



Mayor and Cabinet

Permission to Procure for 0-19 Public Health Nursing Services

Date: 15th June 2022

Key decision: Yes

Class: Part 1

Ward(s) affected: Borough-wide

Contributors: CYP Joint Commissioner – 0-19 Health and Maternity

Director of Public Health

Outline and recommendations

This report sets out the commissioning intentions for 0-19 Public Health Nursing Services (Health Visiting and School Health), and seeks approval to procure a new contract via a competitive tender process.

The contract will deliver re-modelled Health Visiting and School Health Services, in line with the Council's vision to develop Family Hubs. A full commissioning process is being undertaken, including consultation, needs assessment and a re-designed service specification for Health Visiting and School Health Services.

The contract will be for a period of four years, with an option to extend for three further years, commencing on 1st April 2023, with the estimated contract value of £6,949,489 per annum, and total contract value of £27,797,956 over the four-year contract period.

Timeline of engagement and decision-making

3rd February 2021: Mayor and Cabinet agree cut of £350,000 to 0-19 Public Health Service contract

January – May 2022: Engagement with parents and carers, staff, and stakeholders to inform service design and determine priorities for re-commissioning

February – May 2022: Data-based needs assessment in partnership with Public Health and Population Health teams

March – April 2022: Recommendations to procure informally approved by Public Health SMT and Children and Young People's DMT

1. Summary

- 1.1 This report seeks approval from Mayor and Cabinet to proceed with procurement for a 0-19 Public Health Nursing Service. The contract will deliver Health Visiting and School Nursing Services in line with the national Healthy Child Programme, providing a universal and preventative health and wellbeing service that reaches all Lewisham families within the home environment, whilst also providing enhanced and targeted support to families based on identified and indicated need.
- 1.2 The Council's Early Help and Prevention Strategy introduced plans to remodel 0-19 Public Health Nursing Services (Health Visiting and School Health Services) as part of the move towards establishing a model of Family Hubs across the borough. Through the re-commissioning exercise outlined in this report, commissioners will ensure that the service is aligned to this model and able to adapt to the Council's vision for Family Hubs in Lewisham as it emerges over the contract period.
- 1.3 In order to inform the design of the new 0-19 Public Health Nursing Service, a wide-ranging strategic needs assessment has been undertaken including a review of current service provision and an assessment of the health and wellbeing needs of local children and young people aged 0-19 and their families. This has included extensive engagement with parents and carers, staff and stakeholders, as well as data-based analysis in partnership with the Public Health and Lewisham Population Health Teams. This is an ongoing process which will culminate in the production of an intelligence-led, evidence-based service specification for the new contract by July 2022. This report sets out the overarching vision for the services.
- 1.4 Should the recommendation be approved, the Council will initiate a open competitive procurement process. As part of the tender process, bidders will be expected to demonstrate how they will achieve the aims and outcomes of the re-designed service specification within the funding provided. Procurement is expected to begin in August 2022.
- 1.5 Following this process the Council will seek to award a contract for a period of four years, with an option to extend for three further years, commencing on 1st April 2023 with the estimated contract value of £6,949,489 per annum and total contract value of

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£27,797,956 over the four year contract period.

2. Recommendations

- 2.1 It is recommended that Mayor & Cabinet authorise a procurement process to provide 0-19 Public Health Nursing Services for a period of four years, with an option to extend for three further years, commencing on 1st April 2023, with the estimated contract value of £6,949,489 per annum, and total contract value of £48,646,423 over the maximum possible seven year contract period.

