



Mayor and Cabinet

Contract Award for 0-19 Public Health Nursing Services

Date: 14th December 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 seeks approval from Mayor and Cabinet to:

1. Award the contract for 0-19 Public Health Nursing Services (Health Visiting and School Health Services) to Lewisham and Greenwich NHS Trust (LGT), following a competitive tender process. The contract is for four years, from 1st April 2023 until 31st March 2027, with an option to extend for three further years following this. The value of the contract will be £6,949,489 per annum, with a total contract value of £27,797,956 over the initial four-year contract period. This is fully paid for through the Public Health Grant; and
2. Approve the variation to the contract, subject to the award of contract to LGT being approved, up to a maximum value of £800,000 to support the implementation of Family Hubs, as part of the national Family Hubs and Start for Life Programme. This will be paid fully by external grant funding received from DfE and DHSC. As part of the Mayor and Cabinet are recommended to delegate to the Executive Director for Children and Young People, in consultation with the Director of Law, Governance and Elections, to give effect to this decision by finalising the value and details of the variation; and
3. Delegate authority to the Executive Director for Community Services to agree subsequent variations to the value of the contract following announcement of future NHS pay awards during the contract period, up to a maximum of a 5% per annum.

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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

15th June 2022: Permission to procure approved by Mayor and Cabinet

August – October 2022: Competitive tender process

August 2022: Lewisham formally notified as local authority area to receive Family Hubs and Start for Life funding

September 2022: Start for Life co-design workshops with local partners

7th October 2022: Family Hubs Partnership Engagement Workshop

October – December 2022: Design of initial Family Hub model and grant funding proposals

1. Summary

- 1.1 This report seeks approval from Mayor and Cabinet to award the contract for 0-19 Public Health Nursing Services (Health Visiting and School Health Services) to Lewisham and Greenwich NHS Trust (LGT), following a competitive tender process in which they were the successful bidder.
- 1.2 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.
- 1.3 The Council's Early Help and Prevention Strategy introduced plans to remodel these 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 have modernised the service model, ensuring that the new service is aligned to the Family Hubs model and able to adapt further to meet this vision as it emerges over the contract period.
- 1.4 A procurement strategy for this contract was agreed by Mayor and Cabinet in July. In order to inform the design of the new 0-19 Public Health Nursing Service, a wide-ranging strategic needs assessment was 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,

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which culminated in the production of an intelligence-led, evidence-based service specification for the new contract.

- 1.5 Two providers submitted bids to deliver the new contract via an open competitive tender process. LGT were the successful provider based on achieving the highest score for quality and for price. They evidenced that they are able to demonstrate innovation to achieve the aims and outcomes of the re-designed service specification within the funding provided, via a robust and high quality service model.
- 1.6 Subsequent to this tender process commencing, the Council was notified that it has been allocated funding as part of the national Family Hubs and Start for Life programme. This funding is aimed at supporting Lewisham to transform to a Family Hub model by April 2025, and to expand and enhance critical services in the 'Start for Life' period from conception to age 2, including Health Visiting Services.
- 1.7 The Council intends to award a portion of this funding to LGT to enhance the delivery of the 0-19 Public Health Nursing Service, in order to ensure that Lewisham meets the minimum requirements of the programme. Proposals are in development, with the exact detail and value of these to be discussed with LGT. However it is anticipated this will equate to a maximum award of £800,000, from 1st April 2023 to 31st March 2025. This report recommends that Mayor and Cabinet grant delegated authority to the Executive Director of CYP to subsequently vary the new contract to award additional grant funding to LGT, following these discussions taking place.

2. Recommendations

- 2.1 It is recommended that Mayor and Cabinet:
 1. Award the contract for 0-19 Public Health Nursing Services (Health Visiting and School Health Services) to Lewisham and Greenwich NHS Trust (LGT), following a competitive tender process. The contract is for four years, from 1st April 2023 until 31st March 2027, with an option to extend for three further years following this. The value of the contract will be £6,949,489 per annum, with a total contract value of £27,797,956 over the initial four-year contract period. This is fully paid for through the Public Health Grant; and
 2. Approve the variation to the contract, subject to the award of contract to LGT being approved, up to a maximum value of £800,000 to support the implementation of Family Hubs, as part of the national Family Hubs and Start for Life Programme. This will be paid fully by external grant funding received from DfE and DHSC. As part of the Mayor and Cabinet are recommended to delegate to the Executive Director for Children and Young People, in consultation with the Director of Law, Governance and Elections, to give effect to this decision by finalising the value and details of the variation; and
 3. Delegate authority to the Executive Director for Community Services to agree subsequent variations to the value of the contract following announcement of future NHS pay awards during the contract period, up to a maximum of a 5% per annum.

