

**Report of Head of Public Health Children and Families and Adults and Health Commissioning Team**

**Report to Director of Public Health**

**Date: 18<sup>th</sup> April 2018**

**Subject: Recommissioning of Public Health 0-19 Healthy Child Programme**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Summary of main issues**

1. Leeds City Council, Public Health currently contract with Leeds Community Healthcare NHS Trust (LCH) to deliver a number of contracts under the Leeds Healthy Child Programme. These contracts come to an end in March 2019 with no option to extend.
2. The services in scope of the recommendations within this report are Health Visiting, the School Nursing Service (5-19) and the Oral Health Promotion Service.
3. The services include the delivery of nationally mandated functions including the Five Universal Health Reviews (before a child is 3 years old) and the National Child Measurement Programme. The annual oral health surveys are a statutory requirement. A core universal offer is available to all children, young people and their families. Enhanced and targeted support is also available for those identified as having additional needs.
4. The services are strategically important contributing to the delivery of key health and wellbeing outcomes for children, young people and their families as well as outcomes within the Public Health Outcomes Framework (PHOF) primarily supporting children to have the best start in life, ensuring all children and young people are safe from harm and promoting physical and mental health for all. Following the conclusion of a thorough strategic review and procurement options appraisal, it is the intention to procure a new '0-19 Public Health Integrated Nursing Service'

(PHINS) to commence on the 1<sup>st</sup> April 2019 using the negotiated procedure without the publication of a notice, entering into negotiations with Leeds Community Healthcare NHS Trust (LCH). This is in accordance with the Public Contracts Regulations 2015 (Regulation 32 (1) (b)) on the grounds that we consider, due to the technicalities surrounding the interdependencies of the service, that only LCH can meet the Council's requirements.

5. The strategic review concluded that only LCH can meet the Council's requirements due to the interdependencies between the service and other NHS Community Child Health Services (CCHS) for Leeds children provided by LCH. These interfaces are underpinned by well developed pathways, shared information systems and shared infrastructure.
6. The 0-19 PHINS is also functionally integrated with Leeds City Council Children's Centres (Leeds Early Start Service) to ensure the most appropriate professional responds to the needs of children and families, through joint allocation, shared pathways and some co-location with Children's Centres.
7. This model of structural and functional integration ensures a seamless service for children and families who are accessing a range of health and social support services.

## **Recommendations**

The Director of Public Health is recommended to:

- grant authority to procure the '0-19 Public Health Integrated Nursing Service' utilising the negotiated procedure without publication of a notice with Leeds Community Healthcare NHS Trust (LCH) for the provision of the service from 1 April 2019.
- approve a contract length period of 4 years, with the option to extend for a further 2 plus 2 years with a maximum budget of £10,779,200 per annum.
- grant approval to waive CPR 15.2 to change the tender evaluation quality threshold for the '0-19 Public Health Integrated Nursing Service' procurement exercise to be based on 100% quality.

To note that:

- the Director of Public Health will use their delegated authority to take commissioning decisions which will be a direct consequence of this key decision, for example approval of the detailed specifications for procurement and subsequent contract award. These will be at most a significant operational decision. This is subject to the decisions being in line with the key principles and features as described in the report.

## 1 Purpose of this report

The purpose of this report is to set out the rationale to grant authority to procure a new '0-19 Public Health Integrated Nursing Service' utilising the negotiated procedure without publication of a notice with Leeds Community Healthcare NHS Trust (LCH) to commence on the 1<sup>st</sup> April 2019.

## 2 Background information

- 2.1 In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme (HCP), with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The HCP offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing. The responsibility for the delivery of the HCP lies across a range of services, with Health Visiting and School Nursing having a key lead role. The services include the delivery of nationally mandated functions including the Five Universal Health Reviews (before a child is 3 years old) and the National Child Measurement Programme. The annual oral health surveys are a statutory requirement.
- 2.2 Public Health currently ensure the provision of the 0-19 Healthy Child Programme through the commissioning of a number of services. The contracts within scope of the review were:

