

**Meeting:** [Cabinet](#) **Date:** [11 July 2024](#)

**Wards affected:** [All](#)

**Report Title:** [0-19 services procurement](#)

**When does the decision need to be implemented?** [The procurement process will need to commence in the summer period, August 2024 onwards.](#)

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## 1. Purpose of Report

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- 1.1. Torbay Council, specifically Public Health and Children's Social Care, are responsible for commissioning most of the services that sit within the Healthy Child Programme, also known as 0-19 provision. The full list of the 'services' that are currently within the 0-19 provision can be found in Appendix 1
- 1.2. The current 0-19 Service contract, held by Torbay and South Devon NHS Foundation Trust (TSDFT) with Action for Children and The Children's Society - Checkpoint (TCS) as sub-contracted providers, expired in March 2024 and a further one-year extension has been agreed with the contract holder until 31 March 2025.
- 1.3. Procurement planning for a new service has commenced: decisions for which are governed by the 0-19 Procurement Board, with membership including the Directors of Children's Social Care, Finance and Public Health.
- 1.4. The 0-19 Procurement Board have concluded that the Local Authority should undertake a 'hybrid' commissioning model for a new set of services by 31 March 2025.

- 1.5. Specifically, this hybrid model includes the enactment of three separate procurement processes:
  1. To direct award to TSDFT the 0-5 services (Health Visitors and Family Hubs) alongside school nurses by following the Health Care Services Provider Selection Regime (('PSR for Health') which is a UK Government set of regulations for procuring health care services).
  2. To bring young people's substance misuse and return home conversation provisions 'in-house' so those delivering services are under direct control of the Local Authority (through a HR process of TUPE staff into the Local Authority).
  3. To re-procure Advocacy and Independent Visitors Services via an open market tender opportunity.
- 1.6. The paper also requests for delegated authority to award the contracts be given to the Directors of Childrens Services and Public Health upon the satisfactory completion of the above procurement processes (see 3.2 below).

## 2. Reason for Proposal and its benefits

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- 2.1 By undertaking the proposed direct award process, it allows the Authority to maintain services that are in broad terms, currently delivering against their contractual aims and objectives and are delivering services effectively to Torbay's residents.
- 2.2 By undertaking the process, it will save Authority officers time and capacity by not needing to undertake a full market procurement, thus using our resources to best effect. This will also reduce the burden on our provider partners from having to undertake the procurement as a delivery partner, thus allowing them to focus on the new contract and the service iteration required for that.
- 2.3 It allows for the Authority to build on the developing youth provision locally to give more coherence and resilience to this emerging offer. This in turn will support the development of an offer for a potential future procurement.
- 2.4 It allows for greater connectivity and integration of certain provisions by bringing provisions in house into the emerging youth offer to provide more joined up services, with greater resilience, improving the offer for vulnerable young people.
- 2.5 It also allows the Authority to test of the market by undertaking an open market procurement where it is felt to be in the best interests of residents and the local authority to test the market for efficiencies, new models of delivery and innovative practice.
- 2.6 It meets legislative requirements which stipulate that the Authority undertakes a relevant procurement process to award contracts.

- 2.7 It maintains effective relationships with our strategic partners to deliver integrated, connected services to our residents.
- 2.8 This is underpinned by the 0-19 business case which can be found in the background document section.

### 3. Recommendation(s) / Proposed Decision

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1. That the Director of Public Health be given delegated authority to direct award to TSDFT the 0-5 services (Health Visitors and Family Hubs) alongside school nurses by following the Health Care Services Provider Selection Regime (('PSR for Health') which is a UK Government set of regulations for procuring health care services).
2. That the Director of Children's Services be given delegated authority:
  - i) to bring young people's substance misuse and return home conversation provisions 'in-house' so those delivering services are under direct control of the Local Authority (through a HR process of TUPE staff into the Local Authority).
  - ii) To re-procure Advocacy and Independent Visitors Services via an open market tender opportunity.

## **Appendices**

Appendix 1: List of Service currently within the 0-19 provision.

