

<b>Title:</b> Extension to 0-19 Integrated Healthy Child Programme Service Contract	
Report of the Cabinet Member for Adult Social Care and Health Integration	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
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<b>Accountable Director:</b> Matthew Cole, Director of Public Health,	
<b>Accountable Strategic Director:</b> Elaine Allegretti, Strategic Director, Adults and Children	
<b>Summary:</b>  The 0-19 Healthy Child Programme service is a statutory service funded under the Council's Public Health Grant, providing public health input for every child in the borough in the form of the Health Visiting and School Nursing services and National Child Measurement Programme (NCMP).  The current provider of the integrated 0-19 Healthy Child Programme (HCP) service is North East London Foundation Trust (NELFT). The contract commenced on 1 September 2018 when approval was successfully sought to procure an integrated 0 - 19 HCP service for a contract term of up to five years; the contract expires on 31 August 2023.  The 0 - 5 element of the integrated HCP is led by the health visiting services through the five mandated health assessment visits. The 5 - 19 elements are led by school-based public health nursing services, which includes the mandated National Child Measurement Programme (NCMP).  The Department for Health released the latest 0-19 Healthy Child Programme Guidance in June 2023, which aligns outcomes with the Family Hubs. If the Council commenced with the commissioning process prior to release of the guidance, there would be significant needs of variations at mobilisation phase to ensure the new contract was in line with the guidance. It may have also been possible that if any changes were substantial that such changes would not have been compliant with the Public Contracts Regulations 2015.  Given the scale and complexity of the procurement, the Director of Public Health agreed that pausing the commissioning process whilst awaiting the new guidance would be sensible.	

There is currently a review of the Public Health Grant being undertaken, which will present findings to the lead Member for Health in September/October 2023. This review and subsequent decision-making process will determine the budget for the redesigned service. Due to significant population increases, more families with significant complex needs, and a change in the guidance, there is the need for increasing this financial envelope to be carefully considered. It is therefore prudent to ensure enough time in the procurement timeline for this review to conclude and the outcomes to determine the new service model budget and therefore the scope of the service.

The variation to the contract will allow for more appropriate timescales to plan and deliver a robust engagement and consultation process with service users and professionals, including benchmarking to collaboratively re-design the new specification, procure and mobilise a new service that aligns with local need/strategies to be sustainably fit for purpose and ensure value for money.

The variation to the contract to extend will ensure the current provider, NELFT, will continue to provide early intervention and preventative community, universal, targeted and specialist service delivery to improve the health and wellbeing of families, babies, children and young people beyond 31 August 2023, until a new service starts on 1 January 2025.

At this stage, it is not possible to confirm the detailed configuration or price of the new services, as the competitive procurement and negotiation process itself will feed into the overall design of the service which includes provider costing of the final model.

The extension will also provide the opportunity to develop new and effective partnerships with local voluntary community sector organisations, faith groups and others to advocate and deliver change to support innovative improvements in services for babies, children and young people health and wellbeing in all settings.

### **Recommendation(s)**

The Health and Wellbeing Board is recommended to:

- (i) Agree to waive tendering requirements and approve the variation of the contract for the provision of the integrated 0-19 Healthy Child Programme with NELFT for a period of 16 months from 1 September 2023 to 31 December 2024, in accordance with the strategy set out in the report; and
- (ii) Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social care and health Integration, to enter into the extended contract and all other necessary or ancillary agreements with NELFT to fully implement and effect the proposals.

### **Reason(s)**

To enable the Council to continue to provide the statutory 0 -19 Healthy Child Programme service and accord with the Council's Contract Rules.