3. Policy context

- 3.1 The provision of 0-19 Public Health Nursing Services contributes to the Council's Corporate Strategy, specifically the priority to 'Give children and young people the best start in life'. It also supports the delivery of the Council's Children and Young People's Plan (2019-22), which establishes how we will continue to work to improve outcomes for our children and young people so that:
- Children and young people have the best start in life and are protected from harm
 - Children and young people have good physical and emotional health
 - Children and young people develop, achieve and are ready for adulthood
 - Children and young people feel listened to and respected
- 3.2 In 2020 the Council agreed a new Early Help and Prevention Strategy, which establishes how the Council will work with partner agencies to provide support to children, young people and their families at an early point to prevent the escalation of need. It set out a series of improvement plans across seven priority areas; Information, Advice and Support, Targeted Early Help and Family Support, Family Hubs and Children's Centres, Targeted Youth Services, Health, Edge of Care, and Contextual Safeguarding. The 0-19 Public Health Nursing Service plays an active role in the delivery of support to families across each of these priority areas. As a universal and preventative offer to all families, with enhanced support based on identified or indicated need, the 0-19 Public Health Nursing Service is a vital part of the local Early Help offer.
- 3.3 The Early Help and Prevention Strategy introduced plans to remodel 0-19 Public Health Nursing Services (Health Visiting and School Health Services) as part of the move towards establishing a model of Family Hubs across the borough, and to 'seek to further integrate our pathways and provision of support between Maternity, Health Visiting, Children's Centre Services and Early Years providers'. More detail is included on the Council's vision for Family Hubs in section 4.
- 3.4 The local authority has a statutory duty to deliver the national Healthy Child Programme, which includes the offer of five Health Visitor reviews to all Lewisham families (the antenatal health promotion visit; new birth visit; 6-8 week assessment; one year and 2-2.5 year developmental reviews). The [Healthy Child Programme framework](#) has recently been modernised to include a more flexible, whole-family, locality-based and partnership approach to delivery of services, which is very much in line with Lewisham's Early Help and Family Hub approach.

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4. Background and strategic context

4.1 Lewisham Council currently hold a contract with Lewisham and Greenwich NHS Trust to provide 0-19 Public Health Nursing Services in line with the national Healthy Child Programme (Health Visiting and School Nursing). A competitive tender process took place for this contract in 2016. The current contract was extended for two years in April 2021 and expires on 31st March 2023.

Current service provision

4.2 The 0-19 Public Health Service is a universal and preventative service that reaches all Lewisham families within the home environment, providing enhanced and targeted support based on identified and indicated need. It is a key part of the Council's early help offer. The contract consists of Health Visiting Services for children aged 0-5, and School Health Services for children aged 5-19.

4.3 The Health Visiting Service (0-5) provides:

- **Universal support:** Health and developmental reviews at five key stages in the child's development, until they are 2.5 years old, in line with the national Healthy Child Programme. Delivered via home visits, community clinics and video appointments depending on need and preference of the family. The universal offer also includes breastfeeding support groups and peer support programme, 'Child Health Clinics' for quick access to advice, support and weighing, Specialist Health Visitors leading practice improvement in mental health, domestic abuse and infant feeding, and provision of information and guidance via a website, virtual health visitor, duty helplines and social media. Currently data shows that at any one time there is an active caseload of 18,000 families, with 20,000 children under 5.
- **Targeted support:** Families that have additional needs, vulnerability and safeguarding concerns receive a more intensive and tailored service, including additional home visits and structured support programmes, and can continue until the child is 5. This includes evidence-based programmes addressing domestic abuse and perinatal mental health. Current data shows that at any one time there is an active caseload of 2,000 families. This includes the Family Nurse Partnership programme which provides intensive support for vulnerable first-time mothers under the age of 22, from point of conception up to age 2.5.

4.4 The School Health Service (5-19) delivers four key functions:

- **School Safeguarding Team** – safeguarding and child protection functions for children in Lewisham schools, including a full health assessment, social care plan and subsequent timely review and evaluation. The team are required to attend all Child Protection conferences. The team also responds to needs identified in A&E presentations by Lewisham children, following up with the child and family to provide additional support. The team have recently expanded with a specialist post for the safeguarding of children not in mainstream education.
- **School Entry Health Checks** – school entry health assessments and screening for vision and hearing, height and weight measurement through the National Child

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Measurement Programme (NCMP), plus additional health assessments and support for children with health issues. Approximately 3,000 families are supported each year by the service following a school entry Health Needs Assessment being completed.

- **School-aged vaccination programme** (commissioned by NHSE)
- **Weight management programmes** - HENRY Healthy Families Growing Up programme for families of children aged 5-12 Approximately 250 families are supported by these programmes each year.

Family Hubs

- 4.5 A priority of the Council's Early Help and Prevention Strategy is to establish a model of Family Hubs in Lewisham. The vision for Family Hubs is to create a system-wide model of integrated, high-quality, whole-family support services. Family Hubs will be open, accessible, physical and virtual single points of contact, that are welcoming to families, children and young people from pregnancy up to the age of 25. Family Hubs will host multi-agency support services that have been co-operatively designed and developed, and that operate across a shared culture and common language
- 4.6 The move towards Family Hubs over the next 2-5 years will require system-wide co-ordination and reorganisation of early help and preventative services for children and families across this age range, and the 0-19 Public Health Service is a large part of this workforce. Through the re-commissioning exercise outlined in this paper, we will ensure that the service is aligned to this model and able to adapt to the Council's vision for Family Hubs in Lewisham as it emerges over the contract period.
- 4.7 This new provider will be fully invested in adopting the practices that enable Family Hubs, including joint governance structures and matrix management, operating in multi-disciplinary teams, information sharing, co-location and relocation of services across local buildings, and integrated delivery of interventions for families.