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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 and Prevention offer and a core part of the Family Hubs workforce.

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.

4. Background and strategic context

4.1 Lewisham Council currently hold a contract with LGT 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 last took place for this contract in 2016. The current contract was extended for two years in April 2021 and expires on 31st March 2023.

Family Hubs and Start for Life Programme

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- 4.2 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
- 4.3 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. This redesigned contract ensures that the service is aligned to this emerging model and secures commitment from the provider that they will contribute and adapt to the Council's vision for Family Hubs in Lewisham as it develops over the contract period.
- 4.4 Through this re-commissioning, LGT have committed to adopting the working practices that enable Family Hubs, including joint governance structures, operating in multi-disciplinary teams, information sharing, co-location and relocation of services across local buildings, and integrated delivery of interventions for families.

Engagement and needs assessment processes

- 4.6 The design of the new 0-19 Public Health Nursing Service has been developed through a robust process, based on evidence and with engagement from service users, the current provider, and wider stakeholders across Lewisham.
- 4.7 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.
- 4.8 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 referenced above.
 - An online survey for staff and volunteers. 43 responded in relation to 0-5 services, and 23 in relation to 5-11 services.
 - A series of workshops with staff working within Public Health Nursing Services across different job roles, with the aim of discussing feedback received from all elements of the engagement process.
- 4.9 To inform the specification, Lewisham Public Health Consultants worked with the Lewisham Population Health Team to carry out a CYP Health Inequalities Audit, which

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was a data-based needs assessment looking at inequalities in access, outcomes and experience of 0-19 Public Health Nursing Services (further information is included in the Equalities Implications below). This audit combined regional and local 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.

4.10 In addition to the above, in January-May 2021, commissioners undertook a separate 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, with 67 professionals across 14 different professions responding to an online survey.

4.11 The findings of this review informed the commissioning of a new Young People's Health and Wellbeing Service which launched in April 2022, and contributed to the design of the school-age health offer within this new contract.

Principles underlying the new service model

4.12 A wide-ranging and effective 0-19 Service Transformation Programme has been underway with LGT since 2020, with the purpose of developing a service model which will better respond to the needs of children and families across the age range. 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 learning from this Transformation Plan has informed the new contract, and the expectation is that LGT will continue with this ongoing service transformation.

4.13 The specification for the new 0-19 Public Health Nursing Service is based upon the national specification for the Healthy Child Programme, including the recently updated national model of Health Visiting and School Nursing. However it has been localised and enhanced to meet the unique needs of all Lewisham children, young people and families, taking into account population needs, learning from practice, consultation with families and young people, testing and learning via the Service Transformation process, and alignment with the local Family Hub approach.

4.13 Based on all of this intelligence, the new service model aims to:

- Diversify the universal Health Visiting offer for families, to ensure that the significant resources in this area are having the greatest impact possible. This includes; providing a greater range of options for families to receive mandatory contacts, to make these more accessible, meaningful and attractive; offer greater variety in the

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format of the contacts, including delivery via group support and drop-in clinics; incentivising services through linking with wider early years services for families; and offering contacts across a range of community venues

- Increase the contact between parents and Health Visiting Services, including through; improved digital access and appointment booking; increasing the universal contact points antenatally and at 4-6 months postnatally; and improved promotion and education on the role of the Health Visitor.
- Maintain 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 delivered in closer partnership with wider agencies, such as Children's Social Care and Family Thrive.
- Bridge 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 with additional needs during this period with an aim to improve school readiness in partnership with Early Years Providers.
- Strengthen 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 and whole-population needs.
- Expand 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.