## 1. Introduction and Background

- 1.1 Office for Health Improvement and Disparities (OHID - formally Public Health England) supports local authorities and the NHS in securing the greatest gains in health and wellbeing and reductions in health inequalities through evidence-based interventions. In October 2014, PHE published 'From Evidence into Action: Opportunities to protect and improve the nation's health'. This is linked to the NHS Long Term Plan, the Prevention Green Paper and the NHS Five Year Forward View.
- 1.2 The statutory Healthy Child Programme offers every family in LBBD an evidence-based programme of interventions, including screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices. It also outlines all services that children and families need to receive if they are to achieve their optimum health and wellbeing.
- 1.3 The Healthy Child Programme remains universal in reach, continuing to set out a range of public health interventions to build healthy communities for families and children, reducing inequalities and vulnerabilities. It continues to include a schedule of interventions, which range from universal services for all, through to intensive support.
- 1.4 The Healthy Child Programme is personalised in response. All services and interventions need to be personalised to respond to families' needs across time. For many families this will be met by the universal offer. More targeted, intensive or specialised support and evidence-based interventions should be provided early to reduce the need for future demand on services.
- 1.5 The recent updates to the 0 - 19 Commissioning Guidance (Modernisation of the National Healthy Child Programme Best Start in Life and Beyond Improving public health outcomes for children young people and families), the development of the Barking & Dagenham Best Chance Strategy, and the recently developed Family Hub and Start for Life programme delivery plan further highlight the need for the thorough development of a new specification that aligns with service demands and recently updated and new national policy drivers and local strategies.
- 1.6 The NEL Integrated Care System is facing some significant challenges
  - Highest birthrate in the UK; 120,000 in the last 5 years with a population growth prediction of 270,000 in the next 20 years
  - The most diverse ICS in the country with 53% of the population identifying as Black, Asian or from a global majority compared to 11% across England overall
  - 30% of the ICS population were born outside of the UK
- 1.7 Barking and Dagenham has many challenges of its own, with the increased social care and health demands faced by the borough including:
  - The highest proportion of children (0–17) in the UK: almost three in ten residents (29.9%) are under 18.
  - The highest proportion of under 5s in the UK: 8.8%.

- Child poverty is amongst the highest in London boroughs and the country: 46% of children live in households on the poverty line and waiting lists for housing are some of the largest in the country.
- Barking and Dagenham has the highest deprivation score in London
- Highest levels of Year 6 overweight and obesity in England.
- Covid has disrupted development for our youngest children: personal, social, and emotional development delayed in 44% of pupils nationally in 2022 - disadvantaged children and those with SEND are worst affected.
- High demand for children's social care: In the last four years, there has been a significant increase in the number of CIN from 1,187 to 1,802 in 2021 – a growth rate far in excess of the population.
- Highest Domestic Abuse MERLINS, prosecutions and refuge referrals in London – it is estimated that 75.43 per 1000 of our 0-4 yr. olds live in households where a parent is suffering domestic abuse.
- One third of five-year-olds have experienced dental decay.

1.8 These significant population changes, along with the evident systematic inequalities that some communities experience, requires a tender and procurement process that is culturally competent, innovative and co-developed with stakeholders, to appropriately meet the needs of the existing and future generations of families in LBBD and to avoid a 'one size fits all' specification/ service.

1.9 The Best Chance Strategy has 4 shared Strategic Outcomes set out in their vision - Working collaboratively to give babies, children, young people and their families the best chance in life so that every baby, child, young person and their family gets the best start, is healthy, happy and achieves, thrives in inclusive schools and settings, in inclusive communities, are safe and secure, free from neglect, harm and exploitation, and grow up to be successful young adults. The 0-19 HCP service is a major contributor to all of these strategic outcomes, as it is provision for every child in the borough. The 0-19 HCP service also has potential to impact on all of the 6 priority areas for this strategy:

- Giving every child the best start in life (the first 1001 days);
- Reducing prevalence of harm caused by domestic abuse;
- Acting together against child poverty;
- Improving quality, access and support for those with SEND;
- Reducing obesity and improving best start health outcomes;
- A better offer for those with social, emotional and mental health needs.

1.10 Delivery of this vision in LBBD is reliant upon a wide range of partners working together and embracing change in order to:

- Ensure high quality services for children, young people and families from actions to improve women's health before, during and after pregnancy (Maternity Transformation Programme/ Maternity and Neonatal 3-year Delivery Plan);
- Give every child the best start in life (infant feeding, childhood obesity, speech, language and communication, immunisations, attachment, perinatal mental health);
- Support school readiness and improve resilience for school aged children;
- Support young people to transition into adult services.

