City of Westminster

Cabinet/Cabinet Member/Committee Report

Meeting or Decision Maker:	Cllr Tim Mitchell Cabinet Member for Adult Social Care and Public Health
Date:	10 March 2020
Classification:	Part A – Public Part B – Private is currently exempt from disclosure on the grounds that: i. it contains information in respect of which a claim to legal professional privilege could be maintained in legal proceedings under paragraph 5 of Schedule 12A of the Local Government Act 1972;
Title:	CLCH Health Visiting Contract Direct Award
Wards Affected:	All
City for All/Policy Context:	City that offers excellent local services
Key Decision:	Key Decision an entry has been included for 28 days on the list of forthcoming decisions
Report of:	Bernie Flaherty Bi-Borough Executive Director of Adult Social Care and Health

1. EXECUTIVE SUMMARY

1.1. This report is requesting approval to proceed with a direct award to Central London Community Healthcare NHS Trust (CLCH) for a period of two years to deliver the Health Visiting service. The current contract will expire on the 31 March 2020.

1.2. The Health Visiting service is one of the local authorities' mandated services and represents the largest local authority commissioned service within the pre-birth to five programme portfolio.

1.3. The request for a two-year direct award is to align the Health Visiting service with the pre-birth to five service transformation programme. This is a collaborated approach with public health, commissioning and children services.

1.4. In order to develop the pre-birth to five programme, WCC are participating in the National Early Years Transformation Academy (EYTA) led by Early Intervention Foundation (EIF). The EYTA aims are to bring together system leaders, build a shared vision, develop a local evidence base and an outcomes framework supported by a joint strategy with public health and children services. This is due be completed by March 2020.

1.5. The recommendation to direct award the contract will allow sufficient time to bring together the findings from the EYTA and to redesign the pre-birth to five service model which will include the mandated health visiting service. This allows Public Health, Commissioning and Children's services to collaboratively redesign the health visiting service specification, outcomes, test the market and agree commissioning intentions.

2. RECOMMENDATIONS

Westminster City Council

2.1. That the Cabinet Member for Adult Social Care and Public Health approve a direct award, and a waiver from the WCC Procurement code, to CLCH for the delivery of the Health Visiting Service contract. The contract will be for a period of two years from the 1 April 2020 until the 31 March 2022. The total cost of the two-year contract is £6,920,656.

3. REASON FOR DECISION

3.1. The Health Visiting service is a mandatory requirement for local authorities to provide; how this is delivered is for local decision. This two-year direct award ensures continuity of service whilst an option for a longer term transformed model is developed across a pre-birth to five pathway. It will provide time to explore alternative ways of delivering the mandatory requirements to have greatest impact.

3.2. It is a critical time in transforming the model and to ensure all systems within the pre birth to five programme and that pathways are aligned. The vision of the programme is to improve integration across the partnership and to reshape the delivery of the Healthy Child Programme. This will improve outcomes linked to early years development, school readiness, speech, language and communication.

3.3. The current contracts were extended for a period of one year until 31 March 2020. The complexities of this transformation programme and the EYTA project end date of March

2020, resulted in a delay to re-procurement. The recommendation to progress with a direct award aligned to the wider transformation programme was considered the best option.

3.4. The current provider, CLCH, has been fully engaged within the pre-birth to five redesign work. Negotiations with the provider have enabled the authorities to test new ways of working whilst maintaining the quality of the service.

3.5. To ensure we give children the best start in life the foundations for children to maintain good physical and mental health, healthy relationships and educational achievement need to be embedded across the partnership. Collaboration has resulted in shared principles across public health and children services based on national and local ambitions to provide children with the best start in life by delivering:

- reduced inequalities across key markers of maternal and child health
- reduced rates of infant mortality and low birthweight
- improved rates of key protective factors linked to better child health outcomes, such as maternal mental health and breastfeeding
- higher rates of childhood immunisation
- more children ready to learn by the age of two and ready to start school by the age of five
- lower rates of tooth decay and hospital attendances due to preventable accidents and illnesses

4. BACKGROUND

4.1. In October 2015, local authorities became responsible for the commissioning of the Healthy Child Programme. Local authorities deliver on five mandatory contacts, these in turn support the high impact areas as outlined below:

4.2. To achieve the mandated contacts and high-impact areas, the current provider has actively participated in reviews to help transform, improve and change service delivery methods. The service has demonstrated their commitment to integrate and collaborate with the wider pre-birth to five pathways and service developments.