Provider	Contract	Annual Value
LCH	Healthy Child Pathway - School Nursing (5-19)	£2,100,308
	Healthy Child Pathway - Oral Health Promotion	£63,600
	The Leeds Early Start Service - Health Visiting	£8,576,482
Women's Health Matters	Young Mums Breastfeeding Peer Support Service (YUMS)	£13,540
Health For All	Breastfeeding Peer Support Service	£25,270

- 2.3 The current breastfeeding peer support services with Women's Health Matters and Health for All are in contract until the end of March 2019 with the option to extend for a further 2 years. In December 2017 the Public Health Programme Board approved a recommendation that these contracts are allowed to run their course whilst the changes are implemented to the wider 0-19 Healthy Child Programme services providing stability during a period of significant change.
- 2.4 The remaining LCH services within scope account for the largest public health investment to support our children and young people across the city – these services span across the 0-19 age range – engaging with families from the initial ante-natal contact conducted by a Health Visitor, reviewing every child at key development points, all the way to providing additional health and wellbeing support for young people.
- 2.5 Following transfer of commissioning responsibility for Health Visiting from NHSE to LCC in October 2015, a new service specification was developed which reflects an integrated model of service delivery which brings together the HV Service with the Children's Centres

into an integrated Early Start Service. This integrated model was developed prior to 2013 when the previous PCT commissioned HV Services.

- 2.6 Following consultation with the Public Health Programme Board and with PPPU support, an overall timescale for the recommission was agreed which would allow services to be in place for April 2019.

### **3.0 Main Issues**

- 3.1 During 2017/18, a strategic review was undertaken to inform the future commissioning of the services. This provided an opportunity to consider how well the current services meet the needs of the population and what we can do differently in the future to improve outcomes.
- 3.2 The review was led by a project team consisting of members from the Public Health Children & Families Team, the Commissioning Team (Adults & Health) and the Projects, Programmes and Procurement Unit (PPPU) and overseen by the Public Health Programme Board. This included a service review and an extensive consultation with over 800 stakeholders.
- 3.3 The objectives of the review were:
- 1) To review the current service arrangements, taking an inclusive approach to engagement, co-producing with stakeholders as appropriate and working closely with other commissioners to dovetail and improve integration of services as appropriate.
  - 2) To inform the development and implementation of a service model which will:
    - Continue to improve parental health and wellbeing;
    - Ensure children get the best start in the first 2 years of life and to reduce infant deaths;
    - Improve the health and wellbeing of pre-school children and support them in being school ready;
    - Improve the health and wellbeing of school age children; and
    - Improve the health and wellbeing of young people.
  - 3) To ensure that these services are based on identified needs, priorities, evidence, learning and good practice.
  - 4) To ensure these services are effective; including enabling families to access specialist health, education and social care support where required.
  - 5) To ensure that the services provide value for money.
  - 6) To enable these services to provide co-ordinated and responsive action on public health priorities.

### **3.4 Service Performance – Key Findings**

3.4.1 The review highlighted a range of areas where services are performing well and identified key areas for improvement. The key findings were:

- Since transfer of commissioning responsibility to LCC in 2015, the health visiting service has continued to increase the proportion of families who receive the mandated 5 core contacts.
- There is a notable reduction in the coverage of the health visiting universal contacts as children get older and lower take up of the service offer by families living in more deprived neighbourhoods (trend is mirrored nationally).
- The health visiting and school nursing services are required to attend over 95% of Initial Child Protection Conferences (ICPCs) and CP Reviews. Both services have achieved this consistently.
- The number of Reception and Year 6 children measured and weighed, as part of the National Child Measurement Programme (a mandated function) has consistently exceeded the target coverage.
- The number of children participating in tooth brushing schemes has been increasing steadily.

### **3.5 Consultation – Key Findings**

3.5.1 These services are highly valued and as part of the consultation, a range of key themes were identified. The service needs to:

- Maintain the unique nature of the health visiting service and its ability to provide proactive one to one support to every new parent in Leeds, giving every child the best start in life.
- Retain the current focus and continue to develop partnership approaches to ensure developmental issues that may affect school readiness can be identified and addressed as early as possible.
- Maintain and further develop specialist roles in order to tailor the service for communities which are less engaged with services.
- Maintain strong partnership working across the city.
- Services need to use innovative communication methods, such as providing more online information, using social media, telephone check-ups and online videos/calls.
- Improve visibility of the School Nursing service.
- Practitioners highlighted the need to improve access to services by children as they transition to secondary school.