New grant funding for Family Hubs and Start for Life Services

- 4.14 In August 2022 it was confirmed that LBL will receive a new package of funding as part of the DfE and DHSC's new Family Hubs and Start for Life Programme. This funding will be approximately £3.9m over November 2022 to March 2025. This new investment will support LBL to transform local services into a Family Hub model by 2025, and increase provision of essential services in the crucial period from conception to age two, including Health Visiting Services.
- 4.15 With the support of this funding, over the next three years LB Lewisham will be investing in:
- **Transforming the way services are designed and delivered** - including establishing a new Family Hub model, improving how services share information and work together, ensuring that the Start for Life offer is clear, accessible and seamless, and voices of parents and carers are sought to influence the continuous improvement of the offer
 - **Universal Start for Life and family services** - enhancing and expanding services which seek to identify and address needs at an early stage before more specialist support is required
 - **Tailored support for vulnerable communities** - ensuring additional targeted

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interventions which support vulnerable and under-served populations are included as part of the offer and delivered through the family hub model

- **Workforce capacity and capability** - creating capacity through new workforce models that incorporate skill mix, and improving multi-agency training, addressing existing skill gaps, and ensuring empathy is at the heart of practice
- **Understanding what works and sharing best practice** - robustly evaluating against a set of measurable quantitative and qualitative objectives in a variety of contexts

4.16 The programme guidelines require LBL to invest in key 'Start for Life' services for parents of children from conception to age two, including Health Visiting Services. There are clear requirements to expand and enhance services providing:

- Infant feeding support
- Parenting support
- Parent–infant relationships and perinatal mental health support
- Support with early language and the Home Learning Environment

4.17 During September and October, LBL have been bringing partners together from across the Lewisham Children and Young Peoples system via a series of workshops, to help develop the delivery plan for these four areas of the Family Hubs and Start for Life Programme. The exact proposals are yet to be finalised, and will be informed by evidence of need, previous and upcoming engagement with families, and existing gaps in service delivery against the programme requirements. Further information on the 0-19 Public Health Service role in relation to this, is included in Section 6 below.

5. Overview of new 0-19 Public Health Nursing Service model

5.1 The 0-19 Public Health Nursing 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. The Service will lead, coordinate, and deliver the Healthy Child Programme in Lewisham, and is a core part of the Council's Early Help and Prevention offer for children, young people and their families.

5.2 The 0-19 Public Health Nursing Service is a single integrated offer delivering the following services as a seamless pathway of care:

- 0-5 Health Visiting Services
- Family Nurse Partnership
- 5-19 School Health Services, including a Tier 2 Healthy Weight Programme

Service objectives

5.3 The overarching aim of the Service is to improve public health outcomes and reduce inequalities in health for children and young people. The Service will achieve this aim through supporting children and families in across the following areas:

For children aged 0-5:

- supporting the transition to parenthood

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- supporting maternal and family mental health
- supporting breastfeeding and other forms of infant feeding
- supporting healthy weight and nutrition
- improving health literacy, managing illness, and reducing accidents
- supporting health, wellbeing, and development, ready to learn and narrowing the word “gap”

For children aged 5-19:

- supporting resilience and wellbeing
- improving health behaviours and reducing risk
- supporting healthy lifestyles
- reducing vulnerabilities and improving life chances
- supporting additional and complex health needs
- supporting self-care and improving health literacy

Service model

5.4 The 0-19 Public Health Nursing Service has three levels of service depending on individual and family needs: **community, universal and targeted**. These service levels fit within the THRIVE framework for Lewisham Early Help and Prevention Services. The THRIVE framework provides a standardised a person-centred approach to determining need, using language developed in collaboration with local families, Lewisham Family Hubs, and all early help and preventative services in the borough will be underpinned by this framework.

- **Community Support** - The Service will be embedded within the community, with a highly visible presence, ensuring that all families know how to access support when they need it. Community support will include providing open-access information and advice, drop-in ‘Hubs’ for parents, supporting the wider network of professionals, and making use of community assets.
- **Universal Support** – The Service will ensure that the Healthy Child Programme is available to all Lewisham families, regardless of need. Many children’s developmental needs will be met through Universal support, but this also has an essential role in prevention and early intervention of additional need. Universal support includes the mandated Health and Wellbeing Reviews, screening programmes, and other open-access support.
- **Targeted Support** – The Service will deliver enhanced support for children and families with additional needs, across three service domains in line with the Lewisham THRIVE framework:
 - **Getting Help** = A timely and outcome-focused brief intervention for families who would benefit from extra help to support a child or young person’s developmental and health and wellbeing needs.
 - **Getting More Help** = Ongoing and intensive support for children, young people and families with multiple or complex needs, which is delivered in a multi-disciplinary way in partnership with other agencies.
 - **Getting Risk Support** = A risk management and crisis response to safeguarding concerns, delivered in partnership with relevant statutory and voluntary agencies.