- 1.11 The HCP provides a framework to support collaborative work and a more integrated delivery of services, with aims to:
- Help parents, carers or guardians develop and sustain a strong bond with their children;
  - Support parents, carers and guardians in keeping children healthy and safe and reaching their full potential;
  - Protect children from serious disease, through screening and immunisation;
  - Reduce childhood obesity by promoting healthy eating and physical activity;
  - Promote oral health to reduce dental caries.
  - Support resilience and positive maternal and family mental health
  - Support the development of healthy relationships and good sexual and reproductive health.
  - Identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner.
  - Make sure children are supported in all childcare, early years and education settings and especially supported to be 'ready to learn at 2' and 'ready for school at 5'
- 1.12 Effective design and implementation of the HCP service aims to improve a range of public health outcomes by: increasing breastfeeding rates, supporting transition to parenthood, advice and signposting parents to healthy weaning support services, ensuring all high impact area reviews by all parents, babies, children and young people to identify, assess and deliver intervention to improve overall emotional health and wellbeing for all.
- 1.13 A service needs review has commenced to support the complete re-design of the 0 - 19 HCP for LBBB to align with the health and developmental checks and assessment needs of the babies, children, young people and families. Stakeholder engagement and marketing workshops are being developed for roll out across the borough to engage with parents, carers, guardians and staff to agree priorities for the core service elements, collating and reviewing data.
- 1.14 The service re-design stage will be taken forward through a number of project workstreams looking at key development areas such as integrated structure, access and pathways, innovation, and desired outcomes and performance.
- 1.15 The stakeholder engagement and benchmarking activities will feed into the co-design and co-development of the final specification. The five areas of focus for this procurement process are:
- **Model and Design** - To improve services to align with best practice: with a balanced model, which meets strategic ambitions for child health – improving long term outcomes and reducing short term system pressures i.e. reduction in high cost social care interventions, reduction in A&E attendance for minor childhood illnesses
  - **Partnership & Communication** - To develop and deliver services in partnership with parents, and to build effective partnerships with professionals across the system
  - **Joined up offer** - For functional outcomes for children and young people to be at the heart of services linked to Place Based ambitions

- **Outcomes Focused** - To align delivery across the NHS, Voluntary sector and LA working collaboratively to provide a clear and holistic local approach to children's clinical services
- **Service provider developments** - To take forward specific service developments relevant to individual providers: NHS and LA

1.16 All points above link directly to the Council's four priorities: 1) Participation and Engagement 2) Inclusive Growth 3) Prevention, Independence and Resilience and 4) Well Run Organisation.

## **2. Proposed Procurement Strategy**

### **2.1 Outline specification of the works, goods or services being procured:**

2.1.1 The core service requirements of the statutory 0 - 19 Healthy Child Programme are to provide a single coherent 'offer' for families and deliver safe, effective family, child and young person-centred care. This will strongly link into the Family Hubs programme in the borough, as a way to improve integrated working across the system and deliver on the Best Chance Strategy.

2.1.2 The re-designed specification, that will be developed during the 16-month period will, require a lead provider to partner with and subcontract specific service elements to local/voluntary sector organisations.

2.1.3 This integrated service delivery approach will provide prevention interventions through a progressive universal approach, delivering targeted interventions, to those most in need and with the delivery of full population coverage of LBBB which should include:

- Antenatal and Newborn Support - Providing information and support to expectant parents during pregnancy. Conducting health assessments for newborns and providing support for early parenting, safe sleep, etc. Services delivered across LBBB at locations and times that increase accessibility for all.
- Developmental Reviews and Assessments – The delivery of developmental reviews and assessments at key stages of a child's development; 6-8 weeks, 1 year, 2-2.5 years, and 4-5 years in line with national targets.
- Monitoring the child's physical, emotional, and cognitive development.
- Identifying any potential developmental concerns or delays.
- Screenings to detect and manage health conditions early, such as hearing and vision screening, speech and language delays, dental health checks, and screening for developmental delays for appropriate referral.
- School Readiness – supporting parents to get their children school ready – including early development of speech, language and communication skills; potty training; social and emotional development.
- Immunisations and Vaccinations – Promoting vaccine awareness to parents/carers and parents/ carers-to-be. Where appropriate, administering/ referring babies for scheduled immunisations and vaccinations to protect children against common infectious diseases. Providing information and education about immunisations and their benefits.
- Health Promotion - Delivering health promotion and education sessions to parents, children, and young people i.e. infant/ breast feeding/ weaning, nutrition, physical activity, and mental well-being. Transition to parenthood and

other transition points during the early years (e.g. potty training, boundary setting, etc); oral health; Healthy weight, nutrition, movement/ exercise; Health literacy and education, accident prevention.

- Emotional Health and Well-being - Providing support and guidance on managing behavioral and emotional issues. Referrals to CAMHS, therapeutic services which can include support for parents, children, and young people.
- School Nursing Services - Delivering health services in schools, including health assessments for Education Health and Care Plans, Looked After Children etc. - support for children with specific health needs.
- Working closely with schools to promote a healthy environment and support overall well-being including sexual health, healthy relationships, substance misuse.
- Provision of the National Child Measurement Programme.
- Safeguarding and Child Protection - Identifying and addressing child protection concerns.
- Collaborating with other agencies to safeguard and promote the welfare of children and young people.
- Attending safeguarding meetings when child known to the school nursing individual/ team.

## **2.2 Estimated Contract Value, including the value of any uplift or extension period**

- 2.2.1 To sustain the service for an additional 16-months, the total contract value will be £8,316,934. This is an uplift of 9.3% when compared to the original contract value for 1 September 2018 until 31 August 2023 of £28,525,000.
- 2.2.2 The LBBB Public Health budget allocation for 0-19 HCP was increased at the start of 2022/23 financial year so now reflected in this annual budget for the 16-month extension period. The allocation has increased in line with Agenda for Change; no uplift has been awarded outside the statutory mandated guidance.

## **2.3 Duration of the contract, including any options for extension**

- 2.3.1 Extension of contract for 16 months covering 1 September 2023 to 31 December 2024, with no option to extend.

## **2.4 Is the contract subject to (a) the Public Contracts Regulations 2015 or (b) Concession Contracts Regulations 2016? If Yes to (a) and contract is for services, are the services for social, health, education or other services subject to the Light Touch Regime?**

- 2.4.1 Yes, the service being procured falls within the description of services covered by the Light Touch Regime under the Public Contracts Regulations 2015.

## **2.5 Recommended procurement procedure and reasons for the recommendation**

- 2.5.1 Modification of existing contract to allow for the variation until December 2024 when a new contract will be in place. This will be procured now that the new guidance has been released.

The proposed procurement timetable is as follows:

<b>Activities/ Tasks</b>	<b>Date/ Deadline</b>
Stakeholder consultation and engagement	July 2023 – October 2023
Issue PIN for Expression of Interest	September 2023
Market Engagement Event	November 2023
Specification document – Development and Sign off	October 2023 – January 2024
Issue Invitation to Tender	February 2024
Return of tenders	April 2024
Tender Evaluation	May 2024
Negotiation process/ Clarification (if required)	June 2024
Final Tender and Evaluation process	July 2024
Prepare contract award report for approval	August 2024
Provisional contract award	August 2024
Standstill period	Early September 2024
Final award	Late September 2024
Service Mobilisation inc. potential TUPE transfers	1 October – 31 December 2024
Contract commencement	1 <sup>st</sup> January 2025

## 2.6 The contract delivery methodology and documentation to be adopted

2.6.1 For the contract variation, a Deed of Variation will be issued to vary the termination date of the contract.

### 2.6.2 **0 – 19 Healthy Child Programme – Health Visiting and School Nursing inc. the mandated National Child Measurement Programme**

Core elements of the service delivered are:

The HCP provides a framework to support collaborative work and a more integrated delivery of services, with aims to:

- Help parents, carers or guardians develop and sustain a strong bond with their children
- Support parents, carers and guardians in keeping children healthy and safe and reaching their full potential.
- Protect children from serious disease, through screening and immunisation.
- Reduce childhood obesity by promoting healthy eating and physical activity.
- Promote oral health to reduce dental caries.
- Support resilience and positive maternal and family mental health
- Support the development of healthy relationships and good sexual and reproductive health.



- Identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner.
- Make sure children are supported in all childcare, early years and education settings and especially supported to be 'ready to learn at 2' and 'ready for school at 5'.

The service will continue to provide the universal HCP assessments:

- Antenatal check – at around 28 weeks pregnant
- New baby check – at 10 – 14 days
- 6 – 8 week – maternal mood review
- 9 – 12 month development review
- 2 – 2 ½ years development review
- The National Child Measurement Programme (NCMP)
- Looked After Children Reviews
- Undertake vision and hearing screening and provide referral for health conditions

Which will help:

- To build community and family capacity so that families are better able to help themselves;
- To support parents, promoting good parenting skills;
- To improve early years' outcomes through delivering targeted perinatal mental health, secure attachment nutrition and exercise, language, communication and school readiness;
- To provide effective information and advice to support self-help and other resources that promote physical, social, emotional and mental health and wellbeing in children, young people and families, both in the community and universal service delivery settings;
- To improve school attendance and engagement with learning from early childhood onwards – by working in partnership with families, communities, schools, early years providers and other services to ensure children are ready for school, have excellent attendance and engage with learning;
- To provide a leadership role for health policies and programmes in schools, promote a healthy school environment and provide direct care to students, leading the provision of health services in schools including advice and guidance on areas such as sexual health, drugs and alcohol;
- To increase emotional wellbeing and resilience amongst children and young people – by raising awareness of mental health and its links to physical wellbeing, specifically targeting those at risk and providing early intervention and onward referral where appropriate;
- To help improve lifestyles and provide support to families, children and young people on areas such as healthy weight and oral health;
- To help young people prepare for adulthood.

2.6.3 The re- designed service specification will require the potential bidders to demonstrate a transparent plan to partner with local voluntary community sector organisations (VCSO) to deliver service elements within the specification along a pathway that is accessible and seamless for all families, babies, children and young people.

- 2.6.4 Services are to be provided to Barking & Dagenham residents only; the service specification will highlight respective service eligibility criteria.
- 2.6.5 Service performance will be monitored through a series of Key Performance Indicators (KPIs) as detailed in the service specification that includes quantitative and qualitative data, service user feedback and activity on outstanding action plans reviewed at quarterly meetings. Several KPIs are set nationally by the Department of Health and Social Care (DHSC) and these are in line with the Public Health Outcomes Framework, others will be set locally to reflect local priorities and population need/ needs assessment and robustly overseen as part of ongoing contract monitoring.
- 2.7 Outcomes, savings and efficiencies expected as a consequence of awarding the proposed contract**
- 2.7.1 There are no anticipated cost savings to be made in the contract variation for the extension as it is a continuation of the current service which is now integrated - prior to 2018, LBBB HCP service was two separate services.
- 2.8 Criteria against which the tenderers are to be selected and contract is to be awarded**
- 2.8.1 Not applicable.
- 2.9 How the procurement will address and implement the Council's Social Value policy**
- 2.9.1 The Social Value for the 16-month extension (1<sup>st</sup> September 2023 – 31<sup>st</sup> December 2024) is currently undetermined. However, we will explore with the provider what social value can be obtained during this period (for example, participation in employment fayres, opportunities for local people, etc). Social Value will be expected in the bidder responses for the new HCP specification.
- 2.9.2 The re-designed service will likely be a lead provider arrangement with service elements sub-contracted and delivered via local VCSOs and community organisations, contributing directly to the Council's goals and priorities for Social Value and for supporting the local Community and Voluntary sector.
- 2.9.3 The procurement and tender process for the new specification will require potential providers to develop their Social Value proposals illustrating how they will deliver social value throughout the life of the contract, aligning with the goals and priorities of LBBB; 'Investment in Local People, Investment in Local Economy and Environmental Sustainability'.
- 2.9.4 The Social Value weighting in the assessment of tenders will be 10% - potential providers will demonstrate (the what and the how) in submission of their delivery plan and responses to the method statement questions, what actions that will be taken to deliver the HCP service beyond the core elements of the specification, to identify local opportunities for apprenticeships, training, work experience and recruitment for LBBB residents including young people.