Current service model performance and benchmarking

4.3. As part of performance monitoring, we benchmark performance against both London and national performance data. The tables below illustrate the verified performance for 2018/19.

4.4. The delivery of the new birth visit across both of our boroughs exceeds both the London and national performance. The performance at 6-8 week review is in line with the London average and the 12 month developmental review exceeds the London average.

4.5. Performance against the 2-2.5-year developmental review for Westminster against this indicator is better than the London average but below the England average.

2018/19 Performance Data

KPI	WCC	London	England
Births that received a face to face New Birth Visit within 14 days by a Health Visitor	94.3%	92.9%	87.5%

Percentage of infants who received a 6-8 week review by the time they were 8 weeks	71.5%	74.7%	85.9%
Percentage of children who received a 12 month review by the time they turned 12 months	76.0%	62.4%	77.5%
Children who received a 2-2.5 year developmental review from Health Visitors by the end of quarter 4	69.8%	68.6%	78.0%

5. PROPOSAL AND ISSUES

5.1. A direct award is recommended to enable alignment with the redesign of the pre-birth to five transformation programme. During the two years we will;

- improve integration across the pre – birth to five workforce
- improve the outcomes linked to early years development, school readiness and speech, language and communication.
- carry out market testing the procurement strategy

5.2. The contract will be varied to allow for flexibility through this transition phase that include review of expected outcomes and KPIs, review of contract costs and early break clauses. The current service specification will also include a targeted support offer for children with SEND, increased qualitative reporting, redistribution of Health Visiting resources to match need, strengthening the uptake of immunisations and oral health promotion. See Appendix A for the direction of travel and Appendix D for the timetable.

5.3. Alongside commissioning, public health and children services we will review the pre-birth to five project board. The role of the board will oversee the redesign and implementation of the redesigned service model. The board will also support the recommissioning of the mandated health visiting service. The board will manage the risks as detailed in the risk register Appendix B

5.4. We will continue to define and develop recommendations from the EYTA and the design council projects. These organisations facilitated groups that explored how evidence based, strategic design and service-user and practitioner led iterative prototyping can be implemented effectively. Recommendations from the EYTA and Design Council workshops will be used to shape, re-design and improve the future service delivery model.

5.5. In order to future proof the pre-birth to five pathway it is key we understand the population growth for 0-5 and to utilise resources across the pathway effectively. Population predictions for this age group indicate a decline in growth over the next four years. The population estimates produced by the Greater London Authority show that WCC 0-5

population decreases from 15,500 – 15,200 between 2019 and 2022. This decline will influence how future resources will be targeted.

6. OPTIONS AND ANALYSIS

6.1. Three options have been considered for the Health Visiting Service. The preferred option is a direct award to the current provider CLCH for the delivery of the Health Visiting Service contract for a two-year period until March 2022 with clear early break clauses and a commitment to work towards the ambitions outlined in appendix A.

6.2. Please refer to Appendix C for the analysis of each option.

7. CONSULTATION AND COMMUNITY ENGAGEMENT

7.1. We regularly engage with stakeholders and service users and embed their recommendations into the service model this has included implementing a more flexible and mobile workforce.

7.2. We are gathering further insight from families as part of the EYTA programme and redesign work, this includes

- Attending drop ins and groups facilitated by health visitors
- Engaging with maternity champions
- Attending children centres to engage with parents

7.3. Consultation with a wide range of stakeholders will continue to ensure we deliver a new service in line with service-user needs, local strategies, related priorities and other linked initiatives.

