

	OFFICER KEY DECISION
	Report from the Strategic Director Community Wellbeing
EXTENSION OF THE CONTRACT FOR PUBLIC HEALTH 0 TO 19 YEARS HEALTH VISITING AND SCHOOL NURSING SERVICES	

Wards Affected:	All
Key or Non-Key Decision:	Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	2 Appendix 1 – Clinical Skill Mix Model for the Healthy Child Programme (HCP) Appendix 2 – School Survey
Background Papers:	None
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1 Purpose of the Report

- 1.1 The Council commissions public health services for children 0 to 19 years from Central London Community Health Care NHS Trust. The report requests the approval to vary and extend the current contract which would end on the 31 March 2022 as required by the Contract Standing Order 112.

2 Recommendations

That the Strategic Director Community and Wellbeing:

- 2.1 Approves the extension of the current contract for Children’s Public Health Services 0-19 years – Health Visiting and School Nursing with the Central

London Community Health Care NHS Trust (“CLCH”) for up to a period of 1 year from the 1 April 2022 to 31 March 2023.

2.2 Approves the following variations to the contract detailed in recommendation 2.1:-

- The increase in value of the contract extension period to include an uplift of 3% in accordance with the NHS national pay and pension increase payable on recruitment to an agreed vacancy rate
- The increase in the number of staff by the appointment of two health visitors to deliver perinatal mental wellbeing health visiting and health visiting for the Homeless
- The service to deliver the Healthy Eating and Nutrition for the Really Young (“HENRY”) programme with the Family Wellbeing Centre staff.
- A failsafe for the newborn bloodspot screening (NBBS) where blood is taken by service rather than families being directed to the acute trust.
- School Nurses to work with all schools to achieve Asthma Friendly Status.
- 2 to School will be introduced as part of a research study with MESCH, Australia.
- A move to open book accounting
- Due to staff shortages, until the health visiting WTE returns to 20, the model of care to change so all women are seen and assessed for vulnerability antenatally. Universal pregnant mothers (except primips) may be seen by a staff nurse at the New birth visit (NBV)

2.3 Notes the appointment of the School Nursing Assistant to work with the provider of the Beezebodies (Weight Management Programme).

3 Detail

3.1 The existing 3+2 year contract for children’s public health services was awarded in 2017 following a redesign of the specification for school nursing and health visiting specifications by the Council’s public health team in consultation with CYP, early years’ providers, schools, GPs and families. The contract with a total value of £27.169million expires 31 March 2022.

3.2 The service provides a universal offer to all children in Brent with tailored and targeted interventions to address health inequalities. The service includes some statutory elements. There are 5 mandated reviews for early years, which are offered to all families. They are

- antenatal review between 28 – 36 weeks
- new baby review before 14 days
- 6 to 8 week review
- 1-year review
- 2 to 2 and a half year review

3.3 The scope of health visiting and school nursing services is wide given the diverse needs of individuals, families and communities. However, taken together the High Impact Areas provide an evidence-based description of where health visitors and school nurses can have a significant impact on health and wellbeing - improving outcomes for children, young people, families and communities and reducing the impact of health inequalities. The Early Years High Impact Areas are:

- Supporting transition to parenthood and the early weeks
- Supporting maternal and infant mental health
- Supporting breastfeeding (initiation and duration)
- Supporting healthy weight and healthy nutrition
- Improving health literacy; reducing accidents and minor illnesses
- Supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'

3.4 School-aged high impact areas build on early identification of children in need of support and focus on six key priority areas:

- Supporting resilience and wellbeing
- Improving health behaviours and reducing risk taking
- Supporting healthy lifestyles
- Supporting vulnerable young people and improving health inequalities
- Supporting complex and additional health and wellbeing needs
- Supporting self-care and improving health literacy

3.5 The school nursing team have no mandated reviews but they do have to offer the National Childhood Measurement programme to children in reception and Year 6.