## **Background Documents**

0-19\_PSR Decision Making.docx

Emerging Issues 0-19 Procurement April DOM.docx

Business Case 0-19 Services Procurement v4.docx

Tackling Climate Change Impact Assessment Tool 0-19.docx

# Supporting Information

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## 1. Introduction

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- 1.1 Torbay Local Authority, specifically Public Health and Childrens Social Care, are responsible for commissioning most of the services that sit within the Healthy Child Programme, also known as 0-19 provision, and additional preventative and protective services for children and young people in Torbay.
- 1.2 The current 0-19 Service contract expired on March 2024 and a further one-year extension (as per the contract) has been agreed with the contract holder, Torbay and South Devon NHS Foundation Trust (TSDFT) with Action for Children and The Children's Society - Checkpoint (TCS) as sub-contracted providers.
- 1.3 There is the option of extending the contract for up to a further three years. Regardless of further annual contract extensions, a new contract will need to be developed and put in place utilising the necessary processes as bound by current procurement legislation.
- 1.4 The core 0-19 Services currently delivered by the three providers in Torbay that were included in the 2018 specification and those that have been added since the contract was signed can be found in Appendix one.
- 1.5 Scoping of services that will form part of a future contract have been agreed by the 0-19 Procurement Board with membership including the Directors of Children's Social Care, Finance and Public Health. The recommended course of action is to adopt a hybrid commissioning model, with some incumbent provisions procured via a direct award as one service to via the Health Care Services Provider Selection Regime (PSR) process (see section below) and others adopting a separate process. The services to be procured via the PSR process contain predominantly the incumbent provisions for children aged 0-5 with school nursing, as set out below:
  - Health Visiting (Public Health Nursing).
  - School Nursing (Public Health Nursing).
  - National Child Measurement Programme.
  - Parenting Aspirations, Self Esteem, Skills, and Family Support (Early Help and Family Support).
  - Child Development and School Readiness.
  - Children's Centres/Community Hubs (Now Family Hubs)
- 1.6 This Direct award would be made to Torbay and South Devon NHS Foundation Trust (TSDFT) with a corresponding sub-contract being awarded to Action for Children.

1.7 The Health Care Services Provider Selection Regime (PSR) is a set of regulations for procuring health care services, as directed by Central Government.

*The regime makes it possible to continue with existing arrangements for service provision where those arrangements are working well and there is no value for people who use the service in seeking an alternative provider. Where there is a need to consider changing arrangements for service provision, it provides a fair, transparent, and proportionate process for decision-making, which includes the option of using competitive tendering. The Provider Selection Regime: statutory guidance.*

1.8 A process led by Procurement and involving Children's Social Care and Public Health resulted in a recommended outcome of direct award (direct award process C) to the incumbent provider (Torbay and South Devon NHS Foundation Trust) and to not follow a competitive tender process. The outcome resulting from the process was based on the existing provider satisfying and likely to satisfy the proposed contract to a sufficient standard considering, but not limited to, the following factors:

- Overall performance.
- Quality assurance.
- Service impact.
- Service user feedback.
- Contract specific requirements i.e., exit management plans, business continuity plans, disputed invoices, open book accounting etc.

1.9 This decision to directly award was approved by the 0-19 Procurement Board. Under the PSR, Authorities are required to record and publish their decision making for each process, details of which can be found in the link titled '0-19\_PSR Decision Making' in the Background Documents Section above.

1.10 Services currently provided by The Childrens Society (TCS) as a sub-contractor of TSDFT would then follow two separate routes.

1.11 Firstly, the young person's drug and alcohol service (approx. 1.8 WTE) would be brought in house and would sit in the Youth Service within the Authority. Children and young people inform professionals that they want to attend one service - Bringing this provision into the wider youth offer (a youth hub) supports the 'tell it only once' model of support. It also supports the building and developing of a wider youth offer; it is a timely opportunity to consolidate this provision into that offer and is expected to bring about improved connectivity, capacity and oversight of the provision.

1.12 Also the Missing and Return Home Conversation provision (approx. 1.0 WTE) would be brought in house and would be sat within the Exploitation team. This allows the Local Authority to develop current children's exploitation provisions and bring into the wider context of the wider youth offer (youth hub), where children and young people can access multiple provision within one service. It also supports improving support for children and

young people who regularly access more than one support service, more specifically those at risk of exploitation and those regularly reported as missing from home.