7.4. Co-design will be the approach and is integral in the delivery of future services. The views of service-users and professionals will be used to shape the service redesign and further development of the Health Visiting service.

8. HUMAN RESOURCES AND EQUALITIES IMPLICATIONS

8.1. There are no anticipated negative equalities implications, this service is mandated and universal therefore will continue to be delivered. How it is delivered is a local decision.

9. LEGAL IMPLICATIONS

9.1. It is understood that both Councils wish to extend their current Health Visiting service contracts by way of a direct award for a period of two years.

9.2. Based on the contents of this report, this Service has been a statutory requirement of the local authority since 2015.

9.3. The services provided under at the proposed contract fall under the category of Social and other specific services as defined by the Public Contacts Regulations 2015 (“PCR’s). The value of the Direct award is above the relevant threshold of £615,278 and accordingly the full implications of the PCR’s apply.

9.4. Approval is needed from the Cabinet Member to waive the requirement to undertake a procurement exercise as per section 3.6 of the Council's Procurement Code.

9.5. Approval of the Contract award is required from the Cabinet Member following recommendation to approve from the appropriate Executive Director and the Commissioning and Contracts Board, commonly referenced as CoCo.

9.6. The Council must issue a contract award notice in accordance with regulation 75 of the PCR's.

9.7. The Council must ensure that a written and signed contract is in place between the parties and appropriately executed.

9.8. Further legal implications which are legally privileged and/or commercially sensitive are contained in Appendix E to this Report in accordance with Schedule 12A of the Local Government Act 1972.

9.9. Legal implications by Christina Worrell, Solicitor (Contracts) Bi-Borough Shared Legal Services, 02076415712; cworrell@westminster.gov.uk

10. FINANCIAL AND RESOURCES IMPLICATIONS

10.1. The proposal when combined with the costs of the current direct award for 2019/20 will mean that £8,705,960 for WCC will have been committed to ensuring this contract is aligned to other programmes.

10.2. Contracts of this size, when re-procured will usually realise a cash saving. By approving the direct award, the opportunity to make savings is not taken, however, a risk of increased costs may also be avoided.

10.3. As the costs of the proposal are identical to the budgets available, there are no adverse financial implications.

10.4. Financial Implications verified/completed by Richard Simpson, Public Health Finance Manager, 020 7641 4073.

11. MEDIA AND COMMUNICATIONS

11.1. There are no communications concerns with this proposal.

11.2. Media and comms Implications verified/completed by Stephen Tyler, Communications Officer 020 7361 2826.

Houda Al-Sharifi
Director of Public Health

Contact officers:
Gaynor Driscoll, Head of Commissioning, ASC/Health Commissioning

Lisa Brown, Mandated Services Transformation Lead, ASC/Health

Local Government Act 1972 (as amended) – Background papers used in the preparation of this report

Formal clearance requirements for all key decision reports	
Cleared by Finance (officer's initials)	RS
Cleared by Corporate Finance (officer's initials)	TE
Cleared by Director of Law (officer's initials)	CW
Cleared by Communications & Community Engagement (officer's initials)	ST

Appendices:

Appendix A- Direction of Travel doc
Appendix B – Risk Register
Appendix C - Options Analysis
Appendix D - Timetable for Re-design Programme of Work
Appendix E - Legal implications – part B report only
Appendix F – Procurement Timetable
Appendix G – Procurement Implications

APPENDIX A

Direction of Travel
Preparation for Future Service Transformation

Ambitions, Opportunities and Challenges

Ambition

To provide children the best start in life.

- By improving integration across the partnership and reshaping the delivery of the Healthy Child Programme.