2.9.5 All providers are expected to adhere to the highest possible ethical standards in employment and demonstrate their absolute commitment to preventing slavery and human trafficking within their own activities and through their supply chain.

## 2.10 London Living Wage (LLW)

2.10.1 It is understood that all posts employed under this contract will be above the LLW. As the new contract will be using a more diverse skill mix and there is the potential that not all posts will be on NHS pay scales, we will ensure that the LLW requirement is in the new specification and contract.

## 2.11 How the Procurement will impact/support the Net Zero Carbon Target and Sustainability

2.11.1 Relevant officers will collaborate on the development of the new service specification, which will include requirements in the new specification to support the Net Zero Carbon Target.

2.11.2 The current provider, NELFT, will have an action plan around this as they are required to. We will request this as part of the contract extension.

## 3. Options Appraisal

3.1 **Option 1: Do Nothing** - This is not a viable option, the Council is required to deliver on its statutory duties for children, young people and families through the 0 - 19 HCP service. In addition, the NCMP is an element of the school nursing programme that is also a mandated public health programme for the local authority. If the Council chose to do nothing there would be a detrimental impact on the health, social and emotional wellbeing of children, young people and families in the borough as well as the development and academic outcomes for each child. There is also the reputational and financial risk to the Council by the potential failure to perform its statutory duty to deliver public health services for 0 - 19 years.

3.2 **Option 2: Extend current contract and undertake a competitive procurement process** - This is the preferred option. Given the recent guidance updates and assessment of local need required, a 16-month extension is required which includes the lead in time for the mobilisation for the new provider. This contract variation will ensure a thorough and robust engagement, consultation and benchmarking process to review any gaps in service provision alongside the rapidly changing needs of the community.

## 4. Consultation

4.1 Consultation has commenced as the current service undergoes an initial service review – should the 16-month extension be approved the project plan will include several consultations to gather data and feedback from all relevant stakeholders which will include the current provider, potential providers, neighbouring boroughs as part of the bench marking, families/ parents and young people as well as partner organisations and multi-disciplinary teams across the Council.

4.2 The proposals in this report were considered and endorsed by the following:

- PRMG BAU at its meeting on 3 August 2023;
- Children's Portfolio at its meeting on 8 August 2023;
- Health Portfolio at its meeting on 15 August 2023;
- Sub Procurement Board at its meeting on 7 August 2023;
- Procurement Board at its meeting on 21 August 2023.

## **5. Corporate Procurement**

Implications completed by: Adebimpe Winjobi, Head of Public Health Programme

- 5.1 This report is seeking approval to waive the requirement to tender and approve the variation of the contract for the provision of the integrated 0-19 Healthy Child Programme with NELFT for a period of 16-months from 1 September 2023 to 31 December 2024, in accordance with the Council's Contract Rules.
- 5.2 The contract variation for this contract is based is Reg 72(c) of PCR 2015 and can justify the use as the need arises from circumstances which a 'diligent contracting authority could not have foreseen- in this case a delay to the procurement of a new service due to the delay in receiving new Healthy Child Programme guidance and ongoing review of the public health grant. In line with PCR regulation, the overall nature of the contract is not altered and the increase in price is less than or equal to 50% of the contract value.