The review findings have been used to develop a range of key principles that have informed the development of the model.

### **3.6 New Service Model**

3.6.1 The review concluded that it would be beneficial to bring the current services together into a single delivery contract. The new '0-19 Public Health Integrated Nursing Service (PHINS)' should be able to deliver a structurally and functionally integrated service in order to achieve best outcomes for all Leeds children and their families. Following the national

model, the Leeds model will continue to work on the principle of progressive universalism and has four inter-related tiers of service. All families (from pregnancy to nineteen years) will benefit from the community and universal levels of service, whereas universal plus (short-term early/additional help) and universal partnership plus (long-term multidisciplinary support), are accessed through identified additional need. Key elements of the new service model include:

- 3.6.2 Health Reviews will continue to be delivered at specific points across the life course, underpinned by an evidence base that providing support at a certain age will have the biggest impact on improving outcomes for children, young people and families. There are thirteen High Impact Areas 0-19 that have been identified for the service to focus on. These identified areas will be used to focus interventions and develop approaches in order to have the biggest impact on outcomes.
- 3.6.3 In order to deliver the best possible outcomes for children and young people in Leeds, the 0-19 PHINS will be required to be structurally integrated with other Community Child Health Services (CCHS). This will ensure the provision of holistic integrated health care and safeguarding, with seamless care and support by the most appropriate professional for those children with additional needs.
- 3.6.4 Safeguarding is a core part of the programme which runs through the four levels of intervention. The service will provide appropriate and effective safeguarding services, integrated across Community Child Health Services (CCHS) and will be expected to adhere to relevant national and local requirements and guidance.
- 3.6.5 The 0-19 PHINS will be functionally integrated with Children's Centres to ensure that all children and families are supported to have the best possible start in life. The service will be co-located within Children's Centres and interventions will be delivered from these centres. This functionally integrated model will allow allocation of children and families to the most appropriate professional to support the child's needs.
- 3.6.6 The four tiers of service span across the 0-19 model and elements of each tier will be delivered as part of an integrated approach. The service will ensure a suitable skill mix across the team between health visiting and school nursing, recognising the importance of, and need for, different specialist training within a life-course approach in promoting and affecting health. There are identified elements of service delivery that will be required to be delivered by either a health visitor or a school nurse.

### **3.7 Procurement Options Appraisal**

- 3.7.1 Alongside the specification and model development, a procurement options appraisal has been conducted with PPPU regarding the approach to re-procure the 0-19 Healthy Child Programme services. Following this appraisal, as we consider that only LCH can meet our requirements due to the interdependencies between the service and other NHS Community Child Health Services (CCHS) for Leeds children provided by LCH, we concluded that the contract will be awarded utilising the negotiated procedure without publication of a notice under the Public Contracts Regulations 2015 (Regulation 32 (1) (b)). In addition, it was proposed that Public Health should work with LCH to develop a robust specification to reflect our service requirements.

### 3.8 Interdependencies

3.8.1 The Council requires structurally and functionally integrated services in order to achieve best outcomes for children and families. Structural integration within LCH delivers seamless interfaces between the portfolio of community child health services provided by LCH under contracts held by the Trust with NHS commissioners. These interfaces are underpinned by well-developed pathways, shared information systems and shared infrastructure. The 0-19 PHINS is also functionally integrated with Leeds City Council Children's Centres (Leeds Early Start Service) to ensure the most appropriate professional responds to the needs of children and families, through joint allocation, shared pathways and co-location with Children's Centres. This model of structural and functional integration ensures a seamless service for children and families who are accessing a range of health and social support services.