- 1.13 This wider youth offer may, in the future once consolidated, be re-tendered on the market, an opportunity which TCS Checkpoint would be able to bid for if they choose.
- 1.14 Advocacy and Independent Visitor's Services (1.9 WTE) follows an open market procurement process for a new contract start date of April 2025. There is an opportunity to re-design an advocacy service, incorporating up-to-date national guidance and realistic contractual arrangements that can meet demand and offer advocacy interventions to all children and young people open to support. This opportunity would be open for TCS Checkpoint to bid for, should they choose.

## 2. Options under consideration

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- 2.1 There were four options that were under consideration and will be dealt with in sequence below.
- 2.2 Option one was to 'do nothing' and continue with the contract 'as is' with no material change to the core contract or the delivery partners until the contract reaches its natural end point in March 2028. Whilst this maintains systems and pathways, it does not give additional scope or capability to reconfigure the services as required.
- 2.3 Option two was to in-house the whole of the current provision. This would give the Authority total control of the services, but some are required under guidance or legislation to be arm's length from the Authority (e.g. advocacy) and equally would place significant burdens on the Authority to oversee a workforce whereby the capacity, skills and competence to do so does not currently exist (such as the NHS nursing workforce in 0-19).
- 2.4 Option three was to undertake an open market procurement for the services. This option would enable a full-service redesign to occur but wouldn't enable those service that could form part of the emerging youth offer to integrate into this offer. Additionally this would create a significant operational burden on officers (and provider services) to undertake a complex wholesale procurement whereby the drivers for such a process across all services involved are not present.
- 2.5 Option four was to undertake the hybrid model of procurement whereby some services are procured on the market, some are procured via direct award and some are in-housed. This option best addresses the weak spots in the model currently and allows for the integration of appropriate services into a youth model, whilst maintaining provisions where there are no significant material deficits. This route also avoids significant system destabilisation and increased officer and partner organisation workload to procure services unnecessarily. It does however allow services where an open market procurement is in the organisations and young people's best interests, to occur.

2.6 It is option four that the 0-19 procurement board have agreed to take forward.

### 3. Financial Opportunities and Implications

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- 3.1 The procurement model being undertaken has been considered feasible on the basis that all services and costs are currently part of existing base budgets and other than inflationary increases of 2.5%, there is no additional resource requirements as part of this proposal.
- 3.2 The total contract amount for the services under the direct award through the PSR for Health for the period 25/26 to 29/30 will be circa £19.35m.
- 3.3 This model has been developed alongside the Public Health Finance lead, the Children's Services Principal Accountant and Finance Director as one of the Senior Reporting Officers of the 0-19 Procurement Board.
- 3.4 The approximate total cost of the Young Person's Drug and Alcohol, Missing and Return Home Conversations, Advocacy and Independent Visitor's Services for the period 25/26 to 29/30 will be circa £1.46m.

### 4. Legal Implications

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- 4.1 There are no anticipated legal implications other than those routinely present when undertaking a procurement process.

### 5. Engagement and Consultation

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- 5.1 Community engagement has included working alongside service users to hear their experiences when accessing 0-19 provision. Insights have been gathered with support from the community and voluntary sector, the Children's Social Care participation team and through the 0-19 service-user feedback exercises. All of which have been taken into account and considered when developing the model.

### 6. Procurement Implications

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- 6.1 All three options have been fully scoped with Commercial Services colleagues and are deemed to be the best and most appropriate procurement option to meet the requirements of the Authority.
- 6.2 All proposals have been tested and agreed through the 0-19 Procurement Board.



- 6.3 Specific detail of the procurement routes to be undertaken can be found in 'Section 1: Introduction' above.

## 7. Protecting our naturally inspiring Bay and tackling Climate Change

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- 7.1 By continuing to enable services to support digital and place-based access, it is anticipated that this will have a positive impact in terms of reducing the need to travel as far within Torbay to receive services, where this is in the best interests of the service users.
- 7.2 A Protecting our naturally inspiring Bay and tackling Climate Change Impact Assessment Tool has been completed and can be found in background documents.
- 7.3 Social Value (including Climate change) will be assessed as part of any procurement activity that takes place.

