	<b>Decision for Cabinet Member for Public Health &amp; Adult Social Care</b>
	<b>Report from the Corporate Director, Care, Health &amp; Wellbeing</b>
<b>APPROVAL TO WAIVE CONTRACT STANDING ORDERS TO PERMIT PROCUREMENT OF PERINATAL MENTAL HEALTH TEAM THROUGH A DIRECT AWARD</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key Decision
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	N/A
<b>Background Papers:</b>	N/A
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Marie McLoughlin Consultant in Public Health <a href="mailto:Marie.mcloughlin@brent.gov.uk">Marie.mcloughlin@brent.gov.uk</a>  Chukwusomebi Anwunah Principal Public Health Strategist <a href="mailto:Chukwusomebi.anwunah@brent.gov.uk">Chukwusomebi.anwunah@brent.gov.uk</a>

## 1.0 Executive Summary

- 1.1. Multiple consultative sessions with service providers for pregnant women and young families in the borough has highlighted a gap in the provision of mild to moderate perinatal mental health services and parent-infant relationship support. Staffing difficulties and workload pressures were identified as chief precipitating factors for this gap.
- 1.2. To this end, we intend to develop a multidisciplinary team to serve as the vanguard for parent and infant mental health delivery and to provide supervisory and consultative support in upskilling the wider workforce in the organisations that interface with young families.
- 1.3. The purpose of this report is to seek member approval to waive Contract Standing Orders to enable a direct award of a contract for Perinatal Mental Health services to Central and North West London NHS Foundation Trust to

help develop a Perinatal Mental Health team. The case for direct award, as opposed to a full tender process, is set out in the detail below.

## **2.0 Recommendation(s)**

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

- 2.1. Approves an exemption pursuant to Contract Standing Order 84(a) of the requirement to tender a contract for Perinatal Mental Health services for a period of 2 years in accordance with paragraph 13 of Part 3 of the Constitution.

## **3.0 Detail**

### **3.1 Contribution to Borough Plan Priorities & Strategic Context**

- 3.1.1 A gap in the provision of mild to moderate perinatal mental health services and parent-infant relationship support has been identified. Officers consider that the Recommendation to waive Contract Standing Orders will contribute to Borough Plan Priorities as follows:

- (a) The Brent borough plan 2023 -2027 priorities focus on babies getting the best start in life. This service will work with families and children to ensure nurturing and bonding are developed. It also links to “a healthier Brent”. The service will combine efficient universal provision with tailored and targeted interventions for those communities who find services hard to access.

### **3.2 Background**

- 3.2.1 The Governments 2019 manifesto included a commitment to champion Family Hubs alongside additional investment in the Supporting Families programme. In April 2022, the Government announced the Family Hubs and Start for Life programme, a collaboration between the Department for Education, the Department for Health and Social Care and the Department for Housing, Levelling up and Communities. Through this programme, the Government committed £301.75m for 75 upper-tier local authorities to deliver start for life and family help services over the next three financial years. Brent Council was named one of the 75 LAs eligible to take part in this programme.

- 3.2.2 The Best Start for Life vision was set out in the Early Years Healthy Development Review, chaired by Rt Hon Dame Andrea Leadsom. The review, published in March 2021, focused on the period between conception and the age of two (the first 1,001 critical days) and found that parents sometimes experienced difficulty in navigating the different services they needed as these were disjointed, resulting in parents having to ‘tell their story multiple times’. What parents and carers wanted were accessible, joined-up services, available

in one place, both physically and virtually. The review set out that Family Hubs could become that home for services during those critical 1,001 days, providing universal and seamless support. It urges local authorities to work in partnership with local partners to develop a coherent and joined-up Start for Life offer, which sets out to parents and carers the services they are entitled to and how they can access them.

3.2.3 The Best Start for Life report committed to 6 action areas outlined below:

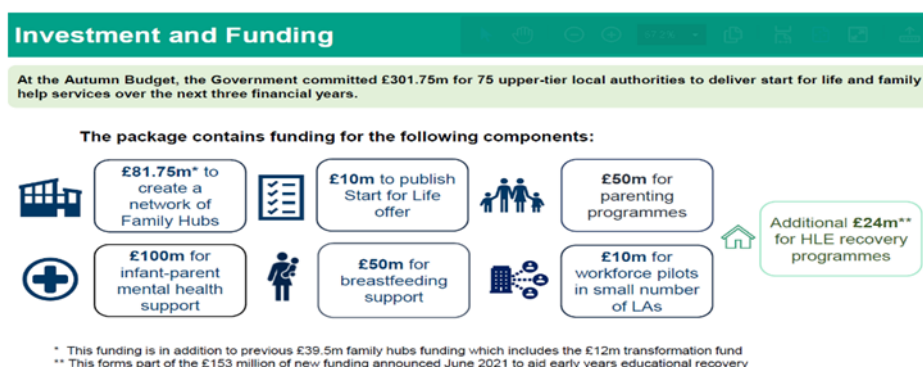
Action Areas
<b><i>Ensuring families have access to the services they need</i></b>
<b>1. Seamless support for families:</b> a coherent joined up Start for Life offer available to all families.
<b>2. A welcoming hub for families:</b> Family Hubs as a place for families to access Start for Life services.
<b>3. The information families need when they need it:</b> designing digital, virtual and telephone offers around the needs of the family.
<b><i>Ensuring the Start for Life system is working together to give families the support they need</i></b>
<b>4. An empowered Start for Life workforce:</b> developing a modern skilled workforce to meet the changing needs of families.
<b>5. Continually improving the Start for Life offer:</b> improving data, evaluation, outcomes and proportionate inspection.
<b>6. Leadership for change:</b> ensuring local and national accountability and building the economic case.

