OPTIONS PAPER: ALTERNATIVES TO 0-19s MODEL

1.1 Overview

1.1.1 The recommended option is the creation and development of 0-19s Model, with Health Visiting and School Nursing (delivered in-house) at the core.

1.1.2 This Appendix sets out the various alternative options which were also considered:

- No change – Recommission an outsourced 0-5 Service and do not create a 0-19s Model
- Commission an outsourced 0-19 Service
- Jointly commission an outsourced 0-19 Service which includes SCCG-commissioned services (Community Children's Services and the Community Paediatric Service)

1.2 No change - Recommission an outsourced 0-5 Service and do not create a 0-19s Model

1.2.1 This would have involved a like-for-like replacement of the current arrangements. SBC would have retendered the 0-5 Service and the 5-19 Service would have remained in-house.

1.2.2 This option would have proved the least disruptive and most straightforward option to implement.

1.2.3 However, it was decided that it would present a missed opportunity for improving service integration.

1.2.4 Integration with other SBC services delivered in-house (e.g. Early Years & Early Help) is easier to control and implement successfully if the 0-5 Service is also delivered in-house. In-house staff can more easily be co-located with associated teams and staffing structures can be more flexibly adapted through test and learn approaches. This would have been more difficult to achieve if the service was tendered externally, because SBC would have an arms-length relationship with the provider.

1.2.5 There were concerns regarding the affordability of the service following recent budget reductions and whether prospective bidders may not have submitted bids.

1.2.6 There was also a concern that ABSS services might have been destabilised by the appointment of a new provider. This risk can be more easily managed if SBC takes on the delivery of the Public Health-funded FNP.

1.3 Commission an outsourced 0-19 Service

1.3.1 This would have involved the creation of a 0-19 Service by combining the 0-5 Service (currently delivered by EPUT) with the 5-19 Service (currently delivered in-house). However, unlike the preferred option, this 0-19 Service would have been tendered externally to commence on 1 April 2019.

1.3.2 This option would have provided some of the benefits associated with the preferred option. The combined 0-19 Service would have provided a more substantial proposition than simply retendering the 0-5 Service and so may

have produced a more competitive tender process potentially providing better value for money as bidders found economies of scale.

1.3.3 However, tendering out the School Nursing service could have had a detrimental effect and/or be perceived negatively. The School Nursing service was brought in-house 2015 after changes in the commissioning landscape cause a destabilisation of the workforce. A considerable amount of time and effort was exerted to bring the in-house service to the required level. The service underwent a recent CQC inspection in 2017 which was positive. Colleagues in Public Health were reluctant to risk the recent improvements in the School Nursing service by retendering this service. In addition, there may have been a negative public perception in outsourcing the school nursing service, especially as it was only brought in-house relatively recently.

1.3.4 Furthermore, there was a concern that outsourcing the 0-19 Service would make service integration with other in-house services (e.g. Early Years & Social Care) more difficult to control and implement. It would not have been possible to create the 0-19s Model as envisaged: there would have been more obstacles preventing staff from being be co-located with associated teams and achieving operational flexibility would have been more difficult, as SBC would have had an arms-length relationship with the provider.

1.4 Jointly commission an outsourced 0-19 Service which includes SCCG-commissioned services (Community Children's Services and the Community Paediatric Service)

1.4.1 This would have involved SBC and SCCG jointly commissioning a combined service. This service would have included the 0-5 Service and (optionally) the 5-19 Service (commissioned by SBC) and the Community Children's Services and (optionally) Community Paediatric Service (both commissioned by SCCG).

1.4.2 This option may have provided some of the benefits associated with the preferred option and, if successful, would have provided the highest levels of integration across children's services.

1.4.3 However, SCCG indicated that it currently wishes to seek to implement service improvements with EPUT in relation to Children's Community Services in the short term, rather than fully recommissioning its children's services at this time. Seeking integration at this time would have cut across the work of the community paediatrics options appraisal.

1.4.4 In addition, there would be significant risks to the service in SBC and SCCG attempting to jointly design, procure and mobilise this extended service within the available timeframe. This issue would be compounded by the different footprints of the services, as SCCG services cover Castle Point and Rochford, as well as Southend.

1.4.5 That said, the preferred option certainly does not preclude SBC and SCCG from undertaking this joint work over a longer timeframe, with a view to further integrating and potentially outsourcing those services together in the future.

1.5 Other Factors

1.5.1 It should be noted that colleagues from legal and procurement have advised that it would not a viable option to roll-forward the 0-5 Service contract with EPUT beyond 31 March 2019. Consequently this option was not considered further.

1.5.2 With each of the three alternative options set out above, there was also a concern that timescales would have been very tight for procuring and then mobilising a outsourced service. Procurement has advised that it would have taken several months to run a full procurement exercise. Following selection of a provider, it would have been advisable to allow at least 2-3 months for that incoming provider to mobilise the new service. There is also the risk that any contract award could be subject to a challenge, leading to delays in mobilisation.