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5.5 Within these service levels, the Health Visiting Service (0-5) will provide:

- **Community Support:** Including regular use of community spaces to deliver one-to-one and group support, including Baby Hubs, Infant Feeding Hubs, and Antenatal Information Sessions; digital technology to promote and increase access to the offer, including a comprehensive 0-19 Public Health website, text messaging service and appointment booking system; open-access public health information and campaigns; and upskilling and supporting the wider network of professionals.
- **Universal Support:** Including Health and Wellbeing Reviews at key stages in the child's development, to enable health visitors to promote health and identify difficulties at an early stage. These will be delivered in small teams via home visits, community clinics and video appointments depending on need and preference of the family. This includes an additional proactive 'Health Promotion Contact' at 4-6 months.
- **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, parent-infant relationships and perinatal mental health. Families receiving targeting support will have a named health visitor, who will play a key role in bringing together relevant local services, and may act as the child's 'lead professional' where appropriate.

5.6 Within these service levels, the School Health Service (5-19) will provide:

- **Community support** – Including strategic support for schools to build their capacity to support the health and wellbeing of pupils, and system-wide health promotion activities
- **Universal support** – Including Health and Wellbeing Reviews, Hearing and Vision Screening, the National Child Measurement Programme
- **Targeted Support** – Including a Tier 2 Healthy Weight Programme, and a dedicated School Health Safeguarding Team for vulnerable children and their families, including those on statutory safeguarding plans and those not in mainstream education

5.7 The Family Nurse Partnership Service will provide an intensive, structured and evidence-based home-visiting programme for first-time vulnerable parents under the age of 22. Support will be delivered by highly qualified Family Nurses from pregnancy through until the child is 2.5 years old.

5.8 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

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- Adopt matrix management of locality-based multi-disciplinary teams, consisting of staff from across the above agencies
- 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

6. Family Hubs and Start for Life additional grant funding

- 6.1 As set out in Section 4.14 above, the Council will be receiving additional grant funding from DfE and DHSC as part of the national Family Hubs and Start for Life programme. The aim of this funding is to expand, enhance and extend universal and targeted services supporting parents of children from conception up to age 2, including Health Visiting Services.
- 6.2 The exact details of the proposals are yet to be confirmed and require further discussion with LGT as the successful bidder for this contract. However it is expected that the Council will award up to an additional £800,000 of this funding to enhance the delivery of this 0-19 Public Health Nursing Service contract to meet the programme requirements, across 1st April 2023 to 31st March 2025.
- 6.3 With this in mind, this report recommends that Mayor and Cabinet delegate authority to the Executive Director of CYP to vary the new contract up to a maximum value of £800,000 from the 1st April 2023, once the details of the proposal have been finalised with the provider.
- 6.3 This allocation will focus on supporting delivery of requirements in relation to two key 'Start for Life' areas; Perinatal Mental Health and Parent-Infant Relationships, and Infant Feeding. The funding will ensure that through the delivery of the 0-19 Public Health Nursing Service Lewisham achieves:
- Improved access to universal support for parent–infant relationships, including targeted support where a need is identified
 - Improved awareness of the importance of parent–infant relationships for the workforce
 - Improved perinatal mental health support for fathers and co-parents
 - Improved support available for mild perinatal mental health difficulties
 - Developed and/or improved care and referral pathways to ensure support is provided when needed for babies and their families
 - Those least likely to access these services are engaged as early as possible, helping to reduce inequalities.
 - All parents and carers have the information, practical advice and support they need to support breastfeeding initiation and continuation, expressing breastmilk, and/or formula feeding where that is more appropriate
 - Parents have opportunities to meet other breastfeeding mothers and access peer-

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to-peer support

- All Family Hubs staff receive appropriate, accredited training to ensure infant feeding advice is accurate, helpful and consistent, and staff know how to work together across agencies and settings to provide seamless support

6.4 This is likely to include the 0-19 Public Health Nursing Service delivering the following additional activities as part of this new contract:

- Co-ordinating and delivering training across the Family Hub workforce
- Recruiting, training and deploying new and existing staff with this the service, to deliver a new targeted parent-infant relationship intervention to families
- Recruiting new staff to co-ordinate system-wide developments and programmes across the Family Hubs system
- Developing new pathways for families into key Start for Life services, in partnership with other organisations

6.5 In addition to this funded activity, the provider will be expected to support other elements of the Start for Life and Family Hubs programme through:

- Ensuring staff take-up of training offers
- Adopting new assessment and intervention tools as appropriate
- Signposting and referring families to new interventions
- Contributing to the design of new initiatives and supporting families to engage with the Family Hub development process
- Attending key Boards and working groups

Rationale for variation

6.6 The Council are proposing to vary the contract with LGT because:

- The 0-19 Public Health Nursing Service is best suited to deliver this support because:
 - The service specification already aims to achieve the additional funding outcomes set out in section 6.3 and includes many relevant activities that contribute towards the funding requirements. The new funding will act to increase the capacity of these activities, extend across wider services, and enhance activities through targeting towards additional groups.
 - There are no other services in the borough that have universal access to all children and families for the duration of the 'Start for Life' period from conception to age 2. This is required to reach and identify parents in need of the additional mental health and infant feeding support that will be provided through this programme. Awarding this additional funding to LGT will enable them to provide this support directly to parents at the point of contact and identification, which will likely increase uptake, and prevent barriers caused by referrals and information sharing.
 - Staff within the Service, the majority of whom are Specialist Community Public Health Nurses (SCPHN), are already trained to identify and support perinatal mental health and infant feeding needs at a basic level, and so are best placed to receive the additional specialist training through the Family Hubs Start for Life programme. There are no other services in the borough

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where staff are trained in both of these areas.

7. Evaluation

7.1 The table below set out details of the key dates and number of tenders received.

Activity	Date / Quantity
Tender Published	10/08/2022
Tender Deadline	30/09/2022
Evaluation Moderation Meeting	19/10/2022
Expressions of interest received	40
Tenders Received	2 in total

7.2 The procurement of this contract was carried out via an open (1 stage) process with one successful provider being awarded the contract. An Optional Negotiation Phase was included to be entered into following initial tender submissions, in a situation where the initial tenders require further clarification and refinement. This was not required to be utilised during the tender process because the successful tender was clear and addressed all requirements within the initial submission, and so one provider was awarded based on this.

7.3 The procurement was advertised via the Council's online tendering system (Proactis procurement portal) publishing the opportunity onto Contracts Finder and Find a Tender service.

7.4 A 70:30 price:quality weighting for this procurement was used. Minimum scoring thresholds were applied to key method statements within the tender process, such as those related to core service delivery and integration, to ensure that valid bids received were of a high quality.

7.5 The following criteria was used during the evaluation process:

WEIGHTING	CRITERIA
5%	Service Mobilisation
8% *	Service Model – Health Visiting Services
7% *	Service Model – School Health Services
5% *	Service Model – Family Nurse Partnership Services
5%	Digital Access and Innovation
5%	Safeguarding Children and Adults

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6% *	Integration and Partnership Working
6%	Engagement with Children, Young People and Families
5%	Continuous Improvement and Responding to Future Need
6%	Workforce Strategy
6%	Demonstrating Outcomes and Performance
6%	Social Value
30%	Price
100%	TOTAL

7.6 The four criteria marked with an asterisk (*) in the table above – the three Service Model criteria and Integration and Partnership Working – were assigned a minimum score of seven (7) that bidders had to achieve. All other criteria had a minimum score of five (5). Any Tender which failed to attain these minimum scores would be deemed invalid. One of the bidders was deemed invalid on this basis.

7.7 Tenderers were required to answer a series of Standard Selection Questions that assessed their suitability to deliver the contracts. Tenderers were asked to submit a description of their proposals in the form of Method Statements in order to test their understanding of service requirements. The Methods Statements were assessed under the quality criteria, and those provided by the successful tenderer will form part of the contract documentation against which their performance will be monitored.

7.8 The evaluation of the price was worth 30% of the overall score and was calculated using a model that evaluated all tenders against the mean of the prices submitted. The evaluation of the quality element was worth 70% of the overall score, and was awarded based on the responses to the Method Statements. A summary of the financial analysis and quality elements for each provider is included below.