## 8. Associated Risks

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- 8.1 The key risks are associated with the inability to deliver all three the procurement strands in time for the current contract end date of 31 March 2025.
- 8.2 Failure to make a decision could result in this risk becoming a reality which will potentially require current contracts to be extended which is not in the perceived best interests of the Local Authority or our residents.
- 8.3 There is a risk that the voluntary sector provider objects to the proposal to reconfigure the provisions currently delivered by TCS Checkpoint. Whilst it is recognised that this will impact the provider, the contract will have a natural end point on 31 March 2025, and the decision being taken is not one of terminating a contract early, simply not enacting the option to offer an extension for these provisions.
- 8.4 For context the staff base that will be brought in house procured is equates to roughly 2.75 WTE staff and approximately £160,000 per annum (less than 5% of the current overall 0-19 contract value). The staff base that will be externally procured equates to roughly 1.9 WTE staff and approximately £112,400 per annum. The need to support the voluntary sector should not mean that services do not change where it is in the best interests of the Authority and its residents.
- 8.5 For wider context Torbay Local Authority continue to support the voluntary sector in delivering services that support children and young people - Sound Communities and Eat That Frog have recently been awarded a contract to deliver the Finding Various Skills Programme.

- 8.6 There are risks of challenge from the market where we directly awarded contracts via the PSR where there is insufficient evidence that they pass the tests within the regulations, although we are currently satisfied that these tests have been sufficiently passed.
- 8.7 There is also the risk that TSDFT either do not agree with the proposal put forward and no agreement can be reached to allow for the direct award of the services via the PSR, or agreement is reached later than required so that other timescales for the conclusion of this or the other procurement processes are impacted.
- 8.8 There is a risk that the Family Hubs grant (due to expire March 2025) does not get extended in any form. The Local Authority currently commissions some additional services from the 0-19 service from this grant, which it may determine need to be continued. In this eventuality there will be two which will need consideration by the 0-19 Procurement Board:
- 8.1.1 Firstly a reconfiguration of existing services whereby current provisions are scaled back or stopped so that these additional provisions can be mainstreamed, but remaining within the existing financial envelope.
- 8.1.2 Secondly, a request for additional revenue Grant funding will be developed and brought through the appropriate governance routes to mainstream these additional provisions, without materially impacting on the current service model being proposed.

## 9. Equality Impact Assessment

For the purposes of this decision, there is not anticipated to be any specific positive or negative impact based on the characteristics below. This EIA will be updated as the procurement process continues and will be signed off by the 0-19 Board as the specification is finalised.

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	<p>18 per cent of Torbay residents are under 18 years old.</p> <p>55 per cent of Torbay residents are aged between 18 to 64 years old.</p> <p>27 per cent of Torbay residents are aged 65 and older.</p>	<p>The overarching ambitions of the service are to give every child the best start in life, by focussing on the first 1001 days of life. Families who are vulnerable as first time parents or due to their socio-economic situation receive targeted support depending on their identified needs.</p> <p>The service aims to support access for all 0-5 to receive their mandated checks in an accessible and timely manner. It also looks to positively support young people and their families / carers by providing positive support, advice and signposting to specialist services. School nursing services support young people and their families with additional needs to access support and onward referrals as required.</p>		

		<p>The service will positively impact adults with families where they interact with the service.</p> <p>The service has limited impact on older age adults, unless they are in a caring capacity for young people.</p>		
Carers	<p>At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.</p>	<p>The service aims to positively support carers of children and young people by providing advice, support and signposting.</p> <p>In terms of a positive benefit, ongoing focus on improving access and engagement will improve services and outcomes for residents.</p>		
Disability	<p>In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.</p>	<p>The service will have a positive impact on children with SEND as the service forms a core part of the SEND pathway, identifying needs, supporting families and referring into specialist services for those who need specific support.</p> <p>Specifically, the service will develop the Speech, Language and Communication Needs (SLCN) offer, identifying needs at the earliest opportunity and working collaboratively across health, education and social care to ensure the offer is robust and accessible.</p> <p>Parents with SEND will be supported through targeted help across the service</p>		