3.8.2 Only by structurally integrating its service requirements with LCH CCHS can the Council deliver:

- holistic health assessment and care within an integrated CCHS to identify and respond to additional health needs through direct liaison, consultation, advice from, and direct referral to, other CCHS within LCH caring for the same child e.g. community paediatricians, therapists, community and special needs nurses and health visitors, Infant Mental Health Service, respite and palliative care services, Children Looked After Health Team.
- holistic care and safeguarding underpinned by a single structurally integrated information system within LCH that enables full sharing of health records between the Council commissioned services and LCH along with the Child Health Information System to facilitate the sharing of birth notifications, immunisations and screening.
- a holistic role on behalf of LCH CCHS, working within Leeds Safeguarding Children Partnership procedures, whereby a 0-19 PHINS professional holistically represents children's health needs and conditions in Child Protection, Children in Need and Early Help processes.
- initial and review Health Needs Assessments (HNA) for Children Looked After (CLA) within statutory timeframes through a flexible approach with other CCH services within LCH to ensure that the most appropriate professional undertakes the CLA HNA and coordinates the response to the child's health needs.
- a structurally integrated urgent response to community outbreaks of communicable disease at city-wide level, drawing on a portfolio of LCH services, in order to deliver urgent interventions at short notice including out-of-hours.
- an annual epidemiological survey of the oral health of children or other specified vulnerable population groups by specialist dentists from within the Leeds Community Dental Service provided by LCH.

### **3.9 Opportunities to Innovate**

3.9.1 The outcomes of the recommissioning review highlighted potential areas for innovation in order to deliver improved outcomes for our children and young people. These key areas of innovation have been further developed with input from commissioning partners and the provider. The following innovation areas have been identified and embedded into the new model and specification:

1. Integrate the Health Visiting and SCPHN services into a 0-19 Public Health Nursing Service.
2. Increase coverage of the 5 Mandated Health Reviews in the most deprived clusters and for families assessed as having the greatest needs.
3. Improve access to service for children and families as they transition to Secondary School.
4. Continue to build upon the integration of the service with Children's Centres.
5. Pilot, develop and innovate new digital methods for direct contact with clients.
6. Re-model the parenting support offer to target areas of higher need.

### **3.10 Budget**

3.10.1 The maximum value of the new contract will be £10,779,200 per annum which reflects the funding envelope for the current services. There will be no opportunity to achieve efficiencies within this budget envelope whilst maintaining outcomes and delivering innovations. It is therefore recommended that a 100% quality threshold is implemented through this tender submission as the price is fixed.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

- 4.1.1 As part of the strategic review and recommissioning, a Project Team consisting of representatives from Public Health Children and Families Team, Adults and Health Commissioning Team and Projects, Programmes and Procurement Unit (PPPU) was established.
- 4.1.2 Public Health Programme Board provided the project governance framework and has been consulted at key stages including the procurement options appraisal and model development.
- 4.1.3 Legal and Governance Services have been consulted appropriately.
- 4.1.4 Throughout the review, extensive consultation has taken place with a wide range of service users, stakeholders and staff. The engagement plan designed a range of activities to ensure that primary and secondary stakeholders were consulted with appropriately. The programme was complex – this was due to the size of the population covered by the 0-19 Public Health services, and the broad range of stakeholders with an interest in these services. Over 800 children, young people, parents/carers and professionals engaged with the review team via various engagement activities from March to September 2017. Findings were used to identify the key priorities for the services in the future.



- 4.1.5 An inclusive strategic stakeholder consultation event took place in Leeds on 18<sup>th</sup> September 2017. Over 80 stakeholders attended including Executive Lead Members, Elected Members, GPs, Head Teachers and providers. Feedback was generally positive and the key themes have been reflected in the model development.
- 4.1.6 A key element of the review was to engage with priority groups and these included:
- Families from BME Communities
  - Care Leavers
  - Children Looked After
  - Foster Carers/Kinship Carers
  - LGBTQ+ Community
  - Parents/Carers of children with complex needs
  - Parents/carers living in most deprived communities in Leeds
  - Young Carers
  - Young Parents
- 4.1.7 As part of the negotiated procedure, the existing providers have been consulted (where appropriate).
- 4.1.8 The list of innovations and the new specification has been developed in consultation with key wider commissioning stakeholders including representatives from the Clinical Commissioning Groups (CCG), Children's Services, Joint Children's Commissioning sub-group of the Children and Families Trust Board and Leeds Safeguarding Partnership. Feedback has been positive.
- 4.1.9 Lead Elected Members and Executive Directors have been briefed and are supportive of the process and service developments.