Challenges

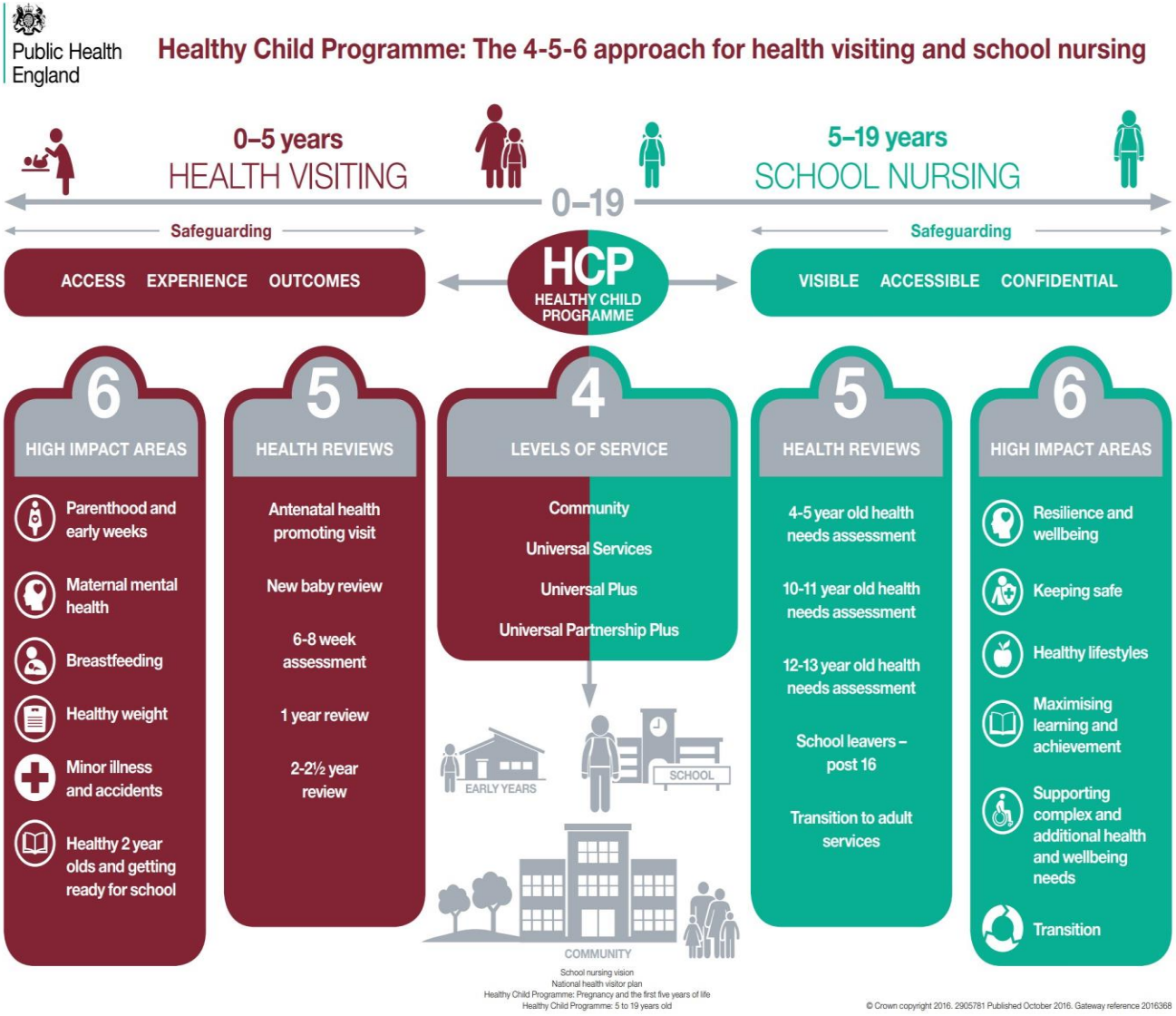
- Recruitment and retention of HVs
- Take-up of 2 and 3 year old funding
- Impact on the GLD outcomes
- Transient populations of our boroughs

Opportunities

- Integrated working across boundaries, across organisations
- Flexible workforce
- Evidence base reflects the need of families at a ward level
- Build and develop further the Healthy Child Programme offer