		including through Public Health Nursing, Early Help and Family Support.		
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.	It is not anticipated that the service will have a specific positive or negative impact based on this characteristic.		
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	It is not anticipated that the service will have a specific positive or negative impact based on this characteristic.		
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	<p>The service aims to have a positive impact for those in the perinatal phase, from antenatal through the first year of life, by ensuring pathways between maternity and 0-19 is visible and proactive. The 0-19 service also works to ensure all new parents receive a home visit with 18 days of birth to ensure positive attachment relationships are developed. It also assesses for developmental needs with the child as well as safeguarding risks within the home environment including domestic abuse risks.</p> <p>First time parents will be offered targeted support around transition to parenthood, infant feeding and mental health.</p>		

Race	<p>In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.</p>	<p>It is not anticipated that the service will have a specific positive or negative impact based on this characteristic.</p> <p>The service will support families who are from ethnic minority backgrounds and will individualise support depending on identified need.</p> <p>For those where English is not the first language, specific support will be offered including translation of resources and offering translation services for clinical and support consultations.</p>		
Religion and belief	<p>64.8% of Torbay residents who stated that they have a religion in the 2021 census.</p>	<p>The service will not discriminate due to an individual's or family's religion or belief and will offer targeted support where a need is identified.</p> <p>It is not anticipated that the service will have a specific positive or negative impact based on this characteristic.</p>		
Sex	<p>51.3% of Torbay's population are female and 48.7% are male</p>	<p>Although the service will primarily offer support to the pregnant and new mother, the service will offer a coordinated support offer for fathers to ensure they are included and empowered as parents of infants and very young children.</p>		
Sexual orientation	<p>In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to</p>	<p>The service is not anticipated there will be any discrimination based on an individual's sexual orientation.</p>		

	describe their sexual orientation.	Although the service will primarily offer support to the pregnant and new mother, the service will offer a coordinated support offer for same sex and co-parents to ensure they are included and empowered as parents of infants and very young children.		
Veterans	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously serviced in the UK armed forces.	It is not anticipated that the service will have a specific positive or negative impact based on this characteristic.		
<b>Additional considerations</b>				
Socio-economic impacts (Including impacts on child poverty and deprivation)		<p>The service is expected to have positive impact in this area as the service takes a proportionate universalism approach meaning all children and families have access to the service, but those where need or risk is greater are receive a targeted support offer.</p> <p>This will inherently mean that those where poverty or deprivation are higher are in receipt of more focussed support and interventions including for SLCN where it is known there is an increased support need for families who live in areas of deprivation.</p>		

Public Health impacts (Including impacts on the general health of the population of Torbay)		The service aims to improve the physical, mental and emotional wellbeing of children, their siblings and their families / carers by providing evidence-based interventions, support, signposting and referral to specialist services. The services work to deliver public health practice and is underpinned by the Healthy Child Programme.		
Human Rights impacts		0-19 services are cognisant of a robust human rights framework, including the right to life, to be free from torture, the right to health, right to privacy, education, and prohibition of discrimination.		
Child Friendly	Torbay Council is a Child Friendly Council and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	The service will be developed alongside a Child Friendly Torbay framework, ensuring all children who are cared for or with care experience receive a targeted and holistic support offer.		



## 10. Cumulative Council Impact

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10.1. None.

## 11. Cumulative Community Impacts

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- 11.1 This is likely to have positive impacts on our partner organisations in Torbay and South Devon NHS Foundation Trust (and therefore Action for Children) as there is considerable reduction of risk of losing the contract and maintaining positive, stable relationships build both with the local authority, and with the community, through the contract to date.
- 11.2 There is the possibility of an erosion of relationships with the voluntary sector, particularly TCS Checkpoint, by choosing to remove services from the TSDFT contract. Whilst this is possible, the benefits gained from integrating these services with wider youth provisions in the Authority, or putting these out to the market are considered to off-set against these impacts.