## **4.2 Equality and Diversity / Cohesion and Integration**

- 4.2.1 An Equality, Diversity, Cohesion and Integration Impact Assessment has been completed and included as background information to this report.
- 4.2.2 Due regard has been given through the Health Needs Assessment and Consultation Report which has been undertaken by the Project Team. This highlighted key areas, groups, cohorts, demographics and principles which will underpin the development of a new 0-19 PHIN Service. Key actions have been reflected within the new service specification, performance and quality framework. Considerations will also be addressed throughout the method statement requirements.
- 4.2.3 The Impact Assessment is a live document and will be revisited with the provider during the contract transition period to ensure actions are embedded and to reflect the operational delivery model.
- 4.2.4 Throughout the contract management process, due regard will be given to equality in the delivery of these services facilitated by enhanced performance data reporting to ensure the service is accessible to all and targeted to those vulnerable and most in need.
- 4.2.5 The maintained and enhanced level of structural and functional integration within this model will in its nature enable the service to create capacity and maximise opportunities for accessibility whilst delivering more holistic person centred provision.

### **4.3 Council policies and City Priorities**

- 4.3.1 Leeds aspires to be the best city for health and wellbeing. This commissioned activity supports the delivery of the key priorities in the Best Council Plan 2017/18 in relation to improving health and wellbeing (supporting healthy lifestyles and improving physical and mental health) and developing a child friendly city (keeping children safe and supporting families).
- 4.3.2 The 'Leeds Children and Young People's Plan 2015-19 - from Good to Great' sets out the city vision to be a child friendly city, with the ambition that Leeds is the best city in the UK for children, where young people enjoy growing up and achieve their potential to become successful citizens of the future. Outcomes for children and young people in Leeds are good and improving, with the majority of children and young people having fun growing up and being ready for adult life. However, in order to fulfil our child friendly ambitions we need to improve life outcomes for all children, particularly those who are vulnerable or in care, by providing children with the learning, support, advice, guidance, care and the opportunities they need to lead successful and fulfilling lives.
- 4.3.3 The vision of the Health and Wellbeing Strategy 2016-21 is that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest'. Priority areas for action include ensuring a best start in life, a focus on prevention, promoting mental and physical health equality and the best care, in the right place, at the right time.
- 4.3.4 In addition, the review has been guided by the aims of the Leeds Best Start Plan 2015-19, the Leeds Maternity Strategy 2015–2020, the Leeds Child Healthy Weight Plan 2017-21, the Leeds Breastfeeding Plan 2016-21, the Leeds Children and Young People Oral Health Promotion Plan 2015-19 and the Future in Mind: Leeds Local Transformation Plan 2016-20.

### **4.4 Resources and value for money**

- 4.4.1 Economic analyses show that investment into the early years gives the greatest return of any life stage, and this investment will impact on key outcomes such as emotional wellbeing, improved behaviour, school readiness and educational attainment, and fulfilment of potential.
- 4.4.2 Financial provision for the delivery of this contract has been made available through the Public Health grant. It is intended that the re-commissioning of these services will lead to improved and efficient delivery methods so that outcomes are improved for children, young people and families.
- 4.4.3 The budget reflects the current envelope for existing contracts that have already been subject to budget reductions over the last 2 years. Any further reduction could not be managed without significant impacts on outcomes and quality.
- 4.4.4 The specification, tender documentation and terms and conditions will be written in such a way to allow flexibility in service provision should additional investment be secured.

