

(Part 2 Report)

Contract Title:	0-19 Public Health Nursing Service (Health Visiting and School Health)																																	
Contractor Name:	Lewisham and Greenwich NHS Trust																																	
Directorate:	CYP																																	
Approval:	Un-permitted extension, Key decision, Mayor and Cabinet																																	
Contract Classification	A - Time elapsed to undertake full procurement, contract extension/variation needed B - Currently unfavourable market conditions necessitate contract extension/variation & C - Extension/variation required but permissible extensions have been exhausted																																	
Initial Contract Value and Initial End Date	<p>£6,949,489 per annum 31st March 2022</p> <p>The Health Visiting Contract began on 1st May 2017 with a value of £6,024,752 per annum. The School Health Contract began on 1st April 2017 with a value of £1,020,827 per annum. Both contract awards were for a period of 3 years, with an option to extend for a further 24 months. The value of the contracts over the last five years are below.</p> <p>The contracts were extended in 2020 for the full 24 month period allowed, combining the two budgets into a single contract for 0-19 Public Health Services (HV and SHS). This was at a value of £6,920,745 per annum. In addition to this, a £378,744 payment was made to cover the cost of the NHS Agenda for Change pay increases. We expect this to continue to be provided annually over the remainder of the contract. Recently a cut of £350,000 was taken from this contract value for 2020/21 as part of the recent Wave 2 savings round.</p> <p>The total contract value for both services across the five years is £35,174,456.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2017/18</th> <th>2018/19</th> <th>2019/20</th> <th>2020/21</th> <th>2021/22</th> <th></th> </tr> </thead> <tbody> <tr> <td>Health Visiting</td> <td>£6,024,752</td> <td>£5,938,327</td> <td>£5,899,918</td> <td>£6,224,951</td> <td>£5,874,951</td> <td></td> </tr> <tr> <td>School Health Service</td> <td>£1,020,827</td> <td>£1,020,827</td> <td>£1,020,827</td> <td>£1,074,538</td> <td>£1,074,538</td> <td>TOTAL</td> </tr> <tr> <td>Total budget</td> <td>£7,045,579</td> <td>£6,959,154</td> <td>£6,920,745</td> <td>£7,299,489</td> <td>£6,949,489</td> <td>£35,174,456</td> </tr> </tbody> </table>							2017/18	2018/19	2019/20	2020/21	2021/22		Health Visiting	£6,024,752	£5,938,327	£5,899,918	£6,224,951	£5,874,951		School Health Service	£1,020,827	£1,020,827	£1,020,827	£1,074,538	£1,074,538	TOTAL	Total budget	£7,045,579	£6,959,154	£6,920,745	£7,299,489	£6,949,489	£35,174,456
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<p>Is the contractor providing the service?</p> <ul style="list-style-type: none">• Fully• Partially• Not during COVID-19• If not or partially, is there an expectation that “more service” will be provided later?	<p>Health Visiting: Fully</p> <p>The Health Visiting Service has maintained full coverage and reach for children and families during the Covid-19 pandemic. All Healthy Child Programme checks and developmental reviews are all still being undertaken, and coverage of contacts has remained high. As at January 2020, 75% of these are carried out face to face, with the remaining carried out via video consultation software. In the earlier stages of the pandemic visits were carried out by video consultation as default, but only for families where there were no additional needs or vulnerabilities. Where concerns are raised during virtual appointments, there is then follow-up at home or in clinic, for example for prolonged jaundice, faltering weight, breastfeeding support, perinatal mental health needs, and safeguarding concerns previously not known.</p> <p>Face-to-face contacts are prioritised for families where they is a known vulnerability or clinical need, or who are not known to services, to mitigate known limitations of virtual contacts and support effective assessment of needs/risks. Home visits are automatically provided where there is non-engagement from these families.</p> <p>Face-to-face clinics commenced at the end of May in three hubs across the borough (Sydenham Green, Downham and Honor Oak). These are offered to families where there is a concern over the parents’ or baby’s wellbeing that would be better dealt with face to face. For example if there are maternal mental health issues, difficulties breastfeeding or concerns over the baby’s weight. They will also be used where the HV is concerned about the risk of domestic abuse in the home, and a safe space for further discussion is required. These will be offered on an appointment basis (spaced to allow for social distancing), with staff in full PPE and with social distancing measures in place.</p> <p>The central admin hub has been bolstered with additional clinical and specialist staff, such as the mental health specialist health visitor, so that parents can get advice over the phone. Parents have been using photo and video call to get advice on concerns such as skin conditions and breastfeeding issues.</p> <p>The HV Facebook page went live on the week commencing the 8th June. The page will be moderated by Health Visitors, with content and discussions themed depending on the day of the week. Hani the Virtual Health Visitor is receiving an increased number of enquiries from parents via the HV website.</p>
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	<p>Online breastfeeding support groups started in the week commencing 15th June. Online mental health support groups start starting in the week commencing the 15th June. Sessions are run by the Specialist PMH Health Visitor, and women will be referred by their Health Visitors.</p> <p>Young pregnant women have continued to be offered the FNP programme throughout the pandemic, with those aged 19 and under prioritised for a place. Recruitment has remained high, despite some of this having to take place virtually. Home visits are now being delivered routinely. Throughout the three phases of the programme (pregnancy, infancy and toddler), a combination of home visits/face to face contacts in different settings, and video/phone contacts, will be delivered according to clinical assessment by the Family Nurse and the client's wishes.</p> <p>The MECSH programme has continued to be delivered to those families already enrolled, and has maintained fidelity to the programme. Interventions have been delivered via phone, video and face to face, based on assessment of the vulnerability of the family and their access to technology. Recent data shows that the number of contacts per enrolled family has remained the same, and Parent Engagement and Parent Satisfaction scores have remained high throughout this period.</p> <p>School Health: Partially</p> <p>School Immunisations Team: Partially</p> <p>At the start of the pandemic NHSE gave instructions to pause on delivery of the vaccination programme in schools. Throughout this early period, the Immunisations Team were contacting parents to seek their consent for future vaccinations, and to invite children in to new community clinics to receive catch-up vaccinations where they missed them previously.</p> <p>NHSE have now given instruction to start a programme of catch-up immunisations. The service has set up immunisations clinics around the borough for year 8 and year 9 pupils that missed their HPV, MenACWY & DTP vaccinations. These are delivered on an appointment basis using social distancing, and with staff in full PPE. Parents and children have been invited into these clinics, and there has been a good take-up so far.</p>
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	<p>Despite schools closing, the School Immunisation Team was able to fully deliver the new Year 7 flu vaccination programme to Lewisham schools, by either inviting children into community clinics, or recalling a whole year group back into schools on one day to receive their vaccinations. The team is hoping to deliver the year 8 and 9 vaccinations in the same way.</p> <p>School Screening Team: Not during Covid-19</p> <p>NHS England have paused delivery of the National Child Measurement Programme and hearing and vision screening. The Screening Team are supporting the Immunisations Team with the work set out above. In November the Screening Team restarted screening for Reception-age children in smaller one form-entry schools.</p> <p>School Safeguarding Team</p> <p>Throughout the pandemic, the Safeguarding Team has been offering face to face contacts to all children on child protection plans, including in Kaleidoscope, in school buildings, and at home. Door step checks have also been carried out. Video calling has been used for health reviews for looked after children, as well as face to face when required.</p> <p>All cases were RAG rated to prioritise those families that would need additional contact when schools are closed.</p> <p>The service has found that virtual health assessments can work really well with older children as they can be on the call on their own, but that this isn't appropriate for younger children whose parents are often in the background of the call.</p> <p>The service have been attending virtual strategy meetings and case conferences organised by Children's Social Care. As all efforts have been focused on the most vulnerable families, the service has reported improved collaborative working with other services - health visitors, schools and children social care - in the process of safeguarding children and young people.</p>
Any COVID-19 Wave 1 Extension? If so, what?	No
Wave 2 Contract Extension Value	£6,949,489
Period of Extension	12 months – 1 st April 2022 - 31 st March 2023
Wave 1 Background	
What are the reasons for this extension and how is it related to COVID-19?	N/A