3.6 Following the award of the children's public health contract to CLCH, a step change in performance and delivery was seen. Over the last 5 years there has

been improvement in KPIs especially in the mandate checks – the coverage has gone from 85% up to 96% for the New birth visit contact.

- 3.7 COVID has placed significant challenges on the children's public health service. The NHS response, particularly in the first wave, diverted staff from preventative services such as school nursing to COVID care; lockdown restrictions meant face to face consultations needed to pivot to online or telephone; and the schools and children's centres within which the service had been delivered were largely closed.
- 3.8 The Council's public health team and CLCH have developed a risk assessed service delivery model throughout the pandemic in which interventions were prioritised according to safeguarding and clinical risk (for example new birth assessments were maintained when routine 21/2 year checks were not) and where new delivery modes were introduced, for example the telephone helpline was expanded to run 7 days a week. This service was effective to those who utilised the service, especially young people who called during the pandemic if they had an argument with their parent and need someone to support them.
- 3.9 There are significant challenges to the delivery of positive public health outcomes for children in Brent. For example, we have longstanding high levels of childhood obesity, poor childhood oral health and low levels of childhood immunisation. None of these outcomes can be improved by the children's public health service alone but the service plays an important contribution to improving these.
- 3.10 COVID has placed significant burdens on children, young people and their families at the same time as reducing the reach of preventative services. The children's public health service is well placed to help families address the consequences of the pandemic, lock downs and other restrictions but also has a backlog of provision to address. COVID has and will increase the demands on the service for some time to come.
- 3.11 In the last year, the health and social care landscape has fundamentally changed because of the NHS White Paper and the Health and Care Bill. The previous commissioning / provider relationships and competitive procurement are being replaced by new duties of collaboration and the creation of Integrated Care Systems (ICS) which bring together NHS commissioners and providers in sub-regional groupings and which will be placed on a statutory footing from 2022.
- 3.12 London North West University Hospitals Trust (LNWHT), CLCH, Central North West London NHS Foundation Trust (CNWL) and the Council have joined in the Brent Integrated Care Partnership, the borough based partnership which will lead whole system integration and improvement locally.
- 3.13 Within the North West London (NWL) ICS, CLCH has joined with other NHS Trusts delivering community service in a Provider Collaborative. The Trusts within the ICS will not seek to compete for contracts tendered within NWL but will determine which Trust is the best strategic "fit" to provide any given group of services. Thus, in Brent the community NHS services provided by London

North West University Hospital Trust have been transferred to CLCH without a competitive exercise to allow LNWHT to focus on its acute and specialist portfolio as CLCH becomes the provider of all NHS community services in the borough, with CNWL providing mental health services.

- 3.14 Therefore, should the Council proceed in the future to procure services for children's public health service, we anticipate that competition between local providers is very unlikely. It is possible that an NHS Trust from outside NWL could wish to bid for the service.
- 3.15 While the Health and Care Bill is designed to promote integration over competition, it does not preclude non NHS bodies bidding for any services put out to tender by the NHS or by local authorities. Procurement in other parts of the country has resulted in services and staff transferring from the NHS to private companies.
- 3.16 The current contract had been procured at a 15% saving. Furthermore as a block contract with a reducing annual value the Council had not had to make provision for pay and pension uplifts which have been agreed nationally to NHS terms and conditions.
- 3.17 For these reasons the public health team concluded that a competitive procurement was unlikely to result in potential new providers who were able to offer significant quality or cost advantages and would be counter to the strategic drive to collaboration and creation of integrated care systems.
- 3.18 Three of the other children's public health contracts held by CLCH are currently being re-procured by local authorities. Responding to these procurements or reacting to contract award and remobilisation including TUPE'ing staff to another provider will require significant management capacity in CLCH.
- 3.19 CLCH have faced significant challenges in responding to the impact of COVID on clients, addressing the backlog of activity, redirecting resource in accordance with national NHS requirements to respond to COVID including the vaccination effort and needing to urgently address the recruitment and retention of health visitors. Public Health therefore saw real merit in allowing CLCH management to focus on these time critical issues rather than on responding to a tender.

