

	Decision of Cabinet Member for Public Health and Adult Social Care
	Report from the Corporate Director, Adult Social Care and Health
AUTHORITY TO VARY AND EXTEND CONTRACT FOR CHILDREN'S PUBLIC HEALTH SERVICES 0 - 19 YEARS (HEALTH VISITING AND SCHOOL NURSING)	

Wards Affected:	All
Key or Non-Key Decision:	Non Key
No. of Appendices:	None
Background Papers:	None
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1.0 Purpose of the Report

- 1.1 This report requests individual Cabinet Member approval to vary and extend a contract in respect of Children's Public Health 0-19 years (Health Visiting and School Nursing) with Central London Community Health Care NHS Trust in accordance with paragraph 13 of Part 3 of the Constitution. The report summarises the reasons for the request to vary and extend.

2.0 Recommendation(s)

That the Cabinet Member for Public Health and Adult Social Care, having consulted with the Leader:

- 2.1 Approves the variation of the contract for Children's Public Health Services 0-19 years – Health Visiting and School Nursing with the Central London Community Health Care NHS Trust to allow for an extension period.

- 2.2 Approves the extension of the contract detailed in 2.1 above for a period of 1st April 2023 until 15th April 2023.
- 2.3 Approves the variations to the contract for Children’s Public Health Services 0-19 years – Health Visiting and School Nursing listed below for the period 1st April to 15th April 2023:
- That Brent4Life (CLCH working with Family Wellbeing Centres) under the Healthy Start Programme will cover under 5s only, instead of children and young adults between 0-19 years.
 - That Central London Community Health Care NHS Trust universally deliver the Healthy Start Programme
 - That the homeless health visitor will also prescribe medication to the homeless when she sees her clients at no additional cost to public health.
 - That Central London Community Health Care NHS Trust appoint a School Nursing Assistant to work with the weight management provider to refer children and their families into the programme.
- 2.4 Notes that from the 1 April 2023 the Central London Community Health Care NHS Trust will deliver the following:
- That until the health visiting WTE returns to 20, the model of care will 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).
 - That Asthma Friendly Schools will be introduced to ensure staff are adequately trained if a child has an asthma attack, to make sure all schools have an emergency inhaler and spacer and also to establish that all children who have asthma have a plan.
 - That the Infant 2 School programme will be introduced, which is an extension of MESCH developed by the same team of academic clinicians to be delivered by nursery nurses as a response to diverse and deprived communities.

3.0 Detail and brief summary of decision

Reasons for decision

- 3.1 The Council entered into a contract for Children’s Public Health 0-19 years (Health Visiting and School Nursing) with Central London Community Health Care NHS Trust (the “Contract”).
- 3.2 The Contract is due to expire on 31st March 2023. In order to permit time for the implementation of the Provider Selection Regime to be introduced under the Health & Care Act 2022, Officers consider extending the Contract is

appropriate. The Contract does not currently contain provision allowing for extension and therefore Officers seek authority to vary the Contract to allow for its extension and also agreement to extension of the Contract by two weeks for ongoing discussions with CLCH with a view to a longer term extension pending the implementation of the Provider Selection Regime.

4.0 Alternative Options Considered

4.1 Officers considered whether to procure a replacement contract. However, Officers view is that this service should be commissioned under the Provider Selection Regime to be introduced under the Health & Care Act 2022. Given the Provider Selection Regime will be introduced in the near future, Officers feel that extension of the Contract is appropriate at the current time.

5.0 Additional Background

5.1 The existing 3+2 year contract for Children's Public Health Services 0-19 years - Health Visiting and School Nursing (the "Contract") 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 had a total value of £27.169million.

5.2 The Contract was initially due to expire on the 31 March 2022. Rather than commissioning a replacement contract, Officers considered that the Contract may be one that could be dealt with under the Provider Selection Regime being introduced under the Health and Care Bill which is designed to promote integration over competition. However, due to the delay in the introduction of the Health and Care Bill, it became necessary to extend the Contract and the Contract was subsequently extended for another year until 31 March 2023

5.3 The Contract 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

5.4 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'

5.5 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

5.6 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.

5.7 Following the award of the Contract to CLCH, a step change in performance and delivery was seen. Over the first 4 years of the contract 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. However over the last year there has been a decline in KPIs due to significant staff shortages, although statutory requirements for new birth visits are being met. The ICP has established a Workforce Transformation programme which aims to address the recruitment and retention challenges in occupational therapy and health visiting. The DPH has established a multiagency working group to identify and mitigate system risk arising from the shortage of health visitors (which is a national issue).

5.8 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.

