



City of Westminster Cabinet Member Report

Decision Maker:	<p>Cllr Tim Mitchell, Cabinet Member for Adult Social Care and Public Health</p> <p>Cllr Tim Barnes, Cabinet Member for Young People and Learning</p>
Date:	<p>22 November 2021</p>
Classification:	<p>Public with confidential/exempt appendix</p> <p>Part A – Public</p> <p>Part B - Private is currently exempt from disclosure on the grounds that:</p> <ul style="list-style-type: none">(i) it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972,(ii) 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; <p>and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>
Title:	<p>Commissioning of the Healthy Child Programme (0-5)</p>
Wards Affected:	<p>All</p>
City for All:	<p>The strategy supports the development of a City for All, in particular using technology to support a smart service that is responsive to levels of need as well as ensuring everyone has an equal</p>

opportunity to succeed and be healthy no matter what their background.

Key Decision: Yes

Financial Summary: The move to a single delivery model and integrated workforce has enabled us to deliver a more efficient service across the pathway at a reduction of £2.048m to the contract value over the five-year contract term. These services are fully funded by the Public Health Grant received by the authority.

Report of: Executive Director of Adult Social Care and Public Health

Executive Director of Children's Services

1.0 EXECUTIVE SUMMARY

- 1.1 Following the conclusion of a competitive procurement exercise this decision paper recommends the award of the new health visiting contract for the Royal Borough of Kensington and Chelsea (RBKC) and Westminster City Council (WCC) to Central London Community Healthcare NHS Trust (CLCH). Whilst this is the incumbent service provider, this represents the award to a new service that will align and integrate with children's Early Help Services to jointly deliver the 0-5 Healthy Child Programme.
- 1.2 The procurement strategy, which was agreed by Cabinet Members on the 6th July, was informed by the 0-5 transformation programme, which worked with practitioners and residents to think holistically about how the full range of services supporting women and young families were working together to achieve our children and young people objectives, as well as deliver savings across the 0-5 pathway.
- 1.3 The aim of the transformation was to develop a graduated local offer of support in the early years, enabling investment in communities and families with the highest levels of need. This will help us to:
 - Improve school readiness, with a particular focus on communication.
 - Strengthen our targeted offer of support for vulnerable communities, incorporating special educational needs and disabilities (SEND), attachment and parenting.
 - Identify need and intervene earlier.

- 1.4 We believe this will provide the best opportunity to ensure fair access for everyone no matter their walk of life, in particular, continuing to provide a core, high quality universal offer whilst providing a more intensive offer proportional to need.
- 1.5 The procurement was led by Westminster City Council (WCC) on behalf of the bi-borough to appoint a suitably qualified provider. Each council will enter into and manage their own sovereign contract. Both contracts are planned to commence on 1 April 2022 for a period of five years, with an option to extend for a further two-year period.
- 1.6 The move to a single delivery model and integrated workforce will enable us to deliver a more efficient service across the pathway at a reduction of £2.048m to the contract value over the five-year contract term. This equates to an average saving of £410k for WCC from the original annual contract value of £3.202m. This is in addition to savings of £250k per annum which were delivered from April 2021 through introducing innovative and digital means to deliver antenatal and development checks for families with low need.

2.0 RECOMMENDATION

- 2.1 This report recommends that Cabinet Members approve the contract award for delivering the 0-5 Healthy Child Programme to Central London Community Healthcare NHS Trust for a period of five years with the option to extend for a further two years as set out in the table below:

Supplier	First Year	Five Year Term	Optional Extension Period (2 years)	Total
Central London Community Healthcare NHS (CLCH)	£2,702,928	£13,961,490	£5,971,154	£19,932,644

- 2.2 The report also recommends that Cabinet Members delegate approval to exercise the option to extend the contract to the Executive Director of Adult Social Care and Health in consultation with the Executive Director of Children's Services.

3.0 REASONS FOR DECISION

- 3.1 The local authority has had commissioning responsibility for the current contract delivered by Central London Community Healthcare NHS Trust since 2015. During this time direct awards were requested in order to align with the

pre-birth to five transformation programme. The current two-year direct award comes to an end in April 2022.

- 3.2 The implementation of the integrated delivery model will allow the local authority to achieve our local vision to deliver an improved 0-5 pathway, which provides a core, high quality universal offer whilst providing a more intensive offer proportional to need.
- 3.3 Local authorities are mandated to secure provision of the five universal contacts within the Healthy Child Programme. These include the antenatal health promoting visit, the new baby review, the 6- week assessment, the one-year assessment and the two-year review.