The Extension

- 3.20 As referred to in paragraphs 3.15 to 3.16, the Health and Care Bill is due to become legislation this year. The Bill will impact the way in which clinical services will be procured in the future. In light of this, officers are proposing to extend the current contract for a period of up to one year. Once the new legislation is implemented, it is expected that the Council will review the future delivery of this service.

The Variation

- 3.21 A persistent challenge for the service has been the recruitment and retention of qualified staff in particular health visitors. National NHS Agenda for Change pay scales mean that health visitors working in Brent receive a lower London weighting than colleagues working for the same Trust in neighbouring boroughs. The Inner London weighting is 20% of basic salary, with a minimum payment of £4,608 and a maximum payment of £7,097 compared to the Outer London weighting, payable to staff in Brent, of 15% of basic salary, with a minimum payment of £3,898 and a maximum payment of £4,967. The Agenda for Change have negotiated a 3% uplift in national wages, which is reflected in the increase in contract value for the extension period.
- 3.22 The CLCH delivers health promotion services as part of the 0-19 years services. The Council's public health team have developed initiatives to address family emotional health, oral health and childhood obesity in addition to the children's public health contract. These have been funded through an additional £202,000 to provide an evidenced based programme called Healthy Eating and Nutrition for the really young (HENRY). FWC and 0-19 staff are being trained to work together to deliver a 6 week rolling programmes for pregnant women, parents of children aged 1-5 years and also for parents who have children over 5.
- 3.23 Two new health visitors (perinatal and homeless) are to be recruited by the CLCH to work with pregnant women and new born mothers who are homeless and have a mental health problem across Brent. The funding has been provided by the Government's COVID Relief fund, which is £118,000 for the additional nurses.
- 3.24 The CLCH have appointed a School Nursing Assistant to work with the weight management provider to refer children and their families into the programme. The funding has been received from the Government's OHID Child weight Management bid to the sum of £37,000.
- 3.25 Under section 3(b) of the table at paragraph 9.5 of Part 3 of the Constitution, Strategic Directors and Operational Directors are able to extend and vary contracts and agreements without the need for Cabinet approval:
- (a) provided that the extension or variation would not be in breach of the Procurement Legislation.
 - (b) provided that the extension or variation does not substantially alter the terms and conditions of the contract.
 - (c) provided that there is sufficient existing budgetary provision.
 - (d) provided that in the case of any variation (other than an extension):
 - (i) the total value of the variation is less than £1 million; and
 - (ii) if the total value of the variation is more than £50k it is not more than 50% of the original contract value (calculated over the life of the contract including any extensions or possible extensions and

adjusted in accordance with any price review mechanism provided for in the contract).

- (e) if the extension goes beyond the period of extension provided for in the contract (if any) or is otherwise not in accordance with the extension provisions in the contract:
 - (i) in the case of any contract, agreement, deed or other transaction with a life of not more than one year (including any possible extension provided for in the contract) the extension shall not exceed a period of six months; or
 - (ii) in the case of any contract, agreement, deed or other transaction with a life of more than one year (including any possible extension provided for in the contract) the extension shall not exceed a period of one year.
- (f) the relevant cabinet member shall be consulted prior to a decision within (d) (i) or (ii) and e (i) and (ii) above and may request that the decision instead be referred to them.

3.26 It is considered that the Strategic Director for Community and Wellbeing has delegated authority to agree the extension and variation as, addressing the matters in paragraph 3.30:

- (a) The proposed extension is to enable the Council to review the services once the legislative changes to health and social care have been implemented. The proposed variation have become necessary in order to deliver the Healthy Start Programme as provided for in the specification, therefore the extension and variation would not be considered a breach of Procurement Legislation Similarly the proposed variation is limited in nature and it is considered complies with the requirements of Regulations 72 of the Public Contracts Regulations 2015.
- (b) Given that the provider is delivering the Healthy Start Programme as part of the specification, the proposed variation is not considered to substantially alter the terms and conditions of the Contract.
- (c) The budget for the additional staff has been received from the COVID Relief fund and grant funding from Public Health England. The Council's element of the increase in contract value will be up to £159,000. There is sufficient budgetary provision for the extension.
- (d) The total value of the elements of the contract being varied do not exceed the limits detailed in (d) (i) and (ii)
- (e) The extension does go beyond the extension provided for in the Contract but does not exceed the period of one year.