7.9 The scoring for quality was awarded on a scale of 0 – 10 0 being non-existent and 10 being perfect. The table below provides a description of each score:

Score	Level	Standard
0	Non-existent	Proposal absent
1	Inadequate	Proposal contains significant shortcomings and/or is inconsistent or in conflict with other proposals
2	Very poor	Proposal contains many shortcomings and/or is inconsistent or in conflict with other proposals

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3	Poor	Proposal falls well short of achieving expected standard in a number of identifiable respects
4	Weak	Proposal falls just short of achieving expected standard in a number of identifiable respects
5	Barely adequate	Proposal just meets the required standards in nearly all major aspects, but is lacking or inconsistent in others
6	Adequate	Proposal meets the required standards in nearly all major aspects, but is lacking or inconsistent in others
7	Good	Proposal meets the required standard in all major material respects
8	Very good	Proposal meets the required standard in all major material respects and in a few of the minor requirements
9	Excellent	Proposal meets the required standards in all major material respects and nearly all of the minor requirements
10	Perfect	Proposal meets the required standards in all major material respects and all of the minor requirements

7.10 The evaluation panel consisted of representatives from CYP Joint Commissioning and the Public Health Team.

Synopsis of the bids

7.11 The table below shows the scoring given to the providers. Bidder B did not meet the minimum scoring threshold on three of the quality criteria, and their tender was rejected on this basis.

PRICE		
	Bidder A	Bidder B
Price score	15	Invalid tender
Price ranking	1	Invalid tender
QUALITY		
	Bidder A	Bidder B
Quality score	55.3	Invalid tender

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Quality ranking	1	Invalid tender
	Bidder A	Bidder B
Overall score	70.3	Invalid tender
Overall ranking	1	Invalid tender

7.12 For further details on the tender evaluation please see the corresponding part 2 report, section 7

Form of Tender

7.13 The form of tender is for fixed core pricing for four years.

Successful Bidder

7.14 Lewisham and Greenwich NHS Trust provided the most economically advantageous tender. With overall high scores for quality and price. Overall the quality of LGT's response was very good, with some areas being good and some being excellent. It met the required standard in all areas and exceeded in a number of others, for example in relation to partnership working and integration into Lewisham Family Hubs, and their understanding of safeguarding. The response evidenced that LGT have the skills and infrastructure needed to deliver an effective service in line with the service specification, and demonstrated a commitment to be innovative and forward-thinking in their delivery.

8. Financial implications

Core contract value

8.1 The total 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 (1st April 2023 to 31st March 2027), or £48,646,423 over the maximum possible seven year contract period (1st April 2022 to 31st March 2030).

8.2 The contract will be 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.

8.3 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 other NHS pay awards, and the changing value of the Public Health Grant. Both of these allocations are decided on a yearly basis.

8.4 This report seeks permission to delegate to the Executive Director for Community Services, the authority to agree subsequent variations to the value of the contract

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following announcement of future annual NHS pay awards during the contract period.

- 8.5 Any future annual uplift to the contract value that is agreed as a result of NHS pay awards, will not exceed 5% of the annual contract value, and will only be agreed where affordable within the Public Health Grant. Any uplift requested by the provider that exceeds this will require cost reductions on the part of the provider. In the case that a price increase of over 5% is essential, this decision will be brought to Mayor and Cabinet for approval.

Family Hubs and Start for Life grant funding

- 8.5 This report recommends that Mayor and Cabinet grant delegated authority to the Executive Director of CYP to subsequently vary the new contract to award up to £800,000 of additional grant funding to LGT from the 1st April 2023 to 31st March 2025.
- 8.6 The exact value of this award is to be confirmed and requires further discussion with LGT following contract award, however will not exceed £800,000.
- 8.7 The full value of this additional award will be covered by external grant funding from the Family Hubs and Start for Life Programme, at no cost to LBL. This grant funding has been confirmed via MOU from the DfE and DHSC, and is included within Families, Quality and Commissioning Division budgets.