4.0 BACKGROUND

- 4.1 In April 2019, RBKC and WCC launched the pre-birth to five transformation programme to think holistically about how the full range of services supporting women and families were working together to achieve our children and young people objectives, as well as deliver savings across the pathway.
- 4.2 The MTFP programme for Westminster includes savings of £350,000 to be delivered by the pre-birth to five transformation programme from 2022/23.
- 4.3 Over the past two years we have been working with staff and families from across the pre-birth to five system to develop a service blueprint for a sustainable way to better support women and families over this critical period.
- 4.4 The health visiting service is at the heart of this work. Health visitors work with parents who have new babies, offering support and informed advice from the antenatal period until the child starts school at five years.
- 4.5 As part of this their work, health visitors deliver the 0-5 element of the Healthy Child Programme, which is a universal preventative service that includes a minimum of five universal contacts alongside having a responsibility to identify vulnerable families early, provide appropriate support to meet their needs and refer to specialist services when necessary.
- 4.6 The health visiting service work with over 7,500 families a year in WCC, including carrying out over 1,800 new birth visits.

Proposed service model

- 4.7 The extensive co-design process identified a number of opportunities for change across the pathway, which together will improve integration and targeting as well as deliver savings.
- 4.8 For families with low needs, proposed changes to the delivery model include:
 - Removing duplication between midwifery and postnatal services.
 - Introducing group-based reviews to develop peer support networks.
 - Introducing a 3-4 month check for all first-time parents.

- Integrating 0-5 health checks into the ongoing community support offer and in community locations, providing a more natural assessment environment.
 - Introducing digital tools for development reviews to ensure families have appropriate assessments based on their level of need.
 - Building on the digital offer to provide information for families to support self-management and offering digital appointments/webinars where appropriate.
 - Aligning development checks with early years settings.
 - Connecting voluntary and community sector partners with core service offer.
 - Introducing a SEND specialist role and SEND champions within each locality.
 - Joint leadership within the Family Hub meaning one workforce and consistent messaging to families.
 - One safeguarding pathway and extending the use of systemic assessment tools across the pathway.
- 4.9 In addition to the points above, the transformation workstream has developed a targeted offer to work with parents in greater need through our collective workforce and a single delivery model. This includes:
- A single evidence-based pathway and multi-disciplinary workforce for under 5s targeted work with a shared assessment tool for vulnerability.
 - A trauma-informed, relational, whole-family focused practice model.
 - 21 face-to-face visits per family over a 12-month period.
 - One practitioner with ownership over the whole family's needs, working with different specialists as necessary.
- 4.10 To deliver the new pathway and achieve the ambitious vision we are moving to an integrated delivery structure across the health visiting and early help services. Each family hub will have an integrated staffing structure consisting of staff from both the health visiting and early help service, led by a jointly employed 0-5 pathway lead.
- 4.11 The new health visiting service will be expected to deliver a systemic whole-family model of practice¹, whilst retaining the specific skillset of healthcare practitioners. A workforce development plan is being developed that sets out within an agreed timeframe how the service will develop systemic whole-family practice in line with the family hubs, as well equipping all practitioners to promote key health messages whatever the setting.
- 4.12 One reason it is so important to build an integrated workforce is to tackle the challenge of a decline in the numbers of health visitors due to qualified nurses retiring and moving to other roles, and too few trainees entering the profession. The closure of the Health Visitors Implementation Programme has reinforced the need to design a new structure that invests in training and

¹ Systemic practice promotes the belief that families and people have the capacity to change in the majority of cases. This approach ensures that problems are seen to exist within relationships, rather than with an individual, and sit within a wider family context.

development to safeguard our offer for new families and create a sustainable workforce.

- 4.13 In addition, for families with higher needs bringing the health visiting service closer to statutory services will improve the quality of care those families receive and mitigate the need for them to repeat their story to multiple practitioners. Our existing offer contains areas of good practice but little consistency across the pathway.

OPTIONS, ANALYSIS & PROPOSALS

- 4.13 The Invitation to Tender (ITT) was issued on 26 July 2021. Tenders were evaluated using a weighting split of 50 per cent quality and 50 per cent price.

TECHNICAL

- 4.13 The technical evaluation was made up of fourteen questions covering a range of topics including local public health priorities, flexibility of service based on needs, transition to group contacts and the targeted offer.
- 4.14 The technical evaluation was completed by a number of representatives within Public Health, Children's Services and external evaluators. A moderation meeting was held on the 21 and 23 September 2021.
- 4.15 CLCH submitted a quality bid that fully met the requirements of the service specification. Particular strengths of the bid included a commitment to partnership and involvement in our local family hub model, as well as describing how they would support our vulnerable communities. See Part B for a summary of the characteristics of each bid as well as the full list of evaluation criteria/questions with the full breakdown of the moderation scores.
- 4.16 The table below includes a summary of the overall technical scores.