## **6. Financial Implications**

Implications completed by: Katherine Heffernan, Head of Service Finance

- 6.1 This report seeks approval to waive the requirement to tender for the contract for the statutory Healthy Child Programme and instead to extend the existing contract for an additional sixteen-month period beyond the end of the contract from September 2023 to December 2024.
- 6.2 The cost of the proposed contract variation will be £8,316,934 for sixteen months (an annual cost of £6,237,000). This is 9.3% higher than the average cost of the existing contract (£28,525m over the whole life which averages to £5.705m per year.) Given the current level of inflation (CPI was 8.7% in May) and the growth in the 0-19 population this is not an unreasonable increase.
- 6.3 The absence of a full tender process means that it is harder to be sure that the contract represents value for money. However, the report sets out the reasons why it is more effective to defer the procurement of the new contract so that the new service specification can be updated in the light of the new guidance and the development of the Family Hubs.
- 6.4 The report further sets out further detail the timetable and process for procurement of the new contract for January 2025. It will be important to ensure that these are adhered to and that all care is taken to ensure that the next contract does demonstrably achieve value for money and where possible savings and efficiencies are made.
- 6.5 The cost of the service will be fully met from the ringfenced Public Health grant with no demand on other Council budgets. There is sufficient funding available within

the grant for the whole period of the contract (an indicative allocation of the grant for 2024/25 has already been published.)

## 7. Legal Implications

Implications completed by: Kayleigh Eaton, Principal Contracts and Procurement Solicitor, Law & Governance

- 7.1 This report is seeking to vary the contract for the 0-19 Healthy Child Programme contract in order to extend by an additional 16 months. The term of the current contract ends on 31 August 2023 and this report is seeking a contract variation to 31 December 2024.
- 7.2 This report notes that the need for the modification to the contract term has arisen due to guidance being issued only in June 2023, the purpose of which is to improve outcomes for the new service. This report notes that had the procurement process started prior to the guidance being issued that the new contract would not have been compliant with the guidance and would have required substantial changes. The nature of these changes could have been incompatible with the Public Contracts Regulations 2015. The need for this guidance being issued so close to the contract end date was not foreseen in the original procurement.
- 7.3 Regulation 72 (c) of the Public Contracts Regulations 2015 states that modifications to existing contracts are permitted where the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen, the modification does not alter the overall nature of the contract and the increase in price does not exceed more than 50% of the original contract value.
- 7.4 As noted above the need for this contract variation could not have been foreseen and the services during the additional 12 months will not differ from those originally procured so it will not alter the overall nature of the contract. The price increase is approximately 22%, which does not exceed the 50% threshold.
- 7.5 The Council will be required to publish a notice of this modification in accordance with Regulation 72 (3).
- 7.6 The variation should be recorded in writing and signed by all parties.

## 8. Other Implications

- 8.1 **Risk and Risk Management** - The HCP service is statutory, so not maintaining the service would result in significant reputational and financial harm to the Council. There would be significant risk of harm to the general health and wellbeing of the Barking and Dagenham families due to the lack of assessments, screening and referrals – resulting in missed opportunities for early intervention and prevention.

With a reduction in access to services, the existing health inequalities would be further exacerbated, in particular for families that have higher health needs/complexities.

There would be additional pressure on A&E and primary care services without the delivery of the HCP service, which aims to increase the health literacy of families,

children and young people as well as partner agencies to reduce avoidable harm/ injury.

- 8.2 **TUPE, other staffing and trade union implications** – The extension of the 0 - 19 Healthy Child Programme contract has no additional implications.
- 8.3 **Corporate Policy and Equality Impact** – Consideration of these issues was given at the time of the original contract award.
- 8.4 **Health Issues** - This strategy proposal is in line with the outcomes and priorities of the joint Health and Wellbeing Strategy and will further enhance the quality and access of services, as well as experience of receiving and delivering the care. The 0 - 19 Healthy Child Programme Service contract will have a positive impact on our local community.

The 0 -19 Healthy Child contract in Barking and Dagenham has a significant impact on health needs of families, children and young people within the local community.

- 8.5 **Business Continuity / Disaster Recovery** - The extension of the 0 - 19 Healthy Child contract in Barking and Dagenham, will support and mitigate the impacts of continuity of supply to the Council through its own Business Continuity Plans or the supply chains.

**Public Background Papers Used in the Preparation of the Report:** None

**List of appendices:** None