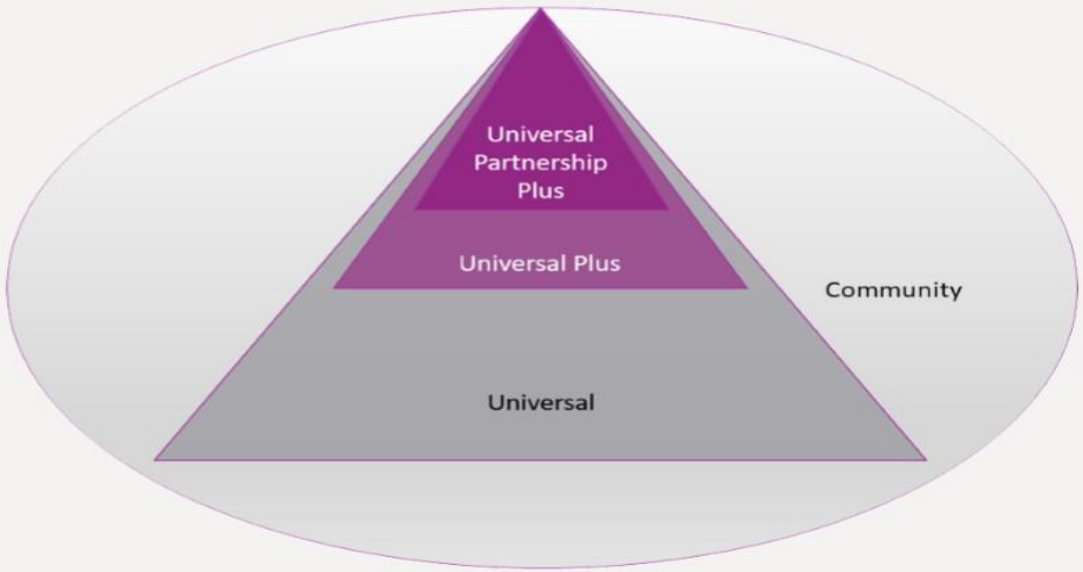
Current evidence-based Standards and the Legal Framework

The Healthy Child Programme (0-5 years) focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting



5 mandated health reviews provide key opportunities to identify vulnerabilities and offer support

Figure 5: Personalised support with 4 different levels of intervention proportionate to need:



- **Community**: Health visitors work collaboratively with others to facilitate a place-based response to local need.
- **Universal**: Eight universal health visiting reviews provide a service for all and a safety net for children and families who might be "invisible" without this provision. Non stigmatising and acts as a gateway to other levels of support.
- **Universal Plus**: A swift response when families require specific expert help. To reflect the breadth of the health visiting contribution, we have based this particularly on 15 High Impact Areas.
- **Universal Partnership Plus**: Support for families with multiple or long-term, complex needs requiring a multi-agency coordinated response, working together and with families.
- **Safeguarding is a thread that runs through all levels of health visiting**. The health visiting service is recognised as important to both safeguarding and child protection "because it **safeguards all children**"[61].