	Technical Score (50%)	Ranking
Supplier A (CLCH)	39%	1 st
Supplier B	24%	2 nd

- 4.17 Social value was included as part of the technical evaluation criteria with a weighting of 10 per cent applied. Tenderers were asked to describe their intended approach to addressing the following areas as part of the delivery of this contract, including how they would evidence and report back progress in each area:

- Engagement in relevant community initiatives e.g., encouraging local business and community premises to provide breastfeeding friendly spaces.
- Initiatives such as targeted recruitment and development schemes to ensure staff are representative of the communities they serve and any significant

imbalances in representation compared to Westminster and RBKC client demographics are addressed.

- Initiatives to foster a culture of diversity, inclusion and representation to ensure understanding and effective communication with people of diverse characteristics, backgrounds and abilities e.g. through provision of training and awareness raising.

COMMERCIAL

4.18 Tenderers were asked to confirm they have an average annual turnover in the last three years in excess of £30 million. The Turnover Threshold was set at a level that ensures that the contracts will not excessively dominate the existing business of any winning bidder and has been set at five times the current annual contract value. Tenderers can demonstrate that they satisfy this minimum standard by meeting or exceeding the Turnover Threshold, and meeting or exceeding the other standard financial ratio thresholds in the Financial Risk Assessment.

4.19 Commercial responses were evaluated based on the seven-year contract price. A pricing range of £32,000,000 to £36,000,000 for both boroughs was shared as part of the tender process. This figure was based on an expectation that there would be significant economies of scale through the creation of an integrated team and removing duplication in the targeted support offer. All suppliers submitted a total price within the advertised pricing range.

4.20 The overall evaluation scores are as follows:

Supplier	Technical	Commercial	Total Score	Overall Ranking
Supplier A	39%	48%	87%	1 st
Supplier B	24%	50%	74%	2 nd

4.21 Contract Management of this service will be led by Integrated Commissioning, in partnership with the Head of Early Help in each borough.

4.22 For the first year there will be regular implementation/contract monitoring meetings. A review of the specification will be conducted every six months to allow for a more flexible and sustainable service model. These will provide an opportunity for provider and commissioner to agree any changes to delivery model based on changing levels in need.

4.23 Performance and responsible procurement commitments will be monitored on a monthly and quarterly basis using the dashboard of key performance indicators (KPIs) and other targets to include staff quality outcome indicators

which have been developed for the contract. Please refer to Appendix 3 for the full breakdown of KPI's and monitoring requirements.

- 4.24 There will be clauses in the terms and conditions covering breaches in performance. Remedies include warnings, withholding of payments or part-payments. The contract will include a clause relating to the Public Health ring-fenced budget meaning should public health funding no longer be available during the term of this contract; the councils are able to terminate each contract on giving three months' notice to the provider.

5.0 CITY FOR ALL

- 5.1 The strategy supports the development of a City for All, in particular using technology to support a smart service that is responsive to levels of need as well as ensuring everyone has an equal opportunity to succeed and be healthy no matter what their background.

6.0 FINANCIAL IMPLICATIONS

- 6.1 The costs contained within the winning bidder's tender will achieve the following savings when compared with the existing budget for this service:

Year	Proposed Cost (£'000)	Difference (£'000)
2022/23	2,703	-499
2023/24	2,731	-471
2024/25	2,786	-416
2025/26	2,842	-360
2026/27	2,900	-302
TOTAL	13,962	-2,048

- 6.2 These services are fully funded by the Public Health Grant received by the authority. This funding is ring-fenced to public health activity, therefore the savings when compared with the current budget will be invested in other Public Health services as agreed by the Director of Public Health. These services must be compliant with the grant conditions and the ring-fence that is applied to the Public Health Grant.
- 6.3 The successful provider is expected to provide services from local authority-owned buildings. During the transition from the existing sites to the Council's estates for the start of the contract, if the provider incurs any estate costs due to a delay on the Council's part, then the Authority is expected to fund this cost.

These costs are subject to a maximum amount of £155,603 which will have the effect of reducing the savings mentioned in 6.1.

- 6.4 Finance implication comments: Richard Simpson, Public Health Finance Manager.