5. Service Transformation

- 5.1 A wide-ranging and effective 0-19 Service Transformation Programme has been underway with the purpose of developing a service model which will better respond to the needs of children and families across the age range. The expectation is that the successful provider will continue with this ongoing service transformation.
- 5.2 The overall aim is to achieve 'an improved journey for each child and family, moving towards an integrated child and family centred model of care, and a system-wide partnership that understands each other's roles to ensure the early identification of need and support'. This aligns well with the Council's Early Help and Prevention Strategy and vision for Family Hubs.

The future vision for 0-19 Public Health Nursing Services

- 5.3 A detailed specification for the services will be finalised following the consultation, needs analysis and benchmarking processes. However, based on existing experience of what works in Lewisham, best practice adopted in other areas, the gaps in current services, and importantly the feedback from families and other professionals, we have

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established a set of key principles for the new service model, as set out below:

- Diversifying the universal Health Visiting offer for families, to ensure that the significant resources in this area are having the greatest impact possible. This will include:
 - Providing a greater range of options for families to receive mandatory contacts, to make these more accessible, meaningful and attractive. This includes making changes to the format of the contacts, including delivery via group support and drop-in clinics, incentivising these through linking with wider early years services for families, and offering these across a range of community venues
 - Making better use of virtual appointment software for antenatal health assessments and child developmental reviews, where safe and appropriate to do so
- Maintaining programmes and approaches that are evidence-based, have a proven record of success, and meet an identified need in the borough, including the Family Nurse Partnership programme
- Maintaining a priority focus on the most vulnerable families through the provision of intensive and flexible nursing support, recognising that this is where the service has the greatest impact. This will be in close partnership with wider agencies, such as Children's Social Care and Family Thrive.
- Bridging the gap between the final mandated Health Visitor check at age 2.5, and a child's entry to school. Providing additional developmental review and support for families during this period with the aim to improve school readiness, in partnership with Early Years settings. This is particularly important for children with additional needs.
- Strengthening the school-age support offer through establishing structures for regular health liaison with schools, providing digital health information and support for parents of school-age children, and making better use of universal school health assessments to identify both individual needs and whole population needs.
- Expanding the role of the School Health Safeguarding Team, to provide more holistic support to vulnerable school-age children and their families, in closer partnership with the wider offer for young people in Lewisham. This includes linking with the Mental Health Support Teams in Schools, and establishing specialist nurses for certain groups e.g. children not in mainstream education and young people at risk of exploitation.

5.4 In line with the vision for Lewisham Family Hubs, the new 0-19 Public Health Nursing Service will:

- Provide a seamless journey for children and families across the age range, with Health Visitors and School Nurses working together to support the whole family rather than working in silos
- Be part of joint governance structures across early help and prevention services, including Family Thrive, children and family centres, midwifery, primary care and youth services
- Adopt matrix management of locality-based multi-disciplinary teams, consisting of staff from across the above agencies

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- Review current use of LGT and council-owned buildings, and re-locate based on the needs of families, and to enable collaborative working between professionals
- Adopt shared training, induction and supervision processes
- Enable information sharing between agencies to identify need and provide timely support
- Jointly deliver interventions for families, such as structured group programmes, developmental reviews and drop-in clinics
- Adopt consistent branding and core messaging for families
- Improve digital access including expanding the provision of public health information online, providing a wider range of services via video calling and text messaging software.