3.2.4 Income Deprivation Affecting Children Indices (IDACI) were used to determine eligibility for the programme and 75 local authorities with high levels of deprivation and disproportionately poor health and educational outcomes were identified for participation. LAs choosing to participate are expected to move towards a Family Hub model or to extend their existing Family Hubs, in Brent's case Family Wellbeing Centres, improve their Start for Life offer and transform family support.

3.2.5 The Family Hubs and Start for Life programme guide (August 2022) provides detailed guidance on programme objectives, the vision for how services should be delivered and what this investment should mean for babies, young children, and families. By the end of the programme, it is hoped that LAs will have achieved the objectives below:

- Transform the way services are designed and delivered
- Enhance and expand services to deliver universal Start for Life and family services
- Ensure additional targeted interventions are in place that provide tailored support for vulnerable communities
- Improve and increase workforce capacity and capability for the multi-professional Start for Life workforce
- Understand what works, identifying and sharing best practice

Funding provided through this programme relates to some services and activities deemed essential. The infographic below shows the funding breakdown for different components of the programme.



3.2.6 This programme will provide opportunities to improve how local services share information and work together and increase the efficiency for professionals and services through effective collaboration. In the longer term, it is hoped that this will lead to a borough wide ambition for early years that reduces inequalities in health and education outcomes for babies, children, and families in Brent.

3.2.7 An indicative funding allocation for Brent between £4.18m and £4.38m over the three financial years of 2022-23, 2023-24 and 2024-25 has been provided, please see breakdown below:

2022-23	2023-24		2024-25		Total	
Total	Lower Range	Upper Range	Lower Range	Upper Range	Lower Range	Upper Range
£1,059,000	£1,698,000	£1,810,000	£1,423,000	£1,512,000	£4,180,000	£4,380,000

The table below shows expected distribution of the funding across the programme strands:

Strand	% <sup>1</sup>
Family hubs programme spend	18.6%
Family hubs capital spend	4.7%
Perinatal mental health and parent-infant relationships	31.6%
Parenting support	16.8%
Infant feeding support	15.5%
Home learning environment services	9.6%
Publishing 'Start for Life' offers and Parent and Carer Panels	3.1%

3.2.8 Public health are leading on parent and infant mental health support, and infant feeding programmes. Unfortunately, the funding for the programmes were not released until 31<sup>st</sup> March 2023, therefore only giving two years to implement the programmes. An infant – parent mental health steering group was set up and several workshops took place using a tool kit to ascertain what was required. It was agreed that a small team needed to be formed to cover the needs of women and children with mild to moderate symptoms. As the Central and North West

London NHS Foundation Trust (“CNWL”) work across Brent, they were involved from the onset.

- 3.2.9 CNWL are the only mental health trust that work in Brent. As they already have teams to work with families under 5 with moderate to high need, Officers consider that awarding a contract to CNWL to develop a new team to provide Perinatal Mental Health services would provide a seamless service and continuity of care.

#### **4.0 Stakeholder and ward member consultation and engagement**

- 4.1 To establish what was required, several workshops were organised. In the workshops there were CNWL, Brent Council, Central London Community Healthcare NHS Trust, Imperial College NHS Trust and London Northwest University Healthcare Trust.

#### **5.0 Financial Considerations**

- 5.1 The Perinatal Mental Health team will cost £303,571 per annum. For a 2-year period this cost will be £607,142 and will come from the Start for Life grant.

#### **6.0 Legal Considerations**

- 6.1 In accordance with paragraph 13 of Part 3 of Brent’s Constitution, the Leader has delegated certain functions to Cabinet members to be exercised within their portfolio area in consultation with the Leader. This delegation includes agreement of waivers of Contract Standing Orders for Medium and High Value Contracts.
- 6.2 The Officers are proposing to procure a service valued at £607,142 over the contract term and the proposed contract is thus classified as a Medium Value Contract under Contract Standing Orders. Contract Standing Orders provide that a Medium Value Contract should be procured by way of a tender process but for the reasons detailed in the body of the report, Officers do not consider it is appropriate to procure the contract by way of a tender process.
- 6.3 Perinatal Mental Health services are classed as services under Schedule 3 of the Public Contracts Regulations 2015 (“PCR 2015”). The threshold for full application of the PCR 2015 for Schedule 3 services is £663,540 and therefore the procurement of Perinatal Mental Health services is not subject to full application of the PCR 2015. In the circumstances, should the Council award a contract directly, there is not considered to be a breach of domestic law or the Council’s own procedures.
- 6.4 In reaching any decision to waive Contract Standing Orders, the Cabinet Member in consultation with the Leader should have regard to the reasons Officers have set out in Section 3 of the report.

#### **7.0 Equality, Diversity & Inclusion (EDI) Considerations**

- 7.1 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,
- 7.2 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.
- 7.3 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.
- 7.4 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.

## **8.0 Climate Change and Environmental Considerations**

- 8.1 The proposals in this report have been subject to screening and officers believe that there are no adverse impacts on the Council’s environmental objectives and climate emergency strategy.

## **9.0 Human Resources/Property Considerations (if appropriate)**

- 9.1 This service is currently provided by an external contractor and there are no implications for Council staff arising from the procurement of the contract.

## **10.0 Communication Considerations**

- 10.1 As this service forms part of Brent’s Family Hubs and Start for Life offer, relevant considerations of communications and publicity campaigns have been made and are embedded within the larger Start for Life delivery plan.

**Report sign-off:**

**Cllr Nerva**  
Cabinet Member for Public Health & Adult Social Care