How has the contractor/supplier used the Council's money during COVID-19?	N/A
Can we/should we get any money back?	N/A
Wave 2 Decision Information	
What are the reasons for this extension and how is it related to COVID-19?	<p>The initial timeline to deliver a new contract by March 2022 aimed to begin a consultation process in January 2021, redesign the specifications alongside our Early Help and Prevention programme and strategy, and launch an ITT in Summer 2021. This timeline has been delayed and will be difficult to achieve for the following reasons:</p> <ul style="list-style-type: none">• The impact of Covid-19 on relevant stakeholders makes this timescale less viable. Relevant stakeholders have significantly less capacity to engage in the consultation and redesign that is due to be taking place now ahead of the tender process, and less capacity to engage in an ITT when it is launched.• Similar re-commissioning processes of 0-19 service contracts across London have attracted very few bidders during the Covid-19 period. The previous competitive tender process had only two bidders, and so there is a risk that the market would be small.• The planned public consultation to support service redesign was delayed in January 2021 due the discussions about Councils cuts which were required for the following financial year. Now that this cut has been agreed, public consultation is not possible due to the pre-election period. It would still be possible to undertake this consultation after the elections, however this would mean that the procurement process is very tight, and would leave little slippage in terms of completing a full consultation and implementing the findings from this. We need to ensure the consultation process is robust due to the size and length of the new contract, and sensitivity around the budget reduction made this year and planned to be made through this procurement. <p>In addition:</p>