6. Procurement strategy

Service design

- 6.1 The design of the new service model is being developed through a robust process, based on evidence and with engagement from service users, the provider, and wider stakeholders.
- 6.2 Commissioners sought views from local parents and carers on their experience of using current services, areas for improvement, and their priorities for the health and wellbeing of their families. This included:
- Public consultation surveys for local parents and carers seeking their views on current services. 51 responded in relation to 0-5 services, and 183 in relation to 5-11 services.
 - A series of focus groups attended by 13 local parents and carers.
- 6.3 Commissioners sought views from staff and volunteers working within the services, and professionals working alongside the services, on their experience of service delivery, areas for improvement, and the greatest areas of need amongst families. This engagement includes:
- A 0-19 Service Steering Group in place since 2020 focused on service developments, and overseeing the Service Transformation Plan set out above.
 - An online survey for staff and volunteers. 43 responded in relation to 0-5 services, and 23 in relation to 5-11 services.
 - Upcoming workshops with staff working within services across different job roles, with the aim of discussing feedback received from all elements of the engagement process. Planned for June 2022.
- 6.4 Commissioners and Public Health leads are working with the Lewisham Population Health Team to carry out a data-based needs assessment to inform the design of the service. This project combines data from multiple sources, including maternity services, health visiting, school nursing, A&E and primary care, to look at demographics, service take up, health and wellbeing needs and vulnerabilities, of children across the 0-19 age range and their parents. The results will be analysed alongside service performance data to determine priorities for the services moving forwards.
- 6.5 In addition to the above, in January-May 2021, commissioners undertook an extensive

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review of health and wellbeing services for 11-19 year olds in order to inform future commissioning of these services in the borough. This review was multi-faceted and included:

- Completion of a rapid needs assessment, plus a full Joint Strategic Needs Assessment for substance misuse
- Consultation with young people, including six focus groups on the service in general and three focus groups specifically for substance misuse.
- Consultation with professionals. 67 professionals across 14 different professions responded to an online survey.

6.6 The finding of this review informed the commissioning of a new Young People’s Health and Wellbeing Service launched in April 2022, and will also contribute to the design of the 0-19 Public Health Nursing Service outlined in this report.

Procurement Project Plan

6.7 The proposed procurement route for the 0-19 Public Health Nursing Services contract is via an open tender process, in line with the Contract Procurement Regulations (2015) and the flexibility allowed under the Light Touch Regime, including an optional negotiation phase. The Council will reserve the right to enter a negotiation phase following initial tender submissions, in a situation where the initial tenders require further clarification and refinement.

6.8 The procurement will be advertised via the Council’s online tendering system (Proactis procurement portal) publishing the opportunity onto Contracts Finder and Find a Tender service.

6.9 Suppliers will be required to answer a series of Standard Selection Questions and method statement questions that will assess their suitability to deliver the contracts and include provision for Social Value.

6.10 The successful supplier will be recommended for an award of contract, following a further report to Mayor & Cabinet.

Activity	Date
Mayor & Cabinet approval to tender	15 th June 2022
Tender period, incl. clarifications	August – September 2022
Evaluation	October 2022
Mayor & Cabinet approval / standstill	December 2023
Contract award	January 2023
Contract mobilisation	January – March 2023
Contract start	1 st April 2023

6.11 The evaluation will adopt a quality:price weighting of 60:40.

6.12 The option of insourcing 0-19 Services has been considered and is not recommended, due to the risk to the workforce and the lack of cost saving potential. The key points are below:

- Insourcing would leave the Council with direct exposure to clinical, financial, delivery, reputational, public liability and H&S risks. There is a mature industry with high quality providers available to tender for the service.

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- There is a high risk of clinical and administrative staff leaving during the TUPE process due to the move to the local authority, which would impact the quality and safety of the service. This has been the experience in other local authority areas. The local authority would need to match NHS salaries and terms and conditions as far as possible, which would be costly. On-costs like pensions would be higher than within standard local authority contracts.
- There are significant staff shortages workforce locally and nationally, with neighbouring NHS Trusts consistently recruiting and competing for a diminishing pool of staff. This is likely to be a more attractive option for staff as opposed to TUPE transfer to an insourced service.
- The Council would need to establish a new client record system that has connectivity to NHS records, and satisfies NHS information security, otherwise links with critical services (e.g. midwifery, A&E and primary care) would be lost. This would impact the quality and safety of the service. This would bring additional cost, and experience in other areas that this is a lengthy and challenging process.
- The local authority would need to register with professional bodies/regulators in order to deliver clinical services and provide clinical supervision for staff. The organisation would need to acquire licences to deliver certain elements of the service, which would bring additional cost.