7.0 LEGAL IMPLICATIONS

- 7.1 The recommendations in this report are seeking approval of a contract award to the Central London Community Healthcare NHS Trust (CLCH) to deliver a Healthy Child Programme (the Services) the Council.
- 7.2 The contract will be for a period of five years to commence in April 2022 with the option to extend to for a further period two years. The contract value including the extended term is £19,932,644.
- 7.3 The provision of the Services to be delivered are within the Light Touch Regime (LTR) of the Public Contracts Regulations 2015 (the PCR). However, given the contract value, the contract award is above the regulated threshold sum of £663,540 for these services. As such, the contract award is subject to the full requirements of Section 7, Chapter 3 of the PCR.
- 7.4 In light of the above, this public services contract was procured in accordance with regulation 27 of the PCR.
- 7.5 The contract to be entered into will be on the Council's terms and conditions which incorporates terms to include London Living Wage and Data Protection. In addition, special clause regarding safeguarding of young children.
- 7.6 Given the nature of the Services there will be personal data that will be processed. Consideration must be given to Data Protection Impact Assessment (DPIA). This will assist the Councils and CLCH to identify and minimise any potential data protection risks in respect of the Services delivered. A DPIA should be undertaken for processing personal data that is likely to result in a high risk to individuals in respect to the Service delivered which may include some specified type of processing.
- 7.7 Compliance must be had to regulation 86 of the PCR with regards to notice of the decision to award the contract a with CLCH which must not be entered into before the Council has observed a standstill period in accordance with regulation 87 of the PCR.
- 7.8 Approval of the contract award must be obtained from the Cabinet Member following the recommendation to approve from the appropriate Leadership Team Member and endorsement from the Commercial Gateway Review Board.
- 7.9 Under the Council's Procurement Code all contracts with a value over £175,000 must be signed by at least two authorised officers of the Council or

made under the common seal attested by at least one officer in accordance with the Contract Standing Order 36.1(5).

- 7.10 Legal implication comments: Sharon Cudjoe, Senior Solicitor (40008657) – 020 7361 2993.

8.0 STAFFING IMPLICATIONS

- 8.1 The Council has agreed an outline staffing structure with CLCH reflecting the integrated services. Implementation of the new structure will be phased.
- 8.2 Whilst it is not expected that there will be any immediate impact on WCC specific roles, over the longer term some staff roles across both organisations may be impacted in the move to a fully integrated service. Any proposed changes to Council staffing will be managed in line with WCC HR policies and processes and subject to consultation with any directly impacted staff.

9.0 CONSULTATION

- 9.1 As part of the transformation, we ran an extensive co-design process with 300 families and 40 frontline practitioners from across the system, which mapped the current system and identified both gaps and areas of duplication with the service offer.
- 9.2 Their feedback highlighted the following issues with the current pathway:
- The health visiting offer has limited or no join up with early years provision.
 - Lack of digital and peer-led support through the universal offer.
 - Overlapping and fragmented targeted offer for families from both health visiting and early help, as well as VCS services.
 - There is no structured targeted programme of support available for families with children under five.
 - Concerns often not approached on a whole family basis linking with other professionals involved with the family.
- 9.3 We have also consulted with our more vulnerable families to support the design and development of the new targeted programme of support to ensure it meets their needs.
- 9.4 This feedback was integral to the design of the new integrated offer and has been reflected throughout the specification.

10.0 EQUALITIES IMPLICATIONS

- 10.1 A full EQIA has been completed and is found in appendix one.
- 10.2 The EQIA will remain under review during this process, the EQIA concluded that in procuring a new integrated offer, we are able to ensure resources are assigned to targeted families and a joined up approach to working with families will be achieved and therefore reducing the longer term impacts on children and families.

11.0 BUSINESS PLAN IMPLICATIONS

11.1 N/A

12.0 IMPACT ON THE ENVIRONMENT

12.1 N/A

13.0 HEALTH, WELLBEING IMPACT ASSESSMENT INCLUDING HEALTH AND SAFETY IMPLICATIONS

13.1 Public Health have completed a high-level health impact assessment as a result of covid. The initial findings indicate the impact of covid on protected characteristics is not clear. We have recently completed a rapid review of the impact of the pandemic on young children over the next few months and input any findings into the pathway and services accordingly to reflect any findings. This work will feed into any additional requests for transitional recovery funding.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact: Holly Holmes, Strategic Transformation Lead, holly.holmes@rbkc.gov.uk

APPENDICES

Appendix 1 – Equalities Impact Assessment



Full EQIA 0_5
commissioning.docx

Appendix 2 – Governance Timetable

Stage	Responsible	Date(s)
<u>Internal Governance</u>		
Contract award report (CGRB) – obtain recommendation to proceed to approval	Procurement / Integrated Commissioning	9 th November 2021
Executive Directors approval obtained	Procurement / Integrated Commissioning	15 th November 2021
Cabinet Member approval (WCC) completed by	Integrated Commissioning	16 th November 2021

Lead Member approval (RBKC) completed by	Integrated Commissioning	18th November 2021
<u>Contract Award and mobilisation</u>		
Standstill – issue letters to tenderers	Procurement	9 th December
Contract award	Procurement	23 rd December 2021
Mobilisation	Integrated Commissioning	January - March 2022
Contract commences / Go live	Integrated Commissioning	1 st April 2022

Appendix 3 – Key Performance Indicators

The final performance indicators may be reviewed, amended and agreed with the provider and through partnership work. The provider will also be expected to contribute to an overall outcomes framework that will sit across the 0-19 Family Hub. The full list of KPIs is included below:



BACKGROUND PAPERS

None