

## APPENDIX 1

Appraisal Considerations	Option 1 - Family Support Service (FSS) delivered in house - integrated in house	new score	Option 2 - Family Support Service (FSS) delivered externally -integrated out	new score
<b>Consideration A:</b> Ability to deliver the vision/objectives	Fully integrated service specification in accordance with the vision, with seamless pathways utilising skills or the whole workforce, preventing duplication and enabling access to information to track outcomes over time and adjust services accordingly	4.5	Fully integrated service specification in accordance with the vision, with seamless pathways utilising skills or the whole workforce, preventing duplication	4.5
<b>Consideration B:</b> Non-Financial Benefits of this option (Performance, Service to customers)	<p>For PH nursing this option breaks the commissioner / provider barrier and provide opportunity for a more joined up approach to Public Health</p> <p>Innovative model might be more attractive for recruitment</p> <p>Public Health Nursing separate from School Nursing immunisation provision</p> <p>Use of one IT system if possible that could enable SCC access to patient/client level data and tracking of outcomes over time and across systems to seek evidence of what strategies are working to improve outcomes and to adjust intervention accordingly</p> <p>Ability to develop streamlined service pathways and a more joined up delivery for service users</p> <p>This option includes the opportunity to develop a Public Health practitioner/specialist career pathway</p> <p>Step Up and step down to and from childrens social care to FSS in a timely and straightforward manner</p>	4.5	<p>Innovative model might be more attractive for recruitment</p> <p>Public Health Nursing separate from School Nursing immunisation provision</p> <p>Use of one IT system if possible that could enable SCC access to patient/client level data and tracking of outcomes over time and across systems to seek evidence of what strategies are working to improve outcomes and to adjust intervention accordingly</p> <p>Ability to develop streamlined service pathways and a more joined up delivery for service users</p> <p>This option includes less opportunity for involvement in wider public Health and preventative activity.</p>	4
<b>Consideration C:</b> Ability to deliver statutory duties	This option will enable delivery of statutory duties and will have the flexibility to adapt to new duties as they emerge without contract renegotiation	4	This option will enable delivery of statutory duties as detailed in the service specification at the time of contract award, however, if there is significant change over time, this will require contract renegotiation and variation	3
<b>Consideration D:</b> Our ability (SCC) to deliver this option	<p>SCC will need to modify existing registration with CQC and be subject to an additional inspection regimen.</p> <p>SCC has experience of separately, commissioning these two services and therefore has sufficient understanding to integrate them into a single service.</p> <p>SCC has experience of integrating significant services</p>	3	<p>Robust contract needed, with measureable outcomes and mechanisms and full time SCC contract management support to ensure contract optimisation to drive efficiencies and cost reductions.</p> <p>SCC has experience of separately, commissioning these two services and so would be able to design an appropriate service specification.</p> <p>An external provider would need experience of integrating significant services.</p> <p>Feedback from soft market testing is that providers are willing to bid, but there was no discussion of the budget at that stage.</p>	3
<b>Consideration E:</b> Commercial/Procurement implications for this option	There are no procurement considerations to fully in-source this service. From a commercial perspective there would need to be a full review of the current contractual terms which will provide an improved understanding of liabilities and considerations e.g. 3rd party contract. The extent of these liabilities are currently only partially understood and will require information from current providers.	2	<p>We have allowed sufficient time for a full procurement process. Feedback from soft market testing is that there are willing providers, however there was no discussion regarding costs at that stage.</p> <p>There will be a lack of clarity regarding the liabilities from the current public health nursing provider which may deter an organisation from bidding. There may be less significant but additional liabilities for staff transferring from SCC.</p>	2
<b>Consideration F:</b> Does this contractual option provide the ability to be flexible with the model and the integration of health and social care	<p>This option provides the maximum flexibility as the service and staff would be in house and directly employed</p> <p>SCC has the flexibility to integrate further, more complex health and care services in the future if the appropriate procedure/governance is put in place as identified in consideration K</p>	5	<p>Flexibility could be built in to the contract but will require renegotiation which can be challenging at a time of scarce resources</p> <p>This option would require a long term contract that might limit opportunities for future integration between health and social care</p>	3

<b>Consideration G:</b> Risk of this option	Risk of distancing public health nursing from other health services e.g. GP, midwifery, paediatrics and integrated therapy and can no longer access health records (e.g. EMIS viewer and adult mental health patients)		Reputation loss for SCC if provider fails to deliver	
	This service manages significant Clinical risks and so if brought in house, systems will need to be established to support and manage clinical services, including serious and untoward incidents		Potential for TUPE between providers. Clarity on boundaries between areas of responsibility	
	This service would be subject to 2 inspection regimens		New provider will manage the challenges associated with 2 inspection frameworks (CQC & Ofsted)	
	This service would probably require a revised insurance cover to cover professional indemnity and vicarious liability as an employer		The risk of no successful bidder being secured following procurement	
	Places increased financial liabilities on the LA for staff and pensions,		Provider fails to deliver against service specification	
	TUPE of staff into SCC. Difficulties of staff being on different T&Cs which may impact on retention and recruitment	2	Risk of limiting the ability to share appropriate information between new provider and current SCC services	2
	Potential for concern among regulators, as SCC does not have a strong record of health/clinical service provision			
	Cultural differences between the 2 teams of staff may present a risk to integration		Health partners potential dissatisfaction arising from the transfer of PHN to non-NHS provider	
	Health partners potential dissatisfaction arising from the transfer of PHN to LA		Risk of detaching current Get Set services from other SCC services particularly children's social care.	
	Service delivery by a non-NHS provider may be a barrier to recruitment		Cultural and organisational change could affect retention and recruitment	
Cultural and organisational change for health staff could affect retention and recruitment		Economies of scale present for a large organisation that is delivering a wide range of health services, however, savings made by the provider		
Risk of challenge from incumbent provider if due process is not followed		Risk of challenge if due process is not followed		
<b>Consideration H:</b> Perceived social value associated with this option	Bringing this service in house could enhance SCC's role as an employer who places social value at the heart of all we do. Building community capacity is part of the role of the Health Care Practitioner.	5	Social value is currently not explicit in the contract to any great extent. This would be built in as an element of the contract award in the new service specification. e.g. use of apprentices, volunteers use of local suppliers, sustainability	4
<b>Consideration I:</b> Organisational Considerations – capacity to deliver, achieve and sustain plus any learning or considerations from cumulative impacts group. HR. etc.	SCC is currently not established to manage children's clinical services. There will need to be a review of numerous procedures including: Clinical Governance, Clinical supervision, Clinical & support policies and procedures, Quality and Patient Safety, Infection Control, mandatory training etc.	2	Would require one contract management process and one joined up information management system	3

	This option would require greater management responsibility for the LA, as well as focus of inspected / regulated health care activity	32	28.5
	This option would continue to embed early help on an improvement journey to good		
<b>Total Score (Maximum 45)</b>			