7. Financial implications

- 7.1 The estimated value of the contract for 0-19 Public Health Nursing Services is £6,949,489 per annum with a total contract value of £27,797,956 over the four year contract period, or £48,646,423 over the maximum possible seven year contract period.
- 7.2 The existing contract for this service is fully paid from the Public Health Grant and, subject to the continuation of grant funding, at no cost to LBL. This is included within Children and Young People's commissioning budgets.
- 7.3 There are a number of variables that could impact on the annual and total contract value over the contract period, including the increasing salary costs of staff as per the NHS Agenda for Change, and the changing value of the Public Health Grant. Both of these allocations are decided on a yearly basis.

8. Legal implications

- 8.1 The report seeks approval to future delivery of 0-19 Public Health Nursing Services by an external provider. Given the potential spend on this contract (at a length of 4 + 3 years) this contract would be categorised by Contract Procedure Rules as a Category A contract. The report sets out the other options considered and explains why this is the recommended option.
- 8.2 Assuming that Mayor and Cabinet accepts the recommendation for future delivery of 0-19 Public Health Nursing Services by an external provider, Contract Procedure Rules place requirements on how that should happen. The Rules require that when letting contracts steps must be taken to secure value for money through a combination of cost, quality and competition, and that competitive tenders or quotations must be sought depending on the size and nature of the contract (Rule 5). Given the potential

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spend on this contract the procurement regulations (Public Contracts Regulations 2015) will also apply. The requirements of both Contract Procedure Rules and the procurement regulations would be satisfied by use of an open tender procedure. The process for procurement and the award of the contract would have to be in accordance with the Contract Procedure Rules. As a Category A contract, it would be for Mayor and Cabinet to take a decision on the award of any contract.

8.3 This is a key decision and must be included in the Key Decision Plan.

8.4 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

8.5 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations. 9.7 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <http://www.equalityhumanrights.com/legal-andpolicy/equality-act/equality-act-codes-of-practice-and-technical-guidance/> .

8.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty: 1. The essential guide to the public sector equality duty 2. Meeting the equality duty in policy and decision-making 3. Engagement and the equality duty 4. Equality objectives and the equality duty 5. Equality information and the equality duty.

8.7 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/>

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9. Equalities implications

- 9.1 Commissioners are in the process of working with the Lewisham Population Health Team to gather in-depth and cross-cutting data on uptake of services and needs of the 0-19 population and their families, and are gathering data on equalities as part of this. We will be reviewing data on ethnicity, age, gender, location and a range of vulnerability factors across this population, to help inform the final design of the 0-19 Public Health Service.
- 9.2 This exercise, in tandem with the data gathered from engagement with local service users, will provide us with the data we need to produce a full Equalities Impact Assessment of the proposed service redesign.

10. Crime and disorder implications

- 10.1 None

11. Health and wellbeing implications

- 11.1 The overarching aim of this provision is to increase access to health services and reduce health inequalities amongst children and young people and their families. Because of this the service should have direct positive implications for the health and wellbeing of local residents, and will be measured on its success in this area.

12. Social Value implications

- 12.1 The Public Services (Social Value) Act 2012 requires that when the Council is procuring services above the EU threshold it must consider, before commencing a procurement process, how the procurement might improve the social, economic and environmental wellbeing of the area. It must also consider how the procurement might be conducted so as to secure that improvement. The matters to be considered must only be those relevant to the services to be procured; and it must be proportionate in all the circumstances to take those matters into account. These requirements are part of the Council's Constitution (Part IV.I Contract Procedure Rules).
- 12.2 The Council's Sustainable Procurement Code of Practice will be applied to this contract. This sets out various social, environmental and economic considerations to be applied. The purpose is to ensure that products and services are sourced and produced responsibly; to maximise resource and energy efficiency in the manufacturing and supply of goods and services in order to minimise environmental impacts; and to deliver outstanding value for money over the entire lifetime of the contract.
- 12.3 In addition, the service will ensure minimum pay rates in line with prevailing London Living Wage (LLW) or above where applicable.
- 12.4 As part of the tender process, providers will be required to demonstrate their commitment to social value in delivering this service. A method statement on social value will be required, which will account for 5% of the overall evaluation, as part of the quality score.

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13. Background papers

13.1 Not applicable.

14. Glossary



glossary
standard.pdf

15. Report author(s) and contact

Emily Newell, CYP Joint Commissioner – Emily.Newell@lewisham.gov.uk

Helen Buttivant, Consultant in Public Health – helen.buttivant@lewisham.gov.uk

Comments for and on behalf of the Executive Director for Corporate Resources: Paul Roye, Business Partner, Finance

Comments for and on behalf of the Director of Law, Governance and HR: Mia Agnew, Senior Lawyer

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