- (f) The Lead Member for Public Health, Culture and Leisure has been consulted and have not requested to make the decision regarding the variation or extension of the contract.

4 Financial Implications

- 4.1 The contract will be fully funded by the ring fenced public health grant. The contract will be extended by the current annual contract value of £5.3m with a 3% uplift to cover nationally agreed Agenda for Change pay and pensions (subject to achievement of an agreed reduction in vacancy rates) and rolling in the COVID recovery and child weight management monies detailed in 3.24 and 3.29 (£155k).

5 Legal Implications

- 5.1 Officers are proposing the extension and variation of the contract for Public Health Services 0 to 19 years - Health Visiting and School Nursing with CLCH. Officers have exercised the extensions permitted within the contract. However, they are seeking a further extension for a period of up to 1 year and the variation of the contract to allow for the increase in contract price in accordance with the national 3% uplift. Officers are also proposing the appointment of nursing staff to deliver the public health programmes.
- 5.2 The value of the original contract is such that it is subject to the Public Contract Regulations 2016 ("PCR 2015"). PCR 2015 provides that variations to existing contracts are permitted without commencing a new procurement in certain circumstances. Regulation 72(b) provides that where additional service have become necessary, but were not included in the initial procurement, where a change of contractor cannot be made or would cause significant inconvenience or substantial duplication of costs for the contracting authority and provided that the increase in price does not exceed 50% of the value of the original contract. Although the contract specifies that CLCH will deliver the addition of the HENRY Programme and the appointments of a school nurse assistant and 2 health visitors have become necessary to assist with the delivery of the service. It is therefore considered that the Council is able to rely on Regulation 72 (b) of the PCR 2015 in varying the contract.
- 5.3 The Strategic Director for Community and Wellbeing is authorised pursuant to Paragraphs 9.5 and 9.7 of Part 3 of the Constitution to extend and vary the contract subject to the conditions set out in paragraph 3.31 above. As set out in paragraph 3.31 above, and subject to the relevant cabinet member not requesting the decision to vary be referred to them, not of these conditions preclude the Strategic Director agreeing the recommended extension and variation.

6 Equality Implications

6.1 The proposals in this report have been subject to screening and officers believe that there are no adverse equality implications

7 Any Other Implications (e.g. HR, Property, Environmental Sustainability)

7.1 The service is provided by an external provider and therefore there are no implications for Council staff arising from the extension and variation of this Contract.

8 Proposed Consultation with Ward Members and Stakeholders

8.1 In 2020 the providers discussed with the commissioner about developing a devised clinical skill mix model for evidence-based service delivery based on the HCP (Appendix 2).

8.2 Public health also sought service user and stakeholders views via a questionnaire (Appendix 3). In total 237 individuals accessed the questionnaire over a five week period but only 65% were completed.

8.3 The surveys showed the top 5 health issues for parents of primary school contacting a school nurse were

- Emotional wellbeing, Keep fit & active, Bullying, Healthy eating & Family Resilience

8.4 For young people contacting a school nurse they were

- Immunisation, Emotional wellbeing, self-harm, physical disability and healthy relationships and consent

8.5 The survey demonstrated 80% were happy with the health visiting service but highlighted the school nursing service, Brent4 life and breast feeding teams need to raise their profile.

8.6 The Lead Member for Public Health, Culture and Leisure has been consulted.

Report sign off:

Phil Porter
Strategic Director Community and Wellbeing