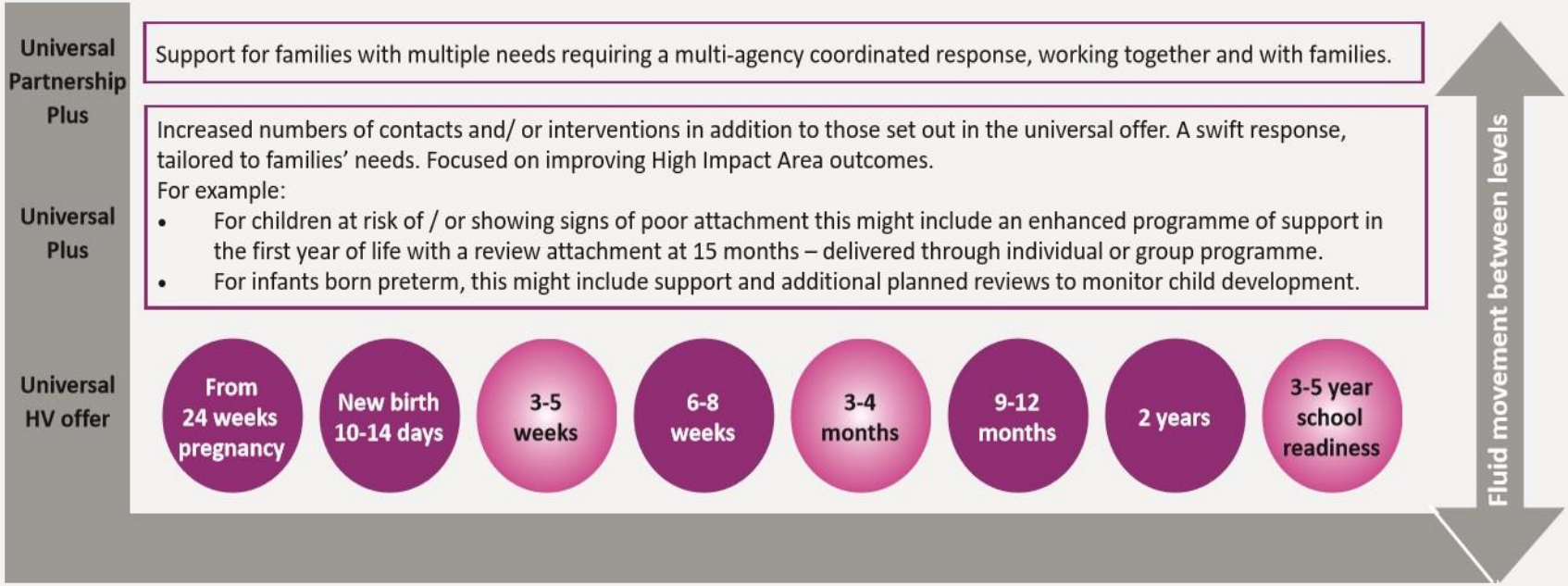
Fifteen High Impact Areas

To ensure the full scope of the Health Visiting contribution is recognised and maximised, the existing HIA have been extended to include evidence driven recommendations in 'Health For All Children – Fifth edition' (2019)

1. Transition to parenthood, including preconception care
2. Breastfeeding
3. Perinatal mental health (mothers, fathers and partners)
4. Infant and child mental health
5. Healthy nutrition, physical activity and healthy weight
6. Managing minor illnesses, building health literacy and prevention of Sudden Infant Death Syndrome (SIDS)
7. Reducing unintentional injuries
8. The uptake of immunisations
9. Primary prevention and health promotion in oral health
10. Child development 0-5 years, including speech, language and communication and school readiness
11. Sleep
12. Children with developmental disorders, disabilities and complex health needs
13. Tobacco, alcohol and substance misuse in the perinatal period
14. Healthy couple relationships
15. Teenage parenthood

Eight Universal Contacts

Figure 6: A flexible health visiting service tailored to individual need



Appendix B – Risk Register

RISK REGISTER										
Project Name: CLCH Health Visiting						**Date last modified: 19/11/2019**				
Project Leads: Lisa Brown										
Risk Description and approach						**Risk Mitigation**				
Basic Information			**Current Risk Rating**				**Risk after mitigation**			
ID	**Risk - the impact, effect, consequences**	**Category**	**Impact (severity)**	**Probability**	**Impact x Probability**	**Mitigating Actions**	**Impact (severity)**	**Probability**	**Impact x Probability**
1	WCC governance timelines within the Bi-Borough will operate at different speeds causing complications to process and potentially resulting in delays to the extension	Process	3	3	**9**	Timeline allows for differences in borough governance. Ensure regular communications with Governance Services. Paper has been added to relevant forward plans Lead members are briefed on the proposals	2	3	**6**
2	Further savings in the budget may be required.	Financial	3	2	**6**	If further savings are required officers will work with the provider to reduce the service offer.	2	2	**4**

