIT TRAIL

<b>Cabinet Member</b>	Councillor Evelyn Akoto, Health and Wellbeing	
<b>Lead Officer</b>	David Quirke-Thornton, Strategic Director of Children and Adult Services	
<b>Report Authors</b>	Daniel Hooper, Senior Commissioning Officer Layla Glover, Senior Public Health Programme Manager Liz Brutus, Consultant in Public Health	
<b>Version</b>	Final	
<b>Dated</b>	8 July 2024	
<b>Key Decision?</b>	Yes	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Finance	Yes	Yes
Head of Procurement	Yes	Yes
Assistant Chief Executive – Governance and Assurance	Yes	Yes
<b>Contract Review Boards</b>		
Departmental Contract Review Board	Yes	Yes
Corporate Contract Review Board	Yes	Yes
<b>Cabinet Member</b>	<b>Yes</b>	<b>Yes</b>
<b>Date final report sent to Constitutional</b>		8 July 2024