	<ul style="list-style-type: none">• This contract is a core part of the early intervention offer for children and families in Lewisham. Having more time to pilot and develop Family Hubs approach, and embed the new Early Help system, would be beneficial before agreeing a new and lengthy contract.• A process of transformation and service development with the provider has re-started following the Covid-19 pandemic. These developments will continue throughout the extension period, ensuring that the service is continually improving for families in Lewisham. The extension period will provide the time for proposed service developments to be tested and evaluated for possible inclusion in a future service specification.
How will the contractor/supplier use the Council's money during COVID-19?	The 0-19 Public Health Service has maintained full coverage and reach for children and families during the Covid-19 pandemic.
Will we/should we get any money back?	Not applicable, as the service was maintained. However £350,000 cut has been applied to the contract value in 2021/22. We expect that through the future re-commissioning there is an opportunity to improve efficiency through the increased use of video consultation and virtual working within the service. We are also prioritising improved joint working between the service and the wider Early Help partnership, including with CFCs and Early Years settings, which should improve efficiency, as well as an improved offer for parents. We expect to see improvements in integrated and partnership working generally though the stronger Early Help arrangements and potential to move towards a co-located 'Family Hub' model.
Additional Information	
Financial Implications	<p>The report seeks approval to extend the contract with Lewisham and Greenwich NHS Trust for 12 months from 1st April 2022 to 31st March 2023.</p> <p>The value of the 12 month extension is £6,949,489, which covers the delivery of both the Health Visiting and School Health Service. This is fully funded by the Public Health Grant.</p> <p>There is no financial implications arising from this report. All recommendations are contained within existing budget provisions.</p>

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Legal Implications/Comments	The Contract is a Category A Contract. Rule 17 of the Council’s Contract Procedure Rules allows for extensions of contracts in certain circumstances. These include necessary changes to purchase new works, services or supplies from the contractor and not included in the original procurement, or for changes to deal with unforeseen circumstances. This can only be relied on where a change of contractor would cause significant inconvenience (or substantial duplication of cost) or, a change of contractor cannot be made for economic or technical reasons. In addition, the change must not result in an increase in price of more than 50% of the total value of the contracts across their term. This price limit applies to each separate change however, it must not be used as a means of circumventing the procurement rules. The extensions requested meet the circumstances set out in Rule 17. The decision is a key decision and should go in the forward plan.						
Equalities Implications	The 0-19 Service provides universal services for all families with children aged 0-5 in Lewisham, regardless of protected characteristics. The Council’s equalities objectives are addressed in the contract documentation and formed part of the criteria used in the tender evaluation. An EAA will be completed as part of the process to implement the £350,000 cut in ahead of April 2021/22.						
Climate Change & Environmental Implications	Lewisham and Greenwich NHS Trust will be expected to comply with the Council’s Environmental and Climate Change requirements, so as to minimise the environmental impact of the service.						
Crime and Disorder Implications	None						
Health and Wellbeing Implications	The service provides specialist Public Health Nursing for children and families in Lewisham. Extending the contract would allow the service to continuing being provided without disruption. The service works to the priorities of the national Healthy Child Programme, and is monitored based on the national Public Health Outcomes Framework, and is performing well against these outcomes.						
Social Value Implications	A number of staff employed by the provider are Lewisham residents. The service provides volunteering opportunities for local residents through the breastfeeding support scheme.						

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For reference (Contract Classification) –

Classification Type	Details
A	Time elapsed to undertake full procurement, contract extension/variation needed
B	Currently unfavourable market conditions necessitate contract extension/variation
C	Extension/variation required but permissible extensions have been exhausted
D	Extension/variation required (specific issues)
E	Contract permitted extension(s)
F	No extension needed, service due to end
G	Procurement planning currently underway but new service not expected to be in place within 12 months
H	Procurement planning currently underway and new service to be in place within 12 months