## **4.5 Legal Implications, Access to Information and Call In**

- 4.5.1 This is a key decision as the maximum cost of the service is more than £250k per annum. A notice was published on the List of Forthcoming Key Decisions on the 21<sup>st</sup> March 2018 and the report will be subject to call in. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.
- 4.5.2 Advice has been sought from PPPU throughout the duration of the review and re-modelling process and will continue to be sought through to contract award.
- 4.5.3 As we are using the negotiated procedure without the publication of a notice, it must be noted that there is the potential risk of challenge that there are no real technical reasons justifying the use of the negotiated procedure without publication of a notice in accordance with the Public Contracts Regulations 2015, and that the Council is simply seeking to circumvent the application of the procurement rules. However, due to the reasons set out in Section 3 of this report this risk is perceived to be low.
- 4.5.4 In addition, a Voluntary Transparency Notice (VTN) is being developed for publication on the Official Journal of the European Union (OJEU) in accordance with the Public Contracts Regulations 2015, and waiting 10 days to see if any challenges are made. If no challenges are made the chances of a claim for ineffectiveness being brought are significantly reduced, and would only be successful if the Council had used the negotiated procedure without publication of a notice incorrectly. Further, publishing such a notice will also start time running for any other potential claim for breach of the Public Contracts Regulations 2015, which must be brought within 30 days of the date that an aggrieved party knew or ought to have known that a breach had occurred.
- 4.5.5 It should be noted that voluntary transparency notices themselves can be challenged. The recent case of Italian Interior Ministry v Fastweb SpA (Case C-19/13) highlights the limited protection that the voluntary transparency notice route can offer to contracting authorities wishing to make direct awards without following an OJEU process. A grey area remains around whether the protection of a voluntary transparency notice will be available where the contracting authority genuinely, but mistakenly, considers it was entitled to award the contract without notice. It shows that the safe harbour will only be 'safe' to the extent that the justification for the direct award is in itself sound and ready to stand up to the increased scrutiny that the publication of the voluntary transparency notice may well invite.
- 4.5.6 Subsequent decisions arising from this report, for example the decision to award the contract, will be treated as a consequence of this key decision and will therefore be a significant operational decisions which will not be subject to call in.

## **4.6 Risk Management**

- 4.6.1 A risk register relating to the review, remodelling and procurement was established and will continue to be managed through the Project Team and Public Health Programme Board. The high-level risks that have been identified in addition to those in section 4.5 include:
  - 1) Without the approval that is being sought through this report, services could not continue to be delivered beyond the expiry of the current contract period, April 2019. This would result in the Council being unable to fulfil its statutory and mandated responsibilities resulting in a detrimental impact upon the health and wellbeing of children, young people and families in Leeds.

- 2) Current spend on Health Visiting in Leeds in 2017/18 equates to £167 per head of the child population under 5. The minimum funding floor advised by PHE is at least £160 per head. Crude benchmarking exercises suggest that we are currently spending the least in West Yorkshire for 0-19 services. The limited funding envelope will make it very challenging for the provider to deliver the specification. In order to deliver the best outcomes for children and families, a seamless model that is integrated, efficient and effective is required.
- 3) Without the approval that is being sought through this report, current interfaces with Community Child Health Services would be disrupted and this will impact on outcomes for children and young people.

## **5 Conclusions**

- 5.1 Ensuring the health and wellbeing of children, young people and families is a key priority for the Council and its partners. Following a robust strategic review we are confident that the remodelled '0-19 Public Health Integrated Nursing Service' (PHINS) aligns with key city wide and public health priorities / outcomes and that it will be able to deliver a structurally and functionally integrated service in order to achieve the best outcomes for all Leeds children and their families.
- 5.2 It is considered that only Leeds Community Healthcare NHS Trust (LCH) can meet our requirements due to the interdependencies between the service and other NHS Community Child Health Services (CCHS) for Leeds children provided by LCH.
- 5.3 The new service would commence on 1 April 2019 following a period of transition.

## **6 Recommendations**

The Director of Public Health is recommended to:

- grant authority to procure the '0-19 Public Health Integrated Nursing Service' utilising the negotiated procedure without publication of a notice with Leeds Community Healthcare NHS Trust (LCH) for the provision of the service from 1 April 2019.
- approve a contract length period of 4 years, with the option to extend for a further 2 plus 2 years with a maximum budget of £10,779,200 per annum.
- grant approval to waive CPR 15.2 to change the tender evaluation quality threshold for the '0-19 Public Health Integrated Nursing Service' procurement exercise to be based on 100% quality.

To note that:

- the Director of Public Health will use their delegated authority to take commissioning decisions which will be a direct consequence of this key decision, for example approval of the detailed specifications for procurement and subsequent contract award. These will be at most a significant operational decision. This is subject to the decisions being in line with the key principles and features as described in the report.

## 7 Background documents<sup>1</sup>

None

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.