5.9 COVID 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.

- 5.10 In the last 2 year, the health and social care landscape has fundamentally changed because of the introduction of the Health and Care Act 2022. 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.
- 5.11 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.
- 5.12 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 LNWHT were 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.
- 5.13 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 although it is possible that an NHS Trust from outside NWL could wish to bid for the service.
- 5.14 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.
- 5.15 In addition to extending the Contract, the Strategic Director for Community and Wellbeing approved the variation of the contract for the Asthma Friendly Programme in schools, the Infant 2 School an extension of the MESCH programme and for pregnant mothers to be seen at the New Birth Visit to be delivered by the CLCH in April 2022. Following further discussions with CLCH, it has now been agreed that CLCH will commence delivery of these services from 1 April 2023 as detailed in Recommendation 2.4.
- 5.16 Officers consider that the Contract should be varied and have entered into discussions with CLCH to vary the Contract as follows:

- 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. Healthy Eating and Nutrition for the really young (HENRY) programme, has been implemented in Brent. FWC and 0-19 staff are trained to work together to deliver a 6 week rolling programmes for pregnant women and parents of children aged 1-5 years. Going forward, the The Brent4 Life team will focus on children aged 0-5 years instead of 0-19 years.
- Going forward and subject to agreement by the PCNs, the homeless health visitor will also prescribe medication to the homeless when she sees her clients at no additional cost to public health.
- 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 to be paid out of the public health grant to the sum of £20,600 for five months.
- Healthy Start scheme to be provided by the Health visiting service- no extra cost
- Introduction of the Infant 2 school (I2S) model, which is a needs based health and development early intervention for children aged over 2 to one year prior to school. I2S is based on the MECSH way of working with families and the programme can be offered to:
 - Families who have completed MECSH but continue to have significant unresolved needs
 - Families who have missed the age cut off for MECSH
 - Families identified as experiencing significant and sustained adversity

5.17 Under section 3(b) of the table at paragraph 9.5 of Part 3 of the Constitution, Corporate Directors may only vary and extend contracts and agreements provided inter alia that that:

- (d) 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.

5.18 As the Corporate Director has already extended the Contract by 1 year outside its initial term, the Corporate Director does not have delegated powers to agree the extension but pursuant to paragraph 13 of Part 3 of the Constitution, the Cabinet Member for Public Health and Adult and Social Care, having consulted with the Leader has delegated powers to:

5.18.1 Agree contract extension, variation or termination where the decision is excluded from officer delegated powers because:

- (a) 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; and
- (b) the contract, agreement, deed or other transaction has a life of not more than one year (including any possible extension provided for in the contract) and the extension exceeds a period of six months; or
- (c) the contract, agreement, deed or other transaction has a life of more than one year (including any possible extension provided for in the contract) and the extension exceeds a period of one year; or
- (d) in the case of any variation (other than an extension):
 - (i) the total value of the variation is £1 million or more; and
 - (ii) the total value of the variation is more than £50k and is 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)

5.18.2 Agree of other contract extensions, variations or terminations where the Cabinet Member requests that a decision be referred to them pursuant to Part 3 paragraph 9.5.

5.19 The requirements of paragraph 5.18 above are subject to there being no breach of the Public Contracts Regulations 2015 (“PCR 2015”). It is not considered that the extension and variations breach the PCR 2015 and therefore, subject to consultation with the Leader, the Cabinet Member for Public Health and Adult Social Care, has delegated powers to agree the proposed variation and extension.

6.0 Financial Implications

- 6.1 The value of the Contract is £5,226,996 per annum. The value of the proposed variation and extension is £201,038
- 6.2 The cost of this variation and extension of the Contract will be funded from the Public Health budget.

7.0 Legal Implications

- 7.1 Officers are proposing an extension and variation of the Contract with CLCH. Officers are seeking a two week extension pending further discussions with CLCH and are proposing to seek a longer extension to allow for the implementation of the Provider Selection Regime under the HCA 2022. The recommended variation will allow for the extension of the contract and for the matters referred to in Recommendation 2.3.
- 7.2 The value of the original contract is such that it is subject to full application of the PCR 2015. PCR 2015 provides that variations to existing contracts are permitted without commencing a new procurement in certain circumstances. Regulation 72(1)(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. It is considered that the extension and variations are permitted in accordance with Regulation 72(1)(b) and other subsections.
- 7.3 As set out in paragraph 5.17 and 5.18, pursuant to paragraph 13 of Part 3 of the Constitution, the Cabinet Member for Public Health and Adult Social Care, subject to consultation with the Leader, has delegated powers to agree the proposed extension and variations.

8.0 Equality Implications

- 8.1 Pursuant to s149 Equality Act 2010 (the “Public Sector Equality Duty”), the Council must, in the exercise of its functions, have due regard to the need to:
- (a) eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it,
- 8.2 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.3 Having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.

8.4 There is no prescribed manner in which the council must exercise its public sector equality duty but having an adequate evidence base for its decision is necessary.

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

9.0 Consultation with Ward Members and Stakeholders

9.1 The Lead Member for the Council has been consulted

10.0 Human Resources/Property Implications (if appropriate)

10.1 This service is currently provided by an external contractor and there are no implications for Council staff arising from varying and extending the contract.

11.0 Public Services (Social Value) Act 2012

11.1 The Council is under a duty pursuant to the Public Services (Social Value) Act 2012 (“the Social Value Act”) to consider how services being procured might improve the economic, social and environmental well-being of its area; how, in conducting the procurement process, the Council might act with a view to securing that improvement; and whether the Council should undertake

consultation. Whilst this report concerns an extension to the Contract, Officers have nonetheless had regard to considerations contained in the Social Value Act in relation to the extension.

Report sign off:

PHIL PORTER
Corporate Director, Adult Social Care & Health