3	resource within the Integrated Commissioning team due to organizational restructuring.	Process	2	2	**4**	Ensure continuity and communication if commissioner leads change. Project teams with children's services, commissioning and public health to steer the project and flag capacity issues	1	1	**1**
4	The ring fence on Public Health grant end date may change due to changes in Government	Political	2	2	**4**	This is a mandated service so funding will need to continue though it may be reduced.	1	1	**1**
5	Business Continuity and Brexit	Operational and	2	2	**4**	Business Continuity arrangements will be considered. In terms of Brexit, we will continue to assess and monitor the impact that a potential 'no-deal' Brexit may have.	1	1	**1**
6	Health Visiting Workforce – Impact on recruitment and staff retention	Business / Operational	3	3	**9**	Working with provider on recruitment campaign. Improving opportunities for student Health Visitor placements with a view to recruiting them in the future. Two year direct award provides assurances for staff retention	2	2	**4**
7	Direct award – as the contract is not being tendered there is a risk of legal challenge.	business	2	2	**2**	Legal are engaged in the process and have commented on the paper. Model for long term has yet to be developed before any service specification can change. Market shaping including market warming events are planned over the two years	2	1	**3**

Appendix C - Options Analysis

SERVICE DELIVERY				
	Option / Opportunity	**Pros**	**Cons**	**Description**
1	Direct Award	• Provides stability and allows for continuity of service for residents • Opportunity to work collaboratively with CLCH and key stakeholders on the transformation, redesign, and testing of new models of care across the pre-birth to five system in readiness for recommissioning • The Contract will include early break clauses to ensure the Authorities are able to align with the implementation of the pre-birth to five transformed system. • This presents a timely opportunity to review current service delivery and outcomes as part of a wider pre-birth to 5 years pathway redesign • Emphasis on maintaining workforce and workforce development • A renewed focus on targeted support to utilise resources effectively • Service will be based on best available evidence. • Evidence based interventions that include or engage with a variety of stakeholders. • Offering potential for new partnerships to be formed. • The service will help the local authority to deliver on national and local public health outcomes. • Increased involvement of parents in designing the new service • With the FNP contract having ended on the 30 September 2019 savings have been made	• Unable to negotiate savings from the current Health Visiting contract • Risk of challenge from alternative providers who have not been given the opportunity to bid for this contract. • Risk of a legal challenge if not compliant with PCR.	**Recommended Option**

2	Do nothing – contract will end on the 31st March 2020.	• Immediate savings	• This is a mandated service so must continue. • Reputational risk to local authorities • Loss of current support that is given to children and families. • Loss of service would mean that children are not fully supported in meeting their developmental milestones. • Loss of service could lead to higher levels of children requiring specialist services. • Loss of service would result in a missed opportunity of the early identification of children with SEND and result in delays in children meeting their developmental milestones. • Loss of service could potentially lead to an increase in illnesses and hospital admissions. • Ending service might have negative impact on school readiness of children • Failure to identify vulnerable children and troubled families	**Reject**
3	Re-procure service to go live the 1st April 2020.	• The opportunity for another provider to bid for the contract. • Cost savings could be made •	• Insufficient time to develop a procurement strategy • Will cause instability within the delivery of a Health Visiting service • By re-procuring a service using the same delivery model, this would limit opportunities to improve provision. • Current service model is not flexible enough to meet local need. • Would not enable redesign so that service is fit for purpose and innovative. • Continuing with an outdated service model.	**Reject**

			• Limits opportunities to involve patients in design and delivery • The programme of work being undertaken with EYTA will not be completed in time to inform a redesigned service model.	

Appendix D - Timetable for Re-design Programme of Work

December 2019 – January 2020	**Review of phase 1 and develop work plan**
January – March 2020	**Develop work streams and plan for prototyping**
Spring – Autumn 2020	**Prototype ideas on smaller scale** **Develop a business case for change across each workstream** **Outline**
Autumn 2020	**Outline a high-level blueprint for the future delivery model**
Autumn 2020 – April 2021	**Detailed implementation plan considering financial, resource and technological implications**
April 2021	**Delivery of new model**

PART B

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it contains information in respect of which a claim to legal professional privilege could be maintained in legal proceedings under paragraph 5 of Schedule 12A of the Local Government Act 1972.