9. Legal implications

Award of Contract

- 9.1 The Council's Constitution contains requirements about how to procure and manage contracts. These are in the Contract Procedure Rules (Constitution Part IV). Some of the requirements in those Rules are based on the Public Contracts Regulations 2015 as amended by the Public Procurement (Amendment etc) (EU Exit) Regulations ("the Regulations") with which the Council must comply. Given the value of the contract the Regulations apply.
- 9.2 The report proposes the establishment of a contract for four years with an option to extend for up to a further three years. The value of the contract including the extension is above £500,000, which means that this is a Category A contract for the purposes of the Council's Contract Procedure Rules and one which is to be awarded by the Mayor and Cabinet.
- 9.3 This contract has been externally and openly advertised as required by the Regulations and the Council's Constitution. If the proposal to award the contract is approved, award notices must be published in the prescribed form.
- 9.4 The report explains the evaluation approach and process applied to the bid and the reasons for recommending the successful bid for approval. The Invitation to Tender set out that tenderers had to reach specified scores. The process followed, including exclusion of tenderers who did not reach the minimum score, was in compliance with the advertised and required procedures.
- 9.5 This decision is a Key Decision under Article 16.2 (c) (xxiii) of the Constitution as it has a value of more than £200,000. It is therefore required to be contained in the current Key Decision Plan.

Delegation to approve a variation

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- 9.6 This report recommends that Mayor and Cabinet approve a variation to the contract with LGT up to a maximum value of £800,000, subject to the award being approved.
- 9.7 Some variations to existing contracts may trigger a requirement to undertake a new competitive tender process. The Council's Contract Procedure Rules set out which variations can be made without a new competitive process (Constitution Part IV I, paragraph 17 of Contract Procedure Rules). This report explains why the variation to the contract is proposed.
- 9.8 Contract Procedure Rules say that where a contract variation is 'not substantial', the variation can be made (paragraph 17.5). The definition of 'substantial' takes into account matters including the nature and size of the proposed change relative to the original contract, and the likely market effect of the change (including the change to the scope and economic balance of the contract). There is a reasonable argument that the proposed extension is not substantial. As such, the variation does not trigger a requirement to undertake a new procurement. On that basis, therefore, the proposed changes are allowable under the Council's Contract Procedure Rules paragraph 17.
- 9.9 The decision to approve the variation to the contract contained in this report is a Key Decision under Article 16.2 (c) (xxiii) of the Constitution as it has a value of more than £200,000. It is therefore required to be contained in the current Key Decision Plan and the Council's Key Decision procedure must be followed.

Delegation to finalise details of variation

- 9.10 This report further proposes that Mayor and Cabinet delegate to the Executive Director for Children and Young People in consultation with the Director of Law, Governance and Elections to give effect to the decision to vary the contract by finalising the value and details of the variation.
- 9.11 Provided that the final value of the variation is within authorised limits set out in the recommendation and the final details of the variation are in accordance with what is set out in this report, then agreement to finalise the details by the Executive Director for Children and Young People in accordance with Mayor and Cabinet's direction will not be a Key Decision. For audit purposes a written record should be kept setting out how the selection process has been applied and the preferred contractor selected, and officers from Legal Services should be consulted as necessary throughout the selection and award process.

10. Equalities implications

- 10.1 The 0-19 Public Health Nursing Service has a key role in helping to reduce inequalities through effective identification, prevention, intervention, referral and partnership working. The service must ensure equitable access for all children and young people aged 0 to 19 years and their families, regardless of age, disability, gender reassignment, marriage and civil partnership, sex or sexual orientation and race – this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.
- 10.2 To inform the development of this new contract, the Lewisham Public Health Team carried out a health inequalities audit looking at inequalities in Children, Young People and Families' access to and outcomes from healthcare services in Lewisham. This audit focussed on the following dimensions of inequality; gender, ethnicity and

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deprivation. It wasn't possible to complete all aspects of the planned analysis due to data quality and access issues. However the audit was able to use proxy data at a London and National level to draw conclusions that will inform how the service is delivered. Overall conclusions include:

- In London, families are significantly less likely to have all of the mandatory Health Visitor reviews in their child's 1st year of life, or the 2-year check, if their child is Asian or Black, than if they are from any other ethnic group (including Chinese or Mixed ethnicities)
- In England, families where a child has a disability or are identified as vulnerable are significantly more likely to access all the mandatory Health Visitor checks than non-disabled children
- In England, families that move between local authorities at least are significantly less likely to access all the mandatory Health Visitor checks
- In England, families with English as a second language are significantly less likely to access all mandatory Health Visitor checks, except the New Birth Visit
- In Lewisham, Asian children were significantly less likely to participate in the National Child Measurement Programme than children of any other ethnic origin
- In Lewisham, the emergency hospital admission rate for asthma in those under 19 years was significantly lower for females than males. In terms of ethnicity, they were lowest for those in the White ethnic group.
- In Lewisham, the emergency hospital admission rate for self-harm in 10-24 year olds was significantly highest for females. The White ethnic group had significantly higher emergency hospital admission rates for self-harm than all other ethnic groups.
- In Lewisham, A&E attendance rates for Black Caribbean, Black Other, Mixed White & Black Caribbean and Asian children aged 0-4 years are significantly higher than those for White children. This is also the case for A&E attendance rates for all CYP age 0-19.
- In Lewisham, the rate of overweight and very overweight children in Reception Year is significantly higher in children of black ethnic origin than white ethnic origin, and significantly higher than the average for the borough. Conversely the rate of underweight in Asian children is significantly higher than white children in both Reception and Year 6 is significantly above the borough average in both age groups.

10.4 In response to these findings, and to the findings of the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR), the contract includes new requirements to:

- Respond to the recommendations of the BLACHIR report, including those in relation to data collection:
 - Improve data collection by specific ethnicity in early years services considering the differences in ethnic background and nationality.
 - Work with professionals who represent the ethnic minority groups to ensure a sensitive approach when collecting data.
 - Ensure culturally appropriate data collection and analysis for service planning, monitoring and evaluation that distinguishes by ethnicity and gender for Black African and Black Caribbean populations.

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- To overall improve recording and access to data on the basic dimensions of inequality (ethnicity, deprivation, age and gender), and ideally seek to improve their recording of other dimensions of inequality and protected characteristics.
- Devise plans, in conjunction with partners, which show how the provider intends to work with under-represented communities, for example, Black Asian and minority Ethnic (BAME) Lesbian, Gay, Bisexual and Transgender (LGBT), families for whom English is not the first language, those moving into the area, and those who miss appointments.
- Engage in a programme of regular health inequalities audits that investigate inequalities in access, experience and outcomes from their service with respect to age, gender, deprivation and ethnicity as a minimum. Capacity from the Public Health Intelligence Team should be made available to support this task.

11. Crime and disorder implications

11.1 None

12. Health and wellbeing implications

12.1 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.

13. Social Value implications

13.1 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).

13.2 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.

13.3 In addition, the service will ensure minimum pay rates in line with prevailing London Living Wage (LLW) or above where applicable.

13.4 As part of the tender process, the providers were required to demonstrate their commitment to social value in delivering this service. A method statement on social value was required, which accounted for 6% of the overall evaluation, as part of the quality score.

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13.5 As part of the tender process, LGT have committed to:

- Employ Lewisham residents
- Provide work experience for Lewisham residents
- Develop opportunities for local small businesses
- Run an apprenticeship scheme
- Provide volunteering opportunities for Lewisham residents
- Through their Green Plan 2021-24, reduce their carbon footprint, reduce and consolidate deliveries, reduce the amount of waste going to landfill, use sustainably sourced materials
- Promote healthy lifestyle information and initiatives
- Support staff physical and mental wellbeing
- Support digital inclusion through digital hubs in LGT premises and Family Hubs

14. Contract Management

14.1 In accordance with the Council's contract management framework this contract is a tier 1 contract. Contract Management meetings will be held on a quarterly basis and the key performance indicators (KPIs) on the contract management dashboard will be monitored and reported on accordingly

15. Background papers

14.1 Mayor and Cabinet permission to procure:
<https://councilmeetings.lewisham.gov.uk/documents/s100192/Permission%20to%20procure%20-19%20Public%20Health%20Nursing%20Services.pdf>

16. Glossary



17. Report author(s) and contact

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

Comments for and on behalf of the Executive Director for Corporate Resources:

Paul Roye, Business Partner - Paul.Roye@lewisham.gov.uk

Mark Humphreys, Senior Accountant - Mark.Humphreys@lewisham.gov.uk

Comments for and on behalf of the Director of Law, Governance and HR:

Mia Agnew, Senior Lawyer - Mia.Agnew@lewisham.gov.uk

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